

# Towards Conceptualizing Child Wellbeing in India: The Need for a Paradigm Shift

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**Abstract** Globally, there is a vast array of social indicators, many of these specifically oriented to the lives, experience and needs of children. This approach is much more advanced in developed economies and rich countries, where the focus has widened and shifted progressively towards a full recognition of the non-monetary dimensions of child wellbeing. 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. This environment is created partly by the emerging reporting requirements and exhortations of the international development regime. But it is also fuelled by dissatisfaction over the inability of the existing methodologies, dominated by the reductionist monetary poverty line approach, to provide a meaningful intellectual or operational frame for contending with issues of child wellbeing in a holistic manner. The basic argument of this paper is that a double 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 be those in households-in-poverty, to one that widens the field of vision to include both material and non-material dimensions of wellbeing of *all* children. Clearly, fresh epistemological and methodological challenges will have to be met with innovative and creative responses. It is time for India to catch up with best practices in rich countries, and given the impressive dimensions of India's academic and professional infrastructure, this should not be an unrealistic goal.

**Keywords** Child poverty · Child wellbeing · Child indicators · India

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## 1 Introduction

Increasingly, poverty reduction has become the primary mandate of governments and international development agencies with an overwhelming dependence on public funds, whether internal or in the form of external assistance. The call for spending the taxpayers' 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 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.<sup>1</sup> These arguments create the space for alternative universalist approaches to definition and intervention with regard to poverty, including child poverty (Saith 2005, 2008).

Dissatisfaction over the use of the monetary poverty line and GNP per capita as a measure of development outcomes has led to the development of social indicators that recognize the inherent multidimensionality of deprivation. Globally, there is a vast array of social indicators, many of these specifically oriented to the lives, experience and needs of children. This approach is much more advanced in developed economies and rich countries, where the focus has widened and shifted progressively to non-monetary dimensions of child wellbeing. 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, though not in the overall focus of the composite index itself.

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 wellbeing in rich countries, in contrast to the very preliminary state of affairs in contemporary Indian research discourse and policy, it is all the more necessary not to set about reinventing the wheel. A research and policy paradigm shift in India can take advantage of this accumulated knowledge, much of it derived from and tested against practice. Yet, there remains the substantial and complex task of undertaking such learning, especially since the

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<sup>1</sup> Confirmation of this is provided by Sengupta et al. (2008:51, 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% 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% 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.

societal, institutional and development contexts and trajectories are far removed from each other. There is a crucial and urgent need for such dialogues and interactions.

The fundamental motivation underlying this paper is to attempt to build a bridge between two epistemic communities: the first, that has been cumulatively engaged in the development of the multi-dimensional approach to the conceptualization and measurement of child wellbeing in the global north; and the second, comprising the vast network of academics, activists, civil society actors, policy makers, development researchers and practitioners in India who have been engaged with issues of child poverty and well being specifically in India, but also more generally in the global south. The Indian research and policy community in this field has come to be dominated by overly reductionist versions of the poverty and the human development frameworks. Thus, children in poverty are simply identified as those in households below an absolute poverty line. On the other side, the notion of capabilities is often conceptualized in wide creative space, but then rapidly reduced to what are essentially conventional mainstream indicators of functionings or, a limited set of basic needs. We demonstrate that this tendency is far removed from the creative developments in this field in the global north, and so argue a case for the Indian side not to slide into sterile reductionism, but to explore the analytical perspectives and methodological space opened up by the body of work on child wellbeing in the rich countries of the north. In attempting such a communication between these two parallel epistemic communities, it is inevitable that the achievements and findings of each need to be interpreted and carried across the boundaries that demarcate these seemingly autonomous worlds; value addition is derived not exclusively from novel discoveries, but also often from an enhanced capacity to mutually interpret, learn and utilize the knowledge generated by others.

India stands perhaps at a point of inflexion, and hence the road taken now is of great significance since it is likely to set the template for future discourse, as well as the direction of policy design and interventions. Yet, as in the case of the poverty studies earlier, the Indian epistemic community seems to be remarkably impervious to, if not altogether oblivious of, the cumulative body of knowledge in European and North American countries—developments that are highly pertinent for the Indian context, albeit with necessary adaptations. On the other side, researchers and policy makers from the north would do well to abjure from equally simplistic notions that rich countries can focus on child wellbeing, while poor countries must first focus on child poverty. The case of UNICEF, discussed later in the paper, provides an apt demonstration of this contradictory approach.

This paper, then, is not about creating a new empirically specified indicator, but about going beyond the straitjacket imposed by the narrow mainstream approaches that still seem to dominate the imagination and practice in India, and embracing a broader, more inclusive approach to the recognition and measurement of child wellbeing. This alternative approach clearly needs to be specified in greater operationally relevant detail—but that is a separate, and very large, task that has to be addressed in its own right, not as an adjunct to the present paper which is a reflection on what and how to recognize and measure. These crucial issues are all too often brushed aside in the rush to numerical measurement. The basic argument of

this paper is that a double 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 be those in households-in-poverty, to one that widens the field of vision to include both material and non-material dimensions of wellbeing of *all* children.

The paper is structured as follows: section 2 provides an overview of the relatively well-developed state of the study of child wellbeing in rich countries and highlights several aspects of relevance for the Indian context. Section 3 provides a brief comparative review of mainstream approaches to assess their relative strengths in serving as vehicles for addressing issues of child poverty and/or child wellbeing. The location shifts from the global level to India in Section 4, where some early shoots in the development of the child wellbeing field are briefly evaluated. How innovative are these? Do they discard the methodological shackles of the mainstream approaches? Section 5 provides a discussion of some crucial elements and dimensions that have to be addressed in developing an alternative, wider approach to the recognition and measurement of child wellbeing in the Indian context. Finally, Section 6 provides brief concluding reflections.

## 2 Global Perspectives: From Poverty to Wellbeing

In his pioneering, methodologically meticulous research on poverty in 1899 in the city of York, B.S. Rowntree focused on absolute poverty defined using a primary poverty line that covered the bare “minimum necessary for maintenance of merely physical health” (Rowntree 1902:37). Even within the straitjacket of this narrow methodology, he carefully observed the paradoxes of child poverty, noting that “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 1902:128n). He unambiguously establishes the cross-sectional relationship between social class, income, and the anthropometric measurements of children from these classes. In many respects, the study, and the times it reflects, resonate with the situation of widespread absolute poverty in developing economies at present, just as the methodology developed sets standards for the estimation of absolute poverty that still meet the tests of rigour today. However, the nuances notwithstanding, the basic underlying premise and conclusion were that child poverty mirrored the poverty of the parents.

Development and material prosperity have shifted the experience and perceptions of poverty, and new social norms have overtaken the hard minimalist criterion of maintaining bare bodily physical efficiency. Poverty has also become a relative issue: in current European Union (EU) practice, the poverty line is set at 60% of the *median* income (EC 2008). Child poverty is then measured on the basis of this EU agreed definition of “at-risk-of-poverty”, by estimating the number of children in such households. This in-built *relative* dimension makes meaningful inter-country comparisons problematic when there are significant differences in the levels of intra-country income inequality. Therefore, the EU approach simultaneously investigates the incidence of household deprivation defined in terms of a comparable set of

objective aspects, viz., economic stress, lack of durables, or housing conditions experienced by households. Significant as these changes are, they still ignore the wide range of child-specific factors that influence the wellbeing or illbeing of children in terms of life experiences both within the ambit of the household as well as in domains and environments beyond it.

Simultaneously, however, much progress has been made globally in moving from narrow, poverty-related perspectives to wider, multi-dimensional approaches that encompass both material and non-material aspects of children's wellbeing. At present, various agencies, using a spectrum of approaches, are involved internationally in measuring, monitoring and constructing indices of child wellbeing. Their emphases, 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 the limited 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 wellbeing. To take a few examples: the Federal Interagency Forum on Child and Family Statistics publishes an annual, updated report, since 1997, on the wellbeing of American children and families on the basis of data gathered from 22 Federal agencies (<http://childstats.gov>). Similarly, the Foundation for Child Development has constructed an Index of Child Wellbeing (CWI) based on 28 indicators in 7 key domains (<http://www.fcd-us.org>). The CWI Report, which also draws on several data sources such as Monitoring the Future Study at the University of Michigan, the U.S. Census, the U.S. Current Population Survey, and the National Assessment of Educational Progress, has been released annually since 2004. It charts the overall wellbeing 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 wellbeing. 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 wellbeing (<http://www.childtrends.org>) and the Kids Count data base, set up by the Annie E. Casey Foundation, provides data on more than 100 indicators of child wellbeing for the 50 largest US cities (<http://datacenter.kidscount.org>). In addition, there are various studies looking at specific groups, such as child immigrants, or charting child wellbeing in relation to single issues such as marital status of mothers, or obesity.

Other industrialized countries are also developing their own national measures of child wellbeing. In Ireland, the Office of the Minister for Child and Youth Affairs developed a national set of child wellbeing indicators in consultation with multiple

stakeholders, including children. 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. Bradshaw's (2007) EU Child Wellbeing Index takes a comprehensive view of children's lives and includes indicators on dimensions of subjective wellbeing as well. Other efforts to develop composite indices include UNICEF's (2007) Index of Child Wellbeing in OECD countries, which was used to conduct a comparative assessment of the state of childhood in 21 industrialized countries. 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 (<http://www.medchild.org>). 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 the 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 although 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 (2008) concludes that the majority of reports refer to multiple domains of children's wellbeing, 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 wellbeing
- From negative to positive indicators
- From a focus on well-becoming (the status of the child in future) to wellbeing (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 wellbeing
- Towards a more policy-oriented effort

Collectively, what has been generated through this very broad and dynamic movement is, first, that wellbeing has become the key point of focus in assessing the status of children. The notion of wellbeing 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 wellbeing in different contexts, how to make the exercise more

child participatory and how to incorporate children's subjective perceptions.<sup>2</sup> 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 wellbeing. The development and testing of such initiatives enhances the capacity of the general approach to take account of variations and specificities of cultural or country contexts. The central focus of this movement is firmly on EU/OECD countries, driven by the valuable objective of interactively and dynamically developing a common, universal template for addressing child wellbeing matters, whether at the points of recognition, of measurement, or intervention. It is arguable that such an approach could potentially have profound relevance to a country such as India, with its wide internal diversity within a common binding national framework. Unfortunately, such awareness seems thus far to be noticeably lacking in the Indian community of specialists on children and development.

### 3 Social Indicators: The Dominance of Received General Approaches

The recognition and measurement of human development in India has thus far been dominated by well-known general approaches, only some of which take children as their particular focus. The prime example is that of the Human Development Index (HDI) launched by UNDP, and the related gender-specific version, the Gender Development Index (GDI). These refer to entire populations, though it is useful to interrogate them on their child-specific content. Another international indicator comes from UNICEF, viz., the Under-5 Mortality Rate (U5MR) which it has labeled the principal indicator of child wellbeing. Parallel to this, Save the Children has launched its own brand: the Child Development Index. All three indicators are estimated for an international panel of countries; nevertheless, they are discussed here, since they also have a direct bearing on the discourse and practice on the recognition and measurement of (child) wellbeing in India.

The early pioneering, but regrettably under-acknowledged, lead was provided in this area 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).<sup>3</sup> Significantly, this initiative focused directly on the Indian child. Morris defined the composite PQLI to include three constituent indicators: basic literacy in the adult population; infant mortality (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 that inspired it, and as such is a pure outcome indicator. It is also more nuanced in its treatment of the health dimension, and this

<sup>2</sup> 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 wellbeing indicators ([www.childindicators.org](http://www.childindicators.org)).

<sup>3</sup> The methodological foundations of social indicators for the measurement and planning of the quality of life were explored earlier by Jan Drenowski (1974).

methodology does involve putting the spotlight directly on some key child-specific dimensions of well being, such as U1MR.

### 3.1 UNDP and the 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, silent on outcomes, and to inequality and poverty. However, it was a good example of the pot calling the kettle black. As a composite number, HDI is as incommunicative as GNP per capita about how to interpret any change in its level, and without that knowledge it is difficult to assess the desirability of that change.<sup>4</sup> It follows that comparisons of “wellbeing” between countries at a point in time, or for a country over different temporal benchmarks, can be equally misleading. How does HDI reflect inequality, or environmental sustainability, or democratic participation within a country? The short answer is that it, like GNP per capita, does not. In its defense it is argued that a separate index could be constructed for any particular, deprived population group. This is indeed useful in principle; separate indices could be (and indeed have been) calculated say, for *dalits* in India, for women, and for other groups. The gender-sensitive HDI, or GDI, is well established, but also well critiqued.

How sensitive is the HDI to the status of children, or the GDI to that of the girl child? The answer to both questions would have to be unambiguously negative. 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. The second, “education” variable is indeed child focused but the domain is defined in terms of enrollments, and it is well accepted that this is a very poor measure. Since enrollment 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. All quality, process and outcome aspects are also ignored. As regards the third component, GNP per capita, the child-specific content is marginal, indirect, blunt, and speculative.

### 3.2 UNICEF and U5MR: Principal Indicator of Child Well-Being?

UNICEF has steadily widened its field of vision to recognize additional pertinent dimensions and deficits in child wellbeing and introduced these in its annual State of the World’s Children Reports (SOWC). In its report for 2005, UNICEF (2005) rejected both the income measure used by the World Bank and the HDI as useful tools for measuring childhood poverty. 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. The UNICEF database has expanded over time as a wider range of relevant threats to child wellbeing has entered the regular frame of

<sup>4</sup> For instance, a higher level for the HDI of a country might hypothetically be due to a higher growth rate of GNP per capita, while at the same time, the social indicators could have experienced a drop and inequality could have increased.



analysis, viz., child marriage, birth registration, female genital mutilation, child disability, child discipline and attitudes towards domestic violence. Regrettably, very few developing countries (including India) have the capacity to generate systematic and reliable statistics on most of these indicators.

UNICEF promotes a multi-dimensional approach to assessing child poverty, as is evident from the index of child wellbeing that it has developed for OECD countries (UNICEF 2007). This widening of the database notwithstanding, UNICEF also places its confidence on a single robust measure, the U5MR. In doing so, it emphasizes that this single outcome variable encapsulates the complex interaction of various multi-dimensional factors and processes. 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” (UNICEF 2008, 149).

In view of the extreme differences between and within countries, it is inappropriate to rely on comparisons of simple averages. Further, this single measure is 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”. 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 crucial it does not equate with child wellbeing. And, 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” because GDP often displays high volatility even over short periods arising from complex emergencies, war and peace, and other mass entitlement failures in poor countries.

Finally, it is worth emphasizing that there is a duality in UNICEF’s position. On one hand, it has developed an index of child wellbeing for OECD countries; 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 in its espousal of the U5MR indicator as the primary reflection of child wellbeing in poor countries and in its promotion of the “Bristol Approach” in developing countries (see section 4.1 below).

### 3.3 Save the Children’s ‘Child Development Index’: One Too Many?

Save the Children (2008) has recently announced the arrival of its new Child Wellbeing Index, which has the declared objective of “holding governments to account for children’s wellbeing”. The index is a composite of three indicators: the net non-enrolment ratio in primary education as a percentage; prevalence of underweight children under 5 years (U5UW), as a percentage; and the under-five mortality rate (U5MR) expressed as an index across a fixed range. The simplicity of this approach 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 more specific to this new index.

First, it is misleading to claim this to be an index of child *wellbeing* which, properly defined, would consist of a wide array of elements deemed to constitute a state of wellbeing. Further, there seems to be a mismatch between the content and the label: two of the three component indicators pertain to children in the age band under 5 years, and the third to children of primary school going age, say, 9 years. As a “child” specific index, this excludes the majority of children who would fall outside these age limits, but still be recognized as children under most national and international definitions, including that of the CRC. There are several issues of wellbeing that apply to these excluded age cohorts but which fall outside the scope of this index.<sup>5</sup> Second, as with other such indices, it runs into problems of data availability and quality. Comparable and reliable data on some of these indicators are simply not collected on any systematic basis, especially in countries where the concerns might be the greatest. Data actually used are often not directly comparable in terms of years, definition, or scope of coverage, but these issues are effectively set aside in the calculations. 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. Fourth, as with the HDI and the MDGs, the focus remains on enrolments in primary schooling; this takes attention away from completions, let alone the quality of the educational process. A new index could have tried to grapple with this vital dimension, instead of regurgitating the existing problematic scenario.

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 are to be found easily in the statistical tables regularly available in UNICEF’s annual SOWC reports. Claims to value addition must rest then 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!

#### 4 Social Indicators: Fresh Initiatives in India

It follows then that none of the three approaches reviewed above scores particularly well from the specific perspective of children. Applications of the social indicators methodology to child wellbeing, at least in the mainstream development field, remain well short of realizing the creative potential of this approach. The review of the three internationally applied indicators revealed an unacceptable degree of reduction implying a corresponding loss of meaning. Against this disappointing backdrop, attention is turned to the initiatives that focus more directly on the Indian child.

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. Widening the agenda also incorporates additional players and drivers, new stakeholders and responsibility bearers. This conjuncture is created partly by the

<sup>5</sup> A third age-band enters the estimates when country index values are combined to derive regional indices. Here, the country values are combined using the 0–15 age population share as weights.

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 and 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 wellbeing in a holistic manner.

In India, there are a variety of initiatives that have recently emerged from, and further propel, such an agenda. Some of these are briefly reviewed below in order to provide an introduction to the current state of play. While each initiative provides a welcome departure, it transpires that in several critical respects, they all eventually tend to get trapped in the dead-ends of the mainstream reductionist interpretations of wellbeing.

#### 4.1 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 in terms of food, water, sanitation, health, shelter, education, information and access to basic services (Gordon et al. 2003). A child is assumed to be living in absolute poverty *only* if he or she suffers from two or more severe deprivations of basic human needs. This approach focuses squarely on dimensions of basic-needs poverty and is the methodology favoured by UNICEF for its ongoing study of child poverty in Asian countries, including India. The wider concept of wellbeing is discussed in a stand-alone component on the international monitoring of child wellbeing, but does not enter the substantial aspects of its study of child poverty in developing countries. In fact, the term “child wellbeing” does not appear on an independent basis in the entire report.

The methodology of the approach prioritizes the child in poverty. This appears laudable, but the focus on severe deprivation seems too extreme and tends also to unduly limit the meaning and contours of poverty. Thus, on its definition, only 27% of the under-5 children of South Asia suffer from severe food deprivation; only 23% from severe health deprivation; and only 22% of children aged 7–18 from severe educational deprivation. This narrowing of “the target group” is methodologically and ethically questionable.

At the same time, paradoxically, what the study startlingly reveals is that even on these tight definitions of poverty, as many as 82% of South Asian children were severely deprived in at least one of the eight domains; and children defined to be in absolute poverty, i.e., suffering from severe deprivation in at least two domains, formed 59% of the child population. This rate is approximately twice the level of household poverty in India according to the monetary poverty line approach and confirms the critique of the monetary poverty line as a device that hides the existence of many forms of (multiple) dimensional poverty.

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 local infrastructural provision of essential basic needs, but exclude all other aspects of psycho-social, non-material, relational wellbeing in various other domains of children's life experiences, including also the phenomenon of disability, or the experience of social exclusion.

#### 4.2 Childhood Poverty Research and Policy Centre (CHIP)

CHIP was 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 examine the social and economic factors that contribute to childhood poverty, to deepen understanding of the intergenerational transfer of poverty and disseminate these findings to policy makers, practitioners and advocates. CHIP defines childhood poverty as children growing up without access to different types of resources that are vital to their wellbeing and for them to fulfill their potential (Marshall 2003). This means a child growing up in a household without adequate livelihood, i.e. without the economic, physical and environmental resources needed for survival and development; without opportunities for human development i.e. access to quality education and life skills, health, water and sanitation; without family and community structures that nurture and protect them i.e. parents, guardians and community; and without opportunity for voice i.e. 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.

CHIP supported research in the partner countries to collect primary and secondary data and analyze existing statistical data on poverty. In each country, CHIP collaborated with national research teams to identify issues that could be considered important for child wellbeing. In India, primary research was conducted in 4 villages in 2 districts of Rajasthan and focused on the intergenerational transfer of poverty, role of gender and caste based discrimination in maintaining poverty cycles and the role of government in breaking intergenerational poverty cycles (Bhargava et al. 2005). Data were collected on the impact of environmental depletion, livelihoods, child labour, migration, indebtedness, education and health on the intergenerational transfer of poverty. Unfortunately, the report on Rajasthan makes no mention of children's voice nor does it justify why this aspect has been left out of the study.

#### 4.3 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 aims to improve our understanding of the causes and consequences of childhood poverty and analyze how policies affect children's wellbeing. What is distinctive 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 2000/1. The children and their households will be surveyed again when they are aged 4, 8, 11 and 14. The study also collects information from approximately 1,000 children who were 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 context and in-depth investigations are conducted into key issues raised by the surveys, including investigating the link between broader policies and children's wellbeing.

The Young Lives 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 wellbeing, their life chances and those of their families" ([www.younglives.org.uk](http://www.younglives.org.uk)). 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 wellbeing (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. 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 wellbeing 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 report for 2002 (Galab et al. 2003) as well as several background papers are already available.

The Young Lives Project is perhaps the most comprehensive attempt at collecting data on multiple dimensions of children's wellbeing in specific locations 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 to providing a truly holistic understanding of childhood poverty by shedding light on themes that are crucial to children's wellbeing but are not well researched in India at present.

#### 4.4 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 national and state levels—to provide a more comprehensive overview (HAQ 2007). The aim of these publications is to go beyond 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 valuable 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, such as on the dimension of childhood disability.

### 5 Towards Mapping Child Wellbeing in India

Child poverty studies in India have made some strides, as evidenced from the section above, but significant gaps continue to persist. While there is some rejection of the monetary 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 i.e. 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 wellbeing of children.

The discussion that follows below offers a qualified justification and an initial sketch of the conceptual frame of a more holistic approach, and engages with some of its important substantive elements and methodological requirements. This purpose here is not to provide a complete operational blueprint for a readymade strategy to be implemented in India; that goes beyond the scope of an individual paper. The intention, rather, is to highlight the major reorientations and extensions that such a shift in paradigms would entail at the levels of recognition, definition and conceptualization; of the adoption of wider methods including subjective and perceptual methodologies; of the need to explicitly probe the specific circumstances and needs of vulnerable social constituencies; and of issues involved in the generation of relevant data to guide and monitor the process as a whole. While this discussion is pitched largely at an a priori level, it is inspired mainly by Indian realities and addressed primarily to the large and diverse community of researchers, practitioners and activists in this field in India.

### 5.1 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 wellbeing more holistically. There are two powerful implications of such a shift at both conceptual and policy levels. First, moving from material poverty to wellbeing 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 wellbeing could, and generally do, involve children independently of whether they are from 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 (Table 1). 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 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 in reality met 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.

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 including B, C and D, i.e., to a holistic inclusion of wellbeing 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 demonstrated systematically earlier 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 “wellbeing”, this shift usually turns out to be nominal, with the definition of “wellbeing” still limited essentially to the

**Table 1** Children and deficits

	Experience deficits in the domains of:	
	Material basic needs	Holistic wellbeing
Children in poor households	A	B
Children in non-poor households	C	D

conventional elements of basic needs, viz., nutrition, water, housing, education, health, 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 children have these particular needs met—some at household level (e.g., electricity, clean water) and others at the level of the individual child (e.g., 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 “wellbeing” when the content of this wellbeing 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 labeled as “capability deprivation”. In our view, this is too narrow a view of wellbeing 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.

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, to what extent it 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—as in the “Bristol Approach”—it is unlikely indeed that the coverage would, in reality, expand significantly 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, so defined, *even in monetarily non-poor households*: girls not sent to school out of a gender bias; or boys sent out to work instead of to school; or ignoring 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. Thus, there are legitimate grounds for concern that the “new” agenda of child “wellbeing” is still overly restricted to specific aspects of conventional poverty reduction.

In this matter, it would be very appropriate to avoid rediscovering the wheel, and instead to reflect on the ground painstakingly covered by the wellbeing 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. 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 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 wellbeing, *a la* the HDI, or the recently promulgated child development index developed by Save the Children. Indeed, neither aggregation, nor uniqueness, is particularly desirable. Disaggregated indices provide more information and insight, and this is inevitably lost in the 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 wellbeing. 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.

## 5.2 Self Perceived Poverty and Participatory Methods

Acknowledging additional non-traditional basic needs often takes researchers and practitioners into non-commodity domains—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 also implies that the modes of enquiry and knowledge acquisition have to change and adapt. This highlights the relevance of methodologies that use subjective and qualitative approaches based on participatory techniques. These may well not lend themselves to quantification and measurement, but that does not devalue their relevance for a meaningfully framed project addressing holistic child wellbeing. Participatory methodologies 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 well used, can be very effective in identifying those in poverty; and in the case of children, in comprehending the world as they perceive it. This approach has considerable potential benefits when used creatively and with due sensitivity in appropriate contexts.

Thus far, the use of participatory methods involving children has been relatively limited in Indian research, and there remains a very substantial potential benefit to be derived from extending their use in exploring the perception and experience of wellbeing, 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 through studying this experience with an eye to Indian situations.

A special feature of the field of child poverty and child wellbeing is that the discourse and debates, policies, interventions and decisions are enacted almost entirely by adults on behalf of children. Despite sincere efforts at enhancing child participation in making decisions that affect their wellbeing, there are limits and problems in such attempts. Consequently, this methodology raises particular challenges in relation to children, especially for lower-age cohorts—a prime danger is that it can be easily manipulated and misused in the case of children, though such distortions of method can occur even in interactions with adults. The age at which

participation becomes meaningful is obviously an important, but variable and difficult-to-specify threshold. 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. Thus, in contrast to the case of other subaltern social constituencies—e.g. gender, socially excluded groups—where adult subjects can, at least potentially, 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, care-providers and other stakeholders. Children's agency is thus severely constrained by interacting adults and by the circumstances in which such transactions occur. The process involved is thus rendered far more complex.

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

### 5.3 Social Exclusion

Social exclusion has rightly been given an increasingly prominent space in the study of deprivation. Arguably, it is social exclusion that takes the form of identity-related discrimination that has special salience in the contemporary Indian situation. While there has been considerable empirical and analytical research on *Dalits*, tribal populations and other socially excluded communities, it is remarkable how little specific attention has been focused on such discrimination as experienced by *children* born into the Indian social reality. In recalling incidents in his life that shaped his thinking and outlook, Ambedkar (1990) 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 there is still significant social discrimination 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 wellbeing would prioritize these dimensions; one limiting itself to material deprivations would tend to exclude them by definition.

### 5.4 Gender Dimensions

A brief gender audit of the alternative approaches is also in order: the status of women, especially young mothers, has massive implications for child wellbeing 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 any approach specifically to aspects affecting the girl child. The conventional monetary poverty line has been widely critiqued for its virtual gender blindness (Kabeer 1994). 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 in the situation of women, the direct evidence from the Family Health and Welfare Survey (FHWS) rounds are sobering and point to persisting, even worsening, gender outcomes in India.

A more creative departure within the Indian context, and one that carries potential significance for the field of child wellbeing, is provided by gender studies of psychosocial and other non-conventional indicators of the wellbeing of women. Sonpar and Kapur (2003) have provided an insightful and nuanced treatment of gender disparities in the context of the process of structural reforms in India, focusing on mental wellbeing 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 women against the backdrop of the gender achievements of the so-called Kerala model. Others have taken up the challenge to investigate gender differences within households using non-monetary indicators (Cantillon and Nolan 2001). This, and related innovative methodological interventions, point both to the need and the possibility of extending the canvas to the analysis of children's wellbeing using such approaches, with a special focus on the girl child.

### 5.5 A Fresh Challenge: Newly Emerging Needs of Children

Clearly, there is a growing recognition of the need to take a more holistic approach which goes beyond the domains of survival to include information on a range of issues such as child abuse, child labour, child marriage, female genital mutilation, juvenile justice, trafficking, disability and discipline that have thus far remained largely hidden or invisible. But, beyond the traditional and the more hidden domains of children's wellbeing, there is yet another dimension that needs to be given due attention i.e. the newly emerging needs of children (Van Oudenhoven and Wazir 2006; Wazir 2008). The term 'newly emerging needs' is a label to describe a loosely connected group of new challenges, problems and opportunities confronting children that are important and relevant to their overall wellbeing and development. Several of these are universally new—they have not been encountered by children anywhere in the world; others are contextually new—they are new to children in their own societies but may be common elsewhere. What they share in common is that they are not given adequate attention by researchers and policy makers, and the tools to analyze them, and certainly to address them, are conspicuously absent.

The most obvious illustration of a 'new' 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 wellbeing has forced this issue to the top of the agenda and made it a key priority for governments, international agencies and NGOs. But, there are other issues as well that are jostling for attention and they all have the potential to become major threats for children. 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; the impact of modern consumer culture on the relationship between parents and children and the changing nature of childhood are just some of the inter-related processes that lie at the roots of these newly emerging needs. 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. 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.

It is not possible to list all the new challenges, problems and opportunities confronting children at present. These are constantly changing and evolving and the new needs that they give rise to, as well as the responses to them are context specific. However, they can manifest themselves anywhere and everywhere and they affect all children—rich and poor, boys and girls, in developed and developing societies—although the impact on the different groups of children will be quite different. 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. 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 world are bringing in fresh challenges and *all* children—rich and poor—are caught up in them.

Take the example of the effect of global lifestyles on children’s mental and physical health. Diseases previously associated with adults, such as Type 2 diabetes, high cholesterol, high blood pressure and blocked arteries are being diagnosed in very young children in all parts of the world. Similarly, there is evidence of rising levels of psychological distress among children showing up in eating disorders, anxiety, attention deficit hyperactivity disorder, depression, serious emotional disturbance and schizophrenia. In situations of poverty and exploitation, the pressures to conform to global, westernized lifestyles create even more stress, leading children to resort to crime or to engage in longer hours of work than is healthy for them. In Bhutan, crimes by children have risen ever since television was introduced in 1999; most of them are committed by children from low-income families and involve the theft of tape recorders, TV sets and clothes (BBC News 2004a). Crimes committed by children and youth are reported to be increasing in India, China and Pakistan as well (BBC News 2005; Childline India Foundation 2008; IRIN 2007). 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 (BBC News 2004b).

## 5.6 Counting and Measuring

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, the estimation of trends of key variables, and thereby often seriously compromise efforts at conceptualization, policy design, monitoring and impact assessment.

The labyrinthine Indian statistical system, created to meet the requirements of the colonial administration, continues to generate vast flows of statistics emerging from ancient templates that have not been sufficiently updated or reoriented to the fresh

requirements of the times. Juxtaposed on this are the new data needs of emerging, if shaky, international poverty-reduction regimes. International development agencies and NGOs have been driven by the imperative of international comparisons and 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. Many gaps have been attempted to be filled by quick and dirty means through surveys of limited coverage; undermining the overall exercise.

These considerations apply with special force to many of the child related targets. 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. 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 child-specific needs of investigation and intervention. One concern expressed with regard to the MDGs is precisely that many important development deficits that do not find space on the MDG pedestal could be implicitly devalued by agencies, politicians and bureaucracies. This danger becomes obvious when addressing child wellbeing. Quantifiable, measurable, deliverable targets have become symbols of significance. Yet there is a lengthy list of vital dimensions of child wellbeing that do not meet these criteria of managerial acceptability, e.g., child abuse, violence against children, child disability and subjective aspects of child wellbeing. Indeed, the more the definitional boundaries are widened from the present focus on material poverty towards a fuller acceptance of multi-dimensional child wellbeing, the greater becomes the importance of not equating measurability with relevance and significance. Clearly, fresh epistemological and methodological challenges will have to be met with innovative and creative responses.

Lack of data on specific aspects of child wellbeing could also be a reflection of a lack of concern. Take the example of child disability: the problem of invisibility is compounded by the stigma ascribed to it, which then tends 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 overemphasis on high-profile statistics and measurement of some more conventional dimensions of child wellbeing. The case of educational statistics provides some sobering insights. The primary focus has been on school enrollments, there is little systematic information on other crucial dimensions of the learning process. 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.<sup>6</sup>

The systems of data generation, gathering and utilization depend, among other factors, crucially on the level and social framework of development. For instance, if the policy of universal schooling was successful, fairly comprehensive flow and panel data could be culled from the schooling process at little additional cost. Such data would also be available readily to stakeholders such as teachers, parents, and other carers. Likewise, should there be universal cover for child care in the 0–5 years, an analogous system of monitoring key features of child wellbeing could be developed, including the systematic generation of relevant data. The crèche and the school are also primary sites for early childhood development and for the passage into youth. Thus, success in policies of universalisation also creates the institutional framework for advancing the agenda of child wellbeing. Where educational and care systems are only partially and poorly developed, the quality of both information and of interventions is compromised.

## 6 Concluding Observation

This paper has argued that at the present conjuncture, the field of child wellbeing in India is well short of the current global state of the art, whether viewed in terms of ways of seeing, or ways of doing; in terms of the discourse or of practice. There are profound weaknesses in the modes of recognition: all too often, this lapses into narrow definitions of income poverty of the households to which children belong, without differentiating sufficiently for the specific position of the child within the household. The other general approach professes to derive its inspiration from the capabilities framework, but quickly closes down its creative and innovative potential by locating itself firmly in the domain of functionings, or material basic needs. It is widely known that extensive deficits in meeting even such basic needs of children can be found at levels of income that are a multiple above the standard absolute poverty line, say of the dollar-a-day variety. Even when other direct human development indicators are used, the exercise is almost invariably limited to a small shortlist of familiar variables. These are far removed from any intrinsically satisfactory interpretation of capabilities, or of wellbeing. There appears to be a tacit acceptance of the questionable proposition that poverty reduction must precede the pursuit of wellbeing. This position has been interrogated and rejected in this paper.

It was argued that for a more fruitful approach to the recognition and promotion of child wellbeing, much could be gained from a careful and selective engagement with the state of the subject and the design of interventions in rich countries where the focus has been increasingly on wellbeing construed in broader terms that also embrace non-material and subjective dimensions, and include all children in the reference group instead of limiting the focus to those children deemed to be living in

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<sup>6</sup> The objective of the project was to generate a database that would track every child in Orissa state in the 0–14 age group covering name, age, educational status and other relevant details, 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 (<http://www.opepa.in/eshishuproject.asp>).

material poverty. There is an urgent need to shift the goal posts of the debate and policy in the Indian context in favour of approaches that include all children, and recognize material, non-material and subjective forms of wellbeing. Special attention is also necessary to widen the frame of reference from one that only inventorizes deficits in the negative form of *illbeing* to perspectives that also actively engage with the positive factors that stimulate various forms of *wellbeing*; there is more to wellbeing than an absence of illbeing.

Despite its much-celebrated economic performance, India remains a prime case of underachievement in the field of child wellbeing. New democratic forces are beginning to propel wider social agendas—there is widespread evidence of positive vibrant initiatives—even if scattered, small-scale and unarticulated. Alongside this, rapid economic growth, even if distributionally inegalitarian, has created significant fiscal space at the national policy level. Successive governments now speak in the language of universal rights and entitlements. When these factors are combined with the impressive dimensions of India's academic, professional and administrative infrastructure, the current position could well represent a point of inflexion. The challenge is how to catch up with the best; the danger is in following the wrong road map.

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