

EXECUTIVE
SUMMARY

2016

PATHWAYS OUT OF ADVERSITY EXPLORATORY STUDY



PUSKAPA
CENTER ON CHILD PROTECTION & WELLBEING

 **SurveyMETER**
SURVEY-MEASUREMENT-TRAINING-RESEARCH

Background

The Sustainable Development Goals, for the first time, have emphasized the important relationship between early childhood development experiences and children's education outcomes. This is outlined in Goal #4, and especially target #4.2. These goals recognize that early childhood education and care supports children to develop their basic literacy numeracy, physical, and social-emotional skills that could influence their education outcomes. Children who do not develop to their full potential suffer long-term negative health effects, do poorly in school, and are more likely to transfer these detrimental outcomes to the next generation. The resulting loss of human potential corresponds with a more than 20 percent deficit in adult income, profoundly impacting national economic security and public health and impeding progress toward the Sustainable Development Goals (SDGs) (Britto et al, 2016; Grantham-McGregor et al, 2007; Shonkoff et al, 2016; Walker et al, 2007).

Nurturing care, early cognitive development, and the childhood experience of adversity have been largely neglected in research, policy, and programs (NSCDC, 2007; Walker et al, 2007). This is also the case in Indonesia, though the country currently lacks multi-year data to understand the major sources and effects of childhood adversity. Without richer data about children's exposure to adversity, and the factors that build children's resilience to adversity in different contexts, governments struggle to design, target, and appropriately resource strategies that safeguard children's healthy development. As Indonesia commits to prioritizing education quality and early childhood development through its implementation of the National Medium-Term Development Plan of 2015-2019, there is an increasingly urgent need to generate learning about what works best for different children over time.

In early 2016, the Indonesian Ministry of Education and Culture (MoEC) and the Center on Child Protection and Wellbeing (PUSKAPA) at Universitas Indonesia, together with partners from Columbia University, Universitas Atma Jaya, and SurveyMETER, launched the Pathways out of Adversity (Pathways) study, a longitudinal research initiative aiming to establish a national evidence base on the effects of early childhood adversity on the wellbeing, resilience, and potential of Indonesia's next generation. The study will examine the effects of adversity on children's wellbeing from infancy to late adolescence. The categories of adversity that will be examined are (1) insufficient access to responsive care and critical resources (e.g. nutritious and appropriate food); (2) insufficient access to quality basic services (e.g. health, education, and social assistance); and (3) adverse exposures (e.g. violence and natural disasters). The study will provide evidence on how these variables contribute to four general types of outcomes, including (1) school participation and learning; (2) physical health; (3) psychosocial wellbeing, cognitive development, social skills; and (4) economic participation. The longitudinal study will begin instrument testing in 2017 in order to launch the first full-scale wave of data collection in 2018.

An exploratory study was conducted in October 2016 in order to inform high-level planning for the design and execution of the longitudinal study. Specifically, the exploratory study aimed to locate cultural, political, geographic, ethical, and systemic variables that may constrain the methodological options available for the longitudinal study, and to identify important gaps in institutional knowledge and international literature that could be addressed by the longitudinal study. The exploratory study was conducted in Jakarta (representing national-level informants) and three districts of West Sulawesi (Mamuju, Central Mamuju, and Mamasa). The districts were selected purposively using educational achievement indicators provided by the MoEC (2016). Urban density, human development indicators, and accessibility of the districts also factored into the selection decision. This

executive summary reports on the preliminary findings and recommendations of the exploratory study. These findings should be considered provisional rather than conclusive, as they have yet to benefit from the input of key research partners.

The exploratory study is qualitative in nature, consisting of a literature review, semi-structured key informant interviews (KII), and focus group discussions (FGD). KII and FGD sessions were held with participants from several ministries, agencies, and their corresponding subnational offices, including the offices of education, social affairs, health, population administration, religious affairs, child protection and women’s empowerment, development planning, and villages, underdeveloped regions, and transmigration. Other government participants included representatives from the village offices, school headmasters, teachers from preschools and primary and secondary schools, as well as police officers, community and village health staff, social workers and social welfare officers (TKSK), and the facilitators of various social services. These interviews and FGDs also involved representatives of civil society organizations (CSOs), community leaders, and heads of boarding schools.

Location	Key Informant Interviews	Focus Group Discussions
Jakarta	7	2
Mamuju	26	4
Central Mamuju	26	4
Mamasa	20	4
Total	79	14

Summary of Key Findings

This study summarizes the following key findings from the field research as they relate to each of the four research questions.

Concept of “early childhood adversity” and factors contributing to children’s resilience as understood by service providers and community leaders at the subnational level:

- Definitions of adversity differed according to the sector and speciality of the respondent being interviewed, but several types of adversity were mentioned across sectors and locations. These included: poverty, inaccessibility of basic services, malnutrition, and disability. Severe psychological disorders and substance use were also mentioned often.
- There was considerable disagreement about the role of physical and verbal punishment in children’s development. Many felt that adults had the right to use physical force with children in order to build their “character,” while others thought that this constituted abuse and could harm children’s self-esteem and temperament.
- Participants also had mixed opinions about whether child labor was a type of adversity, with many believing that it was a child’s duty to contribute to the household economy. Others believed that work could negatively impact children,

particularly when it was physically hazardous or when it took away from children's schooling.

- Resilience was an unfamiliar concept to most informants and difficult to discuss in detail. Schools and health facilities were widely seen as critical components of a child's ability to withstand or recover from adversity. National and subnational officials agreed that parental competence and child-rearing styles had a large effect on children's wellbeing and ability to cope with hardship. Extended families and neighbors were also often reported as an important source of support, especially when parents were unable or unwilling to care for their children.
- Ethnic and religious diversity was also listed by some respondents as contributing to resilience by exposing children to new ideas and by motivating them to compete with other groups.

Data gaps related to children's adversity and wellbeing identified by government officials at various administrative levels as constraining their program and policy planning objectives:

- This study found striking disconnects between frontline staff who were often responsible for collecting primary data, district officials who were charged with receiving and transferring data, and the national staff who used data for their planning needs.
- Frontline staff and district officials usually had low data literacy, often did not understand how data would be translated into action, and felt that their constituents were largely overresearched. Frontline staff often reported struggling with communicating the purposes of new data collection efforts to research participants in a manner that secured their participation without raising expectations for services or other benefits.
- Some subnational informants identified valuable data gaps, including prevalence data on people with disabilities. One informant suggested that better efforts to document the ways in which teachers and school administrators resolve non-academic student issues, such as cases of violence, could improve national understandings of the challenges faced by students and educators alike.
- National officials wanted more complete and valid population data on issues such as child violence, children out of school, parenting competence, and caregiving styles. In some cases, they reported not receiving the minimum amount of data from subnational officers. Many also reported that they needed data from other ministries that they could not access readily. National education officials also noted wanting to improve internal capacities to produce complex analyses with their data.

Challenges to undertaking national longitudinal studies with children:

- Respondents identified a number of potentially sensitive or offensive topics that should be approached with care, including malnutrition, household consumption, parental divorce, sexual activity, and violence—both against children and within the household more generally.
- The fact that many communities have participated in several surveys without receiving direct benefits may make them reluctant to participate any further, especially if there is a corresponding commitment to participating over multiple years.
- Remote households may require significant monetary and time investments for enumerators to reach effectively.

- High rates of migration, and jobs that require long periods away from home, can contribute to high attrition in certain areas.

Characteristics most useful for determining the sampling universe for the Pathways longitudinal study:

- These findings suggest that individuals from remote areas and individuals that migrate, work seasonally, or spend long periods away from home may represent important subpopulations with different experiences of adversity and different modes of resilience. While including a representative proportion of these groups in the study would increase costs, excluding them, or allowing them to attrit disproportionately, would likely bias the study results.
- Respondents largely felt that access to basic services, and education especially, was critical to children’s resilience and character formation, yet there is a significant gap in the literature on developing countries related to the long-term effects of different interventions on youth achievement in the face of adversity. This suggests that there may be great value in tracking children’s development through adolescence.
- The literature indicates that there is much to be gained from recruiting pregnant mothers into a longitudinal study such as Pathways, as prenatal and neonatal exposure to adversities can have unique consequences for development. However, given the relative infrequency of pregnancy and imperfect pregnancy monitoring, recruiting and maintaining a sample of pre-term mothers may not be cost-effective, especially in remote areas.

These findings provide unique insights for the next steps in designing the Pathways Out of Adversity longitudinal study, but there are a number of issues that the field research could not address. For example, owing to the study location, it was impossible to explore the relationship between political violence and child development, as would be relevant to many situations across Indonesia. These findings also depend entirely on the input of officials, service providers, community leaders, and civil society, and therefore exclude valuable aspects of the experiences children and their caregivers have with adversity.

Recommendations

Reflecting from the key findings of the Exploratory Study, this section presents recommendations related to the broader approach for the Pathways study, followed by technical recommendations for instrument development and testing.

Pathways Study Approach

- **Employ a mixed methods approach.** To meet all the objectives of the initiative, the longitudinal study should employ a mixture of research methods, including a structured (but child-friendly) interview for children and adults in selected households, a structured institutional assessment for schools in the select sites (including faculty and student performance), and a range of qualitative methods adapted to different ages.
- **Safeguard and advance the highest research ethics.** Due to the sensitivity of the Pathways study’s subject matter, the relative vulnerability of children to harm from participating in research, and the likelihood that many of the communities sampled into the Pathways study will feel “over-researched,” developing careful, culturally-appropriate ethics and safety guidelines and protocols should be a critical next step in the study design. These tools should be updated before and after each research

activity, should be widely available to all research partners and research staff in the relevant language, and should be a core component of researchers' training. A vital component of these ethics and safety tools will include informed consent and assent for participants of all ages. Informed consent is an ongoing process rather than a one-off event, and consent will be requested of participants ahead of each wave of data collection and will consist of several parts, including the consent to participate at the moment, consent to be contacted for future participation, consent to be contacted through relatives and friends in the event of migration, and consent to map and photograph the participating household. It may also be necessary to ask for consent to be involved in unanticipated analysis in the future.

- **Assess and address risk.** In each selected site, research teams should work with local leaders and service providers to receive local buy-in for the study, to map out safe research spaces and referral networks in the event that data collection exposes acute needs, to assess the likelihood that certain methods, questions, or words might cause harm or offense (especially related to sensitive topics, such as violence, mental health, and disability), and to develop strategies for safeguarding meaningful participation in research for all selected respondents.
- **Communicate effectively.** A comprehensive communications strategy and protocol should be developed between MoEC, the study partners, and the participating study communities. This is important to enable smooth horizontal coordination at the national level throughout rounds of study planning, execution, analysis, and publication. Such a strategy will also help the MoEC to demonstrate the use of such a study for other sectors and thereby to establish support for the study among other line ministries. This strategy will also ensure better vertical coordination within the MoEC, so that information relevant to the study's implementation, and use of the study results, can be communicated effectively to subnational leaders and frontline staff. Finally, this will help ensure that participating communities understand the study's findings and the way those findings are being put to use, and that they are able to provide feedback on the study.

Instrument Development and Testing

Reduce respondent burden. The study instruments should be designed as efficiently as possible to facilitate effective participant and enumerator engagement and to minimize the negative impact of participation. One strategy for reducing the size of the survey is to limit most time-invariant items (e.g. date of birth, parental education, etc.) to the baseline survey so as to create shorter surveys for subsequent waves. Some time-invariant questions, however, may still need to be asked again in following rounds in order to provide information on recall quality. Another strategy would involve using a rotating panel design where instead of interviewing the same group of children in each survey wave, the panel would alternate. For example, the sample could be divided into three groups (A, B, and C) and all three would be interviewed for baseline. Then, in the first follow-up, only groups A and B would be interviewed. In the second follow-up, B and C would be interviewed, followed by A and C in the third follow-up.

- **Take special measures to streamline follow-up and reduce attrition.** Each household should be asked to provide contact information for relatives or friends who will be able to provide information should the respondent migrate or be otherwise unreachable during a subsequent round of data collection. Households should be geocoded and mapped, and pictures of the households should be collected to enable enumerators to re-identify households in subsequent waves.
- **Include objective measures of health.** To the extent possible, the survey should include objective measures of health (e.g. anthropometrics) to complement self-report measures. These objective measures may include individual as well as household-level items. For instance, IFLS tested household salt for iodine content (RAND Corporation and SurveyMeter, 2014). Depending on the complexity of objective measures taken and the capacity of field researchers, it may be possible to work with local health professionals to collect certain indicators.
- **Map community assets.** All facilities providing local basic services, including education, health, civil registration, courts, police stations, etc. should be mapped with local leaders and geocoded in order to determine their distance from selected households.
- **Link with external datasets.** Every effort should be made to identify existing databases that could inform and become interoperable with the longitudinal database. Data identifiers used by these various databases should be linked to the longitudinal survey as much as possible, including unique individual identifiers such as the Ministry of Home Affairs' NIK and MoEC's NISN, and the administrative location codes used by BPS and the Ministry of Home Affairs. These and geospatial information systems codes can be used to connect the longitudinal database with other external data, such as BPS surveys, weather data, earthquake and flood risks data, and air quality data.
- **Panel composition.** It will be important to determine which age group or groups to recruit for the study's baseline. The first and most scientifically ideal option is to recruit pregnant mothers so as to track potentially negative exposures prenatally, but this would require considerable resources to identify and reach participants and would require oversampling in order to compensate for miscarriage, stillbirth, and neonatal mortality. Another option is to recruit neonates, but this would still require considerable effort for identification. Also, in order to be most informative, the prenatal and neonatal options require high-frequency data collection in the early months in accordance with the speed of development during that period. Few longitudinal studies in developing countries we reviewed attempted these options. Young Lives, citing resource challenges, recruited children at 6 months, while IFLS recruited children of seven years and above.

Another drawback of recruiting very young participants is that, within the current timeframe of the study (endline in 2030), it would not be possible to test the effects of early adversity in late adulthood. One option for addressing this constraint is to recruit a dual cohort. For example, in 2018, one cohort can consist of 6-month-olds at baseline and the other of 7-year-olds. By 2030, the first cohort would be aged 11

and the second would be aged 18. This would require a larger sample size, and data related to early adversity for the older group would have to be collected retrospectively, but this would allow for a better understanding of how the effects of early childhood adversity, and resilience pathways, change over time.

References

- Britto, Pia R; Lye, Stephen J; Proulx, Kerrie; Yousafzai, Aisha K; Matthews, Stephen G; Vaivada, Tyler; Perez-Escamilla, Rafael; Rao, Nirmala; Ip, Patrick; Fernald, Lia C H; MacMillan, Harriet; Hanson, Mark; Wachs, Theodore D; Yao, Haogen; Yoshikawa, Hirokazu; Cerezo, Adrian; Leckman, James F; Bhutta, Zulfiqar A; the Early Childhood Development Interventions Review Group for the Lancet Early Childhood Development Series Steering Committee. (2016). *Nurturing care: promoting early childhood development*. Advancing Early Childhood Development: from Science to Scale 2. Lancet. [http://dx.doi.org/10.1016/S0140-6736\(16\)31390-3](http://dx.doi.org/10.1016/S0140-6736(16)31390-3).
- Government of Indonesia (GoI). (2015). Rencana Pembangunan Jangka Menengah Nasional 2015-2019, Peraturan Presiden No 2 Tahun 2015 [National Medium Term Development Plan, Government Regulation Number 2 of 2015].
- Grantham-McGregor, Sally; Cheung, Yin Bun; Cueto, Santiago; Glewwe, Paul; Richter, Linda; Strupp, Barbara; the International Child Development Steering Group. (2007). *Developmental potential in the first 5 years for children in developing countries*. Child development in developing countries 1. Lancet 2007; 369: 60-70.
- Ministry of Education and Culture (MoEC). (2016). Data Pokok Sulbar (Principal Data for West Sulawesi) [Unpublished data].
- National Scientific Council on the Developing Child (NSCDC). (2007). *The Science of Early Childhood Development*. Pages 1-5. Accessed on August 23, 2016. <http://www.developingchild.net>.
- Shonkoff, Jack P; Radner, James M; Foote, Nathaniel. (2016). *Expanding the evidence base to drive more productive early childhood investment*. Advancing Early Childhood Development Series: from Science to Scale. Lancet. [http://dx.doi.org/10.1016/S0140-6736\(16\)31702-0](http://dx.doi.org/10.1016/S0140-6736(16)31702-0).
- Walker, Susan P; Wachs, Theodore D; Gardner, Julie Meeks; Lozoff, Betsy; Wasserman, Gail A; Pollitt, Ernesto; Carter, Julie A; the International Child Development Steering Group (2007). *Child development: risk factors for adverse outcomes in developing countries*. Child development in developing countries 2. Lancet 2007; 369: 145-57.