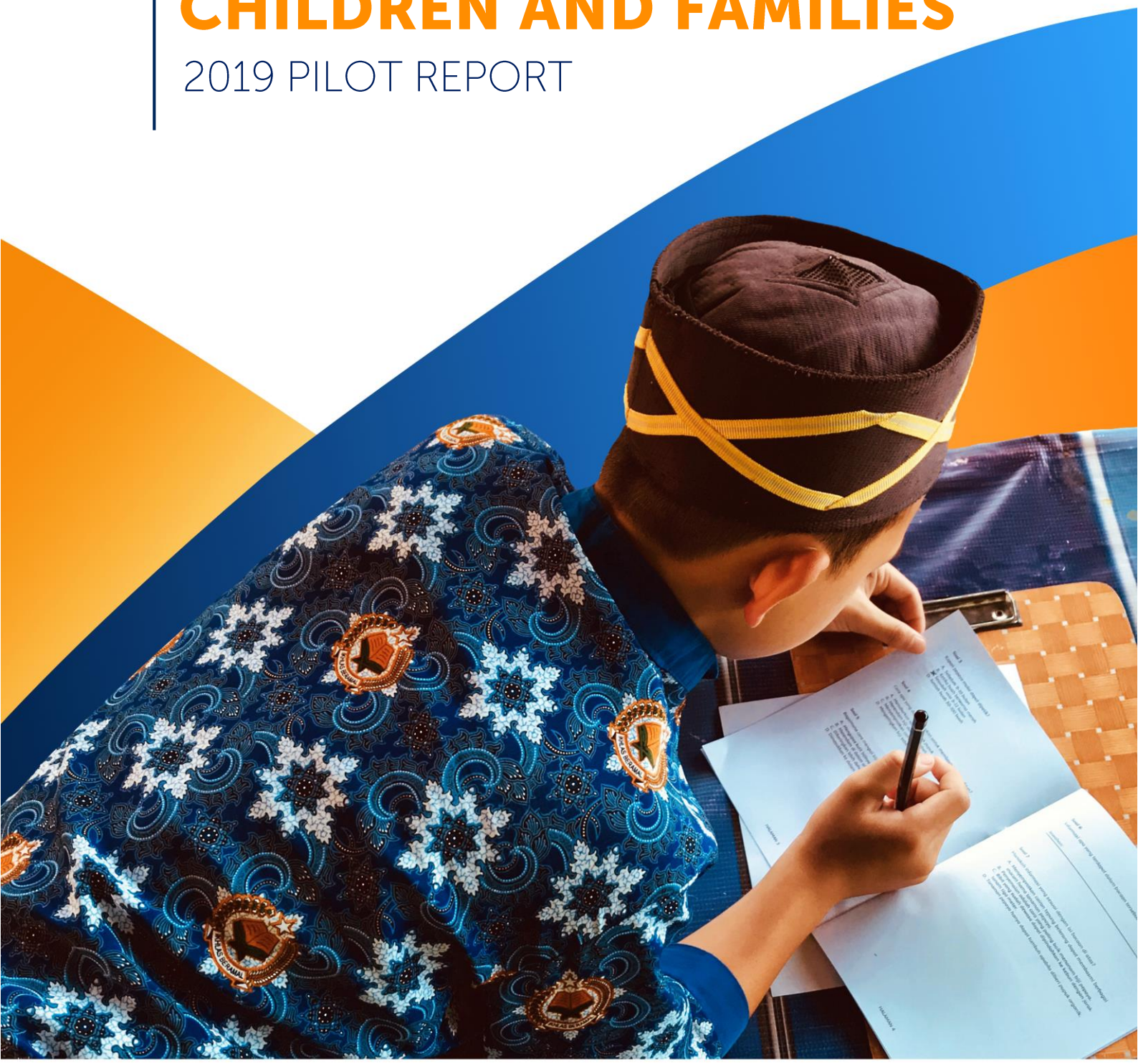
LONGITUDINAL STUDY OF CHILDREN AND FAMILIES

2019 PILOT REPORT



PUSKAPA
CENTER ON CHILD PROTECTION & WELLBEING

10 YEARS Championing Inclusive Solutions

SurveyMETER
SURVEY-MEASUREMENT-TRAINING-RESEARCH

This report is produced by the Center on Child Protection and Wellbeing University of Indoensia (PUSKAPA UI). Findings, interpretations, and conclusion in this report originated from PUSKAPA dan does not reflect the views of the Ministry of Education and Culture of the Republic of Indonesia. Laporan ini dihasilkan oleh Pusat Kajian dan Advokasi Perlindungan dan Kualitas Hidup Anak Universitas Indonesia (PUSKAPA).

Support for this study and publication of this report is provided by the Ministry of Education and Culture of the Republic of Indonesia. You can quote and distribute this report for non-commercial purposes.

To obtain a copy of this report or if you need further information, please contact PUSKAPA (puskapa@puskapa.org). This report is also available on PUSKAPA website (puskapa.org).

Authors:
Windy Liem, Eriando Rizky Septian, Nilla Sari Dewi Iustitiani, Andrea Andjaringtyas Adhi, Agnes Maria Sumargi.

Co-Principal Investigators:
Santi Kusumaningrum & Firman Witoelar

Head of Research Team:
Windy Liem

Research Team:
Windy Liem, Eriando Rizky Septian, Nilla Sari Dewi Iustitiani, Wenny Wandasari, Ni Wayan Suriastini, Nasirudin, Rosalia Astuti, Aditya Desy, Tri Handayani, Raisa Putri Hastari, Azka Nur Medha, Susi Kurniawati, Siti Hasanah, & Hatijah.

Design & layout: Jaya Santiya

Photo Credit: PUSKAPA Documentations

TABLE OF CONTENTS

SLAK FULL PILOT
YOGYAKARTA & BANTUL, OCTOBER-DECEMBER 2019

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATIONS

AKSI	*Asesmen Kompetensi Siswa Indonesia* (Indonesian National Assessment Programme)
Bakesbangpol	*Badan Kesatuan Bangsa & Politik* (National Unity and Politics Agency)
Bappenas	*Badan Perencanaan Pembangunan Nasional* (National Development Planning Agency)
CAPI	Computer-Assisted Personal Interviewing
CFI	Comparative Fit Index
Dapodik	*Data Pokok Pendidikan* (MoEC's Basic Education Database)
DDS	Dietary Diversity Score
FGD	Focused Group Discussion
FIML	Full Information Maximum Likelihood
IFLS	Indonesian Family Life Survey
INOVASI	*Inovasi untuk Anak Sekolah Indonesia* (Innovation for Indonesia's School Children)
HDI	Human Development Index
IRT	Item Response Theory
MoEC	Ministry of Education and Culture
KK	*Kartu Keluarga* (Family Card)
KTSP 2006	*Kurikulum Tingkat Satuan Pendidikan 2006*
KUA	*Kantor Urusan Agama* (Office of Religious Affairs)
MACR	Missing at completely random
PAFAS	Parent and Family Adjustment Scale
PAUD	*Pendidikan Anak Usia Dini* (Early Childhood Education)
PEKKA	*Perempuan Kepala Keluarga* (Female Heads of Households)
PEMANTIK	*Pengukuran Mandiri Literasi dan Numerasi PSPK* (PSPK's Literacy and Numeracy Assessment)
PHBS	*Perilaku Hidup Bersih Sehat* (Clean and Healthy Behavior)
PKK	*Pemberdayaan Kesejahteraan Keluarga* (Family Welfare Empowerment)
PSPK	*Pusat Studi Pendidikan dan Kebijakan* (Center on Education and Policy Studies)
PUSKAPA	*Pusat Kajian dan Advokasi Perlindungan dan Kualitas Hidup Anak* (Center on Child Protection and Wellbeing)
RISE	Research on Improving Systems of Education
RMSEA	Root mean square error of approximation

SDQ	Strengths & Difficulties Questionnaire
SDQ-TR/PR	Strengths & Difficulties Questionnaire-Teacher Report/Parent Report
SLA	Student Learning Assessment
SLAK	*Studi Longitudinal Anak dan Keluarga* (Longitudinal Study of Children and Families)
SLS	*Satuan Lingkungan Setempat* (Local Neighborhood Unit)
SRMR	Standardized root mean square residual
Susenas	*Survei Sosial Ekonomi Nasional* (National Socio-Economic Survey)

FOREWORD

The Longitudinal Study of Children and Families (Studi Longitudinal Anak dan Keluarga - SLAK) began with an idea. Five years ago, BAPPENAS, PUSKAPA, Ministry of Education and Culture (MoEC) and SurveyMETER agreed that while pursuing economic growth, sometimes we forget that some are left behind, if not invisible. There are still children not registered and difficult to access quality basic services. They are facing adversities that hinder them from achieving their outmost potentials.

We also agreed that the Government has applied various strategies to improve public welfare, as early as childhood period. However, our knowledge about Indonesian children is still dispersed into scientific compartments; typically health, education or social. We have yet to obtain a thorough understanding of Indonesian people's lives from childhood until adulthood. On the other hand, a comprehensive and continuous information is necessary to perpetually evaluate the development strategies. That is why we collaborated to design SLAK, a longitudinal study that will provide data from time to time by following the same individuals for childhood until adulthood, as the basis for sinthesizing and evaluating policies.

Four years ago, SLAK began with an exploratory study. We collected information from literature and respondents from state ministries, local government staffs, basic service providers, civil society organizations, prominent local leaders, and community members. Through this process, SLAK has mapped out different types of adversities experienced by children and families, also types of information needed by policy makers. This exploratory study provided us with modality to formulate research questions and aspects that we need to investigate further through SLAK.

In 2017, SLAK team formulated research instruments and began piloting the questionnaires with a group of households in urban and rural areas. The following year, we further piloted the revised and improved questionnaires and data collection method. We tested school-based and household-based data collection methods, with a combination of interview and self–administration techniques. We also piloted a response mechanism in collecting data and utilized DAPODIK administrative data as a basis. Finaly, in 2019 we completed the instrument pilot process by adding a pilot on specific groups and data collection protocol.

Through this report, we want to share our experience when conducting a pilot in 2019, specifically on interviewing out-of-school children, children with disabilities, developing digital instrument, and using key informant method for household listing, to name a few.

We want to thank various parties for their assistance, namely local civil society organizations, school staffs, local education offices, and respondents who allowed us to enter their private spaces. Ultimately to SLAK big family, namely MoEC, SurveyMETER, and Bappenas.

The final stage of this pilot is the beginning of new steps. We hope four years of preparation could be a firm foundation for SLAK to start collecting longitudinal data on children in Indonesia.

Principal Investigators
Santi Kusumaningrum, Director of PUSKAPA
Firman Witoelar, Crawford School of Public Policy, Australian National University

EXECUTIVE SUMMARY

Education has become one of the main strategies of the Indonesian Government to ensure child welfare. The Government of Indonesia continues to develop its investment through increased education access by tapping into the social protection program, extending the coverage of Early Childhood Education (PAUD) and basic education, also increasing teacher's quality and welfare, all of which have been stipulated in the Ministry of Education and Culture's Strategic Plan. However, in-depth understanding is required more than mere planning to ensure comprehensive program planning and implementation which lead to expected education output. In 2016, the Ministry of Education and Culture (MoEC) collaborated with the Center on Child Protection and Wellbeing (PUSKAPA) and SurveyMETER to start a series of preparation process required to conduct a longitudinal study of children and families. This initiative is acknowledged and supported by the kemenNational Development Planning Agency (Bappenas). The Longitudinal Study of Children and Families (SLAK) aims to comprehend the childhood adversity since early age, their ability to overcome those problems and the impacts on health and education output, also on child and family social welfare.

SLAK preparation process started with an Exploratory Study in 2016, expanding to the instrument development in 2017 and 2018. From the 2018 pilot results, researchers still encountered flaws in parenting instrument and child module. Consequently in 2019, SLAK conducted another pilot in two phases. Phase one aimed to pilot the parenting instrument, data collection process for the Child Module at home by involving out-of-school children and children with disabilities, also to pilot the survey protocol. On phase two, the research team piloted a protocol on household listing and survey data collection.

In order to make references towards all activities since 2016 until 2019 a lot easier, this Executive Summary will ellaborate core activities, key findings, and recommendations from each phase annually.

SLAK EXPLORATORY STUDY 2016

The exploratory study aimed to provide inputs in designing and implementing a longitudinal study. This study specifically aimed to seek systemic variables (cultural, political, geographical, ethical and other variables) that could probably limit the methodology options which can be utilized in a longitudinal study; also to identify various gaps in a context of establishment/institution and international literature that can be filled/suplemented by a longitudinal study.

We conducted a literature study regarding research on children, specifically on research with a longitudinal design, to map out study variables and gaps in the literature. We also collected qualitative data through interview and Focused Grup Discussion (FGD) with policy makers at national level, in addition to policy makers, service providers, civil society organizations, prominent local leaders and residents from three regencies/cities in West Sulawesi (Mamuju, Central Mamuju and Mamasa). West Sulawesi was selected based on MoEC's recommendation due to their low Human Development Index (HDI) and their status as priority regions for education improvement strategy established by MoEC.

This study identified different perceptions on childhood adversity, depending on respondents' sector and field of work. There were disagreement amongst respondents on whether it was neccesarry to apply physical and verbal punishment when educating children. Respondents had many different opinions on whether working was considered as

life adversity for child. We also discovered that respondents were not familiar with the resilience concept. However, the researchers successfully mapped out supporting factors that respondents considered important in helping the children to survive their life adversity.

In the light of information gap, we discovered a disconnection between frontline staffs (in charge of collecting primary data), government officials at the regional level (in charge of receiving and transferring data), and staff at the national level (data user for policy and program planning). The frontline staffs usually have a low data literacy and think that the citizens have been over-researched. The local government respondents identified that several important data were not available, for example prevalence of people with disability, documentation on how schools resolve students' non academic problems, such as violence. On the other hand, officials at the national level require a more comprehensive and valid population data on issues such as violence against children, out-of-school children, parents' competence, and parenting conditions.

Researchers have also identified several challenges that might appear. Some respondents considered some topics are too sensitive to ask, such as malnutrition, household consumption, parents' divorce, sexual activities, and violence. There were quite a lot of citizens who participated in a survey without receiving direct benefits and might resulting in reluctance to participate in a long term survey. It also requires time and huge financial investments to cover remote areas. On certain areas, the rate of population migration and the number of respondents who work far away from their home are quite high. Consequently, it could result in decreasing number of survey participants in the long term.

Based on the findings from exploratory study, the researchers had formulated several recommendations. First, this longitudinal study should use a mixed method (quantitative and qualitative) to cover entire research objectives. Second, formulate a manual, protocol on ethics and security measures, especially due to sensitive topics covered in this study. This point also leads to the importance of collaborating with local service providers, so that researchers could refer respondents who need them. Third, conduct a qualitative study to identify correlation between variables. Fourth, reduce respondents' burden by compacting the questions and not repeat asking variables that will not change in the next wave. Fifth, minimize reduction in participation rate by recording geographical locations, documenting contact information of the respondent's relatives or friends whom could provide information if the respondent migrated or cannot be contacted in the next wave. Sixth, conduct health measurements, such as anthropometry to complement the self-report assessment. Seventh, map out facilities and basic services located in the vicinity of the respondents. Eighth, link SLAK data with external data sources that could support longitudinal database, such as civil registration data, student data, and geospatial information system. Ninth, determine which age group to be included in the baseline data, to enable capturing information on children as early as possible. One of the proposed alternatives is to include double cohorts.

SLAK INSTRUMENT PILOT 2017

The 2017 pilot aimed to ensure that SLAK uses proper instruments to measure selected variables based on the exploratory study. This pilot specifically aimed to: 1) evaluate respondent's interpretations and understanding towards the instrument; 2) conduct psychometric analysis on the instrument; and 3) compare between the household based sample collection and the school based sample collection. The instrument pilot process started with pre-pilot which was conducted twice with small number of samples in an area easily accessable by the cental research team.

In October 2017, the pilot process was conducted in two regions, namely Klaten Regency, Central Java and Mamuju Regency, West Sulawesi. We interviewed 101 household divided into younger cohort (6-18 months old) and older cohort (10-12 years old) to answer various instruments, which were grouped into several modules. Those modules are household, mother, primary caregivers, and child modules (for older cohort only). Samples in each region were selected using two-stage cluster random sampling method. Whereas the younger cohort used household-based sampling, we use two methods for the older cohort, i.e. household-based in Klaten and school-based in Mamuju. After the respondents completed the instruments, some of them were selected for a follow-up interview to obtain insights on the instruments and the entire survey process. During this pilot, the researchers also provided tablet for respondents to answer the self-administered questionnaire. Data collection was done by PUSKAPA and SurveyMETER research team, accompanied by local researchers from respective regions. We conducted quantitative analysis using a psychometric test on some relevant instruments. In addition, a qualitative analysis was done by mapping the themes from survey experience interview and enumerators' field notes.

Quantitatively, the psychometric analysis on parenting instrument showed a different reliability score between fathers and mothers, also between urban dan rural areas. The Strengths & Difficulties Questionnaire (SDQ) was answered by the children themselves and most of the dimensions produced low reliability.

The qualitative analysis succeeded to map the problems into several aspects. First, on rapport building and explaining about the research. The involvement of local researcher/facilitator helped enumerators to gain respondents' trust in research participation. On several occasions, the researchers still found it difficult to explain about research objectives, respondent selection process, benefits, and study process. Second, getting some privacy and answering sensitive questions were sometimes challenging. During household interview, the enumerator often experienced difficulties interviewing the child and mother separately from other family members. Yet in general, respondents were quite open in answering sensitive questions. Third, arranging interview schedules and reducing respondents' burden. The participation level of adult males were low because the interview schedule coincides with their working hours. A number of respondents also complained about the long duration of the interview because they served as respondents for several modules at once (mother, primary caregiver, and household modules).

Based on findings from field, the research team formulated several recommendations. First, researchers need to select a proper and inclusive sampling method that is capable of capturing children's situations outside the traditional household and families who experience social exclusion (children in institution, families with people with disability, and nomadic families such as families living in carts/*manusia gerobak*). Second, researchers need to refine the instruments by revising and consulting with a team of experts, especially relating to parenting issues. Instrument revision also need to focus on reducing the interview duration and on measuring the education aspect of the child. Third, conduct a survey effectively and ethically. These include strengthening the capacity of enumerators so that each of them truly understand research protocol and ethics, and applying specific interview technique with children. Fourth, ensure optimum data management and quality by utilizing digital instrument, documenting identity numbers which could be linked to external data, and documenting contact numbers of close relatives so they could be reached for another visitation at the next wave. Fifth, set a plan for SLAK implementation in the next period by involving various sectors that could benefit from SLAK data, review literacy and numeracy competency measurement, and pilot the next phase.

2018 SLAK INSTRUMENT PILOT

In 2018, the instrument pilot was focused on perfecting the Child Module and cognitive competency assessment instrument, and also piloting the parenting instrument to prepare for the first wave survey. The research team collaborated with Research on Improving Systems of Education (RISE Programme Indonesia) to develop the Student Learning Assessment (SLA) instrument. On the Primary Caregiver Module, the researchers for the first time piloted the Parenting and Family Adjustment Scale (PAFAS) instrument and Strengths and Difficulties Questionnaire-Teacher Report/Parent Report/ SDQ-TR/PR) which have been validated in Indonesia.

The pilot was conducted in two regencies, namely Trenggalek, East Java and Sekadau, West Kalimantan on October-November 2018. The school based samples were selected based on the school quality index developed by RISE and INOVASI. In each regency, six schools were selected to represent the highest, medium, and low quality schools in their areas based on Education Main Data (Data Pokok Pendidikan –Dapodik). The pilot involved a total of 239 students for SLA test, where 118 of them were selected for child instrument interview, and 118 respondents for Primary Caregiver Module. The samples were selected randomly based on age group/cohort stratification, namely 10, 11, and 12 years old. All data collection processes were done at the schools.

During the interview process, several respondents were selected for cognitive interview to obtain inputs towards the intruments and interview process. The data collection in each regency was done by the research team, comprised of two PUSKAPA researchers, one SurveyMETER researcher, and one local researcher. Afterwards, the pilot results were analized quantitatively using Item Response Theory (IRT) to assess the SLA test scores, whereas a psychometric test was for PAFAS and SDQ instruments. In addition, a qualitative analysis was done based on cognitive interview results from Child and Primary Caregiver Modules.

The IRT analysis results showed already good questions distribution with variety levels of difficulties on SLA numeracy and literacy tests. However there were indications of redundancy still found in several questions that measured the same competency level on both tests (book A & B). The reliability test showed that PAFAS questionnaire was good on one dimension; however the other dimension had a low score. Therefore we need to adapt the questions wording, and conduct another pilot with bigger samples. On the other hand, the dimensions of SDQ-TR/PR questionnaire have a quite good reliability.

Based on the observation and cognitive interview results on PAFAS & SDQ, the major obstacles were respondents' understanding of answer choices, questions using formal Indonesian language and compound sentences, as well as difficult terms. In Child Module, respondents experienced difficulties calculating the duration and remembering the time they took to do the activity so it matched with the time frame requested. Respondents also found it difficult to understand some questions and answer choices. Some respondents also looked uncomfortable when answering questions; especially when there were other people present in the interview room, when answering sensitive questions, or when asked about puberty related questions by enumerator with different sex.

As an evaluation on the survey process, researchers also summarized findings from enumerator's field notes. First, using Dapodik as a basis for selecting samples had made it easier for the researchers, however the enumerator still found inconsistency between Dapodik and information from respondents, or data that have not been updated. Second, the schools' preference for data collection schedule was during learning hours. Third, before collecting the data, researchers need to find contact information on available referral

services. Fourth, collecting data at school has both advantages and disadvantages compared to home visit. Researchers had difficulties in making sure that respondents completed the literacy and numeracy tests on their own, without any interference from their peers or teachers. Nevertheless, school setting enables private interview with respondents in a classroom, which was quite effective to maintain their privacy. Fifth, researchers still found terms in the questionnaire that were difficult to understand by child respondents and long interview duration. Sixth, a combination of enumerator reading the questions and adult respondents completing PAFAS and SDQ themselves was effective to both ensure respondent's privacy and assist respondents with reading difficulty. However, enumerators need guidance on probe questions to help respondents understand the questions better.

Based on those findings, the researchers formulated several recommendations for the upcoming process. First, improve the instruments, so that respondents could easily understand the questions and answer choices. Second, conduct another pilot on parenting (PAFAS) instrument with bigger samples to conduct better statistical analysis. Third, create an instrument administration manual for enumerator so that data collection could run smoother. Fourth, formulate a comprehensive research protocol to ensure effective and ethical data collection process. There are several things that we need to consider for the protocol: 1) a distractor to divert other people's attention that are present during the interview; 2) additional activity at school for respondents who are waiting for their interview turn; 3) qualification and composition of enumerators should take into account their sex (for asking sensitive questions), capacity to interview children, and good understanding of the concepts in the questions. Lastly, complete the development of all modules and pilot the readability of a digital module with a complete administration manual.

SLAK INSTRUMENT PILOT, JULY 2019

In 2019, the first phase of the pilot aimed to: (i) validate parenting and child psychosocial instruments and also to try out the instrument guidance; (ii) pilot the Child Module with data collection taking place at home; and (iii) explore collecting data with out-of-school children. The piloted module were Child Module for older cohort (10-12 years old) and two parts of the Primary Caregiver Module: Parenting and Family Adjustment Scale (PAFAS) and Strengths and Difficulties Questionnaire-Teacher Report/Parent Report (SDQ-TR/PR).

The researchers selected Tangerang Regency as urban representation and Cianjur Regency as rural representation that use local language. Based on the Primary Caregiver samples, we randomly selected a sub-sample of child respondents. The sub-sample was drawn to evaluate the experience of collecting data with children at home.The research team also used purposive sampling to obtain out-of-school child samples.

The researchers combined two types of data analysis, quantitative and qualitative. We used psychometric test on PAFAS and SDQ instruments to quantitatively measure the reliability and validity of those tools. For the qualitative analysis, we used enumerators' observation notes to refine the instruments and evaluate data collection with children at home.

QUANTITATIVE ANALYSIS RESULT

This pilot managed to collect data from 221 primary caregivers from six selected schools in two regencies and 38 children aged 10-12 years old. We tested PAFAS's validity and reliability by separating it into two parts, namely parenting techniques and family adjustment. The model test result on parenting techniques recommended to eliminate eight questions

because they did not reflect the measured construct. Whereas, model test result on family adjustment recommended to eliminate six questions.

QUALITATIVE ANALYSIS RESULT

PAFAS and SDQ

Based on the enumerators' observation and field notes, it turned out that examples of daily behavior helped the respondents to understand the questions. Unfortunately, there were still obstacles in PAFAS questionnaires, namely answers choices, questions using formal Indonesian language and multiple sentences, also several difficult terms. Different with PAFAS, the respondents easily understood the questions with examples of daily behavior in SDQ test.

In Cianjur, some primary caregiver respondents had difficulty in understanding Indonesian Language, therefore they required assistance from local facilitators to translate the questions into Sundanese (respondents' day-to-day language). The most common obstacle encountered by respondents when completing the SDQ was to match the imagined condition with the answer choices. Generally respondents could understand the meaning of the questions and given examples. However, they had difficulties choosing the most appropriate answer.

SLA and Child Module

Based on enumerators' observation and field notes, the respondents had no difficulty in completing the literacy and numeracy tests (Indonesian Language and Mathematics Modules), especially children who still go to school. On the contrary, out-of-school children experienced difficulties. Children who no longer went to school had to complete secreening tests before answering the Indonesian Language or Mathematics Modules. The respondents experienced difficulty when they passed the Mathematics, but not the Indonesian Language screening test. They cannot answer the Mathematics Module because they cannot read the instructions nor the questions. In addition, researchers still encountered challenges during the Child Module interview, although they were less than the last years's pilot.

FINDINGS DURING DATA COLLECTION PROCESS

Coordination with most of the schools and community leaders went well, but not with the Local Education Office. The Offices in both locations recommended us to contact the schools directly.

Setting an interview schedule with respondents was a huge challenge in Tangerang that has an urban setting. In areas that are bordering with other cities, the researchers faced difficulties when inviting or setting up interview schedule with primary caregivers who works in nearby cities, such as Jakarta, Tangerang or South Tangerang. The research team was not successful in getting a single child respondent from the first school. Coordination with the school was a challenge because they were busy processing the school's name alteration and accreditation.

Mapping, outreaching, and researching out-of school child was a complicated process. There were no initial data that could identify where and how many children aged 10-12 years old were out-of-school. The team finally obtain the information from multiple sources, starting from the teachers in the selected school, local facilitators, negihborhood leaders, until a teacher whom our car driver happened to know, and internet search engine. Another difficulty was that out-of-school children tend to be scared of being asked to go back to school after seeing the informant, which was a teacher, came along to their house.

Obstacles that distracted the respondent's concentration were not test and interview duration, but rather the disturbance from surrounding area. During interviews at school, at breaks or when school ended, the condition outside of the interview room became really noisy. Some of the respondents also brought along their young children who kept distracting the respondent's concentration by crying or asking to go home. During interviews at home, often times the other family members or the child's friends stayed inside the interview room and disturbed the interview process.

Researchers need a trained translator when interviewing respondent that has difficulty understanding formal Indonesian Language. In Cianjur, researchers have prepared a local facilitator to assist in translating questions into Sundanese. However, there was an urgent occasion when the enumerator asked the informant (an Elementary School teacher) to translate the questions. We do not recommend this method because of the risk that the informant gives irrelevant examples or ways of questioning that direct respondent's answer.

Child with disability required specific approach by trained enumerator. In Cianjur, an enumerator encountered difficulty since the initial process to approach the respondent with disability. During home visit, the respondent hid and cried because he thought the two enumerators were teachers trying to get him to go back to school. When he finally agreed to participate, he had a mood swing throughout the interview that affected his focus when answering the questions.

Despite the existing access, why do children still not go to school? We found some reasons, such as bullying, the child or parents preferred the child to study in religious school *(pesantren)* than ordinary school, have disability, unmotivated to go to school, or the school has been closed and the child refused to move to a different school.

FINDINGS ON ETHICS & REFERRAL MECHANISM

Enumerators were often challenged to ensure privacy throughout the interview, especially at home. Home interview usually took place in the living room or terrace, where other family members can interrupt suddenly, eavesdrop, or read the questionairre.

Researchers need to broaden the types of referral services for respondents in the protocol. The current research protocol only provides referral mechanism for respondents who experienced violence cases, showed traumatic reaction, or threatening condition. But during data collection in Tangerang, the research team found a child with mental disorder that was not attended by health service, and a child whose primary caregiver just passed away. Then the field team leader decided to refer those two respondents to referral services with the consent of their primary caregivers.

RECOMMENDATIONS

Researchers need to revise the instruments and data collection method/process. First, some questions in PAFAS instruments need to be simplified through consultation with experts in the field of parenting and psychometric. Second, find alternative solution for a more suitable cognitive capacity test for out-of-school children.

Training for the full survey needs to include: a simulation with real respondents, especially children; sharing experiences from the pilot process; and the Psychological First Aid training. Those sessions were very useful and should be included in the survey training. It will prepare the enumerators to deal with respondents with special cases or who show psychological reactions during the interview.

The local facilitator who will assist with interpretation should receive a proper training. In order to ensure that the facilitator does not change the questions' content, they need a specific training on the instrument. It is particularly important on the sections that measure behavior, because they are prone to multiple interpretations.

Out-of-school child respondents need special approach to minimize potential rejection. First, when conducting home visit, it is better not to bring teachers or anyone from the school; because the child might feel intimidated and scared. Second, enumerators need more effort to build rapport with out-of-school children before starting the interview. Third, out-of-school children might receive a certain stigma from the local community. Therefore, a special session is required in the training to develop enumerators' sensitivity about such conditions and how to build rapport effectively.

Prior to data collection, researchers need to map out referral services that are locally available. In addition to formal referral services, researchers also need to map out services provided by local foundation or association, such as social workers who also have referral mechanism to existing services.

Enumerators need to consider special approach when interviewing respondents with disability. Prior to the interview, it is better for the enumerator to discuss with the family/primary caregiver concerning the disability, and what would be the best way to conduct the interview. In addition, the enumerator need to be extra considerate about privacy when asking sensitive questions, especially if the respondent is accompanied by a family member/primary caregiver during the interview. Before collecting the data, researchers also need to map out special needs schools in the vicinity of data collection areas. When necessary, researchers should recruit interpreter who can assist in communicating with respondent with disability.

Researchers need to consider a qualitative research with out-of-school children as sub-samples. SLAK instrument is not designed to specifically study out-of-school children. Based on the field observation, those children might have a life experience that is far different from school children, and cannot be easily captured by the quantitative survey. Approaching out-of-school children might require longer time because they tend to be shy and self reserved during the interview. A qualitative research is necessary to capture the life experience of out-of-school children more comprehensively.

SLAK FULL PILOT, OCTOBER-DECEMBER 2019

The second phase of the 2019 pilot aims to: (i) evaluate the listing and sample selection method and procedure to be used in 2020 survey; and (ii) evaluate the interview process and digital questionnaire for SLAK 2020. The research team conducted a pre-pilot on sampling procedure and sample selection to adapt the procedures created by SurveyMETER for the previous survey.

SLAK PRE-PILOT LISTING AND SAMPLE SELECTION (OCTOBER 2019)

The listing pilot was conducted in two locations, namely Yogyakarta and Bantul. The listing used a key informant method, namely identifying the targeted respondent's household to know whether it is suitable with the information received from the key informant. This method is also supplemented by verifications, such as visiting the address of the listed household; and snowballing, i.e. obtaining further information from respondents on whether there are targeted households that were not listed yet by the researchers.

Generally, the pre-pilot process went quite well. Verification process was very useful to ensure data accuracy from the informant, for example whether the listed child still live in the household or their age match the recorded data. Snowballing process is also important to track households that were missing from the key informant's data.

The enumerators experienced a technical problem during listing when using paper forms, which consisted of seven types. They also faced difficulties when verifying the respondents in the morning and afternoon because most of them were not at home during working hours. In addition, the enumerators still faced rejections from several households that they visited during verification.

SLAK PROTOCOL PILOT (NOVEMBER - DECEMBER 2019)

The protocol pilot was conducted again in two locations, namely Yogyakarta City and Bantul Regency, however this time in different urban village (kelurahan) and village (desa) than before. In each location, researchers had a listing target of 10 households with children aged 6-18 months and another 10 households with children aged 10-12 years old. The team also added 25% extra of sample data to anticipate if there were nobody present at the household or they refused to be interviewed. Overall, the team had a target to interview a total of 40 households.

RESULTS, CHALLENGES, AND OBSTACLES

The Enumerator team managed to collect complete data from 39 households, and one household that did not complete one module. In Yogyakarta, enumerators had to collect data from four hamlets *(Rukun Warga - RW)* to achieve the sample target; whereas in Bantul, enumerators only need to include two sub-village *(dusun).*

Researchers Still Encountered Technical Difficulties with the Digital Instruments. These problems were recorded during daily debriefing session and was immediately fixed by the programmer before data collection in the next day. In addition to technical problems with the laptop, enumerators also took notes to improve the questionnaire items.

Besides technical problems, some households also refused to participate. One respondent refused the interview because of various excuses, although she initially agreed to participate. There was one household that refused because the mother is in a mental condition that forbids her to be interviewed. One household refused because the child was in the middle of school exam period.

The enumerators also ruled out several candidate respondents from the sample list. There were three households that each had two children who suited the younger/older cohort criteria, so that enumerator had to select only one child. Enumerator also ruled out two households because they could not meet any adult respondent for an interview.

The enumerators encountered challenges during anthropometric measurement. When measuring the child's anthropometric, some children were crying. One enumerator even required 90 minutes to complete the measurement. A strategy that enumerators used was asking assistance from the family members to hold the child so they do not wriggle and the measurement could be done faster.

The enumerators also faced security risks for collecting the data at night. Most of the data collection from older cohort were conducted in the evening because the team had to wait for the child to come home from school. The enumerators faced security risk in Bantul because the study location was so quiet and has a minimum lighting.

The enumerators encountered challenges when combining paper based questionnaire and digital questionnaire. In the Mother Module, Child Module, and Nutrition Module, there were some paper-based sections. The enumerators need to be careful not to miss any section during the interview, since there was not indication about the paper-based questionnaire in the digital instrument.

Challenges also appeared from the respondents when answering questions. In the Household Module, the enumerators also face difficulties especially on the Household Subjective Wellbeing part. Several respondents were reluctant to answer that part because they consider it as God's authority and therefore they cannot give any assessment.

The enumerators kept/often face difficulties when ensuring privacy during interview. In most of the interviews, we encountered disturbance from the surroundings. The disturbance usually came from family members who approached the respondent or the spouse was present when asking about the Household Dynamics section (domestic violence) in the Mother Module.

The enumerators found violence cases, but the respondents refused to be referred. We found some reasons on why the respondents refused. First, the violence by a school teacher was considered resolved because the child has moved to a different school. Second, the respondent who experienced domestic violence claimed that she did not need any help. Another respondent told us that she went to a police office once to ask for help. However, she finally withdrew her intention after worrying about the consequence for her spouse if she reported him to the police.

RECOMMENDATIONS

The researchers need to obtain permits from various government offices in order to access more key informants. Based on previous experiences during pre-pilot and pilot, the team identified that school teachers and Community Health Center (Puskesmas) staff are potential key informants. During pre-pilot, the researchers managed to obtain information from the school teachers by bringing a permit letter from the village and *Bakesbangpol*. However, depending on the local policy, other office/institution might need additional permit. For example, we need a permit from the local education office to access school data and a permit from the local health office to access *Puskesmas* data.

The researchers need to consider a more efficient mechanism to select the local neighborhood unit, without sacrificing the sample representation. During a pilot in Yogyakarta City, the researchers slected four RWs in order to meet the targeted younger cohort samples, despite the targeted older cohort already met after selecting the second RW. This took quite a long time because the researchers still have to collect data from the entire older cohort in four RWs. Based on the comparison results from the pre-pilot and the pilot, each area has different younger and older cohort proportions. In one area, probably it is more difficult to find younger cohort rather than older cohort, however in other area it could be the opposite. Therefore we need to consider, if the target from one of the cohorts already met, does it mean there is no need to conduct anymore listing for that cohort in another SLS and what would be the implications towards sample representation on a population.

Researchers need to recruit and extensively train enumerators to ensure that they meet the SLAK standard quality. The variety and duration of SLAK instrument, interview with children, and sensitive questions distinctly set SLAK apart from the common household surveys. The enumerators should really understand the objective of each question, careful

in combining the answers from the digital and paper questionnaires, able to build rapport with children, able to capture the nuances during the survey, respond psychological reactions that might appear, as well as assess whether respondent needs a referral. Experiences from the first wave of data collection will also affect respondent's willingness in a long-term participation.

Researchers need to improve the questionnaire inaccordance with the enumerator's notes. The enumerators still face several difficulties in the questionnaire, namely respondents answer not yet accommodated in the answer choices, editorial improvement, and respondent confusion in answering because the answer choices were not read to them.

Synchronizing the original questionnaire version with the questionnaire in CAPI. The enumerators still found questions and answer choices which do not appear in CAPI. The researchers need to re-check both versions of the questionnaire and improve/fix them inaccordance with the enumerator's notes for improvement.

The programmer team need to fix the problems with CAPI and the research team need to conduct mitigation if this problem still occurs. When conducting interview, CAPI still experiencing force closed which caused data loss. The programmer team need to fix the problem and the research team need to think of the correct/most appropriate mitigation if similar case occurred during data collection. In addition, the answer choices in CAPI still need to be fix, namely the number of digits are still lacking.

Researchers need to discuss if there is a part in the Module that was not filled in, do we take out/remove that household entirely from the analysis or can still use it. For example, there was a household in Yogyakarta City that only completed parts of the Mother Module and only lacking in the mother's anthropometric of the Nutrition Module.

CONCLUSION

After spending four years of exploratory and instrument pilot processes, SLAK has got a set of comprehensive protocols and instruments, ready for use. This study was designed to produce data that could assist the government in mapping childhood adversity factors. Furthermore, to find/identify factors that develop child and family resiliency towards such adversity in different contexts. SLAK data will be able to produce recommendations in designing evidence based policies and at the same time evaluating policy impacts.

PILOT STUDY
SLAK 2019

A GLIMPSE ON SLAK

Education has become one of the main strategies of the Indonesian Government to ensure child welfare. The Government of Indonesia continues to develop its investment through increased education access by tapping into the social protection program, extending the coverage of Early Childhood Education (PAUD) and basic education, also increasing teacher's quality and welfare, all of which have been stipulated in the Ministry of Education and Culture's Strategic Plan. However, in-depth understanding is required more than mere planning to ensure comprehensive program planning and implementation which lead to expected education output. Several research on child education and development confirm a strong correlation between education and other development sectors, such as maternal and neonatal's physical and mental health; access towards basic health facilities, civil registration, and social protection services covering domestic violence and violence from the environment; natural disaster and other crisis. Policy makers require a longitudinal study to comprehend major cause and long term effect of childhood adversity and how some of them could survive and overcome such turmoil. This study is expected to produce data that could assist the government in mapping out factors of childhood adversitymore accurately and also factors that build resilience against those adversities in various contexts.

In 2016, the Ministry of Education and Culture (MoEC) collaborated with the Center on Child Protection and Wellbeing (PUSKAPA) and SurveyMETER to start a series of preparation process required to conduct a longitudinal study of children and families. This initiative is acknowledged and supported by the National Development Planning Agency (Bappenas). The Longitudinal Study of Children and Families (SLAK) aims to comprehend the childhood adversity since early age, their ability to overcome those problems and the impacts on health and education output, also on child and family social welfare. SLAK will review impacts of: (i) access towards responsive care and basic resources, such as nutrition and adequate food; (ii) access towards quality basic services, such as health, education, and social protection; and (iii) exposure towards adverse experiences, such as violence and natural disaster. Furthermore, this study will examine the correlation between those factors and important outputs strarting from childhood until late adolescence/young adulthood, those are: (i) school participation and learning; (ii) physical health; (iii) phychosocial wellbeing and cognitive development; and (iv) economic participation. In its research design, SLAK will monitor children in cohort of 6-18 months old (younger cohort) and older cohort of 10-12 years old overtime until the children are at least 18 years old.

SLAK 2016 – 2018

The preparation process began in 2016 with an Exploratory Study. This study aimed to obtain preliminary information that serve as inputs for SLAK design and implementation plan. The study specifically aimed to identify cultural, political, geographical, ethical, and other systemic variables that can either support or hinder the available methodological options for longitudinal study. The exploratory study also aimed to identify relevant information gaps within the national and international literary context which will be filled by SLAK. The exploratory study was conducted in Jakarta (as national representative) and three other regions in West Sulawesi Province (Mamuju, Central Mamuju, and Mamasa). The study results showed that "vulnerability" and "adversity" were understood differently by service providers of various sectors and also by community leaders. Resilience was an unfamiliar concept for many respondents. A gap in comprehending and practicing data use was also discovered between the central government who uses data for policy and

program planning, with local government who collects and uses data in local level, and front line service providers.This study also produced recommendations for developing instruments design and samples for SLAK pilot and implementation process.

In 2017, the series of SLAK preparations focused on conducting instrument pilot by considering recommendations from the exploratory study in 2016. The pilot instrument process aimed to ensure that SLAK applies appropriate instruments to measure the aforementioned variables. SLAK pilot instrument specifically aimed to: 1) evaluate respondent's interpretation and comprehension towards the instruments; 2) conduct psychometric analysis on the instruments; and 3) compare sample selection methods, between household-based and school-based sampling method. The pilot process began with two pre-pilots that were conducted with small number of samples in areas that were easily accessed by the central research team.

In 2017, the pilot process took place in two regions, Klaten Regence – Central Java and Mamuju Regency – West Sulawesi in October 2017. We interviewed 101 household; divided into *younger cohort* of 6-18 months old and *older cohort* of 10-12 years old to answer various instruments that were grouped into several modules. Those modules consisted of Household Module, Mother Module, Primary Caregiver Module, and Child Module (for *older cohort* only). The samples in each area were selected using a *two-stage cluster random sampling* method. The *younger cohort* samples were selected using a household based method; whereas for the older cohort, we used two methods, i.e. household-based in Klaten and school-based method in Mamuju. Once the instrument has been completely filled, several respondents were selected for an interview regarding their survey experience (*follow-up interview*) in order to obtain inputs about the instruments and the entire survey process. Data collection was conducted by PUSKAPA and SurveyMETER research team, assisted by local facilitators from each area. A quantitative analysis was done through a pshycometric test for several relevant instruments; whereas a qualitative analysis was done by mapping out themes from the survey experience interview results and enumerators'field notes. The psychometric analysis results towards those instruments, including field note analysis related to pre-pilot and pilot processes were all regarded as inputs for designing the 2018 SLAK work plan.

In 2018, the research team refined and piloted the Child Module and parenting instruments within the Primary Caregiver Module. The pilot in 2018 also covered instruments to measure learning outcomes (literacy and numeracy) called the *Student Learning Assessment* (SLA), which have not been formulated and piloted back in 2017. This pilot was conducted in two regencies, namely Trenggalek in East Java and Sekadau in West Kalimantan in October-November 2018. The school-based samples were selected by taking into account the school quality index developed by RISE and INOVASI. In each regency, we selected six schools that represent the highest, medium, and lowest quality based on the MoEC's National Education Database (Dapodik). In this pilot, a total of 239 students were involved for the SLA test, where 118 of them were chosen for child instrument interview and 118 students were respondents of Care giver Module. The samples were selected randomly based on age group/cohort stratification, such as 10, 11 and 12 years old.

From the 2018 pilot results, we still found several respondents who needed additional *probing* on some questions they did not understand, either in PAFAS, SDQ, or Child Module. More over, the internal consistency result on PAFAS instrument was still unsatisfactory. Consequently, in 2019 SLAK once again conducted a pilot that were divided into two phases. The first phase aimed to pilot PAFAS and SDQ instruments with additional module manual containing additional explanation and examples for presumably difficult questions. And since SLAK has been designed as a household survey, the next pilot

need to evaluate SLA test process and Child Module interview at home. Furthermore, SLAK also included a population that we never involved before, i.e. out-of-school children and children with disability, in order to obtain experience and inputs for survey implementation. In the second phase, the research team piloted a protocol for household listing and survey data collection.

SLAK INSTRUMENT

CIANJUR & TANGERANG

JUNE 2019

OBJECTIVES

The SLAK 2019 instrument pilot has the following objectives:

1. To validate parenting and child psychosocial instruments, including to trial the instrument manual pilot;
2. To pilot the Child Module with data collection taking place at home; and
3. To explore data collection with out-of-school child.

DEVELOPMENT PROCESS AND INSTRUMENT PILOT

The modules piloted in SLAK 2019 were Child Module for 10-12 year old and two parts of Primary Caregivers Module. From the Primary Caregiver Module, we piloted the *Parenting and Family Adjustment Scale* (PAFAS) and SDQ-TR/PR (*Strengths and Difficulties Questionnaire-Teacher Report/Parent Report*) instruments. The Child Module covered questions from 2018 pilot, with additional *Student Learning Assessment/SLA* instrument (through a collaboration with RISE Indonesia).

Child Module

The composition of Child Module has not changed since the previous pilot, with details as follow:

Part 1. Literacy and Numeracy Learning Outcome Instrument (SLA);

Part 2. Time use, activity, and physical change;

Part 3. Working child;

Part 4. Perception on parenting at home, living environment, and social support;

Part 5. Perception towards school and education.

The researchers only modified the interview techniques when asking about time use part, utilizing a clock as support kit. In addition, the researcher also applied break time for the children to rest and play for 15 minutes after they completed the SLA test, before they proceeded with the interview. The researcher also provided game to build rapport with the child before engaging in an interview.

Student Learning Assessment (SLA) instrument

SLA is a student literacy and numeracy assessment instrument, through Indonesian Language and Mathematic test. This instrument, which was developed by INOVASI and RISE program, could capture changes in student's learning capacity at every education level (grade)[1]. Currently, the SLA instrument is available for students starting from grade 1 of Elementary School (SD) up to grade 9 of Secondary School (SMP).

SLA instruments comprised of two components, namely content and cognitive components (Figure 1 and 2). The content component referred to child learning

[1] INOVASI, Learning Leaders Generation of Learners (*Pemimpin Pembelajaran Generasi Pembelajar), 2019* [Infografik], <https://www.inovasi.or.id/id/publication/infografik-pemimpin-pembelajaran-generasi-pembelajar/>

competency in Mathematic and Indonesian Language in accordance with the national curriculum (2013 and *Kurikulum Tingkat Satuan Pendidikan*/KTSP 2006). Meanwhile, the cognitive component referred to child cognitive development phase in literacy and numeracy aspects. The literacy assessment was developed based on a theory introduced by Fountas and Pinnel, whereas numeracy assessment was developed through consultation with several mathematics experts[2].

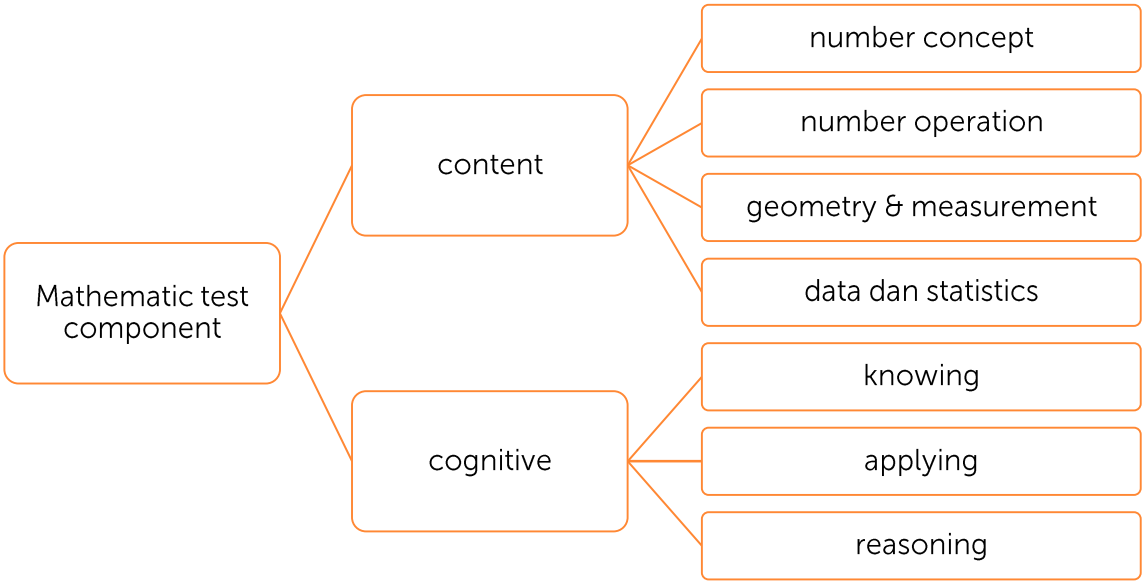


Figure 1. Numeracy test components

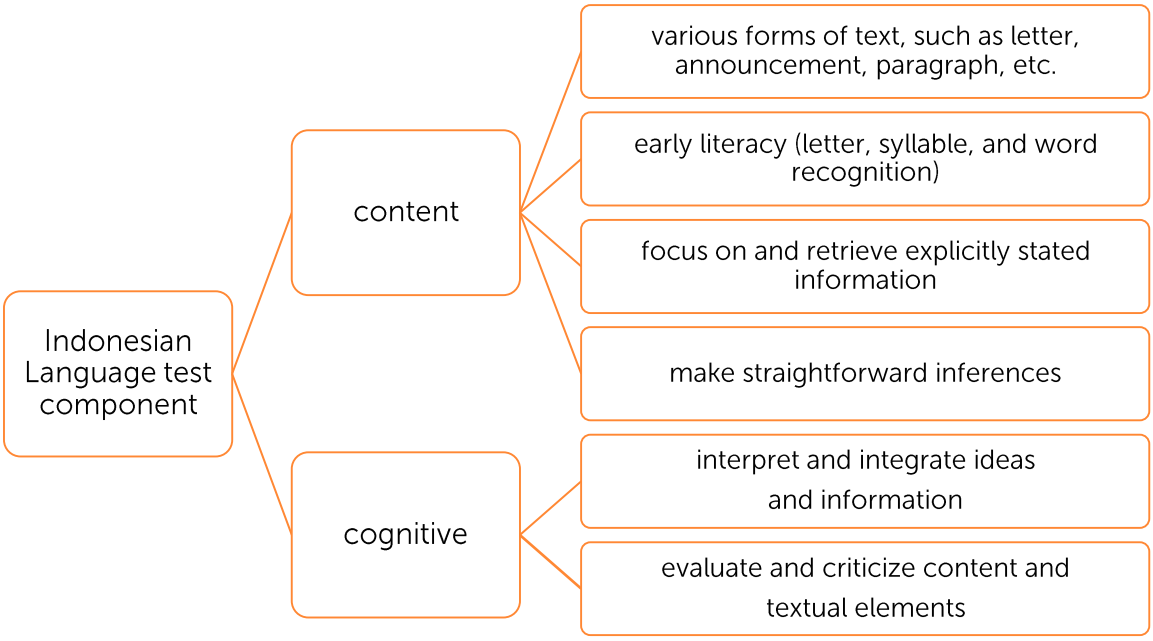


Figure 2. Literacy test components

[2] Goldy Dharmawan, Delbert Lim, and Niken Rarasati, *The Development of Student Learning Assessment Tool,* (RISE Programme in Indonesia, 2019)

SLA instrument was also designed to be comparable with the Indonesian National Assessment Programme (INAP/AKSI), developed by MoEC's Centre of Education Assessment. The potential to be compared with AKSI is one of the factors why we chose SLA among others. In comparison, *Pengukuran Mandiri Literasi dan Numerasi* (PEMANTIK; the Literacy and Numeracy Independent Assessment) developed by the Centre for Education and Policy Study (PSPK) was another potential candidate for SLAK. However this instrument is not comparable with AKSI instrument. The instrument aimed to assess whether the child's competencies match with their current grade, without identifying which components they are struggling with. In addition, SLA also has good validity and reliability and has been piloted in various areas in Indonesia[3].

This pilot utilized SLA test that has been piloted in 2018, completed by the students in their classroom simultaneously. The method was chosen due to its efficiency to test a lot of samples with only limited time during data collection. The process went relatively well with quite good instrument assessment results. However, in order to include out-of-school children, we need to conduct the survey at home. This time, the SLAK pilot also aims to assess SLA instruments performance in combination with child interview in a household-based study.

The SLA instrument, which was initially designed for school students, was piloted again for out-of school children in order to capture their experience in completing literacy and numeracy tests, and possibility to compare the results with school children. The research team also added a screening test to anticipate if the out-of-school children would feel pressured to do the SLA test because they cannot read or write. This screening test was also developed by RISE to assess basic reading and calculation competency.

The Indonesian Language screening test comprised of three parts, namely reading alphabet, syllables and words. The Mathematic screening test comprised of two parts, comparing quantities and reading numbers. When the children passed the screening test, they could proceed with SLA test. The passing requirement for Indonesian language screening test was able to read two out of three parts, or able to read just the words smoothly. Whereas, the passing requirement for Mathematic screening test was able to read numbers. When the children passed the Indonesian Language screening test, then they could proceed with Indonesian Language SLA test, similarly for Mathematic screening test. If the children did not pass, then they would not need to take SLA test and could proceed to the interview part of the Child Module.

Primary Caregiver Module

In the Primary Caregiver Module, we re-piloted the PAFAS and SDQ-TR/PR. The 2018[4] pilot found that several questions in PAFAS were difficult to understand, and therefore needed examples and explanation of difficult concepts. The enumerators also need to give consistent examples when explaining about the questions, in order to retain the meaning. On the contrary, SDQ-TR/PR was quite simple and easily understood by the repondents. However, similar to PAFAS, we need to formulate templated examples and explanations for the enumerators.

---

[3] Dharmawan, *The Development of Student Learning Assessment Tool.*

[4] PUSKAPA, Longitudinal Study of Children and Families (*Studi Longitudinal Anak dan Keluarga -SLAK): 2018 Pilot Report,* (PUSKAPA, 2019).

PAFAS instrument

PAFAS was developed in Australia and has been validated in Panama, China and Indonesia in 2017. This instrument was not only designed to assess parenting practices but also to seek risk and protective factors of positive parenting, such as parental emotion adjustment, family relationship quality, and parental collaboration. PAFAS original instruments comprised of 30 questions, covering parenting and family adjustment components. The parenting practice component comprised of: (i) parenting consistency, (ii) coercive parenting, (iii) positive encouragement, and (iv) parent-child relationship. The family adjustment component comprised of questions concerning: (i) parental adjustment, (ii) family relationship, and (iii) parental teamwork. Based on an instrument validity test in Indonesia, the researcher found a good reliability in almost all dimensions (the H coefficient score was between 0,67-0,70), except for one dimension (parenting consistency) score of 0,47[5].

SDQ-TR/PR Instrument

SDQ was a screening instrument to assess the psychosocial wellbeing condition of a child aged 4-17 years old that has been widely used and validated in Indonesia. This instrument could be self-administered by three options of respondents: child (SDQ), parent (SDQ-PR) or teacher (SDQ-TR). For all three options, the respondent will answer SDQ questions concerning the child. SDQ comprised of 25 questions with five subscale, those are (i) Prosocial, (ii) Hiperactivity, (iii) Emotional Problems, (iv) Peer Problems, and (v) Conduct Problems. The SDQ instrument that is self-administered by the child has been widely validated in Indonesia for children 13 years old and above; and once for younger children (11 and 12 years old) in Aceh. The SDQ administered by adult (teacher and parent) has also been validated in Indonesia, resulted in a good reliability (*Cronbach alpha* = 0,773)[6].

Developing PAFAS and SDQ-TR/PR Instruments in 2019 SLAK Pilot

In 2019 SLAK instrument pilot, PAFAS and SDQ were both re-piloted by adding a questionnaire manual consisting examples of everyday behavior and explanation of difficult concepts. During this pilot, the researchers also involved the local facilitator in Cianjur as interpreter for respondents who struggled in using formal Indonesian language. Prior to data collection, the facilitator received a brief from the team about the instrument questions to ensure that her interpretation does not change the meaning.

RESEARCH LOCATIONS, SAMPLES, AND PARTICIPANTS

The team selected the study location based on three considerations. First, urban and rural areas to compare challenges when collecting data in two contrasting locations. Second, locations where local language were still actively used. Third, locations where PUSKAPA network were available and competent in serving as local facilitators and intermediaries for local referral services. Based on those considerations, the researchers selected Tangerang Regency as urban representation and Cianjur Regency as rural representation that use local

---

[5] Agnes Sumargi et al., 'The Parenting and Family Adjustment Scales (PAFAS): An Indonesian validation study.' *Journal of Child and Family Studies*, 27, no. 3 (2018), hlm. 756-770.

[6] Mistety Oktaviana and Supra Wimbarti, 'Strengths and Difficulties Questionnaire (SDQ) Clinical Validation as Screening Instrument for Conduct Problems.' *UGM Journal of Psychology,* 41, No. 1 (2014), page 101-114.

language. In both locations, the researchers were supported by cadres from *Perempuan Kepala Keluarga* (PEKKA; Female Heads of Households) organization who served as local facilitators.

PAFAS & SDQ Participants

The targeted sample in this pilot were 220 primary caregivers, divided into two selected regencies. We still used school-based sampling frame due to time efficiency, especially when interviewing the primary caregivers for PAFAS and SDQ. Schools as main sample unit were selected randomly based on the school quality index developed by RISE and INOVASI team[7]. This index combined several indicators that were deemed representable of school quality, amongst them were school facility availability (library, computer lab, clinic, etc), school sanitation, classroom ratio, number of students failed a grade, and school capacity in assisting students with special needs. We used the 2015 MoEC's national education database (Dapodik) as a basis to formulate school index and determine school classifications based on their quality in respective regencies. Three schools were selected in each regency, consisting one school from the highest quintile (Q1), one school from the medium quintile (Q2 & Q3), and another school from the lowest quintile (Q4 & Q5). Based on the experience from 2018 pilot, different school qualities also represent different demographic conditions, consequently it provided variations into the sample's characteristics.

Table 1. Selected Schools for The 2019 SLAK Instrument Pilot

Regency	Village/Sub-district	Elementary School (SD)
Cianjur	Ciherang	Public Elementary School (SDN) Maleber
	Sukamahi	SDN Bhaktiwinaya
	Bojongpicung	SDN Cikondang
Tangerang	Kelapa Dua	SD Nurul Islam Private Elementary School
	Legok	SDN Legok III
	Gaga	SDN Gaga II

Sample and Participants Selection

From the three schools, 100 children aged 10-12 years old were randomly selected from Dapodik, provided by the schools as a basis for selecting primary caregiver samples. Through coordination between local facilitator and the school, the primary caregivers of selected children were invited to participate as PAFAS and SDQ respondents. From the 100 selected samples, ten pairs of primary caregivers and children became sub-samples for household interview. On the other hand, from 90 samples selected for school interview, only primary caregivers were interviewed, not the children.

Before the interviews at school, the researchers organized an introductory and explanatory session for the primary caregivers about the nature of the study and requesting approval

[7] Dharmawan, *Development of Student Learning Assessment Tool.*

from candidate respondents to participate. On the day of the data collection, several candidates did not come, so the researchers had to contact them through the school to set up interview schedule for the next day or home visit.

Having tested the instruments performance the previous year, the researchers in this pilot aimed to evaluate the experience of collecting child data at home. This research targeted 20 child samples in respective regency to complete the entire sections of Child Module at home. We selected the child sub-sample randomly from 100 primary caregiver samples. In addition, we also interviewed the children's primary caregiver separately at home.

The 20 children samples were divided into 10 school children and 10 out-of-school children in respective regency. Due to minimum data regarding out-of-school children and high rate of Elementary School (SD) participation in both locations, the researchers used purposive sampling by collecting information on out-of-school children from various sources, such as teachers and community leaders from surrounding area RT or RW, local facilitators, and even from the internet.

The interview location were divided into two places. First, at school specifically for PAFAS and SDQ pilot with the primary caregivers. Second, at home for PAFAS, SDQ and Child Module pilot. Sample division for interview purposes is elaborated further in Figure 3.

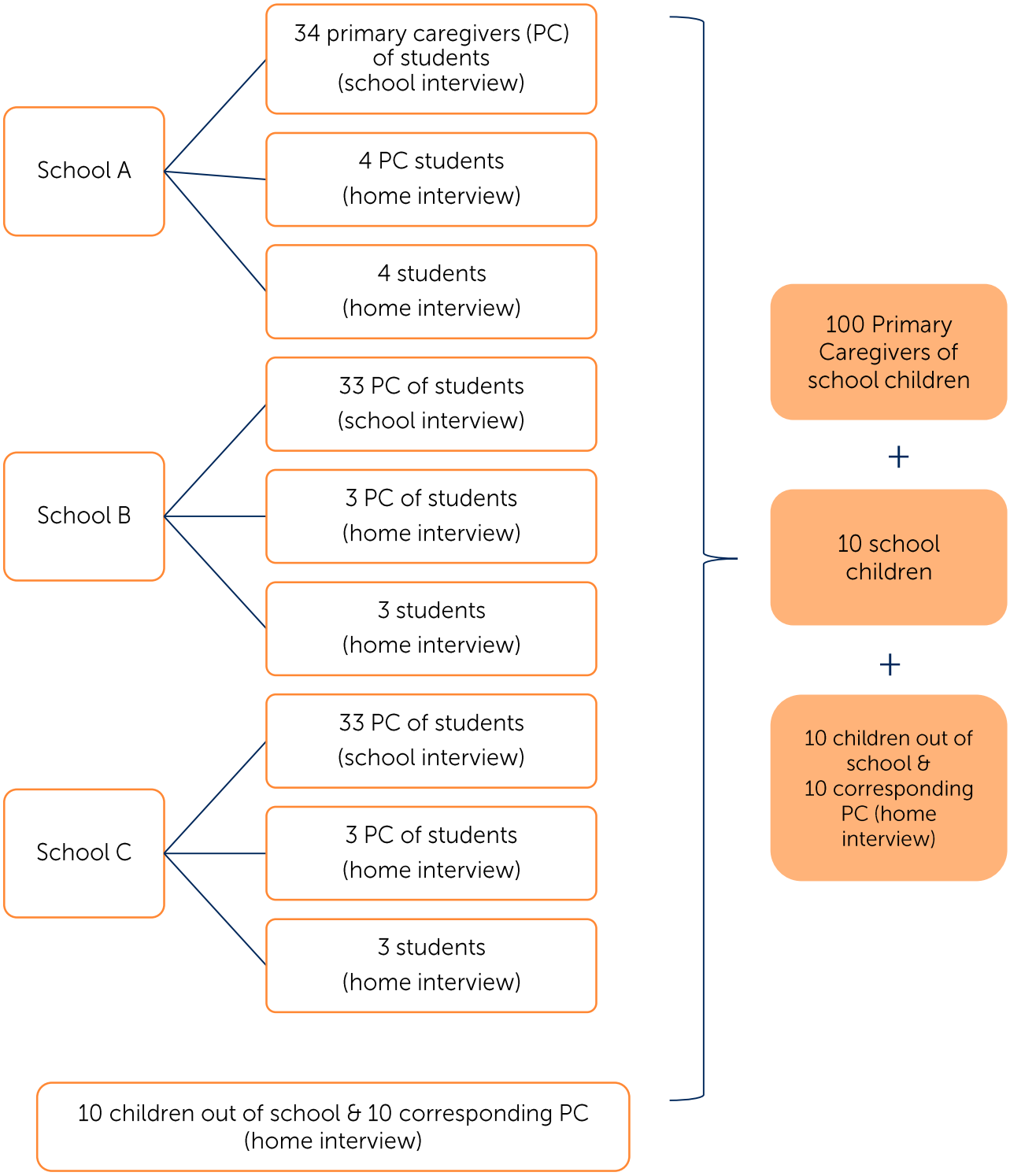


Figure 3. Sample Frame for 2019 SLAK instrument pilot in respective location

DEBRIEF SESSION

After data collection each day, the research team in each location gathered for a debrief session and discussed about the experience of using the instrument and its manual. Each enumerator commented or gave inputs on question, points in the manual, or data collection process. When encountered obstacles, the team would discuss the best way to improve the question, manual, or data collection process. Summary of the discussions was documented in a field note matrix without revealing the personal identity of the respondent.

During debrief process, the enumerator also discussed cases that they found and needed referral services, for example when coming across a respondent who has mental or intellectual disability that were left unattended.

QUANTITATIVE ANALYSIS

We conducted a psychometric test on PAFAS and SDQ instruments to measure the reliability and validity of the tools. For the reliability test, we use Cronbach Alpha coefficient to measure the consistency of responses towards all items (internal consistency). Alpha coefficient is a common statistical analysis to measure both reliability (having right-wrong answers) and for instrument that measures attitudes (not having right and wrong answers).[8] In general, an instrument with a reliability coefficient between 0.7 to 0.8 is good enough to be used in research, except for clinical diagnosis purposes[9].

On PAFAS instrument, we performed the reliability test on each component, both PAFAS parenting and PAFAS family adjustment. Previous studies using PAFAS instrument suggested combining parental consistency and coercive parenting into one latent construction, in order to significantly improve the adjustment model[10]. This construction is called ineffective parenting. Improving the fit model was also carried out by combining positive encouragement and parent-child relationships into one latent construction called effective parenting. Therefore, we did not only tested the reliability of each PAFAS latent factor of parenting (parental consistency, coercive parenting, positive encouragement, and parent-child relationships), but also the construction of combinations (ineffective and effective parenting).

On the SDQ instrument, reliability measurement was carried out on the prosocial scale and total difficulties as suggested in the SDQ scoring manual[11]. Total difficulties included subscales of emotional problems, conduct problems, hiperactivity, and peer problems.

QUALITATIVE ANALYSIS

Qualitative analysis served to refine the instrument and evaluate data collection with children in household-based setting. Enumerator's notes on instruments are useful to

---

[8]Robert M. Kaplan and Denis P. Saccuzzo, Psychological Testing Principles, Application and Issue, 7th Edition (USA: Wadsworth, 2009), p. 115.

[9] Ibid., page 125.

[10]Sumargi, 'Parenting and Family Adjustment Scales'.

[11]Robert Goodman, Scoring the SDQ, 2016 <https://sdqinfo.org/py/sdqinfo/c0.py> [accessed 24 April 2020].

identify questions that are difficult to answer by respondents or questions with double meanings, which then used to refine the instrument.

DATA COLLECTION PROCESS

Preparation

Before collecting data, the local facilitators in both locations requested permission from local authorities to carry out the research. The permit letter was given to the Regional office of National Unity and Politics Agency (Badan Kesatuan Bangsa dan Politik -Kesbangpol) and the local Education Office, to obtain a permit for the schools. In the initial scenario, the researchers planned to request a Dapodik recapitulation from the local Education Office in each regency as the basis for sampling. However, the local Education Office did not issue recommendation letter and suggested us to directly contact the schools to request student data.

The local facilitators contacted the selected schools to request student data, arrange data collection schedules, and prepare the logistics. In addition, local facilitators also sought information about out-of-school children in the vicinity of research location.

The target number of participants for the interviews was 100 primary caregivers and 20 children in each regency, with a balanced proportion according to sex and age group categories (10, 11, and 12 years). Before the interview date, the researcher sent a list of selected child respondents to the schools to ensure that prospective respondents met the age criteria. The school then sent an interview invitation to the student's guardian at the school and notification that the researcher would visit several students' homes to conduct interviews with the guardian and the student. Confirmation was also made again when the researcher arrived at the school location on the date of the interview. When the respondent was absent, if possible he/she would be replaced by the guardian of another student who lived not far away from the school. The same thing was done to respondents who did not meet the research criteria, as they were replaced with other respondents whenever possible.

SLAK researchers in each regency consisted of two PUSKAPA researchers, two SurveyMETER researchers, and one local facilitator. All researchers followed the training process held in Jakarta. The local Cianjur facilitator received a brief regarding the questions contained in PAFAS & SDQ in order to assist with the translation during the interview process. The training was conducted to review the instruments, data collection procedures, and also field coordination process.

Data Collection

The data collection process with the primary caregivers in Cianjur and Tangerang was slightly different, due to adjustment with the limitations in the field. In Cianjur, before starting an interview with the primary caregivers at the school, the researchers first gathered candidate respondents in a classroom and provided explanation regarding the research objectives, principles, and process. Next, the researchers asked each respondent if they agreed to participate in the research, in which case they would be requested to fill out a consent-form sheet. The researchers then proceeded with interviewing the respondents individually in a classroom. Due to limited space available, one classroom was occupied by two pairs of researchers and respondents. However, to ensure privacy during the interview, the seating arrangement were made far apart so that respondents could not see nor hear each other's answers, while the remaining respondents were outside waiting for their turn.

Initially, the research team in Tangerang also planned to gather canditate respondents and provide information before the interview. However, due to obstacles in gathering the primary caregivers in the first and second schools, the explanation was given one by one before interviewing the respondents. The primary caregiver interviews at the first and second schools were conducted at the school mosque due to the limited space that could be used. Meanwhile, in the third school researchers used classrooms and the school library. In the second and third schools, all enumerators and respondents used the same room. So that each pair took seats in the corners of the room and were separated by a distance so they could not listen to each other's answers, while other primary caregivers waited for their turnoutside the room. In the first school, enumerators did not interview respondents because of special request from the school. From the beginning, the school claimed to be busy and had difficulty inviting parents, so the researchers went to ask parents who came for a meeting at the school, whether they would be willing to be interviewed. The school only gave 10 minutes to use the school's mosque because the room would be used forpraying. So the research team decided to ask respondents to fill in their own questionnaires, supervised by an enumerator. This decision was taken after considering that the level of understanding of parents who volunteered was sufficient to complete the questionnaires by themselves. At this first school, the enumerator was only assigned to supervise and help explain to the parents / caregivers regarding the points that were not clear for them.

The administration of PAFAS and SDQ instruments in the Primary Caregivers Module was carried out in the same way as that in the previous pilots, except at the first school in Cianjur. All questions were read one by one by the enumerator and the respondent chose the suitable answer on the instrument paper they were holding. If the respondent had difficulty understanding the question, then the enumerator provided examples or explanations according to the instrument manual. If the respondent still did not understand, the enumerator could use examples or other explanations that were then recorded as input to complete the instrument manual. The duration to complete the PAFAS and SDQ instruments in the Primary Caregiver Module varied between 10-40 minutes.

In both regencies, data collection was carried out in parallel with the primary caregiver and child by different enumerators, in different rooms. Based on experience from 2017 pilots, this method was applied to ensure that primary caregivers did not interfere with the interview process with child, as it could affect the child's answers. Before the interview, the primary caregiver and child respondents received an explanation of the objectives, principles, and research process. The enumerator then asked the respondents to participate by completing the consent form. The primary caregivers were also asked to fill in consent sheet/form for the child interview.

This pilot also assessed the performance of the Child Module when used for survey at home with relatively long duration. To anticipate the child's fatigue and boredom, the child survey was divided into two stages. First, child was asked to complete the SLA. Afterwards, the enumerator gave the child time to rest or play with games that had been provided for approximately 15 minutes. Playing with the child could also help build rapport between the enumerator and the child before the interview. On the second stage, the enumerator interviewed the child using the questionnaire in the Child Module.

When working on the SLA module, the child respondent sat across the researcher. School children were asked to choose to work on the Mathematics Module or the Indonesian Language Module first; whereas out-of-school children were given a screening test to determine their capability to proceed with the testRespondents were given a maximum of 120 minutes to complete the SLA test.

The Child Module was administered in a face-to-face interview. The researcher asked the respondent to answer the questions and they would fill the answers on the questionnaire sheet. The administration duration of SLA test and also the Child Module varied between 60-90 minutes.

RESEARCH ETHICS

The 2019 SLAK instrument pilot had also gone through a series of research ethics review processes. The research team obtained research ethics approval from the ethics commission of the Atma Jaya Catholic University Research and Community Services Institute (letter No. 0845 / III / LPPM-PM.10.05 / 07/2019, on July 15th 2019).

Privacy during Interview

Whether or not the respondent was willing to openly provide information, especially on sensitive questions, is greatly influenced by whether or not there was enough privacy during the interview. The questionnaire also had questions about opinions on other people (parents, school, teacher, friends, child, etc.) that could influence the respondent's answer if the subject of the question could listen to the interview. During the interview, researchers as much as possible ensured that interviews could not be heard by others, including other children, teachers, primary caregivers, or family members.

Statement of Consent

Before administering the instrument, parents/caregivers were gathered in one classroom to receive an explanation about the purpose of the study and to obtain their consent. For child respondents, consents would be obtained first from the parents/guardians and then from the child themselves before starting the interview. To minimize the power imbalance between researchers and respondents, especially the child, researchers took certain steps to ensure the child's willingness in participating. For example, the child was invited to ask questions about the things he/she wanted to ask before giving the consent, and the consent form used simple language. Also from time to time during the interview, the enumerator would ask again if the child is still willing to continue the interview.

Referral Mechanism

Some of the questions contained sensitive content that could arouse emotions, reminded of past trauma, and reveal the dangerous conditions that are experienced by respondents. These conditions could not only affect the respondents, but also the enumerators. To anticipate the impact that might arise from asking such sensitive questions, the researchers developed a referral mechanism that includes:

1. Offering referrals to respondents who indicated at least one of the following criteria:
    a. Respondents who seemed very disturbed during the interview, for example crying, angry, trembling/fidgeting and having breathing difficulties.
    b. Respondents who stated that he/she felt unsafe or asked for help regarding his/her experience of violence.
    c. Respondents who reported that he/she experienced a dangerous situation that threatened his/her life.

2. If the respondent agrees to be referred, the enumerator will coordinate with the field team leader who will contact the appropriate service(s) that are close to the research location.
3. The field team leader would ensure that the respondent's case would be known by the selected referral service within 48 hours (2 days).
4. One week after making a referral, the field team leader would follow-up to ensure that the service provider had met the respondent and the service had been provided.
5. After confirming with the service provider, the field team leader would make a progress report to the research team, enclosing the respondent ID, information about the service provider and the type of service provided to the respondent. Field team leaders are prohibited to provide information about the names of respondents and the results of a comprehensive case assessment.

Whenever the enumerators encounter a case where the respondent experienced a danger that threatened his/her safety, the enumerator would report the matter to the field team leader, then forward it to the research team leader at PUSKAPA. With the approval of the research team leader, the field team leader would follow-up on the referral mechanism, providing respondent's information for the appropriate social support services. The research team will try to ensure that the respondent is immediately protected/safeguarded from dangerous situations and refer to service(s) that meet the needs of respondent, such as safe house, health, psychosocial services, or legal services.

RESULTS

Quantitative Analysis

Characteristics of Respondents

This pilot was able to collect data of 221 primary caregivers from six selected schools in two regencies (see Table 2), with the most respondents being female (83.3%). As in previous pilots, the most common caregivers were the child's biological mothers (73.8%). However, the distribution of primary caregivers in the three selected schools in Tangerang was uneven/was not even. The research team only managed to gather 15 primary caregivers from the first school, so the team gathered more primary caregivers from the third school in order to meet the targeted number of respondents for the psychometric test.

Researchers successfully collected data from 38 children aged 10-12 years; consisted of 20 school children (52.63%) and 18 out-of-school children (47.37%). Most of the child respondents were male (67.6%). The age distribution of child respondents was also quite even among the age groups/cohorts of 10, 11, and 12 years; namely 35.1%, 29.7%, and 35.1% respectively. The research team targeted to gather 10 out-of-school children in each regency. However, out of the 10 children who were successfully recruited in Cianjur, two refused to be interviewed and one child stopped in the middle of the interview. In Tangerang, out of the 11 children who were successfully recruited, one child was not interviewed because of mental/intellectual disabilities and one child did not want to continue after the screening test for SLA. The constraints encountered when collecting data of out-of-school child would be explained further in the 'Findings during Data Collection Process'.

Table 2. Respondents Characteristics

Respondents Characteristics	Cianjur	Tangerang	Total (%)
PAFAS & SDQ			
Sex of Primary Caregiver			
Female	88	96	184 (83%)
Male	21	16	37 (18%)
Relationship between Primary Caregivers and Child			
Biological Mother	76	87	163 (74%)
Biological Father	17	14	31 (14%)
Older Sibling	5	5	10 (4%)
Grandmother/Grandfather	7	3	10 (4%)
Aunt/Uncle	4	3	7 (3%)
Total	**109**	**112**	**221 (100%)**
Child Module			
Education Status			
Attend school	10	10	20 (54%)
Out-of-school	8	9	17 (46%)
Sex			
Male	11	14	25 (68%)
Female	7	5	12 (32%)
Child Age			
10 years old	5	8	13 (35%)
11 years old	7	4	11 (30%)
12 years old	6	7	13 (35%)
Total	**18**	**19**	**37 (100%)**

PAFAS Validity and Reliability

Before starting with data analysis, the researchers examined the missing data and extreme data (outliers). Almost all data were completely filled in/answered (98.07% completely answered), except for numbers 12 (N = 220), 14 (N = 220), 23 (N = 218), 28 (N = 180), 29 (N = 180), and 30 (N = 180). Questions number 28, 29, and 30[12] were only answered if the respondent had a partner/spouse who was a caregiver for their child, therefore not all respondents answered those three questions. The analysis of the blank data showed that they were completely random (MCAR = missing at completely at random, χ 2 (111) = 118.22,

[12]Question 28: I collaborate with my partner/spouse when it comes to parenting.

Question 29: I disagree with my partner/spouse in parenting.

Question 30: I have a good relationship with my partner/spouse (we get along well).

p = 0.302), which meant that absence of data was accidental and not related/linked to the research variables. Analysis by deleting participants with blank data or even by filling in the blank data based on certain statistical calculations is permissible. Afterwards the blank data was filled using an Mplus statistical program, based on the Full Information Maximum Likelihood (FIML) procedure.

The researchers tested the validity and reliability of PAFAS by separating PAFAS into two parts, namely parenting techniques and family adjustment. The construct validity results towards 18 PAFAS questions - parenting techniques showed that the scale fits better when is divided into 2 factors, namely: ineffective parenting (a combination of Parental consistency and Coercive parenting factors) and effective parenting (a combination of Positive encouragement and Parent-child relationship). Based on the model test results using these 2 factors, 8 questions were eliminated because they did not reflect the measured construct (low or negative factor loading), namely questions number 1, 3, 10, 11, 12, 13 (for ineffective parenting) and numbers 2 and 17 (for effective parenting). Based on that results, there were 10 valid questions, namely: questions number 4, 5, 7 and 9 (for ineffective parenting) and numbers 6, 8, 14 15, 16, and 18 (for effective parenting). The final result of the PAFAS-parenting technique using 2 factors and 8 eliminated items produced CFI = 0.902; RMSEA = 0.062; and SRMR = 0.066. This showed a good model suitability/adjustment. The table of eliminated items are as follows:

Table 3. Table of Eliminated Items in PAFAS

Question No.	Factor	Eliminated Items
1	*Ineffective*	If my child does not do what they're told to do, I give in and do it myself.
2	*Effective*	I give my child a treat, reward or fun activity for behaving well.
3	*Ineffective*	I follow through with a consequence (e.g. take away a toy) when my child misbehaves.
10	*Ineffective*	I argue with my child about their behavior / attitude.
11	*Ineffective*	I deal with my child's misbehaviour the same way all the time.
12	*Ineffective*	I give my child what they want when they get angry or upset.
13	*Ineffective*	I get annoyed with my child.
17	*Effective*	I enjoy spending time with the children.

The results of the reliability test on the two parenting techniques factor (ineffective and effective parenting) by using the H and Cronbach Alpha tests can be viewed in Table 4 below. The reliability value of effective parenting factor was relatively good (above 0.7) and ineffective Parenting factor was quite good (above 0.6).

Table 4. PAFAS Reliability Test Results

Parenting Factor	Number of questions	H Coefficient	Cronbach's Alpha Coefficient
Ineffective parenting	4	0,636	0,621
Effective parenting	6	0,790	0,773

The results of the constructed validity towards 12 questions of PAFAS-Family Adjustment showed that the scale was more appropriate to be combined into 1 factor, namely family adjustment. This was because the test model using 3 factors will produce only 2 questions per factor (such few questions cannot reflect the measured construct). Moreover the correlation value between factors was quite high (above 0.7) therefore combining three factors was possible. Based on the model test results using 1 factor, there were 6 eliminated items because they did not reflect the measured construct (the factor loading was insignificant or low), namely questions number 19, 21, 23, 26, 27, and 29. Thus, there were 6 valid questions, namely questions number 20, 22, 24, 25, 28, and 30. The final result of PAFAS-Family Adjustment using 1 factor and 6 eliminated items produced CFI = 0.949; RMSEA = 0.038; and SRMR = 0.066. This showed a good model suitability/adjustment. Table 5 shows a list of recommended eliminated items.

Table 5. Recommendation on Eliminated Items in PAFAS Questions Based on Construct Validity Test Results

Question No.	Eliminated items
19	I feel stressed or worried.
21	I feel sad or depressed.
23	I cope with the emotional demands of being a parent.
26	Our family members fight or argue.
27	Our family members criticize or put each other down.
29	I disagree with my partner about parenting.

The results of the reliability test towards family adjustment factor (6 questions) by using the H test has produced an H coefficient of 0.777. Meanwhile, for the reliability test with the Cronbach Alpha technique it produced a value of 0.755. The reliability value of this family adjustment factor was good (above 0.7).

Validity and Reliability of SDQ

Based on 2018 pilot results which showed the reliability testing towards two dimensions of SDQ had showed an acceptable internal consistency, therefore for this pilot such reliability testing was no longer carried out.

Qualitative Analysis

PAFAS and SDQ

Based on the observation and field notes, examples of daily behavior made it easier for respondents to understand the questions. Unfortunately there were several problems regarding some questions in PAFAS questionnaire. The problems were related to the respondents' understanding of the answer choices, questions that use formal Indonesian Languages and compound sentences, and difficult terms.

In contrast to PAFAS, respondents found it easier to understand the questions when assisted with examples of daily behavior provided on the SDQ test. For example, in Cianjur, respondents had more difficulty when completing answers choices compared to existing questions. Some of the problems found in this pilot related to the Primary Caregiver Module could be seen in Table 6.

Table 6. Difficulties Encountered in the Primary Caregiver Module

Instrument	Theme	Findings
PAFAS	Understanding of questions; negative sentences	Questions with sentences containing the word "no" quite often made respondents confused, namely questions no. 4, 7, and 29. *Question 4. I threaten something (e.g. to turn off TV) when my child misbehaves but I don't follow through.* *Question 7. I try to make my child feel bad (e.g. guilt or shame) for misbehaving to teach them a lesson.* *Question 29. I disagree with my partner about parenting.*
	Suitability/ conformity between the visualized situation with the answer choices	Respondents were confused when they had to translate the imaginary experiences into the appropriate answers. They were usually hesitant to answer and asked the enumerator whether their choice was right. This problem appeared when answering various questions at PAFAS, namely questions no. 1, 2, 3, 8, 11, 15, 23, 28, and 29.
	Understanding of questions: difficult concepts to understand	Some of the concepts in PAFAS were quite difficult for respondents to understand, for example consistency, threaten, feel bad, depressed/stressed, consequence, satisfied with my life, and translating the word proud into simpler regional languages. These challenges/difficulties are found in PAFAS questions no. 3, 4, 7, 11, 16, 19, 22, 23, and 28.
	Understanding the answer choices	Respondents found it difficult to understand the difference between answer choices, for example between quite appropriate and very appropriate; not at all and a little. Respondents also found it difficult to imagine what the intended choice of answers was, for example, as what was meant by sometimes or often. Some respondents also mentioned their experiences to the enumerators, but when they answered, it turned out that the answer choices did not match with what was told. Only after the enumerator explained again, the respondent then understood the purpose of the answer choices.
	Understanding the questions	Respondents had difficulty understanding what was actually being asked and the enumerator needed to repeat the explanation and example. This happened to several random questions, for example in PAFAS questions no. 2, 3, 7, 12 and 14.

Instrument	Theme	Findings
PAFAS	Understanding the questions: compound sentences	Respondents had difficulty understanding the question and tended to stick to one of the clauses in the sentence, for example at the beginning or the end of the sentence. This was found in questions using compound sentences, for example PAFAS questions no. 1, 3 and 4. *Question 1.* If my child doesn't do what they're told to do, I give in and do it myself. *Question 3. I follow through with a consequence (e.g. take away a toy) when my child misbehaves.* *Question 4. I threaten something (e.g. to turn off TV) when my child misbehaves but I don't follow through.*
	Understanding the questions: unfamiliar terms	Some respondents were not familiar with the terms used in PAFAS, for example depressed, shout, consequence, misbehave, and follow through. This problem was found in PAFAS questions no. 3, 5, 7 and 21.
	Language barrier	The respondents were confused with the usage of formal language, mainly because in addition to Indonesian Language, they are still active users of local language. On several occasions, the local facilitators also encountered difficulties translating terms into simple local language, for example emotional demands and proud.
	Sentence structure	Sentences that were too long made it difficult for the respondents to understand. Respondents tended to remember the first or the last word only. In several questions, the examples of daily behavior tended to lead the respondents to give certain answers. For example in question no. 11, the respondents tended to answer appropriate or very appropriate.
	Time duration	Respondents experienced difficulty imagining/visualizing events in a certain period of time. There were also respondents who forgot the initial instructions, consequently they mentioned an event that had happened a long time ago or beyond the requested time period.
SDQ	Suitability/Conformity between the visualized condition and answer choices	Some respondents found it difficult to select the answer that fit/match the visualized/imagined condition. This occurred in questions no. 1, 3, 6 and 19. *Question 1. Considerate of other people's feelings.* *Question 3. Often complains of headaches, stomach-aches or other sickness.* *Question 6. Would rather be alone than with other youth.* *Question 19. Picked on or bullied by other youth.*

Instrument	Theme	Findings
SDQ	Understanding the answer choices	1. In question no.16, the respondent had difficulty to understand the purpose of answer choices, even though the respondents could imagine/visualize the intended situation. 2. In questions no. 2 and 11, the respondents were confused to determine the most correct/suitable answer choice.
	Understanding the questions: difficult concepts to understand	Respondents found it difficult to understand the concept of thinking things out before acting on question 21. On the same question, other respondents also had difficulty imagining the situation because the example given by the enumerator had never been experienced. Another example of confusing words was fidgeting or squirming (no. 10), restless (no. 2), and concentration (no. 15).

Considering the time spent to administer PAFAS and SDQ, respondents in Cianjur required more time than respondents in Tangerang. The length of time required by respondents in answering was very dependent on their understanding, which was likely related to the daily language used by the respondent. In Cianjur, some respondents experienced difficulties in using Indonesian Language and thus needed help from local facilitators to translate each of their questions into Sundanese (the daily language used by the respondents). This limited ability to speak Indonesian Language, might make it hard for respondents to understand the questions. Unfortunately this was not reflected in the results of this study and also in the field notes of the researchers.

The most common problem when respondents had to complete SDQ was the suitability/conformity between the situation respondents imagined/visualized and the actual answer choices. In general, respondents could understand the purpose of the questions along with the examples given, but they found it difficult to choose the right answer. In addition, although the answer choices on the SDQ questionnaire were only three, namely: Not True, Somewhat True, and Certainly True, several respondents still found it difficult to determine their answer. Other respondents had problems when imagining concepts that seemed to be quite difficult, namely thinking about the consequences before doing something (question 21). The enumerator finally gave an example beyond the manual/guidelines that finally helped the respondent understand, which was "If the child plays with a knife, they know that they could injured their hand".

SLA and Child Module

Based on observation results and field notes, the respondents did not experience difficulty when doing/completing the Indonesian Language and Mathematic Modules, especially the school child respondents. On the contrary, out-of-school child faced difficulty when doing the Modules. The child respondents who no longer go to school had to complete the screening test first before they could do either the Bahasa Language or Child Module. The respondents experienced difficulty when they passed the Mathematic screening test but did not passed the Indonesian Language test. When the respondents did the Mathematic Module, they were not able to complete every question because they could not read the instructions and questions correctly. Whereas it was different with the Child Module, based on observation and field notes, the researchers still encountered several problems which are stipulated in Table 7.

Table 7. Difficulties Encountered in Child Module

Theme	Findings
Time duration	1. Respondents encountered difficulty when calculating the time duration. The researcher would ask the respondents what time they started the mentioned activity, to make it easier for the repondents. Afterwards, the researcher calculated the time duration spent for each activity performed. 2. Respondents encountered difficulty in recalling time because not all activities were actually performed everyday. There were activities performed only once a week. Researchers needed to assist

	respondents in recalling every activity they have done in the past week. 3. A clock as a supporting tool/kit did not function maximumly for respondents who could not tell time and only relied on sounds of adzan (call for prayers) from mosque as time guidance.
Language usage	Respondents experienced difficulty understanding several words, for example extracurricular, change of voice/sound, etc.
Definition used	There was different perspective between respondents and researchers, for example questions related to work. There were respondents who consider work as all activities where they got paid to do them. For example, if a respondent performed an activity and got paid/pocket money for it from their family, then it was categorized as work.

FINDINGS DURING DATA COLLECTION PROCESS

Coordination with most of the schools and community leaders went well, but not with the Local Education Office.

In Cianjur, the local facilitator experienced difficulty when coordinating with the Local Education Office. The Office recommended to contact the school directly. Similar condition occurred in Tangerang area, where the facilitators were recommended to coordinate with the school directly.

Schools in Cianjur were quite cooperative, they were willing to coordinate, invite parents/guardians, and provide complete Dapodik. They also provided rooms for interview purposes and assigned one school staff to accompany the research team during interview process. The staff gave information about the addresses of selected respondents for interview, as well as the out-of-school children's location.

The obstacle became greater when the research team and the school representative visited the houses of out-of-school children. There was rejection from the children when they saw the school representative appeared. One child refused to be interviewed, one refused to return home, and another one hid in his room and refused to speak with the research team. When we asked their parents/guardian, they said that probably the child feared that they would be asked to return to school.

Besides receiving information from the school about the out-of-school children, the research team in Cianjur also received assistance from a teacher in another school. The teacher even assisted the team in outreaching out-of-school children. Additionally, the teacher also helped to explain the purpose of our visit to the parents/guardian.

In Tangerang, the local facilitator experienced difficulty in locating one of the schools because it has changed its name and relocated far away. In the first school, which was an international Islamic private school, coordination was rather difficult and we did not receive Dapodik until we visited the school. The school argued that they were in the process of changing its name and accreditation. Furthermore, the school refused to allocate time and send invitation letters to parents/guardian for the interview. They argued that it was very difficult to expect the parents to come just for a research purpose. One of the school staff told us that the majority of parents are from the upper economy class, of which their professions include government officials, ministry officials, foreign embassy officials,

businessmen, and even famous celebrities. Hence, they have so little time to come to school, even most of the students are driven to school by their drivers.

The school suggested the research team to come back the day after, during the 4-6 Grade parents meeting, then distribute the questionnaire to parents who were selected as the samples in this pilot. Unfortunately, as mentioned by the school, there were very few parents showed up. From a total of 115 invitations, only 48 parents attended the meeting. Out of the 34 parents who were sampled, only five showed up. Finally, we asked all the parents of 10-12 years old children to stay after the meeting and complete the questionnaire. From this process, we only managed to ask 16 people to fill in the PAFAS and SDQ. When the team asked the school again to invite additional 14 parents and provide us with the contacts of 3 selected parents for home visit, the school did not respond at all until we have completed the field work. At last, the team decided to substitute the samples from the other schools.

Meanwhile at the second school, which was a public school with medium quality, the research team received a good response. The school was wiling to coordinate, invite the parents/guardian, and provide a complete Dapodik. They provided a rooms for interview and assigned a school staff to assist the team during interview process and give directions on the address of out-of-school children.

From the third school, which was a low quality public school, the research team also received a good response. The school was willing to provide student data, invite parents, provide rooms, and gave three days for parent interview at the school. The school's condition was very different from the first one. It was located in a rural area surrounded by rice field. Some surrounding villagers worked as farmers, and some others worked in the city near Tangerang Regency.

Arranging interview schedule with respondents was a huge challenge in Tangerang that has an urban setting.

In Cianjur, the school arranged an interview schedule and invited parents/caregivers to come to school. The team did not experience any difficulty in asking the parents to show up. When parents/caregivers could not attend, then the team coordinated with the school to replace them with other parents/caregiver who live not too far from the school.

We also did not face any difficulty in setting up home interview schedule. All home visits were in accordance with the schedule arranged by the school through the notification letters sent prior to the study. There was a slight difficulty when a child has a tight activity schedule, such as religion class after the school hours. Some respondents had to ask permission to skip the class for the interview. When conducting interview with out-of-school child together with their parents/caregivers, we did not arrange a schedule in advace. Once the research team arrived at the respondent's home, we asked the parent/caregiver' and the child's permission for the interviewed.

In Tangerang, regarding interview schedule at school, the parents attendance was still an issue. Two of the selected schools in Tangerang Regency were located in urban area. In areas that are bordering with other cities, we faced difficulties in arranging interview schedule with primary caregivers who works in nearby cities, such as Jakarta, Tangerang, or South Tangerang. The first school, which belonged in the high quality category, has the lowest primary caregiver participation level. Out of 34 primary caregivers invited, only five came. Whereas in the second school, only six parents/guardians could not attend. Similarly, at the third school, there were five parents/guardians who could not attend.

Meanwhile, for home interview schedule, the school also helped contacting the primary caregivers to allocate time with their children after school. Due to unsuccessful coordination, the research team could not arrange interview schedule with any child respondent at the first school.

Mapping, outreaching, and researching out-of school children was a complicated process.

In Cianjur, the research team encountered difficulties to collect information about the 10 out-of-school children. The team finally obtained information from various informants, starting from teachers of selected schools, local facilitator, leader of neighborhood (*Rukun Tetangga* - RT), even from a teacher who was an acquantaince of the team's rental car driver. The team also asked the out-of-school children on whether they have friends who also did not attend school.

The researchers experienced difficulties several times when asking the child's willingness to be interviewed. As previously discussed, when the child saw a school teacher coming to their house, they feared of being asked to go back to school. In addition, the information kept introducing the team as researchers who want to know the reasons why the child no longer going to school and whether they want to return to school. Perhaps this also caused the fear and triggered certain reactions.

Other specific difficulty when reaching out to out-of-school child was their understanding about time and duration on doing an activity (time use section). Some children who could not tell the time at all showed some difficulties answering questions about time use. Consequently, using a clock as a supporting kit did not help.

In Tangerang, the team encountered difficulties in finding school-aged children who were out-of-school. Based on the information from the residents surrounding the selected schools, learning in elementary schools were free of charge, in addition to many operational aids provided (for uniforms, books, etc). Therefore, very few children aged 10-12 years old were dropouts and it was difficult to find them. Moreover, there were no initial data that identifies where and how many children aged 10-12 years old were out-of-school in Tangerang Regency. The team finally decided to use the information from teachers and surrounding neighborhood, from internet search engines and local facilitators. The team also received a lot of help from the surrounding residents who were very kind and open in helping the team to locate the out-of-school children.

The first school was located at urban area, therefore the researcher team were unsuccessful in finding out-of-school child. There were two out-of-school children found near the second school, based on information from the teacher. However, when the team visited one of the candidate respondents, we suspected that the child had a mental retardation and difficult to communicate. The child kept gazing and not responding when the enumerator tried to engage in a communication. The primary caregiver (aunt) told us that the parents were also mentally retarded. Based on that condition, the child could not participate as a pilot respondent. In the vicinity of the third school, which was in a rural area, based on the the teacher's information, the team found three dropout children.

In addition to the school areas that the team visited, we also took the initiative to find out-of-school children near the local facilitator's home, since it was the area where fishermen live and relatively poor. The team managed to find three out-of-school children in that area. The team also retrieved out-of-school child data from the internet, namely in Tanjung Anom village. Based on a 2015 news, Tanjung Anom Sub-District was an area with high number of school dropouts. When we visited the village leader, he told us that there was no

data on school child. Yet he was willing to help searching through the village and immediately released a permit letter. After walking around the village, we found three out-of-school children.

Obstacles that distracted the respondent's concentration was not test and interview duration, but rather the disturbance from the surroundings.

The Cianjur and Tangerang team did not encounter notable difficulties related to interview duration. The average interview duration is shown on Table 8.

Table 8. Average interview duration during the 2019 SLAK instrument pilot

Location	PAFAS	SDQ	Child Module
Cianjur	11 minutes	7 minutes	33 minutes
Tangerang	11 minutes	7 minutes	36 minutes

The obstacle appeared from the less conducive situation during data collection from either the primary caregiver or other children. Interview with the primary caregiver was conducted in a classroom, prayer room *(mushola),* or library during school hours. At particular times, such as recess or when school hours ended, the condition outside of the interview room became really noisy. Several students went in and out of the interview room to pick up their bags. Some of the respondents also brought along their young children, who kept distracting the respondent's concentration by crying or asking to go home. Distraction from the surroundings also occurred during the home visits. Often times other family members or the child's friends stayed inside the interview space and disturbed the process. Specifically, the out-of-school child respondents were distracted by their peers more frequently than the school child respondents. Their friends often laughed or ridiculed the respondent during the interview process, especially when they could not read or write very well. The enumerator handled this obstacle by changing the interview location or asking other enumerator to divert the peers' attention.

Researchers need a trained interpreter when interviewing respondent that has difficulty understanding formal Indonesian Language.

The research team purposely chose Cianjur Regency for SLAK instrument pilot because the majority of people are active users of Sundanese Language. We mostly experienced language barrier with elderly respondents and several primary caregivers living in villages. The team has prepared a local facilitator to assist in interpreting the questions into Sundanese. However, there was an occasion when two enumerators needed the local facilitator's assitance at the same time. So one of them asked the informant (an elementary school teacher) to interpret the questions to Sundanese. We do not recommend this method further because the informant did not received any prior briefing about the questions. Consequently, the enumerator recognized that the informant gave irrelevant examples or conveyed questions in a way that directed respondent's answers. During survey implementation, researchers need to ensure that only people who have been trained about the objectives and concept of the questionnaire could become interpreter. In Tangerang, language was not an issue.

Children with disability required a special approach by trained enumerators.

In Cianjur, one of the out-of-school child respondents was a child with disability. The enumerator has already found difficulty since the initial process of rapport building. Once the enumerators arrived at the house, the child hid and cried because he thought they were teachers trying to get him back to school. The enumerators explained that they were not teachers and just wanted to chat about his daily activities. The child finally agreed to participate when an informant (a kindergarten teacher), whom he knew quite well, arrived. The enumerator began by playing a game with the child. However, he refused enumerator's request to complete the SLA screening test and only wanted to talk about daily activities. Consequently, the enumerator conducted the interview while still playing with the child, but he focused more on the games than answering the questions. To record the anwers, the enumerator was assisted by another enumerator who filled in the questionnaire. During the entire process, the child was scarcely engaged in eye contact with the enumerator and would sometimes give unclear answers. His primary caregiver was also present during the interview. But after completing the first part of Child Module, his primary caregiver left to pray. The child chased his primary caregiver and refused to continue the interview. Based on enumerator's observation, the respondent had a mood swing throughout the interview that affected his focus when answering the questions. Although the enumerator had received a training session on communicating with children with disability, apparently it was not sufficient when dealing with an actual case.

Despite the existing access, why do the children still not go to school?

From the total of 16 out-of-school children that we met, access to school was not found to be an issue. In contrary, we found other reasons, such as bullying, the child or parents preferred religious boarding school *(pesantren)* over a formal school, disability issues, lack of motivated to attend school, or the school was closed and the student refused to move to a different school. Most of the parents/primary caregiver purported that they support their children in returning to school. Yet they ran out of ways to make their children go to school again. A case that often emerged was unresolved bullying case, which made the child chose to drop out of school. In addition, specifically for Cianjur context, some child respondents or their parents preferred to study in a religious boarding school because they assumed that religious education is more important than academic education. This finding is supported by two teachers at the research location who told us that less children are interested to study in public elementary and secondary school. Parents preferred to send their childred to an Islamic school *(Madrasah)* or learn about religion outside the school. The informant told us that this decision was encouraged by the local religious leader. According to one of the teachers, the Local Education Office in Cianjur also suggested that Moslem students who wished to enroll into secondary school should be capable in reading the Qur'an, even though this notion is not stipulated in a written regulation/policy.

FINDINGS ON ETHICS & REFERRAL MECHANISM

Privacy (school and home)

Inability to ensure privacy during the entire interview was the primary challenge faced during the home visits. Even though similar challenge also appeared in some school-based interviews in this pilot, it was easier to anticipate and mitigate since it was conducted in a closed classroom. On the contrary, home interview usually took place in the living room or terrace, where other family members could suddenly interrupt, eavesdrop, or even read the questionnaire.

Available referral services

Both in Cianjur and Tangerang, the available referal service was social assistance provided by local social workers and PEKKA team who were trained in case handling. The research protocol only provides referral mechanism for respondents who experience violence cases, show traumatic reaction, or threatening condition. Yet during data collection in Tangerang, the research team found a child with unattended mental illness, and a neglected child. The field team leader decided to refer those children to referral services with the consent of their primary caregivers. On the first case, we suspected that the child experienced a mental retardation and mental illness. The child showed signs of communication disability and the primary caregiver mentioned about the child having a frequent tantrum. The second case was an orphan who had just lost his primary caregiver (grand mother).

RESEARCH LIMITATION

This pilot has several notable limitations. First of all, the literacy and numeracy tests (SLA) and the Child Module were not designed for out-of-school children. Consequently, some respondents might experience difficulties when completing the test. There were also several sections in the Child Module that were irrelevant for children who do not attend school. The other limitation is that the findings from this pilot, whether in Cianjur or Tangerang, do not represent the general condition of both regencies.

RECOMMENDATIONS

Researchers need to revise the instruments and data collection method/process. First, some questions in PAFAS instruments need to be simplified through consultation with experts in parenting and psychometric. Second, find alternative solution for a more suitable cognitive capacity test for out-of-school children. For example, we could design a screening test with a similar difficulty level with SLA test to identify respondent's competency before they start doing the test. Third, find an alternative method to ask about time use, especially for out-of-school children who cannot tell the time and do not have a fixed and regular daily activity schedule. There were also some good practices, such as engaging child respondent in a game before the interview. This strategy was very useful to build a rapport with children.

Training for the full survey needs to include: a simulation with real respondents, especially children; sharing experiences from the pilot process; and the Psychological First Aid training. A simulation with respondents was once applied in 2017 pilot and we need to include it again in the future trainings. SLAK researchers also need to share some important experiences from the pilot process so that new enumerators could anticipate the obstacles they might encounter, also possible strategies to overcome them. For example, ensuring privacy during interview with a child, techniques on how to build rapport with children, or techniques on asking about time use. This research team also introduced the Psychological First Aid (PFA) and vicarious trauma sessions in this pilot. These sessions were very useful and should be included in the survey training. It will prepare the enumerators to deal with respondents with special cases or who show psychological reactions during the interview.

The local facilitator who will assist with interpretation should receive a proper training. The local facilitator's involvement with interpretation is quite important in locations that use local language. In order to ensure that the facilitator does not change the questions'

content, they need a specific training on the instrument. It is particularly important on the sections that measure behavior, because they are prone to multiple interpretations.

Out-of-school child respondents need special approach to minimize potential rejection. First, when conducting home visit, it is better not to bring teachers or anyone from the school; because the child might feel intimidated and scared. Second, enumerators need more effort to build rapport with out-of-school children before starting the interview. Third, out-of-school children might receive a certain stigma from the local community. Therefore, a special session is required in the training to develop enumerators' sensitivity about such conditions and how to build rapport effectively.

Prior to data collection, researchers need to map out referral services that are locally available. In addition to formal referral services, researchers also need to map out services provided by local foundation or association, such as social workers who also have referral mechanism to existing services. Besides referall on violence, trauma, and threathening condition, we also need to develop a mechanism for other conditions that might need referral. For example, when the enumerator came across unattended mental illness or unassisted physical disability, or a neglected child.

Enumerators need to consider special approach when interviewing respondents with disability. Prior to the interview, it is better for the enumerator to discuss with the family/primary caregiver concerning the disability, and what would be the best way to conduct the interview. In addition, the enumerator need to be extra considerate about privacy when asking sensitive questions, especially if the respondent is accompanied by a family member/primary caregiver during the interview. Before collecting the data, researchers also need to map out special needs schools in the vicinity of data collection areas. When necessary, researchers should recruit interpreter who can assist in communicating with respondent with disability.

Researchers need to consider a qualitative research with out-of-school children as sub-samples. SLAK instrument is not designed to specifically study out-of-school children. Based on the field observation, those children might have a life experience that is far different from school children, and cannot be easily captured by the quantitative survey. Approaching out-of-school children might require longer time because they tend to be shy and self reserved during the interview. A qualitative research is necessary to capture the life experience of out-of-school children more comprehensively.

FULL SLAK PILOT
YOGYAKARTA & BANTUL
OCTOBER-DECEMBER 2019

RESEARCH OBJECTIVES

The objectives of this SLAK pilot are as follows:

1. To evaluate the listing and sample selection method and procedure to be used in 2020 survey.
2. To evaluate the interview process and digital questionnaire used for SLAK 2020.

The pilot process was divided into two stages, i.e.:

1. SLAK listing and sample selection pre-pilot
   Pre-pilot was conducted using key informant method to list and select household samples that were suitable with SLAK criteria. The researchers gathered key informants from the community, such as *Posyandu* (Government Owned Health Clinic) cadres, village/urban village midwives, RT/RW leaders, village heads, elementary school teachers, etc to list households with children aged 6-18 months and 10-12 years old. After obtaining the list of eligible households, the researchers proceeded with household verification to check whether the information that we collected were actual. This process is useful to finalize the listing and sample selection procedures, so that the actual protocol pilot could focus more on the interview process and digital questionnaire use.

2. SLAK protocol pilot
   After the pre-pilot, we integrated the listing and sample selection procedures into the protocol pilot process. This pilot included a full survey process, similar to what will be conducted in 2020. The process began with listing and sample selection, followed by interviews at the selected household using digital questionnaire.

SLAK LISTING AND SAMPLE SELECTION PRE-PILOT YOGYAKARTA & BANTUL (OCTOBER 2019)

Key Informant Listing versus Door to Door Listing

Household based surveys that involve random sample often use door to door listing. This is also the case for Indonesia's national survey, such as the National Socio Economic Survey *(Survei Sosial Ekonomi Nasional –Susenas)* and the Indonesian Family Life Survey (IFLS). In such method, the enumerators will list all households within the selected local neighborhood unit (*Satuan Lingkungan Setempat* –SLS), in order to know where the targeted respondents live. However, this method requires a relatively long time, especially if the proportion of the targeted respondents in the population is quite low.

In cosideration of efficiency, the SLAK team decided to use another method, namely key informant method. Similar to door to door method, in key informant method, the research team also conduct home visit to locate targeted respondents. The difference is, this method started off by selecting informants that are capable to identify households with the targeted respondents. Therefore, the research team does not have to visit all the households in each SLS. The key informant is the person who knows or keep track of household data in their area, such as the local community leader, authoritative figure, or basic service provider.

The key informant method is considered more effective and efficient to list specific subjects with low proportion in a population. This conclusion was drawn from a research by

SurveyMETER and Harvard Kennedy School in identifying pregnant women[13]. In that research, key informant method successfully identified more subjects in a population compared to door to door method. They found that when there was no one home during door to door listing, the enumerator would ask the neighbor whether in that empty house there are eligible family members. In such case, there are possibilities that the neighbor does not know exactly or does not want to disclose the information, that would lead to inaccurate information. It is also possible to miss out several households due to vague border area.

This also applies for SLAK that targeted households with children aged 6-18 months and 10-12 years old. It is easier to identify subjects with very specific age group through informants who often interact or register children in their area, such as *Posyandu* cadres, school teachers, or local youth organization committee.

Research Location, Samples and Participants

The listing pilot was conducted in two locations, namely Mantrijeron Sub-dristrict, in Mantrijeron District, Yogyakarta City and Guwosari Village, Pajangan District, Bantul Regency. Yogyakarta and Bantul were purposively selected to compare between listing experiences in urban and rural areas. Both locations were also close to SurveyMETER office, consequently it made the permit processing easier for SurveyMETER team before going to the field. In this pilot phase, we set a target for each location to obtain data of 10 households that has 6-18 month child and another 10 households of 10-12 years old child. Consequently, during listing, the team listed the information on a number of targets and additional 25% extra samples to anticipate empty houses during our visit or rejection to participate. In total, the team targeted to list a minimum of 13 households with 6-18 months-old and 13 households with 10-12 years-old in each location.

Household Sample Listing Through Key Informants, Household Verification, and Snowballing

The listing mechanism started with randomly selecting one RW or sub-village *(dusun)* at the selected urban village *(kelurahan)* or village *(desa)*. Afterwards, the team contacted the selected RW leader or sub-village's head to obtain data of 6-18 months child (younger cohort) and 10-12 years old (older cohort) who live in the neighborhoods. If we manage to list and verify sufficient number of households (13 younger cohort and 13 older cohort) in one RW/sub-village, then we will only collect data from that location only. However, if the target has not been fulfilled (for either one or both cohorts), then the team would have to randomly select another RW/sub-village to be listed and verified. This process continues until the household target for both cohorts are fullfiled. The team will continue listing both cohorts in the next RW/sub-village, even if the target of one cohort has been fullfiled from the previous location.

For example, the team randomly selected RW A. After completing the listing and verification in RW A, we found 12 households with younger cohort and 15 households with older cohort. Since the younger cohort target was not met, even though it we only need one more household, the team would still have to select another RW randomly. Moving on to the next RW, namely RW X, the team found 10 households with younger cohort and 15 households with older cohort. Thus from the two RWs, the team managed to list 22 households with younger cohort and 30 households with older cohort.

---

[13] Jessica Creighton and Wayan Suriastini, *Identifying Survey Respondents: Testing Alternatives to a Census, 2014* <http://www.data4sdgs.org/news/identifying-survey-respondents-testing-alternatives-census> [accessed on 24 April 2020]

After collecting the list of younger and older cohorts from the selected RW(s), the team proceeded with household verification. The team visited all the listed households, supported with permit letter(s) from the RW leader and/or the urban village head. During verification process, the team also asked the respondent whether they know any children aged 6-18 months or 10-12 years old who live nearby or live in that household but has not been listed by the team. Information from that respondent could also be used as additional data source. This process is known as snowballing. For example, there was a case in one household with older cohort that apparently also has a younger cohort who was not listed in our data. In another case, one respondent also reffered us to their neighbor that has a younger cohort who was not in our list. This new information will be added into the household list. Afterwards, all contact information of the key informants, the household list, and the verified household data are recorded in a household listing form developed by the SurveyMETER team.

Illustration of listing sequence for this pilot can be found in Figure 4.

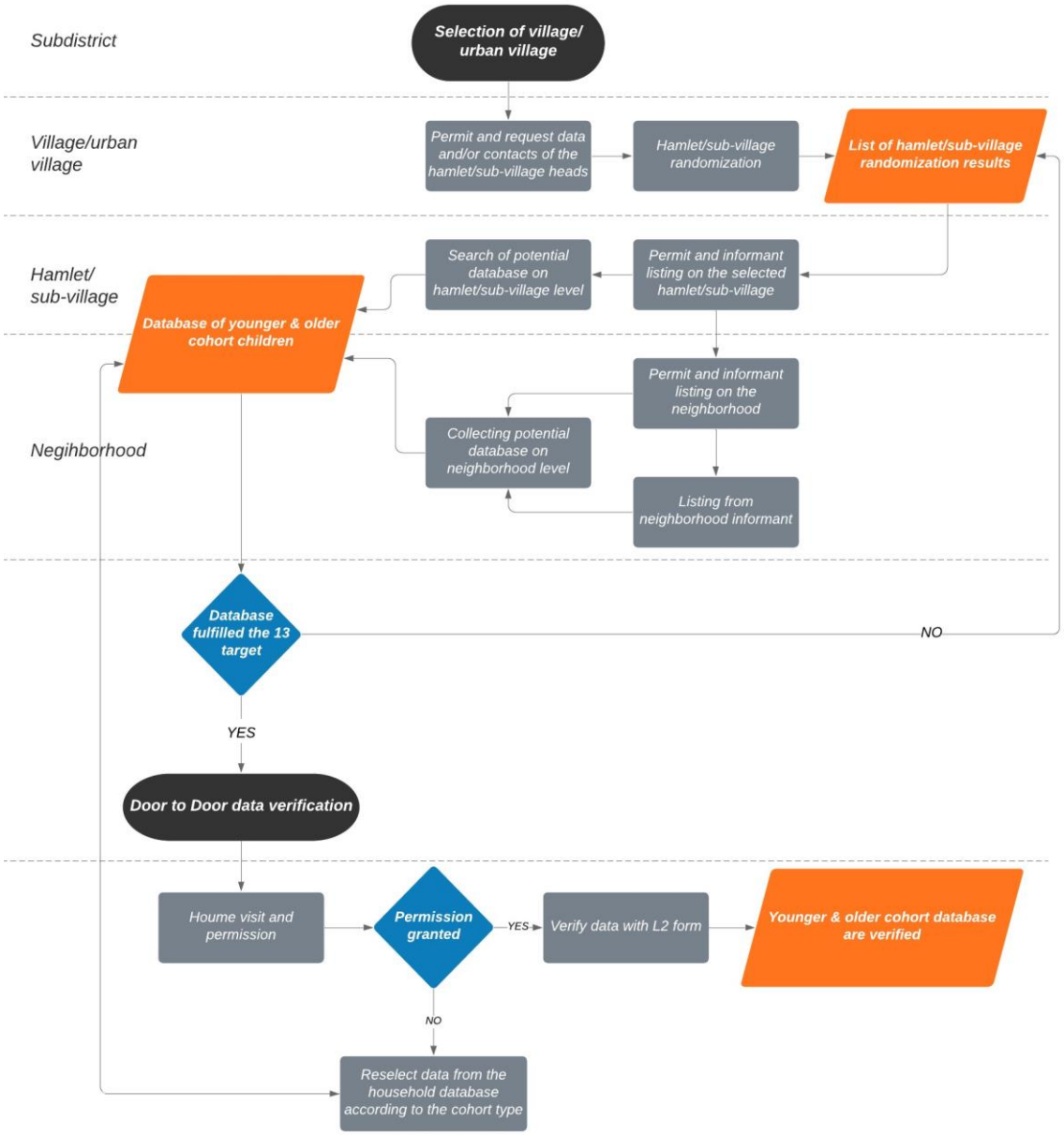


Figure 4. Household listing sequence using key informant method.

Before conducting the pre-pilot, SurveyMETER team had requested the permit in two selected locations, starting from city/regency, sub-district, up to the urban village/village level. The team also finalized the listing procedure in one RW in Mantrijeron urban village, Yogyakarta before PUSKAPA UI team went to the field. The selected RW was RW 09 which comprised of 4 RTs, namely RT 30, 31, 32, 33. In this listing, the main key informant was the coordinator of Family Wellbeing Empowerment *(Pemberdayaan Kesejahteraan Keluarga* – PKK) cadres, who is also the wife of RW Leader. From her, we obtained information on 14 households with 6-18 months children and 19 households with 10-12 years old children. This first listing only served to finalize the procedure, therefore the identified children were not included as targets for interview.

Pre-Pilot Process in Yogyakarta City

The pre-pilot was conducted by two SurveyMETER researchers and two PUSKAPA UI researchers. The team started by visiting the first location together, i.e. Mantrijeron urban village, to ensure that all the members have the same understanding on the listing procedure. Afterwards, two researchers then moved to another location. Listing was done in the randomly selected RW, i.e. RW 01. The first key informant we visited was the RW 01 Leader and his wife, who served as a *Posyandu* cadre. From the *Posyandu* data, the team listed all households with younger cohort child. In addition, the wife of RW 01 Leader also suggested the team to visit the Leader of *Posyandu* cadres in RW 01 who had the most updated data on *Posyandu* members. Unfortunately, when we visited the cadre, she was ill. However, we were allowed to see the recapitulated data of younger cohort children in RW 01.

From the RW 01 Leader, we obtained the 2017 data which was collected during the General Election *(Pemilu)* preparation in a form of photocopied Family Cards (*Kartu Keluarga* –KK). We then segegrated the households into 6-18 months (younger cohort) and 10-12 years old (older cohort). The RW Leader suggested that we requested the latest household data from each RT leader in RW 01. Once the team obtained a permit letter from the RW 01 Leader, we split up and visited all RT leaders in RW 01. Then we compared the household data from the RW and RT leaders, and double-checked whether the listed households were still living in the respective RT. We also asked whether there were households that live in that RT but not yet recorded. Finally, the team could only meet two out of three RT leaders in RW 01 area, namely RT 02 and RT 03. The other RT leader (RT 01) were absent when we visited his house. As a substitute, the RW 01 Leader who happened to live in RT 01, gave us some information to complete the household listing in that area. The team proceeded with verification process to ensure the presence of the listed household and whether they were eligible for the survey. From RW 01 area, we only found 2 younger cohorts and 5 older cohorts. Consequently, we randomly picked another area, namely RW 10.

In RW 10, we tried similar process by visiting the house of RW 10 Leader. But unfortunately he was not home. So the team sought another alternative from local key informants, i.e. *Posyandu* cadre and RT leaders in RW 10 area (RT 34-38). Unfortunately only RT 38 Leader, a religious teacher and a *Posyandu* cadre were available during data collection that day. The *Posyandu* cadre in RT 38 gave us informations of all 6-18 months in RW 10, and from the religious teacher we obtained one 10-12 years old data. We continued the data search process after sunset to visit the RT leaders who were working during the day. We managed to meet all RT leaders and obtained household data in RW 10. From this process, we found 9 older cohorts and 7 younger cohorts.

The household listing and verification in Mantrijeron urban village took two days to complete (4-5 November 2019). On the first day, the listing was conducted by four researchers. But once we moved on with verification, two researchers moved to the other location: Guwosari Village, Bantul Regency.

Pre-pilot process in Bantul Regency

On 5 November, two researchers started the listing in Bantul Regency. The researchers visited Guwosari village office to request a list of sub-villages *(dusun/dukuh)* within their border and randomly selected one sub-village. When we visited the Village Office, the Head was absent, so we were referred to the Village Secretary. Kembang Gede sub-village was randomly selected, and the Secretary inquired the data service division to provide us with

the number of registered household and names of all RT leaders in Kembang Gede sub-village.

The research team took the initiative to request the Residency Administrative Information System *(Sistem Informasi Administrasi Kependudukan* –SIAK) data of Guwosari village to explore the possibility of using civil registration data for the sampling process. However, instead of giving an agregated data, the village service division gave us a copy of the entire population information, amounted to approximately 12,012 individuals. In order to use such data, we have to screen the children who match with our eligilibily criteria, then linked them to their family based on their KK number. We concluded that it was not practical to use the data as a basis for household listing.

Coincidentaly, when visiting Guwosari Village Office, the team also met with the Head of Dukuh Kembang Gede. He invited us to his house to take notes from the KK data he stored and gave contact details of four RT leaders in his area. We obtained quite a lot of families with 10-12 years old children. However, there was only one family with 6-18 months old, so the Head of Dukuh took us to visit the house of *Posyandu* Cadre Leader and requested the *Posyandu* data. Since the leader was not at home, so we proceeded to another cadre's house. From that cadre, the team managed to list four families with 6-18 months child.

The next targeted informant the team visited was the RT leaders. The team compared the data obtained from the Head of Dukuh and also checked whether all RT leaders have household data that were not yet listed. From RT 1 Leader, we obtained one additional household data, also directions to the houses in our list. Whereas, the RT 2 Leader was not at home when we came. However, we managed to record one additional household data based on copies of KK provided by the wife of RT Leader. The team also found one household data which was listed by the Head of Dukuh but not recognized by the wife of RT Leader and the copy of the KK was not found. We also confirmed this with the surrounding residents and that particular household was not recognized. In RT 3, we only obtained information based on verbal information from the RT Leader and his wife. He claimed that all KK copies were handed over to Head of Dukuh for Independence Day celebration three months ago and has not been returned until the day of the visit. Based on that verbal information, the team listed six additional households. However, since there were no written data, the informant was not so sure and and just guessing the children's age in those households. Based on the verification process, the team later discovered that four out of six estimated age of the children in those households fitted the criteria. Finally, the team also obtained data from the wife of RT 4 Leader where we found one additional household. After obtaining the household data, the team decided to split up when conducting verification to save time.

In addition to visiting the cadre and RT leaders, the team also visited a school in Dukuh Kembang Gede, namely Guwosari Elementary School (SD). Based on information from one of the teachers, we identified three children aged 10-12 years old who were not recorded by the Head of Dukuh nor the RT leaders. The teacher mentioned that one of the children lived with his grand mother near the school. Yet his name was listed in his parents' KK, who lived outside of Dukuh Kembang Gede. Hence, the child was not recorded in the citizens data of that dukuh.

The research team also obtained additional information when visiting one of the residents of RT 3 during verification. It turned out that the household does not have a child who matched our criteria. However, the residents gave information about their neighbor who has a 10-12 years child. Their neighbor was not listed by the RT 3 Leader because that household was still registered in their previous address.

Through the listing, verification, and snowballing process in Dukuh Kembang Gede within one day, the research team in Bantul succeeded to identify five younger cohorts and 26 older cohorts. The team did not achieve the household target for younger cohort, whereas the older cohort households achieved far beyond the target. In the real survey, when this happens, the researchers should randomly select additional dukuh and continue listing until the household target is achieved. However, due to time constraint during the pre-pilot, the team decided to stop with the obtained list.

FINDINGS RELATED TO LISTING, VERIFICATION, AND SNOWBALLING PROCESS

In general, the pre-pilot process went quite well. The research team was greatly assisted by SurveyMETER's efforts to administer licensing well in advance of pre-pilot to facilitate coordination with community leaders who would be the key informants. Government staff in urban villages and villages, as well as RW leader, RT leader, residents, and the majority of other key informants also welcomed us and were willing to work together.

The verification process was very useful to ensure the accuracy of informants' data. We found some children who were in the database but no longer live in the area, or their actual age did not match the recorded data. In addition, the snowballing technique was also important to identify households that were missing from the local community leaders' data.

In this pre-pilot, we used paper-based forms to record the list of informants and households. There were seven forms with the following details:

a. L1 form to list information on SLS at the urban village/village level;
b. L1A form to list the key informant candidates for younger cohort;
c. L1B form to list the key informant candidates for older cohort;
d. L2A form to record the contact information of younger cohort key informants and data of younger cohort candidate respondents;
e. L2B form to record the contact information of older cohort key informants and data of older cohort candidate respondents;
f. L2 form to record the verification results of younger and older cohort candidate respondents; and
g. L3 form to recap the verified younger and older cohort candidate respondents.

With so many forms used, at the beginning researchers had troubles flipping over pages to check whether the form matched with the data to be recorded, because different forms were used in different stages and applied by different groups of children. Difficulties were particularly encountered by PUSKAPA team who were not accustomed to using the household data collection/listing form, so several times they needed to be assisted and reminded by the SurveyMETER team.

Overall, the listing and verification process in the Mantrijeron Urban Village, Yogyakarta City went relatively well. Some problems faced included doing the verification in the morning and in the afternoon as the majority of respondents were at work, and not at home. Another obstacle was the rejection by the households we visited for the verification process, even though we have shown them our letter of assignment. There were also those who allowed verification, but did not allow the team to enter their house and only willing to meeting with the team at the gate of their house.

The listing and verification in Guwosari Village, Bantul Regency also did not encounter many obstacles. The area of Kembang Gede Sub-Village was not big, and informants and households were separated only by walking distance, although the team had already

prepared motorbikes and motorcycle taxi to facilitate transport. However, if the selected area was relatively large and the respondents were not located close to one another, the research team needed to be prepared for this.

Due to the time constraints, in the two days of the pre-pilot the team did not reach the target to collect data from 13 younger cohort households and 13 older cohort households. However, the research team managed to have an overview of the challenges to list households according to SLAK respondents' targets. But in the actual survey, the team should provide more time for the listing, verification and snowballing process.

RECOMMENDATIONS

Learning from the experience of the current listing pilot, we recommends some points for the full protocol pilot, as follows:

1. In order to achieve the 26 younger and older cohort households target, the team should allocate more than two days. From the experience of this pilot, each SLS has different proportion of younger and older cohorts, so the research team may need to select several SLS until the target is met.
2. The team needs to anticipate evening house visits for family members who work until late afternoon, especially in urban areas.
3. The team needs to ensure that the snowballing process continues throughout the listing and verification process by asking whether there are households that have not been identified by the key informants, or there is eligible child within that household who has not been recorded.
4. During the verification process, the research team should ask the respondent about their interview schedule preference should the household is selected. This process will reduce the risk of having respondents absent during the interview visits.

SLAK PROTOCOL PILOT (NOVEMBER – DECEMBER 2019)

SLAK Instrument Digitization Process

The digitization process was fully carried out by the team of programmers from SurveyMETER. This process had been running since 2017, when the SLAK instrument was first compiled. Every time the pilot process was completed in 2017, 2018, and 2019, the PUSKAPA team would provide an updated paper version of the SurveyMETER team to be converted into the CAPI (Computer-Assisted Personal Interviewing) program format. The updating of digital instruments also continued during training until the collection of pilot data. From training to data collection, the team conducted daily evaluations of digital instruments to ensure the questionnaire was correct and stable when used for interviews. A SurveyMETER programmer also made daily revisions based on the results of the research team's evaluation.

The digitizing process of the SLAK instrument used CSPRO software version 6.3. While the computers used by the enumerators for data collection are ASUS E203NAH and E203MAH laptops.

The SLAK instrument consisted of 5 modules, namely the Household Module, the Mother Module, the Primary Caregiver Module, the Nutrition Module, and the Child Module (specifically for Older Cohort). The five modules were in digital form and were filled in through face-to-face interviews, with some sections filled out by respondents using paper and a pen. A description of each module can be seen in Table 9.

Table 9. Modules used in 2019 SLAK Complete Pilot

Module	Duration	Respondent	Part/Section in the questionnaire
Younger Cohort (6-18 months)			
Household	45-60 minutes	Head of Household (prioritized) or adult household member who knows the characteristics of the household.	1. List of household members; 2. Household characteristics; 3. Access to health and other facilities; 4. Household assets; 5. Household subjective wellbeing and social support; 6. Social protection; 7. Relationship with biological parents; 8. Positive discipline.
Mother Ibu	60-90 minutes	The biological mother of the child selected as a sample.	1. Antenatal; 2. Birth process; 3. Nursing after childbirth (puerperal); 4. Parenting knowledge, attitude, and practices* 5. Learning stimulation; 6. Family Planning (contraception -KB); 7. Pregnancy history; 8. Disability and chronic conditions; 9. Smoking behavior and alcohol consumption; 10. Decision making*; 11. Household dynamics*; 12. Care in mental health facilities.
Primary Caregiver	60-90 minutes	The primary caregiver of the child selected as a sample, possibly the same respondent for Mother Module.	1A. Visit to *Posyandu*; 1B. Acute conditions and health care; 1C. Injury and accident; 1D. Access to health facilities; 2. In patient treatment; 3. Chronic condition in infants; 4A. Immunization status; 4B. History of breastfeeding; 4C. Good Hygiene and Healthy Behaviour ; 5. Cigarette exposure; 6. Parenting knowledge, attitude, and practices; 7. Learning stimulation.
Nutrition	30-45 minutes	The person responsible for household consumption and	1. Dietary Diversity Score (DDS) household; 2. *Dietary Diversity Score* (DDS) for child aged 6-18 months; 3. Anthropometry of the mother (weight &

Module	Duration	Respondent	Part/Section in the questionnaire
		the primary caregiver of the child selected as a sample. Respondents can be more than one person.	height); 4. Anthropometry of the child aged 6-18 months (weight, length/height, arm circumference & head circumference).
Older Cohort (10-12 years old)			
Household	45-60 minutes	Head of Household (prioritized) or adult household member who knows the characteristics of the household.	1. List of household members; 2. Household characteristics; 3. Access to health facilities and other facilities; 4. Household assets; 5. Household subjective wellbeing and social support; 6. Social protection; 7. Relationship with biological parents; 8. Positive discipline.
Mother	60-90 minutes	The biological mother of the child selected as a sample.	1. Antenatal; 2. Birth process; 3. Nursing after childbirth (puerperal); 4. Parenting knowledge, attitude, and practices*; 5A. Parenting experience (PAFAS)**; 5B. Child's psychosocial condition (SDQ)**; 6. Family Planning (contraception); 7. Pregnancy history; 8. Disability and chronic conditions; 9. Smoking behavior and alcohol consumption; 10. Decision making*; 11. Household dynamics*; 12. Care in mental health facilities; 13. School participation; 14. Parenting practices related to domestic chores/homework.
Primary Caregiver	60-90 minutes	The primary caregiver of the child selected as a sample, possibly the same respondent for Mother Module.	1A. Acute conditions and health care; 1B. Injury and accident; 1C. Access to health facilities; 2. In patient treatment; 3. Chronic condition and disability; 4A. Immunization status; 4B. History of breastfeeding; 4C. Good Hygiene and Healthy Behaviour; 5. Cigarette exposure; 6A. Parenting knowledge, attitude, and practices; 6B. Parenting experience (PAFAS)**; 6C. Child's psychosocial condition (SDQ)**; 7A. School participation; 7B. Parenting practices related to homework.

Module	Duration	Respondent	Part/Section in the questionnaire
Nutrition	30-45 minutes	The person responsible for household consumption and the primary caregiver of the child selected as a sample. Respondents can be more than one person.	1. Dietary Diversity Score (DDS) household; 2. *Dietary Diversity Score* (DDS) for child aged 10-12 years; 3. Anthropometry of the mother (weight & height); 4. Anthropometry for child aged 10-12 years old (weight & height).
Child	90-100 minutes (including 15 minutes break)	Child aged 10-12 years old were selected as samples.	1. *Student Learning Assessment;* 2. Use of time, activity, and physical changes; 3. Working child; 4. Perception of parenting at home; 4b. Living environment (violent experience) and social support; 5. Perceptions of schools and education & bullying by peers.

* Self administered questionnaire
** Self administered questionnaire while the enumerator read them

Research Location, Sample, and Participants

The pilot protocol was again carried out in two locations, namely Yogyakarta City and Bantul Regency, but in different urban village and village, namely Suryodiningratan Urban Village and Sendangsari Village. The same location was chosen to facilitate the licensing process, so pre-pilots and pilots could be done at one time. Yogyakarta City and Bantul Regency were also purposively re-selected to compare the listing experience in urban and rural locations. Just like in the pre-pilot, in each location we aimed to get data from 10 households with children aged 6-18 months and 10 households with children aged 10-12 years old. The team also added an extra 25% of sample data to anticipate if there were households who failed to be met or refused to be interviewed. Therefore, the team targeted to list a minimum of 13 younger cohort households and 13 older cohort households in each location. Among the listed households, the team would interview 10 younger cohort households and 10 older cohort households, so that a total of 40 households would be interviewed in two location.

Enumerator Training

Prior to data collection, the enumerators attended a 5-day training in Yogyakarta on 18-22 November 2019. There were 6 enumerators who attended; 2 from PUSKAPA and 2 from SurveyMETER. There were 6 facilitators from this training, 3 from PUSKAPA and 3 from SurveyMETER. Two out of three facilitators also served as enumerator.

The enumerator training was divided into two parts, i.e. knowledge enhancement and skills improvement. To build knowledge, enumerators were given an overview on SLAK, data collection techniques, questionnaire modules, anthropometry, interview techniques, and research ethics. To improve skills, enumerators conducted interview role playing and simulation using CAPI, and practice anthropometric measurements. The training schedule can be seen in Table 10.

Table 10. The Complete SLAK Pilot Training Schedule

DAY 1	
9:00 – 10:00	Introduction to SLAK Pilot and modules to be used
10:00 – 12:00	Using CAPI
12:00 – 13:00	Lunch break
13:00 – 17:00	The use of CAPI
DAY 2	
9:00 – 12:00	Household listing procedure
12:00 – 13:00	Lunch break
13:00 – 15:00	Household Module
15:00 – 17:00	Mother Module
DAY 3	
9:00 – 12:00	Primary Caregiver Module
12:00 – 13:00	Lunch break
13:00 – 16:00	Child Module
16:00 – 17:00	Interview technique for children with disability and out-of-school children
DAY 4	
9:00 – 11:00	*Dietary Diversity Score* (DDS) measurement
11:00 – 12:00	DDS interview exercise
12:00 – 13:00	Lunch break
13:00 – 15:00	Anthropometry technique
15:00 – 16:30	Anthropometry technique exercise
16:30 – 17:00	Ethics and referral mechanism
DAY 5	
9:00 – 11:30	Interview role play session 1
11:30 – 13:00	Lunch break
13:00 – 13:30	Role play evaluation
13:30 – 16:00	Interview simulation with respondents (mothers and children), including the nutrition module, but excluding anthropometry measurement*
16:00 – 17:00	Simulated anthropometry (with mother and child)*
17:00 – 17:30	Simulation evaluation

** The simulation involved a pair of mother and child aged 6-18 months, and a pair of mother and child aged 10-12 years old. Each respondent was accompanied by two enumerators, one as interviewer and the other as observer. After completing one interview, the enumerators switch roles and change teams.*

As explained earlier, the training consists of two parts. The content of first part can be seen in Table 11.

Table 11. First Part of SLAK Full Pilot Training Topics

Topics	Objective
Introduction to SLAK Pilot and the module to be used	Enumerators know about SLAK. Enumerators know about the modules that they will use.
The Use of CAPI	Enumerators know about CAPI program. Enumerators know how to operate CAPI.
Household listing procedure	Enumerators understand the mechanism of conducting household listing. Enumerators understand how to fill in a listing form. Enumerators understand the use of CAPI to do the listing.
Household Module	Enumerators understand the objective of each section in the household module. Enumerators understand the meaning of the questions in the household module. Enumerators know how to fill in the household module using CAPI.
Mother Module	Enumerators understand the objective of each section in the mother module. Enumerators understand the meaning of the questions in the mother module. Enumerators know how to fill in the mother module using CAPI.
Primary Caregiver Module	Enumerators understand the objective of each section in the primary caregiver module. Enumerators understand the meaning of the questions in the primary caregiver module. Enumerators know how to fill in the primary caregiver module using CAPI.
Child Module	Enumerators understand the objective of each section in the child module. Enumerators understand the meaning of the questions in the child module. Enumerators know how to fill in the child module using CAPI.
Interview technique with child with disability and out-of-school child	Enumerators understand various types of disability that might be encountered during interview. Enumerators have the sensitivity to deal and communicate with disability respondents and out-of-school child. Enumerators know how to conduct interview with disability respondent and out-of-school child.
Dietary Diversity Score (DDS) Measurement	Enumerators understand the objective of DDS measurement. Enumerators understand how to conduct interview with the 24-hour food recall method. Enumerators know how to fill in DDS questionnaire and transfer it to CAPI.
Anthropometry technique	Enumerators know the objective of anthropometry measurement. Enumerators know how to conduct anthropometry measurement. Enumerators know how to fill in the anthropometry measurement results by using CAPI.

Topics	Objective
Ethics and referral mechanism	Enumerators know about research ethics when dealing with adult and child respondents. Enumerators are capable in identifying particular cases that requires treatment and referral. Enumerators understand the referral mechanism.

The second part of the enumerator training is about improving skills, the details of which can be seen in Table 12.

Table 12. Second Part of SLAK Complete Pilot Training Materials

Topics	Objective
DDS interview exercise	Enumerators are able to conduct interview with 24-hour food recall method and fill in the Dietary Diversity Score (DDS) questionnaire.
Anthropometry technique exercise	Enumerators are able to conduct anthropometry measurement.
Role play interview session 1	Enumerators are able to interview using all SLAK modules. Enumerators can operate CAPI when interviewing.
Simulated interview with respondent (mother and child), together with nutrition module except anthropometry*	Enumerators have a grasp of the challenges they might encounter during interviews and ways to overcome them. Enumerators are able to conduct interview using all the modules with actual respondents. Enumerators can operate CAPI during interview.
Simulated anthropometry (mother and child)*	Enumerators have a grasp of the challenges they might encounter during anthropometric measurement and ways to overcome them. Enumerators are able to conduct anthropometry measurement with actual respondents. Enumerators can operate CAPI during anthropometric measurements.

For each exercise, role play and simulation, the facilitators gave inputs on how to administer the modules. Particularly during anthropometric simulations, enumerators are monitored by the facilitator until they were able to take measurements accurately.

Data Collection Sequence

Permit

Before going down to collect data, the team from SurveyMETER had applied for a permit from the Yogyakarta City and Bantul Regency governments, through the Regional National Unity and Politics Agency *(Kesbangpol).* This permit was then distributed to each enumerator together with an assignment letter from SurveyMETER and also from the Ministry of Education and Culture. With this letter, the enumerator team had been granted with the permission to collect data in the selected sample areas. At each place visited, the enumerator always asked for the stamp of the local government official (Head of village/urban village, RW leader or sub-village head) to facilitate the data collection process.

Listing

Just like the previous listing process, the team started with visiting several key informants who were recorded/listed through a digital form. The listing process was done in the following steps:

1. The key informant who was first visited was the head of village/urban village. At this step the enumerator filled in the L1 form containing the contacts and data of the RW leader/sub-village head.
2. The team then randomly selected an RW/sub-village and then visited the leader/head.
3. Enumerators list potential key informants based on the RW leader/sub-village head's suggestions.
4. The enumerators filled in the L1A form with a list of key informants household data with children aged 6-18 months (younger cohort), and the L2A form with a list of key informants household data with children aged 10-12 years old.
5. The team then visited key informants to start listing/registering households with children aged 6-18 months (younger cohorts) using L2A form and 10-12 years old (older cohorts) with the L2B form.
6. After all forms are completed, the L2A and L2B forms will be merged into the L2Agab and L2Bgab forms so that they can find out and clean up if there is double-recorded data from various key informants.
7. If at this stage the number of households for either cohorts was far from the target, the team would randomly select another RW/sub-village and repeat steps 3-6 until the target was fulfilled.

Verifying & Arranging Interview Schedule

After making sure all data obtained from key informants and the results of listing/data collection were complete and there was no duplication of data, then the team verified the data through visits to households. Data that had been verified would be included in the L2 form which contained the address and contact of the prospective respondent, as well as the name and age of the child who met the SLAK criteria. If new information was found during verification, such as prospective new respondents or inaccurate data, then the enumerator would update the data by filling in form L2. At the time of verification, the team was also obliged to explain the purpose of the study and asked for the willingness of the respondents to participate in this study if randomly selected. After verification, the enumerator asked the respondent if they had time (both adult and child), then set up an appointment for an interview.

Interview

Interviews were conducted at home in accordance with the agreement of the time and willingness of the respondents. Generally each household interview took about 2-4 hours. Respondents could stop the interview at any time or asked to delay it to a later schedule. Enumerators visited the house in pairs, so that if there were more than one interviewee in the household, interviews could be conducted in parallel. In addition to time efficiency, one of the enumerators could become a distractor when there were household members who

wanted to listen or interfere with the interview process. In addition, two enumerators were also needed when doing anthropometry, especially with children aged 6-18 months. Based on experience in 2017 pilots, respondents in the Mother Module felt more comfortable if interviewed by female enumerators, especially for sections that contained sensitive questions. After the respondent agreed to participate, the enumerator would start the interview.

The first part asked by the enumerator was a list of household members in the Household Module, to determine which respondents would be selected to fill in the other modules. At this stage, the enumerator would also ask respondents who the primary caregiver of the child was. After completing the list of household members, enumerators could proceed with the interviews of other modules, depending on the available respondents. There was no certain sequence when filling out the modules, except for the nutrition module for younger cohort respondents which would be administered at the end; because after anthropometric measurements, child respondents often cried so the situation was no longer conducive to continue the interview. The Mother Module was also administered as much as possible, in parallel with the Household Module. This was done to maintain confidentiality at the time of the interview so that mothers could answer sensitive questions without being influenced by the husband or the head of household who generally were the respondents of the household module.

Debriefing

During the pilot, we expected to encounter valuable experiences in the field, not only related to the data, but also the process that we go through. Every evening after the data collection, the research team gathered and discussed what we found in the field (debriefing). The field coordinator recorded all the identified problems during data collection. There were technical problems, such as obtaining permits, data filling, troubles with laptops and questionnaires, rejection from prospective respondents; and content-related problems, such as questions that were too difficult for respondents to understand; or cases that required referrals. Those problems were discussed together by the team to find a solution and recorded in a matrix, which was accessible to the research team at PUSKAPA office. Enumerators would also contact the SurveyMETER programmer to fix troubles related to CAPI or laptops. Documentation of constraints in the field were also used to inform further research.

RESEARCH ETHICS & REFERRAL MECHANISM

Privacy during Interview

Privacy during interview is one of the important factors that could make the respondents truthful/candid in providing information, could ensure data confidentiality, also safeguard/maintain the data quality. The enumerators need to ensure the privacy of the respondents during the entire interview, especially concerning sensitive questions and when asking respondent's opinion about other people (parents, school, teacher, friend, child, etc).

The enumerators need to ask the respondents which place they prefer that makes them comfortable and safe during the interview. Based on previous pilot experience, sometimes family members or neighbors want to observe or participate in answering, especially when the team is interviewing a child. The enumerator need to conduct a separate interview with every respondent and if possible in a room that cannot be heard by anyone. Sensitive

questions can also be printed out to be self administered/answered by the respondents themselves and the enumerator must not read the content of those questions, unless the respondents asked the questions to be read.

Statement of Consent

Before conducting an interview, the enumerator will explain the objectives of the research and asked the respondent's willingness by filling out a consent form (for adult respondent) or provide verbal consent (for child respondent). For child respondents, the enumerator would first asked consent from the primary caregiver/guardian. The consent form also stipulates the benefit for respondent, confidentiality, and voluntary participation in the research, also permission to record the interview in a form of audio or photograph.

The researchers need to ensure that both, the child respondent and their primary caregiver/guardian agreed to participate in this pilot. If the primary caregiver/guardian already agreed but the child respondent is not willing, then the interview cannot be conducted, thus vice versa.

Imbalance power relations between researchers and respondents, especially child respondents became the area of concern in this research. Researchers need to take certain steps to ensure that the children are voluntarily participating in this pilot. The forementioned steps included, for example give the child opportunity to ask questions before giving their consent, incorporate simple and easily understood sentences in the child consent form, repeatedly ask the child whether they are still willing to continue throughout the interview, especially when the child respondent showed signs of discomfort and boredom.

In this pilot, the consent from adult respondents were not only provided in a form of signature on the consent sheet but also mentioned verbally so it is captured/recorded on CAPI. Currently CAPI program is not equipped with a feature that allow respondents directly sign the consent form digitally, therefore the consent from adult respondents were done in two stages. First, the enumerator would ask the respondents to sign the consent form. Afterwards, the enumerator would ask the respondent verbally and record their answer through CAPI.

Referral Mechanism

As previously explained that several modules has some sensitive questions that might trigger certain reactions from respondents. Those questions might remind them of unpleasant experiences, or could reveal dangerous conditions that they are currently experiencing. Researchers are well aware that such conditions could also affect the enumerator similarly. Consequently, to cope with such incidence, the researchers developed a referral mechanism as follows:

1. Offering referral to respondents who show at least one of the following indications:
    - Respondents who seemed very upset during interview, for example crying, angry, quivering, or having trouble breathing.
    - Respondents mention that they feel unsafe or asking for help due to their violence experiences.
    - Respondents report that they are currently experiencing dangerous situation that threathens their lives.

2. If the respondents agree to be referred to, then the enumerator would coordinate with the field team leader to contact the proper and nearby services.
3. The field team leader will ensure that the selected referral service provider are notified about the respondent's case within 48 hours (2 days).
4. One week after making the referral, the field team leader will conduct a follow-up to ensure the service provider has contacted the respondent and the services are delivered.
5. After confirming with the service provider, the field team leader will make a progress report to the research team, by disclosing the respondent's ID, information about the service provider and type of service given to the respondent. The field team leader is forbidden from disclosing respondent's name and case assessment in details.
6. If during interview the respondent refused to be referred, then the enumerator should provide information about relevant referral services that can be contacted by the respondent at their disposal.

If the enumerator found a respondent who is in a dangerous situation that put their lives in danger, then it is compulsory for the enumerator to report such case to the field team leader, who will consult with the research team leader at PUSKAPA. With the approval from the research team leader, the field team leader will proceed through the referral mechanism and provide the contact of proper support services. The research team will try to ensure that the respondent is immediately saved from that dangerous situation and referred to the nearest services that suit their current needs, such as safe house, health service, psychosocial service, and/or legal assistance.

RESULTS

Respondent Demographic

Household Module

In Yogyakarta City, 5 out of 25 households (20%) refused to be interviewed when the team visited them. Whereas in Bantul Regency, 3 out of 23 households (13%) refused to be interviewed. Table 13 showed that the majority of respondents who filled in the Household Module were not the heads of household, but their spouses (52%). Other respondents who filled in the Household Module were the biological child of the head of household (8%) and in-law of the head of household (8%).

Based on sex, the household module were mostly filled in by women, both in Yogyakarta City (75%) and Bantul Regency (65%). This was because the researchers conducted door to door visit in the morning until the afternoon, where most family members who are men were out to work or outside their household. However, the enumerator also found several heads of household who were men that refused to be interviewed and the reason because they were busy. In Yogyakarta City, most of the household module respondents had completed high school/equivalent (60%). Whereas, in Bantul Regency most of the household module respondents had completed secondary school/equivalent (50%). In both areas, most of the respondents were between 30-39 years old. (55%).

Table 13. Household Module Respondents Characteristics

Respondent Characteristics	Yogyakarta City		Bantul Regency		Total	
	Amount	%	Amount	%	Amount	%
Relationship with the Head of Household						
Head of Household	5	25%	8	40%	13	32%
Husband/Wife	12	60%	9	45%	21	52%
Biological Child	2	10%	1	5%	3	8%
In-law	1	5%	2	10%	3	8%
Sex						
Female	15	75%	13	65%	28	70%
Male	5	25%	7	35%	12	30%
Education Level						
Did not go to school	0	0%	1	5%	1	2%
Elementary School/ equivalent	0	0%	3	15%	3	8%
Secondary School/ equivalent	1	5%	10	50%	11	28%
High School/equivalent	12	60%	3	15%	15	38%
University	7	35%	3	15%	10	25%
Age						
20-29 years old	4	20%	2	10%	6	15%
30-39 years old	9	45%	13	65%	22	55%
40-49 years old	5	25%	4	20%	9	22%
≥ 50 years old	2	10%	1	5%	3	7%
Total Respondent	20		20		40	

Mother Module

Similar with the Household Module, in both locations the Mother Module was also dominated by husband/wife respondents who are head of household (78%) as seen in Table 14. The majority of mothers in Yogyakarta City had completed high school/equivalent (60%). Whereas in Bantul Regency, the respondents mostly completed secondary school/equivalent (40%). Similar to household modules, in both locations, the dominating

age of respondents were 30-39 years old (50%). This figure is because the majority of respondents in Household Module and Mother Module were the same people.

Table 14. Mother Module Respondents Characteristics

Respondent Characteristics	Yogyakarta City		Bantul Regency		Total	
	Amount	%	Amount	%	Amount	%
Relationship with the Head of Household						
Head of Household	1	5%	1	5%	2	5%
Husband/Wife	16	84%	15	75%	31	79%
Biological child	2	11%	1	5%	3	8%
In-law	0	0%	3	15%	3	8%
Education Level						
Elementary School/ equivalent	0	0%	6	30%	6	15%
Secondary School/ equivalent	1	5%	8	40%	9	23%
High School/equivalent	11	58%	2	10%	13	33%
University	7	37%	3	15%	10	26%
Islamic Boarding School *(Pesantren)*	0	0%	1	5%	1	3%
Age						
20-29 years old	3	16%	4	20%	7	18%
30-39 years old	8	42%	12	60%	20	51%
40-49 years old	6	32%	4	20%	10	26%
≥ 50 years old	2	11%	0	0%	2	5%
Total Respondent	19		20		39	

Primary Caregiver Module

In the Primary Caregiver Module, in both locations the dominating respondents were husband/wife as head of household (70%), see Table 15. The Primary Caregiver Module was mostly asked to women (93%) compared to men (8%). Based on their latest education level, Yogyakarta City has more respondents who completed high school/equivalent (60%). Whereas in Bantul Regency, they mostly completed secondary school/equivalent (45%). In both locations, most of the respondents were between 30-39 years old (59%).

Table 15. Primary Caregiver Module Respondent Characteristics

Respondent Characteristics	Yogyakarta City		Bantul Regency		Total	
	Amount	%	Amount	%	Amount	%
Relationship with the Head of Household						
Head of Household	2	10%	3	15%	5	13%
Husband/Wife	15	75%	13	65%	28	70%
Biological Child	2	10%	1	5%	3	8%
Adopted/Step Child	1	5%	0	0%	1	3%
In-law	0	0%	3	15%	3	8%
Sex						
Female	19	95%	18	90%	37	93%
Male	1	5%	2	10%	3	8%
Education Background						
Elementary School/ equivalent	1	5%	5	25%	6	15%
Secondary School/ equivalent	1	5%	9	45%	10	25%
High School/equivalent	12	60%	2	10%	14	35%
University	6	30%	3	15%	9	23%
Islamic Boarding School *(Pesantren)*	0	0%	1	5%	1	3%
Age						
10-19 years old	1	5%	0	0%	1	3%
20-29 years old	3	15%	4	20%	7	18%
30-39 years old	8	40%	13	65%	21	53%
40-49 years old	5	25%	3	15%	8	20%
≥ 50 years old	3	15%	0	0%	3	8%
Total Respondent	20		20		40	

Nutrition Module

Respondents who answered the Nutrition Module, in both locations were dominated by husband/wife as head of household (83%) and all of them (100%) were women (see Table 16). This means the Nutrition Module was filled in by mothers. Based on their education level, in Yogyakarta City, most of the respondents had completed high school/equivalent (60%). Whereas in Bantul Regency, they mostly had completed secondary school/equivalent (40%). In both locations, most of the respondents were between 30-39 years old (50%).

Table 16. Nutrition Module Respondent Characteristics

Respondent Characteristics	Yogyakarta City		Bantul Regency		Total	
	Amount	%	Amount	%	Amount	%
Relationship with the Head of Household						
Head of Household	1	5%	1	5%	2	5%
Husband/Wife	16	84%	16	80%	32	82%
Biological Child	2	11%	1	5%	3	8%
In-law	0	0%	2	10%	2	5%
Sex						
Female	19	100%	20	100%	39	100%
Male	0	0%	0	0%	0	0%
Education Level						
Elementary School/ equivalent	0	0%	7	35%	7	18%*
Secondary School/ equivalent	1	5%	8	40%	9	23%
High School/equivalent	11	58%	1	5%	12	31%
University	7	37%	3	15%	10	26%
Islamic Boarding School *(Pesantren)*	0	0%	1	5%	1	3%
Age						
20-29 years old	3	16%	3	15%	6	15%
30-39 years old	8	42%	12	60%	20	51%
40-49 years old	6	32%	5	25%	11	28%
≥ 50 years old	2	11%	0	0%	3	5%
Total Respondent	20		20		40	

Child Module

In Table 17, it showed that the respondents of Child Module in both locations were mostly biological child (95%) of the household head. Based on their sex, it was dominated by girls/women (60%), and this applies to both locations. Most of the respondents were in elementary school/equivalent. This was expected since their average age were 10-12 years old. In Yogyakarta City, the majority of child respondents were 11 years old (40%) and 12 years old (40%). Whereas in Bantul Regency, the majority was 12 years old (60%).

Table 17. Child Module Respondent Characteristics

Respondent Characteristics	Yogyakarta City		Bantul Regency		Total	
	Amount	%	Number	%	Number	%
Relationship with the Head of Household						
Biological Child	9	90%	10	100%	19	95%
Adopted/Step Child	1	10%	0	0%	1	5%
Sex						
Female	8	80%	4	40%	12	60%
Male	2	20%	6	60%	8	40%
Education Level						
Elementary School/ equivalent	8	80%	9	90%	17	85%
Secondary School/ equivalent	2	20%	1	10%	3	15%
Age						
10 years old	2	20%	2	20%	4	2-%
11 years old	4	40%	2	20%	6	30%
12 years old	4	40%	6	60%	10	50%
Total Respondent	10		10		20	

FINDINGS RELATED TO LISTING & VERIFICATION PROCESS

Yogyakarta City

In Yogyakarta City, household listing was conducted for two days (25-26 November 2019). On the first day, the researchers visited the Suryodiningratan Urban Village *(Kelurahan)* to obtain information about the number of RW in their Urban Village. After obtaining that information, the researchers proceeded with random selection of those RWs. Then the

researchers visited the house of RW leader to obtain information regarding the RT leaders and *Posyandu* cadres. The researchers then were divided into 3 pairs, where each pair has to go visit the informants assigned by the RW leader.

After meeting the informants, the researchers then conduct a listing of household names and addresses that has 6-18 months and 10-12 years old child. Once the researchers obtained them, then they will verify those household by visiting each family already listed by the informants.

In this pilot, the number of samples required was 13 households of younger cohort (6-18 moths and 13 households of older cohort (10-12 years oled). Three household in every cohort acted as back up/reserve. However, based on verification result from the first day, the enumerator still has not met the targeted number of samples for both cohorts, consequently they had to randomly select a new RW. Then the enumerators conducted a listing and verification process in the second RW, similar like what they did in the previous RW. The data in the second RW already met the targeted number of sample for older cohort, but not for the younger cohort, therefore the enumerator again had to randomly select the third RW and list all households of younger and older cohorts. The listing and verification process in the third RW managed to be completed in one day by four enumerators. However, the listing and verification results of the third RW also did not meet the targeted samples of younger cohort.

On the next day, the enumerators selected the fourth RW. They conducted similar process like on the first day. After completing the verification process in the related RW, the researchers finally met the targeted younger cohort samples. The list of selected RWs and their key informants can be viewed in Table 18.

Table 18. List of selected RW and key informant in Suryodiningratan Urban Village

No	Date	RW	Number of Informant	Type of Informant
1	25 November 2019	4	2 people	RT Treasurer *Posyandu* Cadre
2	25 November 2019	5	3 people	RT Leader *Posyandu* Cadre Family Planning (KB) Cadre and Pregnant Mother
3	25 November 2019	1	2 people	RW leader's wife RT Development Section
4	26 November 2019	2	2 people	RT Leader *Posyandu* Cadre

For the listing purpose, the *Posyandu* cadre used theee *Posyandu* book as data source. Whereas, the informant from RT development section used copies of KK as data source which he happened to collect for government registration program purposes. Similar source of information in a form of photocopied KK were also obtained from the RW leader's wife who is one of the informants. The RT leader, KB cadre, and pregnant mother mostly used their memory as source of information.

In the verification process, the researchers checked the date of birth of candidate respondents from the KK that they have. When verifying, the researchers generally did not encounter any difficulty. The majority of candidate respondents were quite cooperative when the researchers visited their home. Although only a few, but there was one candidate respondent who did not welcome the visit. They did not even open the door for the researchers to come in, and only responded with refusal through a small vent from gate.

Unfortunately, not all the data during listing matched the eligibility criteria. Most of the unmatched data came from the informant's memory. From the verification results, the enumerators found 6 out of 52 data (12%) provided by the informants were not accurate.

During listing, an informant told the enumerators that there was one informant who tend to hide information about families whom they personally disliked. There was an occasion where the informant deliberately hide information about a family they personaly dislike to the Urban Village, because they thought this family would receive financial assistance. In order to overcome this situation, the researchers used a strategy where they confirm all data provided by that informant with the data obtained by different informants. In addition, other informant volunteered in taking the researchers to meet that informant directly up to conducting the verification.

Apart from obtaining information from key informants, the researchers could also find out whether candidate respondents know of other households that match the SLAK criteria by using the snowballing technique. However, there was no additional information which has not been recorded/listed previously by key informants.

Bantul Regency

In Bantul Regency, the listing was conducted for two days (29 November and 2 December 2019). On the first day, two researchers visited Sendangsari Village to ask information on the total number of sub-villages in Sendangsari Village. After obtaining that information, the researchers randomly select one sub-village, which was Dusun Beji Kulon. The researchers then visited the house of the selected sub-village head to obtain information on RT leader and *Posyandu* cadre. On that same day, the researchers directly visited four cadres who lived in that sub-village to obtain data on the eligible households. The listing for the selected sub-village was conducted on Friday 29 November 2019, however since the researchers still need to pick-up the data in Yogyakarta City and there was traditional ceremonial event in Sendangsari Village on Saturday and Sunday, consequently the verification could only be done on Monday of the following week.

Based on the verification results conducted on the first day, the number of households has not met the targeted samples of younger cohort. Thus, the researchers had to select another sub-village randomly and Dusun Krebet was selected. Once the team selected a new sub-village, the researchers start conducting the listing and verification process similar like in the previous sub-village.

Table 19. List of selected RW and key informants in Sendangsari Village

No	Date	Sub-Village	Number of Informant	Type of informant
1	29 November 2019	Beji Kulon	6 people	Sub-Village Head RT Leader *Posyandu* Cadres (4 people)
2	1 Desember 2019	Krebet	2 people	Sub-Village Head *Posyandu* Cadre

The *Posyandu* cadres used *Posyandu* book and their memory to help us list eligible households. Meanwhile, the Sub-Village head used copies of KK. During verification process, the researchers did not encounter any notable difficulty. Most of the candidate respondents were quite cooperative when the researchers visited their home. The only difficulty we faced was the distance between households which were quite far to travel by walking. In particular, there was one household located at the edge of a cliff.

We also found some data who did not match the eligibility criteria, albeit very few. Usually such information originated from the informant's memory.

CHALLENGES AND DIFFICULTIES IN COLLECTING DATA IN THE FIELD

Researchers Still Encountered Technical Difficulties with the Digital Instruments.

Problems related to questionnaire, such as skip pattern or CAPI in each module, were recorded during daily debriefing session and immediately fixed by the programmer before data collection in the next day. There was also problem when automatically assigning the respondent ID. The wrong ID complicates enumerators when using the household roster. However, this situation has been fixed by the programmer from SurveyMETER right away.

There was also a frequent technical problem that appeared and could not be resolved until the end of data collection, i.e. force close. This occurred specifically when enumerators tried to input respondent's answers immediately. Whenever force close occurred, the program did not automatically saved the inputted data before the module was completed, and enumerator had to start from the beginning of the module. As a solution, the enumerator opened a blank module and temporarily filled in the previously answered questions with "not answered" code, so that they could proceed with the rest of the questions. At the end of the day, the enumerator re-opened the questionnaire and completed the questions based on the audio recording of that interview.

There was also a problem on data export-import. Consequently, enumerators had to try exporting-importing repeatedly and kept the respondent waiting. This problem persisted until the data collection was finished and has not been resolved.

In addition to the technical problems with the laptop, there are other notes to improve the module questions (see Table 12).

Table 20. Notes to improve module questions.

Module	Improvement notes
Household Module	1. On RH07, needs to add 'not applicable' choice (the case: since early age the child did not live with their father, so it cannot be asked); 2. On RH04 needs to add 'do not know' choice; 3. Question about marriage book *(buku nikah)*: needs to add marriage certificate as an alternative. Because marriage book is released by the Religious Affairs Office *(Kantor Urusan Agama –KUA)* only for Moslem couple; 4. In Part 2 no.13, answer choices were not read. However, when in the field, the respondents were experiencing difficulties in answering. It would be better to just read the answer choices to the respondents; 5. Part 2 no.23, answer choice "other" has not appeared yet in CAPI.
Primary Caregiver Older Cohort Module	In part 7a and 7b, need editorial note "if the mother is not the primary caregiver, then ask this part"
Child Module	1. In the digital version of Indonesian Language and Mathematic SLA, need to add Grade 7. Because the existing code only until Grade 6; 2. In the digital version of Mathematics SLA, the number of boxes in the answer choices need to be added. Because the existing number of boxes are still lacking (need to add until 6 digits). 3. In the Child Module, SP03 for 00 choice, need editorial changed into "no/not yet completed grade 1 at the current education level".

Some households refused to participate.

For younger cohort (6-18 months), 20 households were interviewed. However, only 19 households completed the data collection for all modules. One household did not complete the Mother Module and Nutrition Module. When filling in the Mother Module, the enumerator had to visit that household more than twice. On the first day, the enumerators visited the respondent's home and conducted an interview with the mother. In the middle of the interview, she asked to postpone it because she has other activity to attend to. The enumerator tried to make another appointment. Yet until the deadline of data collection, the respondent told that she did not have time for interview because of various excuses. The enumerators also could not complete the nutrition module because they did not measure the mother's anthropometrics.

There was one household that refused to have an interview because the mother is in a mental condition that forbids her to be interviewed. When the enumerators visited the

candidate respondent's home, they only met the child's grandmother who explained that the mother recently had her leg amputated, therefore she tends to be more sensitive.

In older cohort, 20 household were interviewed for all modules. Two households refused to participate because the candidate child respondent had to study for school examination. Therefore, the enumerators visited the substitute household as a replacement.

The enumerators also ruled out several candidate respondents from the sample list.

During the data collection, enumerators found one household with two children that suited the younger cohort criteria. According to the sampling procedure, the enumerators should select one of the children that was mentioned first in order by the respondent when completing household roster.

There were also four older cohort households that were ruled out of the candidate list. Two of them had two children in one household that suited the younger and older cohort criteria. Based on experience from the previous pilots, finding younger cohort samples were harder than the older ones because the age range criteria is narrower. Therefore, the team decided that if one household has both younger and older cohort, the team will prioritize in taking the younger cohort sample. Based on that consideration, both households were recorded as younger cohort samples, but were ruled out from the older cohort list.

The other two households were ruled out the enumerators could not meet the adult respondent for an interview. In one household, the mother works in Jakarta and only returns home during weekends. Due to time constraints, the enumerators decided to rule out that household. The other one was ruled out because after multiple visits, the enumerators could not meet with adult respondent who is eligible for interview. The enumerators could only meet the grandmother who cannot communicate well because she was so old and did not know anything about the household conditions. The researchers have tried contacting the child's mother but did not receive a good response. The mother promised a schedule to meet the enumerator at her house. But when the enumerator came at the agreed time, she was not home. When the enumerator contacted her again, there was no response.

The enumerators encountered challenges during anthropometric measurement.

When measuring the child's anthropometric, some children were crying. One enumerator even required 90 minutes to complete the measurement. A strategy that enumerators used was asking assistance from the family members to hold the child so they do not wriggle and the measurement could be done faster.

The enumerators also faced security risks for collecting the data at night.

Most of the data collection from older cohort were conducted in the evening because the team had to wait for the child to come home from school. In Yogyakarta, enumerator had no problem in collecting data at night. However, the enumerators faced security risk in Bantul because the location so quiet and the lighting was very minimum. One of the respondents' houses in Bantul was located at end of the road, near a clif. When the data collection completed at 9 PM, the enumerators needed a flashlight to see the road and stay away from the cliff on the other side.

The enumerators encountered challenges when combining paper based questionnaire and digital questionnaire.

The enumerators also encountered several difficulties from the questionnaire. In the Mother Module, Child Module, and Nutrition Module, there were several parts where the respondents and enumerators had to fill it on paper. The enumerators need to be careful not to miss any part during interview because in the digital instrument there is no information which part that actually use paper based questionnaire. On the DDS part, the questionnaire was filled in by the enumerators on paper and could be answered by more than one respondent, however the enumerator also needed to ensure that confidentiality principle was not compromised. The enumerators found a case where the child mentioned all the food they ate inside and outside the house. When the enumerator confirmed the answers to the parents, it turned out there was a certain food that the child was not allowed to eat and was mentioned by the child. The child asked the parents not to be angry because they ate that food. On the next data collection, it would be better for the enumerators to ask the parents what kinds of food the child eats, without mentioning the answers the child had given earlier.

Challenges also appeared from the respondents when answering questions.

In the Household Module, the enumerators also face difficulties especially on the Household Subjective Wellbeing part. Several respondents were reluctant to answer that part because they consider it as God's authority and therefore they cannot give any assessment.

CHALLENGES AND DIFFICULTIES RELATED TO ETHICS AND REFERRAL MECHANISM

The enumerators kept/often face difficulties when ensuring privacy during interview.

Nearly most of the interviews conducted encountered disturbance from the surrounding environment during interview process. Disturbance usually came from family members who approached the respondent. In Bantul area, there was one case where the condition of the house itself made it impossible to conduct interviews in separate rooms. The house only has two rooms, namely living room and bed room. Obviously the enumerator cannot conduct the interview in the bed room because there are family members who are sleeping. The front porch cannot be used either because there were no lighthing at all. Consequently, both enumerators decided to do the interview with two respondents in parallel in the same room.

Another case was encountered by the enumerators, where the spouse of the respondent was present when being asked about the Household Dynamics part (domestic violence) in the Mother Module. The researchers cannot asked the respondent to answer that particular part using the already prepared paper because the spouse was sitting right next to the respondent so he could probably read the questions and answers. The researchers then asked the respondent to read the questions and point out the answers directly on the laptop used by the enumerator. When filling in the family dynamics, the respondent infact admitted that she experienced violence from the spouse. Because the spouse was sitting right next to the respondent when filling in the answers, so the researchers cannot asked whether she wish to be referred or not. After the interview ended and the spouse was no longer at the interview location, the enumerator started discussing the case experienced by the

respondent. When the respondent told the story, she cried and the enumerator tried to calm her down. However the respondent decided not to be referred.

The enumerators found violence cases, but the respondents refused to be referred.

Other violence cases also experienced by the primary caregiver respondents. The respondent told the researchers that her child had to move to a different school because a teacher in the previous school was so strict and did not hesitate to give physical punishment to students who make mistakes. That teachers once pulled the child's hair and punished the child to stand still until the school hours was over. This has caused the child to be quiet and sad so the parents decided to move the child into a different school. However the parents had no intention/plans to report the teacher because the child was already allowed to move to another school.

During data collection, the researchers also found two violence cases that could endanger the mother and child's conditions since the perpetrator was the father. One of the respondents admitted of experiencing violence from her spouse and she did went to the police station for help. However, the respondent decided not to report him because she thought about what could happen to him is she had gone to the police.

Having aware of the violence cases experienced by the mother and child in two different households, the researchers offered them to be referred. However, the mother and child refused to be referred because they claimed there is no need for it. Then the researchers could only give them a phone number and address where the respondents could contact.

RECOMMENDATIONS

The researchers need to prepare/get permit from various government offices so they could access more key informants. Based on previous experiences during pre-pilot and pilot, the team identified that school teachers and Government owned Community Health Center (Puskesmas) staff are potential key informants. During pre-pilot, the researchers managed to obtain information from the school teachers by bringing a permit letter from the Village and Bakesbangpol. However, this depends on the local policy of the related area, different institutions might require additional permit. For example, need a permit from the local education office in order to access data from the school and a permit from the local health office to access data from the Puskesmas.

The researchers need to reconsider an efficient mechanism without sacrificing the sample representation when selecting SLS. During a pilot in Yogyakarta City, the researchers slected four RWs in order to meet the targeted younger cohort samples, despite the targeted older cohort already met after selecting the second RW. This took quite a long time because the researchers still have to collect data from the entire older cohort in four RWs. Based on the comparison results from the pre-pilot and the pilot, each area has different younger and older cohort proportions. In one area, probably it is more difficult to find younger cohort rather than older cohort, however in other area it could be the opposite. Therefore we need to consider, if the target from one of the cohorts already met, does it mean there is no need to conduct anymore listing for that cohort in another SLS and what would be the implications towards sample representation on a population.

Researchers need to improve the questionnaire inaccordance with the enumerator's notes. The enumerators still face several difficulties in the questionnaire, namely

respondents answer not yet accommodated in the answer choices, editorial improvement, and respondent confusion in answering because the answer choices were not read to them.

Synchronizing the original questionnaire version with the questionnaire in CAPI. The enumerators still found questions and answer choices which do not appear in CAPI. The researchers need to re-check both versions of the questionnaire and fix them in accordance with the enumerator's notes for improvement.

The programmer team need to fix the problems with CAPI and the research team need to conduct mitigation if this problem still occurs. When conducting interview, CAPI still experiencing force closed which caused data loss. The programmer team need to fix the problem and the research team need to think of the proper mitigation if similar case occurred during data collection. In addition, the answer choices in CAPI still need to be fix, namely the number of digits are still lacking.

Researchers need to discuss if there is a part in the Module that was not filled in, do we take out/remove that household entirely from the analysis or can still use it. For example, there was a household in Yogyakarta City that only completed parts of the Mother Module and only lacking in the mother's anthropometric of the Nutrition Module.

CONCLUSION

After spending four years of exploratory and instrument pilot processes, SLAK has got a set of comprehensive protocols and instruments, ready for use. This study was designed to produce data that could assist the government in mapping childhood adversity factors. Furthermore, to identify factors that contribute to child and family resiliency in various contexts. SLAK data will be able to produce recommendations in designing evidence based policies and at the same time evaluating policy impacts.