Missing Dimensions of Poverty Data

Diego Zavaleta Reyles
University of Oxford
MOTIVATION FOR THE MISSING DIMENSIONS
The Problem of Missing Dimensions

- Human Development is the process of expanding the freedoms that people value and have reason to value (Sen 2000).

- Yet a critical bottleneck for empirical studies is the following: in key areas of human development, internationally comparable indicators at the hh level are missing.

- Such data as do exist are often of poor or uncertain quality, cannot be linked to other datasets, or are not widely available.

- HDI includes income, longevity, and education, but human development extends to other domains.

*This topic is thus an investment in our future ability to conduct high quality research on multidimensional poverty.*
Objectives

– Design brief yet rigorous survey modules to be included in multi-topic household surveys and generate internationally comparable data

– Enable measures and analyses of poverty to match poor people’s experiences of poverty

– Enable quantitative exploration of dimensions that are instrumentally & intrinsically important

– To enrich policy, M&E, targeting, and poverty reduction initiatives
Missing Dimensions of Poverty Data:

- **Employment quality**
  *poverty:* un/underemployment; unsafe, low pay work

- **Empowerment**
  *poverty:* acting under force or compulsion in one or more domains

- **Physical safety;**
  *poverty:* victim of violence or lethal violence

- **Ability to go about without shame:**
  *poverty:* being stigmatized, humiliated, isolated, discriminated, indignity

- **Meaning & satisfaction:**
  *poverty:* alienation, anomie, dissatisfaction
Missing Dimensions: Empirical Facts

Employment quality

Informal Work

• In the poorest regions - Africa, South Asia and Latin America - on average, only 5 to 10 percent of the active population is unemployed (ILO, 2007) while between 50 and 80 percent of employment in non-agricultural activities is informal (Chen, 2005).

• Moreover, at most 2 in 5 workers in low-income Sub-Saharan Africa have wage employment, whether formal or informal.
Employment quality
Safety

A recent WHO (2010) report establishes that:

– 2 million people die each year as result of accidents in the workplace and illnesses or wounds related to their employment.

– 268 million non-fatal accidents result in at least an average of three days of work lost by injured worker, as well as 160 million new cases of work-related illnesses.

– All these data reflect only injuries and illnesses that occur in formal workplaces.
Empowerment

- Moving out of poverty 2009 found that 77.5% of people cite their ‘own initiative’ as being the most important reason for moving out of poverty.

Source: Authors’ analysis of household survey; all study regions; N = 3,991 movers.
Missing Dimensions: Empirical Facts

Physical safety

• The WRVH estimated that more than 90% of all violence-related deaths occurred in low/middle income countries.

• The estimated rate of violent death in low- and middle-income countries was 32.1 per 100 000 people in 2000, compared to 14.4 per 100 000 in high-income countries.
Physical safety

- Main problem to prevent violence or implement humanitarian aid

- World Report on Violence and Health:
  - Self-inflicted violence, interpersonal, and collective kills more than 1.6 million people each year (TB kills 1.7 millions; AIDS 2.8 millions in 2005).
  - Estimated 5.06 million as consequence of injuries, both accidental and intentional.
  - Data from high-income countries show that for each person that die as consequence of an injury, 30 are hospitalised due to injuries, and 300 are treated in ERs.
Missing Dimensions: Empirical Facts

Shame, humiliation and isolation

• HIV/AIDS-related stigma.

• Discrimination due to ethnic background.

• Not being able to do what is customary in society, such as traditions for marriage in India.
Values: Voices of the Poor

<table>
<thead>
<tr>
<th>Well-being Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Material Well-being</td>
</tr>
<tr>
<td>Freedom of Choice &amp; Action</td>
</tr>
<tr>
<td>Security</td>
</tr>
<tr>
<td>Social Well-being</td>
</tr>
<tr>
<td>Psychological Well-being</td>
</tr>
<tr>
<td>Bodily Wellbeing</td>
</tr>
<tr>
<td>Mental Wellbeing</td>
</tr>
</tbody>
</table>
Example: Voices of the Poor

<table>
<thead>
<tr>
<th>Well-being Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Material Well-being (+)</td>
</tr>
<tr>
<td>Freedom of Choice &amp; Action</td>
</tr>
<tr>
<td>Security</td>
</tr>
<tr>
<td>Social Well-being</td>
</tr>
<tr>
<td>Psychological Well-being</td>
</tr>
<tr>
<td>Bodily Wellbeing</td>
</tr>
<tr>
<td>Mental Wellbeing</td>
</tr>
</tbody>
</table>
Quality of Life: Sen-Stiglitz-Fitoussi

Subjective measures of quality of life
Health
Education
The Balance of Time
Political Voice & Governance
Social Connections
Environmental Conditions
Personal Security
Economic security
Quality of Life: Sen-Stiglitz-Fitoussi

Subjective measures of quality of life
Health
Education
The Balance of Time
Political Voice & Governance
Social Connections
Environmental Conditions
Personal Security
Economic security (+)
Does it matter for analysis?

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>Health</th>
<th>Education</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual 1</td>
<td>NP</td>
<td>P</td>
<td>NP</td>
</tr>
<tr>
<td>Individual 2</td>
<td>NP</td>
<td>NP</td>
<td>P</td>
</tr>
<tr>
<td>Individual 3</td>
<td>P</td>
<td>P</td>
<td>P</td>
</tr>
<tr>
<td>Individual 4</td>
<td>P</td>
<td>P</td>
<td>P</td>
</tr>
</tbody>
</table>

Missing Data
ARE THEY REALLY MISSING?
Data on the MDGs arise from many sources. The main ones:

National hh surveys, LSMS, DHS, CWIQ, and MICS.


**Table A2. Comparison of indicator coverage of four survey types**

<table>
<thead>
<tr>
<th>GOALS</th>
<th>LSMS</th>
<th>DHS</th>
<th>CWIQ</th>
<th>MICS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GOAL 1: ERADIATE EXTREME POVERTY AND HUNGER</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of population below $1 per day b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poverty gap ratio [incidence x depth of poverty]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Share of poorest quintile in national consumption</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevalence of underweight children under 5 years of age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of population below minimum level of dietary energy consumption</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION</strong></td>
<td>(†)</td>
<td>(†)</td>
<td>(†)</td>
<td>(†)</td>
</tr>
<tr>
<td>Net enrolment ratio in primary education e</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of pupils starting grade 1 who reach grade 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Literacy rate of 15–24 year-olds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN</strong></td>
<td>(‡)</td>
<td>(‡)</td>
<td>(‡)</td>
<td>(‡)</td>
</tr>
<tr>
<td>Ratio of girls to boys in primary, secondary and tertiary education f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ratio of literate women to men, 15–24 years old</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Share of women in wage employment in the non-agricultural sector</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of seats held by women in national parliament</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GOAL 4: REDUCE CHILD MORTALITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under-five mortality rate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant mortality rate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of 1-year-old children immunized against measles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GOAL 5: IMPROVE MATERNAL HEALTH</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal mortality ratio</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of births attended by skilled health personnel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GOAL 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV prevalence among aged pregnant women 15–24 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contraceptive prevalence rate g</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children orphaned by HIV/AIDS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevalence and death rates associated with malaria</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures h</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevalence and death rates associated with tuberculosis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of tuberculosis cases detected and cured under DOTS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: The symbols (†), (‡), and (§) denote the coverage of indicators in the different surveys.*
Demographic & Health Survey (DHS)

- DHS are large nationally representative population-based surveys that provide information on health, nutrition and demographic indicators on:
  - Characteristics of Households
  - Fertility
  - Family Planning
  - Other Proximate Determinants of Fertility
  - Fertility Preferences
  - Early Childhood Mortality
  - Maternal and Child Health
  - Maternal and Child Nutrition
  - HIV/AIDS
  - Female Genital Cutting
  - Malaria

- The five topics are missing. However some countries’ DHS have had particular questions relating to some dimensions.
Core Welfare Indicators Questionnaire (CWIQ)

- The Core Welfare Indicators Questionnaire (CWIQ) survey is designed to produce indicators of social welfare quickly – CWIQ is often 4 double sided pages and takes 20 minutes. It covers:
  - Interview Information
  - List of HH Members
  - Education
  - Health
  - Employment
  - Household Assets
  - Household Amenities
  - Poverty Predictors
  - Child Roster of Children under 5 years of age

- It is missing four of the topics; some on employment.
Multiple Indicator Cluster Survey (MICS) - UNICEF

- Provides economic and social data from 195 countries and territories
- Particular reference to children’s well-being
- The MIC4 (2009-11) surveys have the following modules:
  - Child malnutrition
  - Infant and Under Five mortality rates,
  - Child health
  - Water and Sanitation
  - Reproductive Health
  - Child Development
  - Literacy and Education
  - Child Protection
  - HIV/AIDS, Sexual Behaviour, and Orphans

The five topics are usually missing.
In 1980, the World Bank initiated the Living Standards Measurement Study (LSMS) to generate policy relevant data that illuminated the determinants of outcomes such as unemployment, income poverty, and low levels of education and health. The LSMS aimed to improve data quality, strengthen statistical institutes data-gathering and analysis, and make the data public.

LSMS surveys have been completed for about 34 countries.

Most are time series; some are panel data, and some include experiments.
Living Standard Measurement Survey (LSMS) - World Bank

The words by which you can search the LSMS Datasets are:

- Agriculture
- Community
- Credit & Borrowing
- Demography
- **Employment**
- Expenses
- Government Programs
- Health and Fertility
- Income
- Migration
- Savings
- Services
- Social Capital
- Time Use
- Subjective Assessments
- Vulnerability
- Shocks
- Intra-Family Relationships
- NGO Programs
- Housing
- Millennium Development Goals
- Non-Farm Household Businesses
- Facilities Questionnaires
- Environment
- Education
- Deaths in the Household
- Assets
- Consumption
- Expenses
- The dimensions are mostly missing; some countries include qx.
National Household Surveys – other

• National integrated HH surveys, priority surveys and national censuses sometimes cover other areas. Yet our dimensions are still often missing. When present, the data are not easily identified. The California Centre for Population Research CCPR offers 500+ datasets for searches by the following topics:
  – Roster
  – Consumption
  – Income
  – Assets
  – Time Allocation
  – Health Measurements
  – Health Self-Assessments
  Our Five dimensions are missing
  – Education
  – Parent
  – Child
  – Birth History
  – Marital History
  – Migration History
  – Contraception

• Other HH survey databases can be accessed from
  • BREAD--Data from Developing Countries
  • STICERD--Questionnaires and links available for DHS, LSMS & country data
  • IUCPSR--The Inter-University Consortium for Political and Social Research
• No standard multi-topic survey search engine includes any of the five topics.
Ranis et al. (2006), Human Development: Beyond the HDI?

• Explore correlations amongst 56 indicators in 11 domains, and how they relate to income and the Human Development Index.

• Within each domain, find that 31 indicators do not correlate highly with each other.

• These indicators moreover, are poorly correlated with income and the HDI.

The ‘Missing Dimensions’ are not necessarily proxied by existing data
In short...

- Formal work is fairly well covered in some surveys but the topics of informal work and employment quality are not explicitly treated (particular gap wrt protections of self-employed, family workers).

- Empowerment is systematically absent; the closest is DHS data on women’s decision-making w/in hh in diff domains – but this excludes women’s emp wrt state, market & wider society, and emp of men.

- There are only 2 modules on domestic violence – in DHS and MICS – which are tremendously important. However, other types of criminal and conflict-related violence are systematically absent.

- No shame and humiliation data – closest relational data is LSMS module on social capital.

- Just LSMS has optional module on subjective assessments of wellbeing but only overall (not by domain) and does not address psychological states.
Other initiatives to improve poverty data

• **PARIS21** - Partnership In Statistics for development in the 21st Century strengthens the national and international statistical systems.

• **Inter-Agency & Expert Group on MDG Indicators** coordinates a network of key agencies; Subgroup on Gender Indicators, for example, works on informal work.

• **International Household Survey Network (IHSN)**: The IHSN is a partnership of international organizations seeking to improve the availability, quality and use of survey data in developing countries, formed by the Marrakech Action Plan for Statistics.

---

**Box 1. The Marrakech Action Plan for Statistics**

1. Promote *strategic planning* for developing statistical systems
2. Increase investment in statistical systems
3. Prepare for the 2010 census round
4. Set up an international network to better coordinate *support for household surveys*
5. Make *immediate improvements in key areas*, particularly the MDGs
6. Improve coordination and accountability of the international statistical system
FROM DIMENSIONS TO INDICATORS
From Dimensions to Indicators

• Identify **dimensions**: poor people & policy

• Identify **indicators** that generate **data** which are:
  • **comparable** – populations, time
  • **accurate** – insofar as is feasible for comparable data
  • **fulfil validity tests**
  • **statistically independent**
  • **demonstrated analytical value**

• **Process**: **collaborate** with others; build on their work

• **Concrete Output**: a short module for survey instruments implemented by standardly trained enumerators; Chapters for an LSMS *Designing HH Survey* book; optional modules easily available.
Criteria for indicator selection

- International comparability
- Measure intrinsic as well as instrumental value of the dimensions proposed
- Identify changes in dimensions over time and between population sub-groups
- Experience with particular indicators to date: How frequently have they been fielded previously and found to be adequate measures for research purposes?
What should these data let us do?

• Identify vulnerable groups
• Explore relationships between indicators within and between dimensions
• Explore relationships between conventional poverty indicators & our dimensions
• Obtain richer understanding of non-material values and perceptions of objective conditions
• Develop richer measures and analyses of multidimensional poverty.
Limitations

• Comparable Quantitative Data incomplete
• Final goal is not only to measure poverty
• HH surveys overlook key interests & groups
• Survey process is political, slow and expensive
• Time constrained – will a few questions suffice?
• Required next steps
  – to choose survey question shortlists
  – to test them in several countries
  – to explore empirically any value-added of collecting new information, and revise the shortlists
Process

• Design of survey modules

• Piloting of survey modules

• Validation Q^2: focus groups, pilot data, expert consultation, qualitative & cognitive interviews

• Nationally-representative testing of modules and analysis of survey data across regions

• Work with countries & international agencies to adopt modules in major survey instruments
Progress to date (I)

• Short listed indicators - Initial proposal
  - Launch of Missing Dimensions in April 2007
  - Special issue of Oxford Dev Studies (Dec 2007) – presenting the modules & initial short lists

• Expert review and consultation
  - Expert review: Launch workshop (Oxford), follow-up workshops (China, Uruguay, S. Africa), and meetings with govt officials (Bolivia, Chile, Mexico, Bhutan)
  - HDR-net online discussion on dimensions, indicators, policy implications

• Preliminary pilot testing
  - Gallup pilot tests: Bolivia, Ecuador, Kenya, Pakistan, Czech Republic.
  - Focus group/qual testing of modules in Bolivia.

• First nationally representative survey
  - Survey of Chile (early 2009) – sub sample of the ‘Encuesta de Caracterización Socioeconómica Nacional’ (CASEN)
Progress to date (II)

• **Refinement, translation and test in various contexts**
  - Design and analysis of survey module on agency in 3 Latin American countries (UNDP)
  - Collaboration with CASE-LSE to define autonomy indicators for the UK
  - PEP network mentoring (small-scale surveys in Chad, Nigeria, Sri Lanka)
  - Community Based Monitoring System (CBMS), Philippines
  - Collaboration with Twaweza in East Africa for nationally representative surveys on Empowerment
  - Undertaking cognitive interviews and qualitative research in Bolivia, Tanzania & Philippines
  - Numerous grants awarded to students for thesis fieldwork in 2008 and 2010

• **Analysis, validity test and policy analysis**
  - Validity and reliability test of the modules – assessment of international comparability
  - Call for paper proposal to analyze Chilean dataset (26 commissioned papers)
  - Preliminary papers with analyses from Nigeria, Chad, Sri Lanka, Philippines and Latin America
Missing data:
PHYSICAL SAFETY AND SECURITY
Motivation

• Safety from violence is clearly valued for its own sake. Yet in addition to the direct costs of violence, the indirect costs and the threat of violence are very significant.

• Violence undermines development gains, sustains poverty traps and impedes human freedom to live together safely and securely.

• Violence is NOT a given: Many multi-ethnic, multi-religious and poor peoples live together peacefully.

• Violence perpetrated by individuals, groups and agents of states within countries has displaced wars between nations as the biggest impediment to human security in the post-war era.
Indicators

1. Incidence of violence against **property**
   - Theft
   - Property destruction

2. Incidence of violence against **person**
   - Robbery, assault with and without weapons
   - Kidnappings
   - Explosions/bombs

3. Perceptions of safety and violence
   - Frequency of incident
   - Injuries, deaths
   - Perpetrators
   - Weapons
   - Location
   - Reporting (formal/informal)
   - Satisfaction with response
   - Links between incidents/persons affected

   - Likelihood of future victimisation
   - Perceptions of change in violence over time
   - Perceived safety in one’s area
   - Perception of violence vis a vis other threats
   - Links btw incidents/persons affected
Physical Safety and Security

What can we do with this data?

Vulnerable groups by:
- gender, age, ethnicity, religion, level of education, rural-urban status, migration status, etc (informs programs design/targeting)

Relationships between:
- Shame and humiliation and types of violence
- Violence and income/consumption
- Violence and health impacts
- Violence and eudemonia
- Perpetrator profiles

Correlations between:
- attempted rape and rape
- attempted theft and theft/robbery
- geographic location and risk of violence, by type
- injury and likelihood of death by type of violence
- violence outside the home and inside the home
- Use of weapons and likelihood of injury
- Perceived threat vis a vis history of incidents

Be able to disaggregate and re-aggregate data on violent crime and conflict

OPHI Oxford Poverty & Human Development Initiative
Missing data: EMPLOYMENT QUALITY
Motivation

• Prominent economic indicator but ignored in multidimensional approaches to poverty, as an outcome of well-being

• Two weaknesses of international comparable data:
  
  (1) Indicators based on model of employment in developed countries: quantity of jobs vs. quality; wage-employment vs. self-employed; formal vs. informal
  
  (2) Data often available in LFS but not multi-topic hh surveys
Indicators

Protection
1. Employee benefits and protection
2. Ability to withstand shocks

Safety
3. Occupational hazard

Time
4. Under- & over-employment
5. Multiple activities

Quantity
6. Discouraged unemployment

Quality
7. Perceived meaning/value
Protection:
Informality and shocks

*Employee benefits and protection*
Social security, health insurance, paid sick leave, retirement pension, maternity leave, paid holidays

*Ability to withstand shocks*
During the last 12 months, your household income: Increase, Remain constant, Decrease? - Reasons and response to decrease

If a household member lost their job, would your household have enough savings to get by for 3 months without someone from the household getting a job?

*In Chile 30% of hh experienced a fall in income over the previous year; of these, 60 percent reduced their food consumption in response.*

*Only 25% stated that they would have enough savings for their household to subsist for 3 months in the event that they lost their job.*
Safety & Time

**Safety: Occupational hazard**
Accidents, illness, and workplace exposures
Lost of work of one or more days due to accidents at work
Concern about possible physical or mental harm

**Time**
Under or over employment (desire to increase or decrease number of hours at work);
Multiple activities (occupation aside main occupation)

*In Chile, 5% of the workforce experienced a workplace related illness or accident in the last year – more than 80% of these people missed 1 or more days work as a result.*

*33% are somewhat or very concerned that their job will cause them harm.*
Quantity and Quality

**Quantity**
Discourage unemployment

**Quality**
4 items regarding perception of treatment at work, use of knowledge and ability, possibility of progress or improve

3 items regarding motivation and autonomy at work
What can we do with this data?

• Extent of group disparities – i.e., gender

• Household strategies to deal with risk (income generation activities, capacity to confront shocks, strategies in education)

• Relation to other outcomes such as consumption, life-satisfaction, empowerment

• Effects of globalisation, market liberalisation
The ability to go about without shame: missing data on SHAME, HUMILIATION AND ISOLATION
Why is this relevant?

• Sen uses this example regularly to make two points:

  – That ‘the ability to go about without shame’ is a relevant basic capability which should figure in the ‘absolutist core’ of notions of absolute poverty.

  – That ‘the ability to go about without shame’ is ‘complex,’: the commodity requirements to support this capability vary widely.

• Other literature that has explored the question of the role of relational features in deprivation is that of social exclusion.

  – The measures in this literature get, in part, at the heart of the matter: clearly it is the documented, systemic, discriminatory treatment – whether intended or unintended – that poor and marginalised communities experience, that contribute to their social ostracisation and experience of poverty.

  – At the same time, such measures overlook more direct experiences of indignity, shame and humiliation.
Why is this relevant?

- The stigma of poverty is a recurring theme among the poor; people often try to conceal their poverty to avoid humiliation and shame (The Voices of the Poor)

- Can result in increasing isolation
  People are “able to participate less and less in the social ceremonies and traditions that once brought people together and helped to create and maintain the social bonds between people” (Narayan et al 2000a: 70), further corroding social relations in society.

- Can undermine social relationships and provoke psycho-social maladies: low self-esteem, poor interpersonal relations, school-related difficulties, delinquency, social phobia, etc.

- Stigma may decrease access to social services.

- May fuel horizontal inequalities and spill over into conflict
Motivation

• Measuring aspects of shame and humiliation constitutes a formidable challenge both conceptually and technically.

– At the conceptual level (Margalit 1996, Quinton 1997, Lukes 1997, Schick 1997):
  • is there a need for a sound reason to be feel humiliated?
  • is a public element necessary for a humiliating situation to arise?
  • does humiliation need be intentional to be considered as such?
  • is the concept too heterogeneous to be relevant?
  • shall we care about the feelings of all vulnerable groups?
  • is the idea of “injustice” central to the concept of humiliation? (as there can be humiliation where there is no injustice)
  • is it necessary to know and understand that one is being disempowered in order to feel humiliated?

– At the technical level:
  • what Sen refers frequently as the problem of “lifelong habituation”
  • the unavailability of data
  • the use of subjective measurements
  • the fact that affective states are internal phenomena not amenable to direct observation
**Proposed Indicators**

**Shame**

- Stigma of poverty
  - Indicator 1. Whether respondents would feel shame if they were poor.

- Shame proneness
  - Indicator 2. Levels of shame proneness.

**Humiliation**

- Accumulated humiliation
  - Indicator 3. Levels of accumulated humiliation.

- Respectful treatment
  - Indicator 4. People that feel they are treated with respect.

- Unfair treatment
  - Indicator 5. People that feel they are treated unfairly.

- Discrimination
  - Indicator 6: Experiences of discriminatory treatment during the past three months due to one or more grounds for discrimination.
  - Indicator 7: Whether ethnic, racial, or cultural background affect the chances of getting jobs, services and education.

**Shame:** one’s evaluation of oneself. PERSONAL.

**Humiliation:** refers to the act of subjugating other people or feelings derived from being unjustly degraded. INTERACTIONAL.
Missing data: EMPOWERMENT
Why agency and empowerment?

**Theoretical motivation:**
First, more freedom gives us more opportunity to pursue our objectives – those things that we value… Second we may attach importance to the process of choice itself. (Sen 2009, *The Idea of Justice*)

**Importance in participatory accounts:**
‘For me, what becomes important in freedom is doing something with self-assurance, and at the end nobody opposes me and disturbs what I have done. Otherwise I become just a slave’ (MoP informant, Kagera, Tanzania)

**Prominence of freedom in international accords:**
Preamble to UN charter anchors the pursuit in progress in the broader context of ‘larger freedom’ and concept of freedom underlies many international covenants.

**Congruent with psychological literature on autonomy as a basic need:**
Autonomy is “an essential aspect of health human functioning”… “there are not instances of optimal, healthy development in which a need for autonomy, relatedness, or competence was neglected” (Deci and Ryan 2000).
Conceptual model

Direct measurement of agency is essential, not proxies

Empowerment is best understood as multidimensional

**Spheres**: Economic, Political, Social

**Domains**: Any area of life in which a person can exercise agency (spending, religious practice, education, health…)

**Level**: Individual/Collective; Macro/Meso/Micro

Agency embodies autonomy (what one values and has reason to value) and efficacy (belief in ability to bring about change)

Objective measures needed as concrete markers & to investigate adaptation
Indicators

SUBJECTIVE

• Control over personal decisions (MoP) ✗
• Domain-specific household decision-making (DHS) ✗
• Global empowerment (WVS, Gallup) ✗
• Ability to change aspects in life (Alsop et al 2006) ✓
• Ability to change aspects in one’s community (ibid.) ✓
• Domain-specific Autonomy (Ryan and Deci) ✓

• Domain-specific Efficacy (Bandura) ✓

OBJECTIVE (Resource-based)
Control over personal decisions

How much control do you feel you have in making personal decisions that affect your everyday activities? Control over all decisions... Control over no decisions

In general, how much control do you feel you have in making personal decisions that affect your daily activities (such as dropping off the children at school, buying bread, washing up, etc.)?
Domain-specific hh decision-making

When decisions are made regarding [MAJOR HOUSEHOLD PURCHASES], who is it that normally makes the decision?
[Respondent/Respondent & partner/Respondent and someone else/Partner/Other person/Community or social organization]

*If you wanted to, could you…? (Delegated decision-making – Alsop et al 2006)*
Imagine a ten step ladder, where on the bottom, the first step, stand people who are completely without free choice and control over the way their lives turn out, and on the highest step stand those with the most free choice and control over their lives. On what step are you today?

(most of your neighbors/-5 years/+5 years)?
Ability to change life/community

Would you like to change anything at this point in time?
Yes/No…

What? (Open ended)
Where will change come from? (Individual… Nat govt)

Do you feel that people like yourself can generally change things in their community if they want to?

Yes very easily… No, not at all.
Agency as autonomy

How true would you say your activities with respect to [DOMAIN] are motivated by a desire to:

• Avoid punishment or to gain reward? (External regulation)
• Avoid blame or gain approval? (Introjected regulation)
• Reflect what is important to you? (Identified regulation)
Agency as efficacy

How much can you do to influence decisions with respect to [DOMAIN]?
How much can you do to influence [DOMAIN]?
How much can you express your views freely on [DOMAIN]?
How much can you do to get other people together to address problems with [DOMAIN]?
What can we do with this data?

- What levels of empowerment exist within populations, by subgroup and domain?
- What are the inter-connections between agency, resources and outcomes?
- Does agency fluctuate over time and in response to what factors? Is agency characterized by a ‘set point’ as is hypothesized with SWB?
- What are the processes underlying how agency develops and how it translates into action?
- If agency is domain specific, does it typically accumulate in one domain and then spill over into others? What pathways can be identified?
- If agency and efficacy are two critical components of agency, how do they condition action? Does efficacy make action more likely, and autonomy make it more likely that it will be sustained?
- Is agency subject to adaptive preference? How does this affect use of agency to measure capability achievements?
Missing data: SUBJECTIVE AND PSYCHOLOGICAL WELLBEING
Motivation

Recent interest in Happiness:
• Increasingly hailed as policy objective.
• Emotionally appealing, uni-dimensional, easy to capture.

Why subj. and psych. wellbeing matters
• Intrinsic and instrumental importance.
• Richer understanding of human experience and values.
• May explain behavior objective circumstances cannot.

BUT… we argue for a slightly different focus than proponents of happiness…
1. Focus on psychological indicators
2. Not goal in self but source of complementary information
Indicators

**Psychological**
1. Meaning
2. Autonomy
3. Competence
4. Relatedness

**Subjective**
5. Life satisfaction (overall)
6. Life satisfaction (domains)
7. Happiness
Meaning in life

*Meaning in Life questionnaire* (Steger et al, 2006)

Meaning: “the sense made of, and significance felt regarding, the nature of one's being and existence”

**My life has a clear sense of purpose**

- I have a good sense of what makes my life meaningful
- I have discovered a satisfying life purpose

Short form of ‘presence of meaning’ scale, which measures whether person perceives what makes their life meaningful & whether this translates into clear & satisfying ‘life purpose’
Basic Psychological Needs

3 subscales of Autonomy, Competence, & Relatedness (Deci and Ryan 2000)
9 item short form (reduced from 21 item scale)

**Autonomy**: Self-determination, freedom of expression, authenticity
I feel like I am free to decide for myself how to live my life

**Competence**: External appreciation, sense of accomplishment, self-efficacy
Most days I feel a sense of accomplishment from what I do.

**Relatedness**: Social interactions, friendship, connectedness
People in my life care about me.
Subjective wellbeing

*Global life satisfaction*
Single-item, often ladder, measuring satisfaction with life as a whole

*Domain-specific life satisfaction*
Eleven domains identified, drawing upon:

i) Comprehensive review of 1500 psych studies (Cummins 1996);
ii) Theoretical literature (e.g. “requirements for human flourishing” (Alkire 2001, Ranis et al, 2006)
iii) Qualitative research – e.g., VoP, MoP, WED studies in Ethiopia, Bangladesh, Thailand, & Peru.

*Happiness*
Single-item measuring happiness with life as a whole
What can we do with this data?

• Weight the dimensions in a multidimensional composite
• Identify vulnerable groups in terms of psych wellbeing (and intersections among them – e.g. gender & class)
• Relationship between the different psychological and subjective variables
• Interconnections/direction of causality between psych/subj indicators and other dimensions.
• Obtain richer understanding of (non-material) values/behaviors and ‘objective’ conditions.
• Better understanding of adaptive preference
• Understand better the impact of policies on subjective states can thus enhance an understanding of their likely consequences