Defining and Evaluating Child Well Being Domains and Indicators Through The Eyes of Children in Turkey

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SUMMARY

The aim of this research is to understand the subjective experiences of children in Turkey from different age groups, regions, and socio-economic backgrounds, and how they make meaning of their circumstances. This research, therefore, aims to develop child well-being indicators from the perspectives of children in order to advance the nation-wide monitoring of their well-being. The research focuses on how, in each domain, stated indicators are evaluated by the children and whether or not new domains and/or indicators are suggested.

To this end, 562 children from different age groups –including some specific focus on the certain disadvantaged groups- took part in surveys and focus groups.

1 INTRODUCTION

Child well-being, as a multidimensional and a holistic approach, provides a contextual understanding of a child in different domains such as health, material well-being, education, conditions of housing and environment, and interpersonal relations. The child well-being approach puts the quality of life and happiness of the child in the forefront and aims at increasing the capabilities of the child in accordance with the basic indicators in each domain. Well-being is related to self-realization and developing conditions that are necessary for expanding the current and future capability sets of children. The well-being approach, therefore, aims to enhance the capabilities of children by creating national and comparative (international) indicators to monitor these domains.

Social indicators, which focus on the lives of children in a holistic way, have been introduced recently as subjects of research (Ben-Arieh et al., 2001). Theoretical and normative developments have played crucial roles in the constitution and development of the indicators of well-being (Ben Arieh, 2009). The acceptance of children's rights as human rights has been an important development contributing to the process. The United Nations Convention on the Rights of the Child, which went into effect in 1990, has drawn the normative framework for understanding child well-being. The third factor has been developments in methodology. The comparative usability of national data that countries collect and the extension of the fields in which data is collected have enabled comparative studies, contributing to the development of literature in which the subjective perspectives of children are taken into account and studies in which children are active participants (Fattore, Mason&Watson, 2005). Some further points to be mentioned on this issue are that policy-oriented studies have gained value, and child well-being has entered the processes of policy-development as a definition, and indicators have become tools of monitoring (European Commission, 2008; OECD, 2009).

It can be argued that the constitution of indicators of child well-being is a new phenomenon and an approach that has been adopted by a growing number of researchers. The understanding from welfare to well-being has been accepted increasingly both by researchers in the field and by policy-makers. Ben-Arieh states that this process, which can be called 'the movement of child indicators,' has gone through six basic changes in the last 25 years (Ben-Arieh, 2010):

1. The earlier indicators focused on the continuation of the life of the child, while the recent indicators focus on the well-being of the child.

2. The earlier indicators considered the negative outcomes within the life of the child, while the recent indicators focus on the positive outcomes. This is a result of interplay between resources; the risk factors of the child, his or her family, friends and school; and the wider society. These factors are constantly changing, and children actively create their own well-being.

3. The earlier indicators considered the future well-being of the child, while the recent ones focus on the current well-being.

4. The earlier indicators covered the traditional fields, while the current ones take novel fields into consideration. Participation and subjective well-being are recent domains that have been included to the traditional domains of education, health, and social care which also overlap with different professions.

5. The earlier indicators were adult-centered, but the new indicators are child-centered. The children are involved in research now. We actually do not know what those indicators that were suggested by the adults mean for children (Fattore, 2005). Researchers now work to understand children's well-being by focusing on their daily lives and listening to their stories; therefore, children are now accepted as the subjects of research.

6. Within the last few years, joint indexes to understand the well-being of the child have been developed. These indexes serve as a yardstick for policy makers on developing child-focused policies (Ben-Arieh, 2010:15-17).

The discussions on the index continue and there is no consensus on a single index. International studies on measuring and monitoring well-being were based on national data comparable among the countries of the European Union, the CEE, the CIS and the OECD. As two examples, OECD, *Doing Better for Children* (2009), and the European Commission (EC), *Report on Child Poverty and Child Well-Being in the European Union* (2008), are presented below.

Child well-being indexes developed either as national data or for comparative purposes are important statistical tools for evaluating and monitoring the position of children in a society. However, it can be said that looking at indicators that tap into all areas of children's lives is a relatively recent development (Ben-Arieh et al., 2001). National data sets make it possible to compare countries in terms of selected indicators. In addition, having indicators that expand on the traditional domains has added new perspectives to the field. Two pillars support the work on child well-being indicators (OECD 2009). The first one holds that children's well-being is a multi-dimensional concept and thus the economic, political, social, and psychological factors that influence the well-being of children have to be taken into consideration simultaneously. The second pillar states that children have agency in shaping their own well-being. As far as the research on children's well-being is concerned, focusing on children's everyday lives and their stories constitutes an important dimension of the well-being approach.

Including the subjective experiences of children as indicators for well-being and considering them as active participants have enriched the literature. Subjective experiences include how children interpret and evaluate their conditions, and how they express their happiness and deprivation (Frones, 2008). The child-

Table 1: OECD 2009: OECD, Doing Better for Children, OECD Publications (2009).

Material Well-Being	Health	Education	Housing and Environ-mental Conditions	Risk	Subjective Well-Being
Average income of household Number of children in poor household Deprivation in education (owning less than 4) • Desk • Quiet work place • Computer • Software compatible with education • Internet • Calculator • Dictionary • School book	Infancy • Infant mortality • Low birth weight • Rate of breastfeed Early childhood • Rate of vaccination Late childhood • Physical activity Infant mortality • All factors • Suicide	Success in education (PISA average of scores in reading, mathematics, natural sciences) Inequality in achieving success (average rate of 3 PISA score between the 90th and 10th percentages) Results of youth labor market (percentage of youth neither enrolled nor employed between the ages of 15-19)	Crowded household/ housing • Personal/private room/ rooms for himself/ herself Environmental conditions • House in noisy environment/Noise outside house • Dirty, polluted neighborhood	Smoking • Rate at the age of 15 Drinking • Rate of being drunk more than twice between the ages of 13-15 Adolescent pregnancy • Rate of giving birth between the ages of 15-19	Quality of school life • Rate of children experiencing/subject to physical violence, bullying • Rate of loving school

Table 2: European Commission 2008: EC, Report on Child Poverty and Child Well-Being in the European Union, 2008.

Material Well-Being	Health	Education	Housing And Environ-mental Conditions	Risk	Subjective Well-Being
Indicators type A Income poverty • Child poverty • Child relative poverty/ risk gap for children • Risk of permanent child poverty • % of employed household child poverty • % of risk of permanent poverty for children Work/employment • % of child living in unemployed household • Effect of being employed on parenting Indicators type B Economic deprivation • Deprivation of basic needs • % of children who cannot have a one-week vacation • Deprivation of education and cultural activity Indicators type C Child care • Child care • Fulfillment of needs Child Income Poverty • Number of children in absolute poverty • Risk of poverty among children	Indicators type A • Life expectancy at birth Indicators type B • Infant mortality • Low birth weight • Body mass index • Access to health care • Rate of injury • Rate of suicide • Daily breakfast/ protein intake Indicators type C • Low birth weight • Rate of breastfeeding for 6 weeks • Vaccination • Dental problems • Physical activity • Consumption of vegetable/fruit • Overweight • Emotional health • Chronic disease • Contagious disease • Accident at school	Indicators type A • Early school drop-out • PISA score for reading • PISA score for mathematics • PISA score for natural sciences Indicators type B • Rate of student/teacher • Accessible child care after school • Usage of computer/ internet in school Indicators type C • Rate of failure in secondary school • Difference of reading ability between the most advantaged 25% and the most disadvantaged 25% • %e of graduation score for compulsory education • Graduation from/ Finishing secondary education • % of centers for pre-school education • Usage of computer/ Internet in and outside of school • Rate of youth neither enrolled nor employed between the ages of 15-19 • Health service in school • Lunch service in school	HOUSING CONDITIONS Indicators type B • Comfort of housing • Deficiencies of housing • Area provided by housing Indicators type C • Rate of children living in crowded housing • Rate of children aged 0-18 with private room • Rate of children living under standards ENVIRONMENTAL CONDITIONS Indicators type B • Economic deprivation in the context of local environmental conditions (EU-SILC) Indicators type C • % of children aged 0-5 /parents content with the playing grounds in the environment • % of youth with good recreation opportunities • % of children aged 6 not enrolled in pre-school education due to lack of school • Clean air, environmental toxin inside/outside of house • Climate of the environment	Indicators type B • Truancy • Adolescent pregnancy Indicators type C • Being subject to violence • Behaving risky • Adolescent pregnancy • Frequent consumption of alcohol • Rate of children smoking aged 11-15 • Rate of smoking during pregnancy • Rate of substance abuse • Rate of children offered substance • Rate of children aged 15 involved in crime • Rate of suicide, self-injury between the ages of 10-24 • Rate of children beaten/misbehaved by teacher or other children between the ages of 10-18	Social participation and family environment Indicators type B • Rate of children meeting family members for less than once per month • Family and friends being away • Rate of children with less than three friends • Social participation of children • Access to extracurricular activities Indicators type C • Rate of participation to free-time, cultural and educational activities during schooling • Dissolution of family • Well-being in school • Well-being at home • Rate of children feeling safe in school • Rate of children satisfied with class environment

centred understanding leads to child-centred indicators instead of adult-centred ones. Thus, the debate continues on which factors should be included in the determination of well-being, and which sets of indicators should be included in this process.

The aim of this report is to evaluate and define child well-being domains and indicators through the eyes of children in Turkey. The concept of 'well-being' allows for monitoring children's capabilities both in subjective and objective terms. In order to produce relevant indicators of child well-being for the development of nation-wide monitoring of children's well-being in Turkey, this project aims to conduct research for understanding children's subjective experiences, and how they make meaning of their circumstances and of their well-being. In this report, the goal, based on the field research and verification phase, is to reflect children's priorities in different domains of well-being. This is an important stage in the process of setting the national indicators for child well-being. Moreover, the findings constitute an important contribution to the literature on child well-being in general.

RESEARCH DESIGN

Child well-being is used both as a measurement and as an analytical tool for understanding children's present and future lives. The approach also provides a new methodological perspective to the studies which focus on the development of children. The future well-being of the child is no longer the only goal as the recent well-being indicators also focus on their current well-being. The new indicators are child-centered, since they bring novel fields of well-being into consideration such as subjective well-being and participation in the traditional domains.

The child well-being approach emphasizes the importance of children's subjective experiences and tries to develop methodological tools for including their perspectives. Children are actively involved in studies and their voices are heard. They are active individuals within society and their lives are influenced by the social conditions, social networks, and resources around them. Still, they are also the subjects of their own well-being. According to the well-being perspective, they are treated as subjects, not objects, in the research. The research design, therefore, takes the perceptions of the children as its focal point.

In the first study conducted in Turkey based on international literature, eight domains were determined, and sets of indicators related to these domains were developed. These domains were Material Well-being, Education, Health, Risk and Security, Housing and Environment, Participation, Relations and Subjective Well-Being (Uyan-Semerci et al., 2012). Although the constitution of the indicators and the variables under the domains were based on the indicators and the variables in international comparative indexes, the characteristics of Turkey were also given attention. Though the domains are analysed separately, the main approach is that all of them are in relation to each other and child well-being can only be understood from this holistic perspective. With this understanding in mind the domains were reduced to five as being health, material well-being, education, risk, and relationships. However, the study was designed to cover all the indicators of the beforementioned eight domains within these five. Since the study focused on 'subjective well-being', this domain was not addressed separately. Subjective well-being cross-cut all of the domains. It also complies more with the main principles of the 'well-being' approach. 'Housing and environment' was covered as part of the domains 'material well-being' and 'risk.' 'Participation' was addressed as part of the domains of 'relations' and 'education.'

The aim of this research is to understand the subjective experiences of children in Turkey from different age groups, regions, and socio-economic backgrounds, and how they make meaning of their circumstances. This research, therefore, aims to develop child well-being indicators from the perspectives of children in order to advance the nation-wide monitoring of their well-being. The research focuses on how in each domain, stated indicators are evaluated by the children, and whether or not new domains and /or indicators are suggested.

Since the research sample was formed by means of snowball method, the answers of the participant children cannot be generalized for all children living in Turkey. However, the questionnaire, designed and improved according to feedbacks, can be applied as a sample representing children living in Turkey, allowing the formation of generalizations.

The findings of the research were discussed in the workshop organized by UNICEF Turkey, and a verification phase was conducted afterwards. The questionnaire and data requirement sheets were reformulated using the findings of the field research and insights of the participants in the workshop. Updated version of the questionnaire was finalized, and, as suggested by UNICEF Turkey, the participants of the 14th National Child Forum completed the final version of the questionnaire. The findings of this final stage are also included in this final report.

IA:
The Preparatory Phase

Literature review and preparation of a child-friendly survey: Going over the existing literature and different well-being indexes, self-completion survey/s were prepared by the research team having taken age and other differences (working children, disability, etc.) into consideration in order to explore what children prioritize for their well-being. The questionnaires were prepared by using the findings of two well-being studies in Turkey: Uyan Semerci et al. (2012), and Muderrisoglu et al. (2012). These two studies had already gone over the literature, and Uyan Semerci et al. (2012), though they focused only on Istanbul, tried to come up with relevant indicators for each domain to create a well-being index for Turkey. The questionnaire, therefore, is based on prior research. Three versions of the questionnaire were developed, taking age differences into consideration. After pilots had been conducted, the questionnaires were finalized.

Phase IB:
Data Collection

The team collected data using a mixed methodology, defined as 'evaluative focus group discussions.' This methodology served to incorporate different strengths of both qualitative and quantitative methods as a part of the evaluation process. The logic behind this methodology was to collect quantitative data from participants and enrich it with qualitative insights. Hence, as findings were not limited to raw figures, the researchers were able to improve their methodology and tools.

This methodology was based on a two-staged data collection strategy. The first stage was a typical, self-completion survey where participants completed questionnaires prepared by the research team. The questionnaire included close-ended questions and was prepared in a child-friendly manner.

The level of literacy and academic success influenced the way the children reacted to the questionnaire. This was not something particular to our study. Whenever one asks children to fill out forms, those who are academically successful do it happily and carefully. The second point that needs to be stated on this point was the danger for the children to consider the survey as yet another type of exam. We

repeated in every focus group that there was no right or wrong answer, but still there were some cases in which some children wanted to finish first or, though rarely, tried to look at a friend's answers.

A second stage of data collection procedure followed the self-completion of the questionnaires distributed by the researchers. The participants completed and returned them to researchers. After a short break to rest, the second stage started in the form of a focus group discussion. The researcher, acting as moderator, read the completed questionnaire and asked the children to talk about their answers without demanding their recorded answers. The discussions were recorded after the permission of the participants was secured and transcribed afterwards. By asking follow-up questions and preparing a floor for discussion, the researcher sought to understand the reasoning and implicit motives of participants in answering questions. The focus of each group was changed depending on its characteristics, such as their working or living conditions.

We organized meetings in each province, with the participation of children, and used the above-defined methodology in the data collection phase of the project. The average number of

participants per session was ten, which is the optimum number for organizing groups and providing a fruitful environment to collect qualitative insights.

As stated above, since the participants of the research were not chosen through random sampling, no generalizations can be made for children living in all parts of Turkey based on the results. The findings of this phase of research were discussed in the workshop organized by UNICEF Turkey, and a verification phase was conducted afterwards. The questionnaire and data requirement sheets were reformulated using the findings of the field research and insights of the participants in the workshop. Updated version of the questionnaire was finalized, and, as suggested by UNICEF Turkey, the participants of the 14th National Child Forum completed the final version of the questionnaire. The findings of this final stage are also included in the second part of the report.

▶ **Instruments**

Two different instruments were used in the data collection phase. The first was the self-completion of the questionnaire prepared in a child-friendly format, composed of close-ended and open-ended questions that did not take more than ten minutes to complete. Each

participant completed this questionnaire. The quantitative analysis was based on this phase. We also collected background information about the participants through a small demographic survey.

The second instrument was the focus group discussion, for which a moderation guide was used by researchers. The guide was composed of questions that had been asked in the previous phase and some prompts for eliciting qualitative data and motivating the participants to share their ideas. The major objectives of this guide were to understand the response mechanisms of the children, their understanding of major concepts related to their well-being, and to discuss further possible indicators of their well-being. The focus group discussions were recorded, transcribed after the sessions, and the transcriptions were analyzed.

▶ **Participants**

We conducted this data collection exercise with the participation of 10 children in each session. The participants were recruited with the cooperation of local partners such as civil society organizations and educational institutions. Sessions were held in schools or similar places.

The field research was designed

with this aim using both qualitative and quantitative methods:

In seven provinces—each from a different region (+Düzce -with the aim of reaching to children of seasonal agricultural workers) — three different age groups of ten children (8-11; 12-14; 15-18), 562 in total, completed questionnaires (three different versions due to age differences).

Focus groups with ten participants, 40 in total, were conducted. The focus group studies were an important means to hear the voices of the children. They had the chance to state their own ideas on the issue. How participant children evaluated the questionnaire and what they saw as the missing points were discussed

during every focus group. A discussion on each domain- with the drawing of a happy child, unhappy child in school/ at home/in the neighborhood- was conducted, plus three in-depth interviews (two disabled children and one child working in the agriculture sector as a seasonal worker) were conducted.

Children of disadvantaged groups were also included:

- Children with disabilities
- Roma children
- Working children
- Seasonal child workers in agriculture
- Children living in villages
- Children of forced migration
- Children staying in dormitory

It was difficult to make generalizations, especially on the issue of well-being, considering the differences among, for example, children living in rural/urban areas, children of internal migrant families, disabled children, children under institutional care, or working children. With the aim of reflecting the diversity as much as possible, the above groups were included.

The results were summarized by first stating the findings of the quantitative research and then by noting the major points stated in the focus groups for each domain.
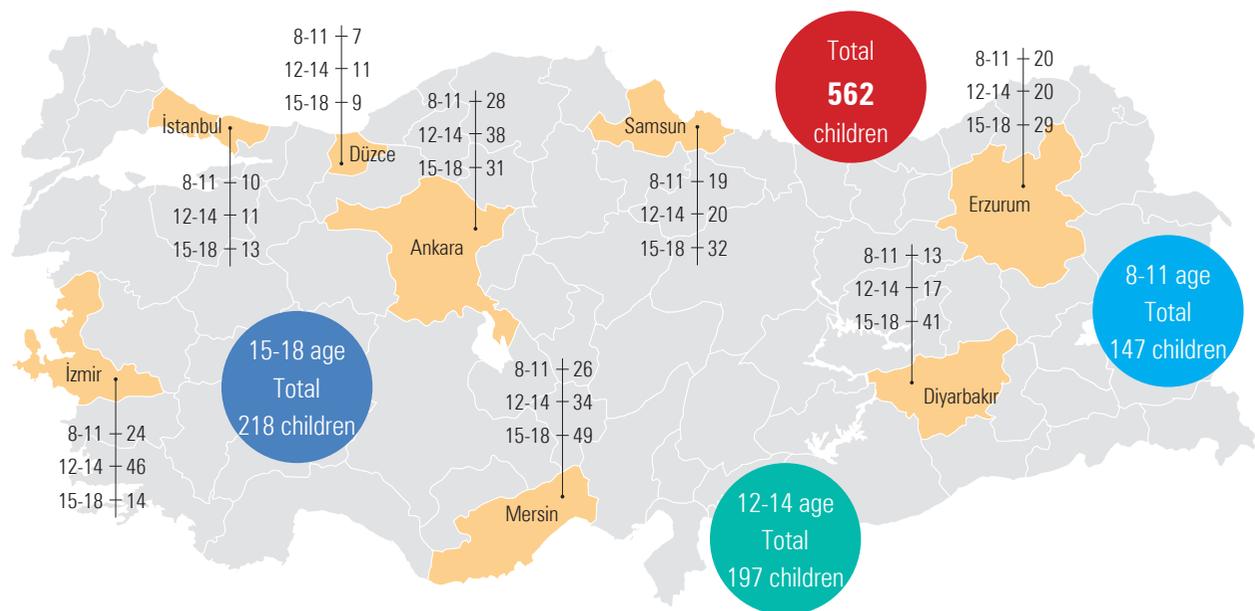
Distribution of participants across provinces

The major demographic characteristics of participant children included an equal number of males and females, with an average age of 14.

Twenty-six percent were between the ages of 8 and 11, 35 percent between 12 and 14, and 39 percent between the ages of 15 and 18.

Twenty-three percent had fathers who were graduates of tertiary education, while this ratio was 19 percent for mothers.

The first phase of data collection had three components. A survey conducted by means of a self-completing questionnaire was the first stage. The children were expected to answer two different sets of questions. All participants picked three options from a given list, without ranking. The participants from the 12-14 and 15-18 age groups were asked to rank the three options according to importance. The project team decided against assigning an ordering exercise to the youngest age group so as not to create an extra cognitive load on them.

The Figure s below present the priorities of all of the children (the percentage of those who picked the given options) and rankings attributed by the two older age groups.

FINDINGS OF THE FIELD RESEARCH

The first tool used in the field research was the questionnaire aiming to discover the factors that 'make a child happy or unhappy.' As stated above, the children were not asked about what made them happy or unhappy, but what might make an imaginary child so.

The graphics in this part depict the percentage distribution of the selections of the children from the list of 'factors that can make a child happy or unhappy.' In addition, the order of factors chosen by the children in the age groups of 12 to 14 and 15 to 18 was presented.

As mentioned earlier, eight domains, *Material Well-Being, Education, Health, Risk and Security, Housing and Environment, Participation, Relations and Subjective Well-Being* (Uyan-Semerci et al., 2012), which were suggested in the first study on child well-being in Turkey, were reduced to five domains as Health, Material Well-being, Education, Risk and Relations. However, the study was designed to cover all the indicators under the before mentioned eight domains within these five. Since the study focused on 'subjective well-being,' this domain was not addressed separately. Subjective well-being cut cross all of the domains. It

was also in greater compliance with the main principles of the 'well-being' approach. 'Housing and Environment' was covered under the domains 'Material Well-being' and 'Risk.' 'Participation' was addressed under the domains of 'Relations' and 'Education.' A questionnaire was devised that included questions about all of the domains, based on both the sets of indicators under these domains mentioned in international studies and the first study conducted in Turkey. Moreover, the questionnaire forms were tested with a pilot study that checked whether the sentences and definitions could be understood by children. Some sentences were revised to make them more comprehensible.

▶ **Health**

Measuring health is a difficult job if one tries to understand well-being from the child's perspective. One of the basic domains of child well-being is healthy physical and psychological development. The domain of health involves more objective criteria such as the child's physical health indicators, accidents, access to health institutions, nutrition and habits starting from before birth. In addition, this domain includes how health affects social participation, how it is experienced by the child, and how the child perceives health

conditions subjectively. Thus, in the conceptualization of child well-being, the data should include the child's condition of health objectively along with a subjective evaluation of his or her condition of health from the child's own perspective (Ben Arieh et al., 2001). As our study focuses on the child's perspective, we sought to determine the main indicators of health through the child's eyes.

The first domain aims to reflect the perceptions of the participant children on health. More than two-thirds of the participants chose 'feeling energetic and powerful' as an indicator of being happy. The second and third characteristics of a happy child were 'having a positive outlook (mood)' and 'being able to do any sports activity', as more than half of participants listed both. The fourth characteristic was being clean, with a score of 43 percent. As far as the leading four characteristics are concerned, we can say that children gave preference to three different aspects of health: being energetic /powerful and the ability to participate in sports activities represented physical fitness, while positive outlook was an indicator of mental fitness. Being clean was a behavioral act.

The above Figure presents a comparison of the preference and importance of the listed characteristics of a 'happy' child in the health domain. The Y axis presents the average importance of the characteristics, calculated by the rankings of children in the 12-14 and 15-18 age groups. '3' indicates the highest importance and '1' the lowest. The X axis shows the percentage of children (12-14 and 15-18

Figure 1.1. Domain 1: Health

Figure 1.2. Domain 1: Health: Preference vs. Importance
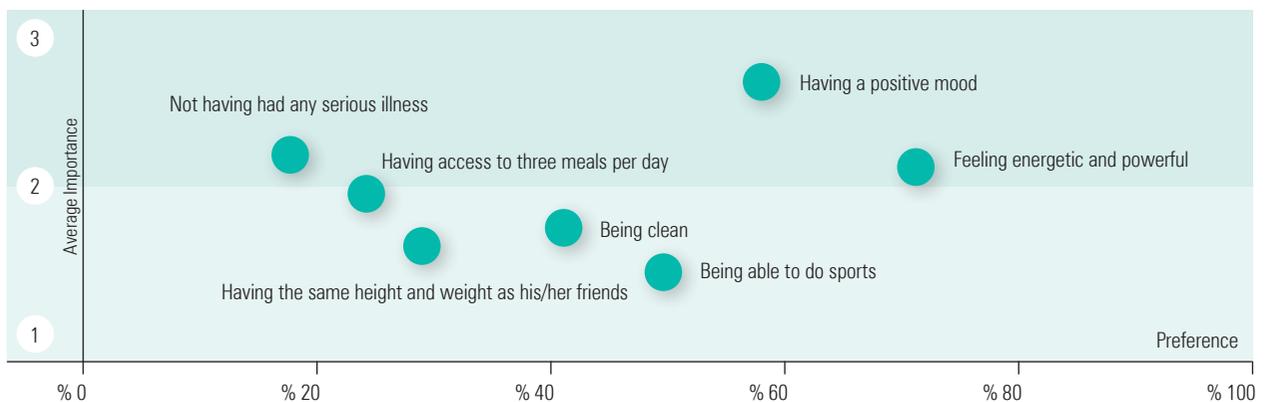
age groups) who indicated these items as characteristics of a happy child.

The two characteristics located in the right quadrant of graphic, 'having a positive mood' and 'feeling energetic and powerful' have relatively higher importance among the scores and were preferred by more than two-thirds of the children. This means that these two issues formed a common ground for participants. Meanwhile, the third most preferred issue, 'being able to perform any sports activity' had a higher preference score although its importance was relatively low. The opposite case was true for not having experienced a serious illness. This item was preferred by only 20 percent of the children, but those who preferred this item attributed to it a relatively higher level of importance. We can say that participating in sports activities was an issue for everyone at a lower level of importance, while not having experienced a serious illness was an important issue for a few children.

It should be noted that the fact that most of the children who participated in the survey were healthy probably affected the way they conceptualized and prioritized the domain of health. Psychological well-being, in the sense of having a positive mood, was repeatedly mentioned. In the focus groups, being teased with respect to being 'overweight' or 'being too short' was also noted. The social exclusion dimension of the health issue was also stated. Although two in-depth interviews and one focus group study with disabled children were conducted, the domain of health requires further research, especially for unhealthy children. This domain in fact shows *how when it is lacking, it endangers well-being substantially, but how its existence does not guarantee well-being or happiness*. The health of family members, or their chronic illness or disability, was also stated as a point that endangers the well-being of a child:

> "If a family member cannot move or cannot do what s/he needs to do, then the family is blocked, as the duty creates an obligation for other members of the family".
> (12-14 female children)

▶ Material Well-Being

The perceptions of children about material well-being can help us to access the actual experience of the children in terms of how economic conditions create a sense of vulnerability in their minds. A study conducted in Turkey about the indicators of child well-being must focus on child poverty and the multi-dimensional threats it poses to child well-being.

Although the literature on well-being is building with a more focus on 'well-being' than 'being' (Ben-Arieh, 2010), poverty is still vital for Turkey. Poverty, first of all, can deprive the child of the right to live. Children living under the conditions of poverty and deprivation face a growing risk with the combination of all factors such as environmental conditions, schools accessed, conditions of schools, and health services. Material well-being is addressed in the literature extensively, since it is the most convenient domain with which to compare countries according to national data. It should be stressed that this study sought to determine the indicators in a way that would allow us to understand the effects of material well-being from the perspective of the child.

The above Figure presents how the participants indicated the characteristics of an unhappy child in the domain of material well-being. Two characteristics were preferred by 60 percent of the participants, 'being able to go on holidays or trips,' and 'having old clothes.' Other characteristics were less preferred as characteristics of an unhappy child. We can think that holidays and clothes are simple indicators of symbolic capital in Bourdieu's terms, or A. Smith's statement 'to appear in public without shame.' More direct indicators such as pocket

money or being able to shop from the canteen were less preferred. Working after school was preferred by 41 percent and having to look after younger siblings was indicated by one-third of the participants as characteristics of an unhappy child.

According to the above Figure, 'having old clothes' was the point stated most often with respect to importance and preference. Enjoying holidays or trips received a relatively lower score of importance. An interesting finding is that 'having

to work after school' was stated less often (more than 40 percent), while its importance was the highest in these age groups. It seems to have been the most important problem for only a few. Further analyses may give a better idea about this variance.

The above Figure shows that children emphasized three leading issues in the domain of Living Conditions as contributing factors to a child's happiness. The leading one was 'having a room and table at home' (63 percent), which

was an unexpected finding because the average number of rooms in an ordinary household has increased overtime and is between 2-3 rooms in urban areas. These findings may be interpreted as a demand for further privacy or lack of even basic needs such as a desk. Two more characteristics had percentages greater than 50 percent: 'living in a house with adequate heating' and 'having a computer and internet connection.'

In the focus groups, certain goods were stated, such as cell

Figure 1.3. **Domain 2:** Material Well-Being
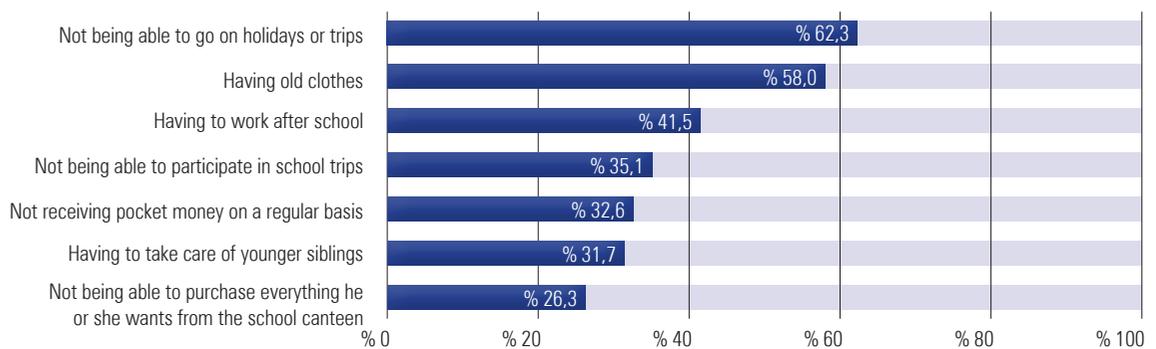
Figure 1.4. **Domain 2:** Material Well-Being: Preference vs. Importance
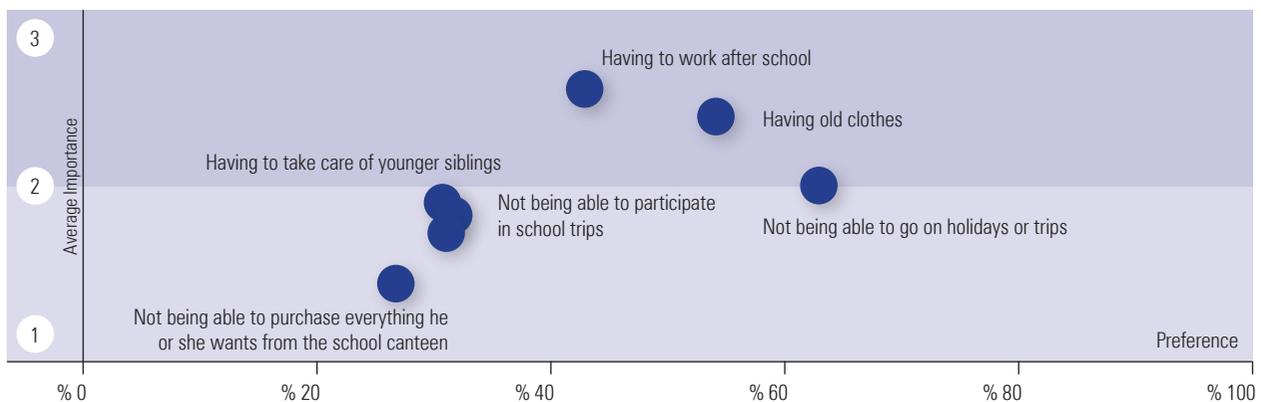
phones and computers, but also events such as school trips and celebrating or not celebrating birthdays were discussed. The hardship of not having enough money to go out with friends and therefore, not being able to socialize was often stated by the vulnerable groups:

> "When we are with our friends, if we do not have money in our pockets, if our friend pays, we feel humiliated".
> (15-18 Male)

Different statements on how they felt about 'working in and outside home' depending on the issue of gender, working conditions, and their family's economic situations are noteworthy. These items need to be further elaborated as they show why subjective and objective well-being should not be conceptualized separately, a point that will be discussed below in the discussion on the domain of Risk.

Figure 1.5. Domain 2: Material Well-Being: Living Conditions

	%
Having a room and a table at home	% 63,3
Having a computer and internet connection	% 56,2
Living in a house with an adequate heating	% 56,2
Having his or her own bed	% 39,3
Having a place to play in his or her neighbourhood	% 32,2
Having good, trustworthy neighbours	% 27,4
Not having an overcrowded house	% 19,9
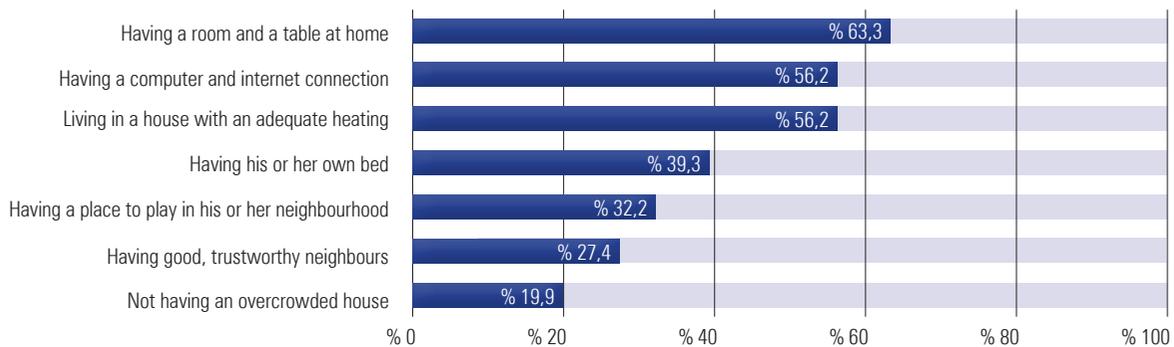
Figure 1.6. Domain 2: Material Well-Being

	%
Family providing support for hobbies	% 58,4
Family being able to easily afford educational expenses	% 53,7
Parents not having problem maintaining the needs of the household	% 52,1
Parents having regular jobs	% 44,3
Parents having no outstanding debts	% 42,5
Family not being relied on others for help	% 38,8
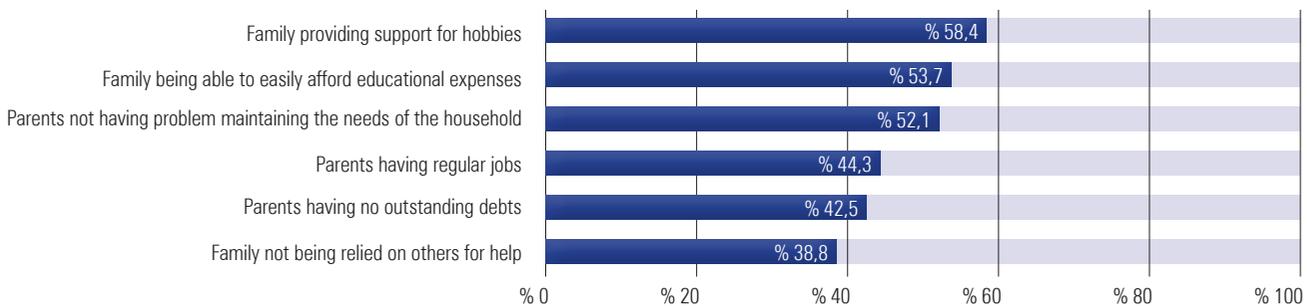
▶ Educational Well-Being

Education is one of the domains that determine the present and future quality of life and well-being of children the most. The domain of education should be addressed comprehensively. This domain includes indicators like access to education, duration of education, status of success according to the quality of education, and the contribution of education to adulthood. In the framework of the study, we focused on how all these indicators were perceived and which points were emphasized by the children.

According to the participants, getting good grades was the leading indicator of happiness in the domain of education. This item was indicated by three quarters of the participants. The other items were picked between 35 percent and 53 percent of the time, presenting an even distribution. Our findings show that about half of children indicated non-discriminatory behavior on the part of the teacher as a reason for happiness. The teacher's behavior, being patient or not, was also important. It seems that a more supportive teacher significantly contributes to the well-being of children.

The above Figure shows that academic performance was the most important indicator of well-being for the children, with high levels of average importance and preference scores.

Since ranking questions were only reported by the age groups of 12 to 14 and 15 to 18, this Figure reflects the perceptions of children from these age groups. As distinct from the previous Figure , it shows that school attendance and ability to attend a school of his/her preference are relatively important characteristics of a happy child.

When we examine school infrastructure, we see no significantly leading indicator of happiness according to the participants. The participants

Figure 1.7. **Domain 3:** Education
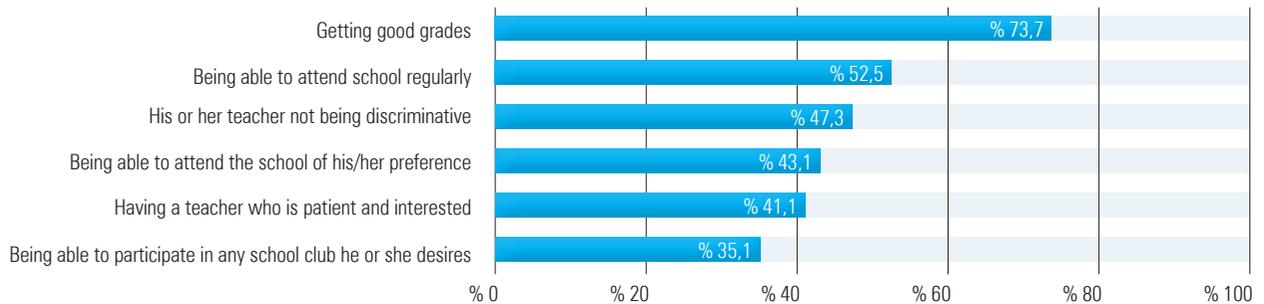
Figure 1.8. **Domain 3:** Education: Preference vs. Importance
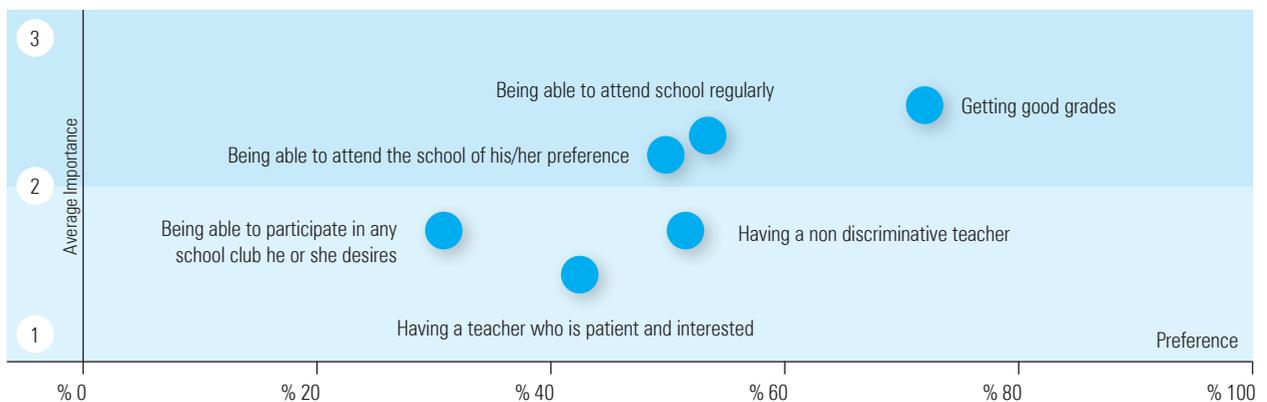
picked two correlated items in the domain of school infrastructure, a clean and big garden and areas for doing sports, at a rate of 55 percent.

Other items were less emphasized by them. 'School building being sufficiently heated' was not seen as a factor influencing the child happiness.

In almost all of the focus groups, getting good grades and discriminatory or unfair treatment by teachers were cited as two important indicators of happiness/unhappiness. The issue of discrimination was explained in detail with respect to being successful or not, economic status, and teacher-parent relations:

> "Discrimination creates unhappiness." (15-18 male)
>
> "Discrimination means showing more interest in, paying more attention to people of higher economic status." (12-14 female)
>
> "For example, I forgot to bring my project and (s)he got very angry; but when another friend did the same thing,(s)he did not say a thing." (12-14 female)
>
> "They always concentrate on the hardworking students, they do not pay attention to the lazy ones." (12-14 female)
>
> "Let's say that his/her grade is 100 and the other's is 20. So, not to give chocolates or candy to the person who gets 100, to give both equal amounts. If you give two pieces of candy, then to give two pieces of candy to the other one." (8-11 female)
>
> "To behave well towards the students, similar to how they treat those who are in the West [part of Turkey.]" (15-18 female)
>
> "(S)he is the child of important people, teacher bestows privilege on her/him." (12-14 male)

Figure 1.9. **Domain 3:** Education-School Infrastructure

Figure 1.10. **Domain 3:** School Infrastructure: Preference vs. Importance
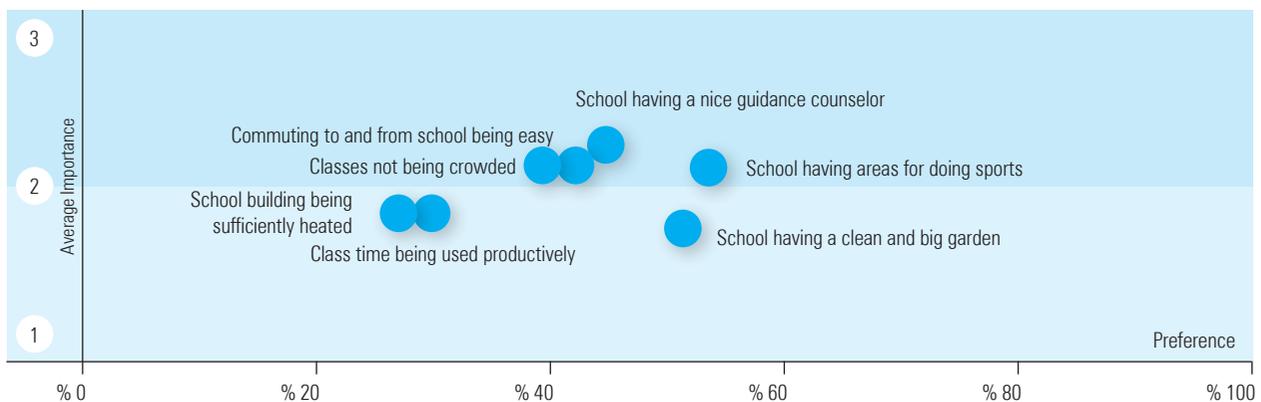
The attitudes and behaviors of teachers were also cited as reasons for happiness or unhappiness at school: shouting, beating, whether the teacher was patient or not, whether the teacher had the time and energy to make jokes were all given as examples of things the students liked or did not like.

The children pointed out that the questionnaire did not ask about exams, which were a crucial part of their lives, or mention the recent changes in the education and exam systems.

▶ Risk

All kind of problems, dangers, and obstacles that prevent the development of children can be defined as risk. An important part of the factors that can be termed as risks for the development of children can be present in the family structure. Particularly in modern social conditions where urban life is widespread, risks outside the family are observed to have spread out as well. Domestic and non-domestic child labor, children working on the streets, and children forced into crime, all belong to a group of children at risk. Our study aimed to identify how children perceive these risks and which dimensions they emphasized more.

In a different section of the questionnaire, the same exercise of picking and ranking was repeated using different wording. In this section, some items were listed and the children were asked to pick three that they thought would make a child unhappy. All of items were selected from the domain of risk. By using this battery, we tried to understand perceptions of children about risk as a determinant of happiness.

The above Figure shows that the most important threats perceived by children are violence at home and people using drugs. Each item was picked by 60 percent of the participants. Chores were not perceived as a source of threat.

A change in the base of respondents was reflected in the responses collected. For the 12-14 and 15-18 age groups, violence at home was the most frequently indicated threat to the well-being of a child, but its importance was relatively low. Meanwhile, even though the rate of drug usage was relatively low, those who chose this item ranked it in a higher position. Another example was that the rate of importance given to the need to work to earn money was relatively low. Those who have picked it, however, attributed to it a higher degree of importance:

Figure 1.11. **Domain 4**: Risk

Figure 1.12. Domain 4: Risk: Preference vs. Importance
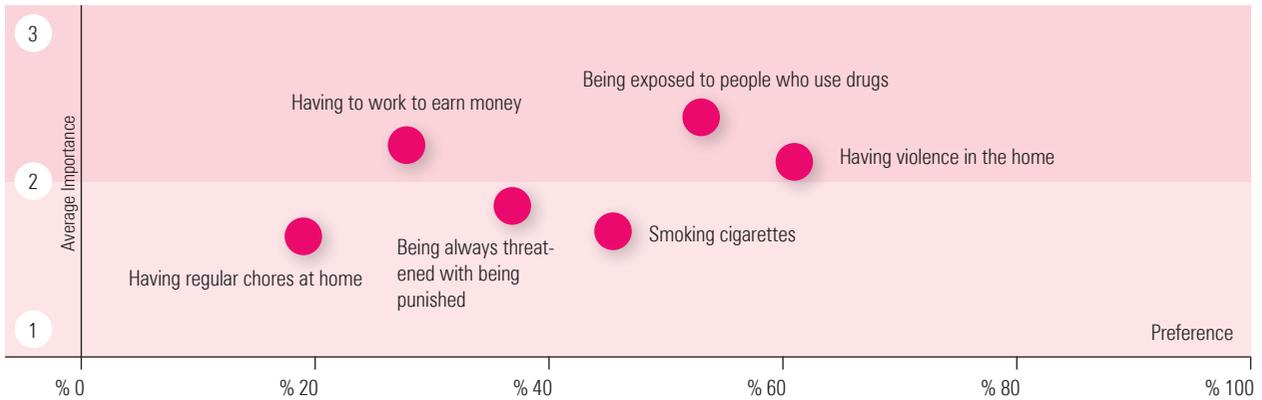
Figure 1.12. Domain 4: Risk: Preference vs. Importance

As the last quote shows, one needs to be very careful in considering how 'working' affects a child's well-being. It may not be seen as a threat to happiness by some of the children as they reported that they gained self-confidence by helping their family and, unlike in the case of their school experience, by being successful in their workplace. Thus this shows why subjective and objective well-being should not be conceptualized separately.

The issue of drugs, smoking, and violence were stated mostly through the examples from the children's own experiences in the focus groups conducted in socially excluded areas. The schools in those areas were also cited as unsafe places.

▶ Relationships

Children play an active role in the constitution of their well-being through the relations they develop with their environment (Bradshaw at al., 2007). The relations that children and youth develop with their environment and the structure and quality of these relations affect their lives profoundly. This study focuses on the 'relationships' of children with respect to their families and friends.

The analysis of the items indicated by the participants in the domain of relationship-family shows that the lack of violence and the existence of dialogue within family were leading indicators of happiness in this domain. These four items were chosen at least by 55 percent of the participants. 'Having someone in the family who helps with studying' and 'parents' keeping track of child's whereabouts at all times' are not among those ones.

Lack of attention from the family, especially parents, was stated as one of the main causes of unhappiness in the focus group discussions. Like health, if it lacks, participant children mention this as the most important point:

> "For example, a kid has some problems in the school, s/he tries to tell her/his parents, but the parents do not care. They just say 'do your homework; do this; do that,' and give some money and send (you off) to school." (8-11 male)
>
> "I wish while they were listening, they would look at my face... When they say something, not to say (just) 'huh, huh' say yes or no." (12-14 female)

Figure 1.13. **Domain 5**: Family Relations

- Having no fighting or violence within the family — % 63,0
- Spending time with parents — % 57,5
- Having someone with whom to share problems — % 56,6
- Perspective being respected within the family — % 55,9
- Having someone in the family who helps with studying — % 42,5
- Parents keeping track of child's whereabouts at all times — % 20,1
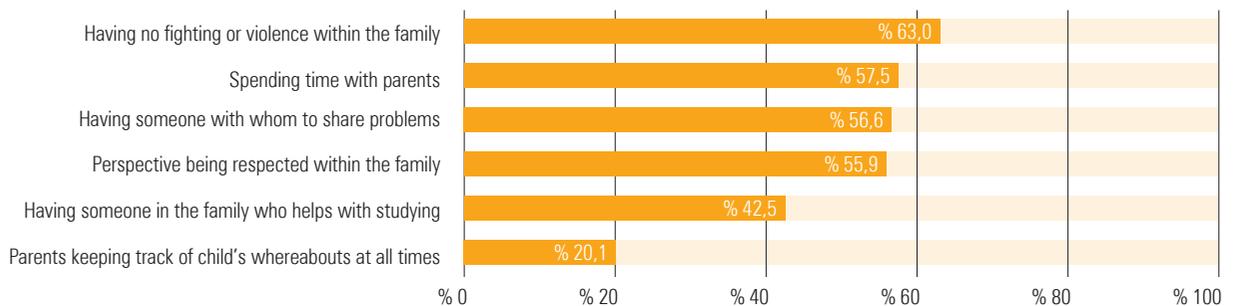
Figure 1.14. **Domain 5**: Family Relations: Preference vs. Importance
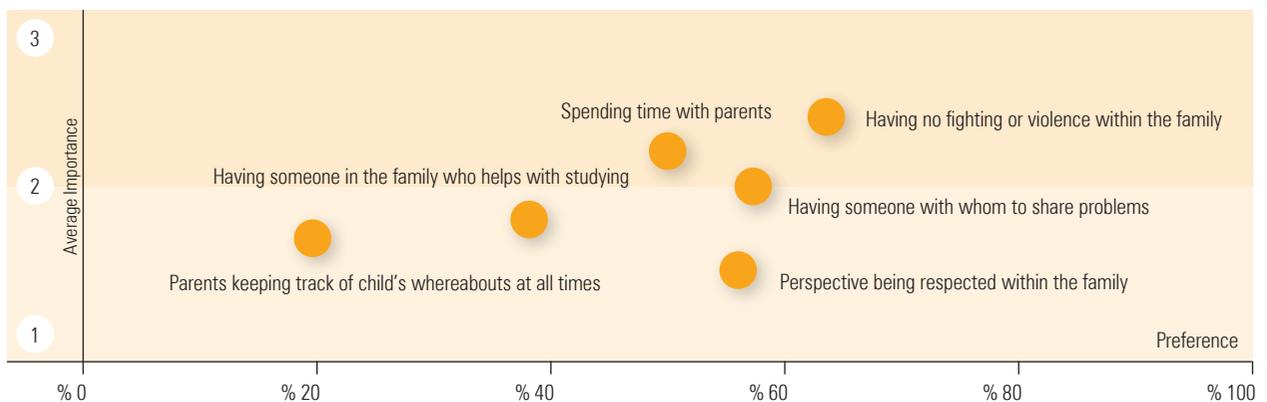
However, if loving and caring parents exist, then the issue of happiness was correlated with other issues. Children also stated that they could not realize their own choices as family pressure on the preferences of the children was common, an important issue brought up by the participants of the focus groups. Some children also emphasized the issue of trust among the family members.

In the domain of relationship-friends, being liked/loved by friends overwhelmingly scored as an indicator of happiness. Almost 80 percent of the participants picked this item. Having friends with whom to share secrets came in second with 65 percent; whereas, having a good time with friends was chosen by 59 percent of the participants.

In focus groups, friends were also cited as important indicators for happiness. 'Getting higher grades compared to one's friends', 'being the top students in the class or in the exam results'; 'competition among successful students' and 'the discrimination between successful and unsuccessful', especially in our education system, were stated by the children with respect to competition among friends.

Figure 1.15. **Domain 5**: Relationship-Friendships
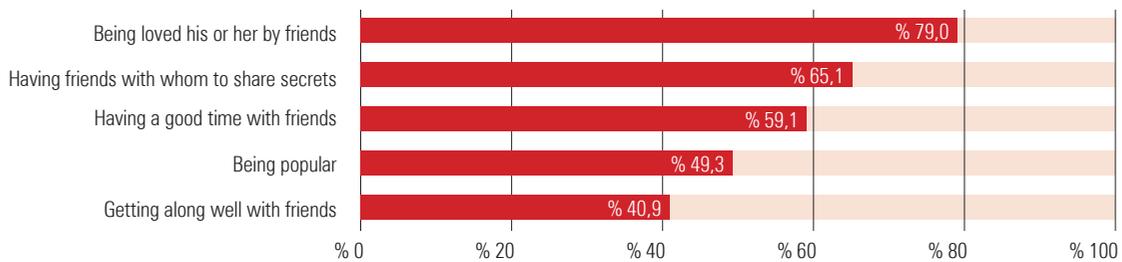
Figure 1.16. **Domain 5**: Relationship-Friendship Preference vs. Importance
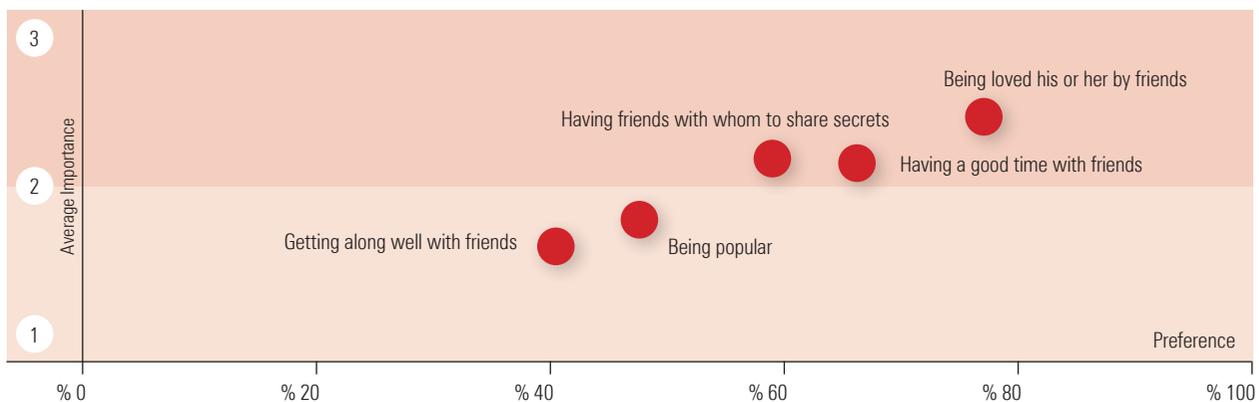
▸ Choice Experiment

The third section of the questionnaire collected data on the relative weights of the different domains. The findings discussed above and our preliminary analyses show that not all items have similar weights concerning indicators of the well-being of children. This is also true for the weights of the domains. Not all of the domains affect children's well-being equally. Consequently, ascertaining the relative weights of the domains is important.

There are alternative methods to calculating relative weights from expert judgment to subjective evaluations. For the purpose of this project, Choice Experiment as a methodology was preferred. In this method, alternative schemes are presented to participants and each scheme is composed of possible alternatives. The participant has to select one of the two alternatives. In our project, we employed five domains with alternatives, adding up to 25 possible combinations. Alternatives were randomly

assigned, and the results were analyzed by a software program. Analysis of the data revealed how relevant the different levels of analyzed attributes is for participants and how the domains have different weights.

In order to facilitate the data collection process, we limited this exercise to five domains: relationship-friendships, relationship-family, material well-being, education (school), and health. In each domain, one statement and its negation were prepared. The domains and statements are listed below:

Table 3: Statements

Domain	Statement	Negation
Friendship	Being popular	NOT being popular
Family	Having someone in the family with whom to share problems	NOT having someone in the family with whom to share problems
Material W.B	Parents having a regular job	Parents NOT having a regular job
School	Having good grades	NOT having good grades
Health	Having the same height and weight with friends	Being smaller or heavier than friends

Figure 1.17: Overall average attributes' utilities

Being popular
NOT being popular

Having someone in the family with whom to share problems
NOT having someone in the family with whom to share problems

Parents having a regular job
Parents NOT having a regular job

Having good grades
NOT having good grades

Having the same height and weight with friends
Being smaller or heavier than friends

■ Friendship ■ Family ■ Material well-being ■ School ■ Health

Each coefficient in each domain shows the average utilities of the attributes. If we speak in a technical manner, these coefficients are 'exponential of beta coefficients of logistic regression,' which means that as someone picks 'being popular' instead of its negation, his/her utility increases 70 points. Similarly, 'having somebody in the family with whom to share problems' has an average utility of 64. By using the above presented utilities, it is possible to calculate the attractiveness of any combination. Not surprisingly, we can calculate the average utilities for any segment we desire or at the individual level.

In our analysis, we used average utilities to calculate comparative importance of attributes in our case domains. The below graphic shows overall importance calculated for all the participants.

According to Figure 18, the most important domain defining a happy child is friends. It accounts for 28 percent of total importance. The second one is 'Family,' with a share in importance of 26. The material well-being domain ranked third and school fourth according to average importance.

Above Figure shows that there are no significant differences in importance scores of domains, these scores are very close to each other; except the health domain. This domain accounts only 4 percent of total importance. Since we try to measure the importance of this domain by using 'having same height and weight with his friends' argument, this relative weakness of the domain may be explained with the weakness of the attribute used as an indicator of health conditions. Our prior discussions show that this characteristic is only picked by one third of participants and its average importance score is less than two; and other statements such as 'having a positive mood' or 'feeling himself/herself energetic' could have more utility. In the verification phase, therefore, we have replaced the statement 'having the same height and weight' with the statement 'feeling good and energetic.'

Figure 1.18: Overall Importance
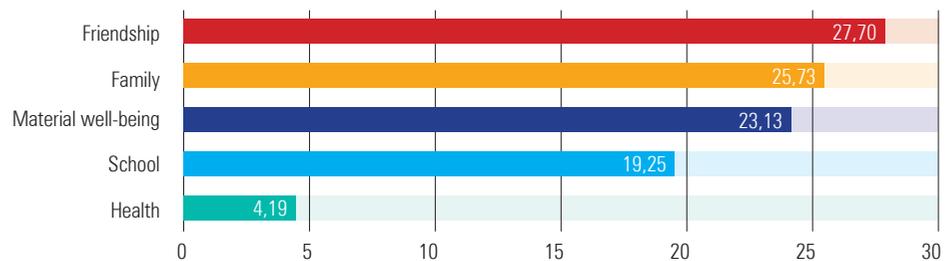
2 FINDINGS OF THE VERIFICATION PHASE

After the workshop organized by UNICEF Turkey*, a verification phase was conducted. The questionnaire and data requirement sheets were reformulated using the findings of the field research and the insights of the participants in the workshop. The updated version of the questionnaire was finalized, and as suggested by UNICEF Turkey, the participants of the 14th National Child Forum completed the final version of the questionnaire.

The aim of the verification was to evaluate the final version of the questionnaire. In order to verify our preliminary findings, the same exercise of picking and ranking three options from a given list was repeated. In order to facilitate this task, some items from each domain were excluded, and the number of choices in the set was reduced. This exclusion was based on the findings of the previous stage of data collection. Items with the lowest frequencies were omitted. The total number of participants was 125. As all participants were above the age 11, only one version of the questionnaire was used.

▶ **Basic Demographics of the Participants**

The major demographic characteristics of participant children:

- The percentages of female and male participants were equal.

- The average age of the participants was 15, with 38 percent younger than 14.

- 25 percent of the children had fathers who were graduates of tertiary education, while this ratio was 10 percent for mothers.

- 53 percent of the participants did not live with their families, while 47.5 percent of them did. 47.5 percent of participant children were in the care of institutions and 5 percent of them reported that they were in 'foster care.'

The figures that follow present the priorities of all children (the percentage of those who picked the given options) and the ranking attributed.

---

* An expert workshop was planned with the aim of discussing and evaluating the findings by the experts of each domain. Noting that what well-being means for a child might be different from what well-being means for an expert, the complete lists of suggested indicators for each domain are provided in the Appendix. Those indicators that reflect children's perspective and priorities, or measurement tools that are developed in order to reflect what participant children have underlined are put in the matrix that is suggested in the 'Conclusion'.

▶ Health

Our first domain is health. Parallel to our earlier fieldwork, 'having a positive outlook / mood' and 'feeling energetic and strong' were chosen as the two leading indicators of 'being healthy' and well-being.

Our first domain is health. Parallel to our earlier fieldwork, 'having a positive outlook/ mood' and 'feeling energetic' were chosen as the two leading indicators of 'being healthy.'

Figure 2.2 presents a comparison of the preference for and importance of the listed characteristics of a 'happy' child in the health domain. The y-axis presents the average importance of the characteristics, calculated by rankings, where three indicates the highest importance and one indicates the lowest. The x-axis stands for the percentage of children who chose these items as characteristics of a happy child.

According to this graph, 'having a positive mood' is the most important characteristics of a happy child, with an average importance score of 2.5 over three. We know that 'feeling energetic and strong' comes second in terms of preferences. Nevertheless, the relative importance score of this item was lower than 'having three meals per day.' Considering this situation, it seems logical to add up this item as the third leading indicator of child happiness in the domain of health.

Figure 2.1. **Domain 1:** Health

Having a positive mood		% 80,0
Feeling energetic and powerful		% 72,0
Being able to participate in any sportive activity	% 48,0	
Having access to three meals per day	% 46,0	
Being clean	% 40,0	

% 0   % 20   % 40   % 60   % 80   % 100

Figure 2.2. **Domain 1:** Health: Preference vs. Importance

Average Importance

Having access to three meals per day

Having a positive mood

Being clean

Feeling energetic and powerful

Being able to participate in any sportive activity

Preference

% 0   % 20   % 40   % 60   % 80   % 100
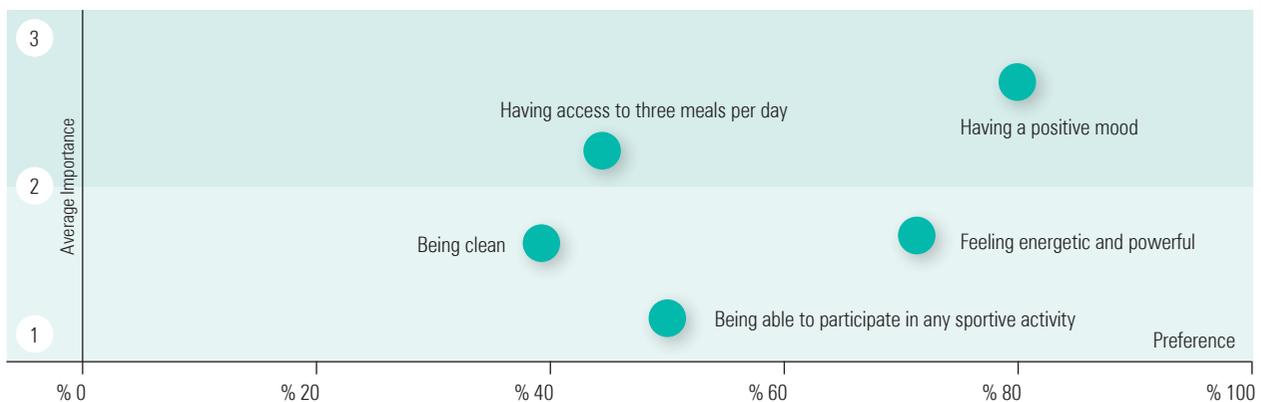
Figure 2.3 presents how participants pick up the characteristics of an unhappy child in the domain of material well-being. As there is a large group of participants who are living in care institutions and foster care, 'wearing old clothes' was chosen by 71 percent of the participant children as an indicator of an unhappy child. This item was placed second in the overall field research. Three other items followed the first one, with percentages of about 56 percent. A consensus exists in this domain, except for the relatively low preference score of 'participating in school trips.'

Figure 2.4 presents some clues about the difference between preference and importance scores. In the previous figure, 'wearing old clothes' is accepted as the most common indicator of an unhappy child. However, the average importance score of this item is very close to that of the other items, about two over three. Meanwhile, despite the fact that 'having to work after school' was singled out by only 60 percent of the participants, it had a significantly higher average importance score, very close to three. It means that this item was very important for those who selected it. Consequently, 'wearing old clothes', 'having to work after school to earn money', 'being unable to go on holidays' and '

not receiving pocket money on a regular basis' may be accepted as good indicators for measuring the happiness of a child in the domain of material well-being.

In line with our findings, three items were selected as the most important indicators of happiness with respect to living conditions: 'living in a house with adequate heating' (66 percent), 'having a computer and Internet connection' (58 percent), and 'having a room and a table' (58 percent). 31 percent of the participants selected 'having a mobile of his/her own'- an indicator that was stated in the research and, therefore, was added in the final version of the questionnaire in the verification phase.

'Living in a house with adequate heating' is the leading indicator both in terms of preference and average importance. 'Having a computer and internet connection' and 'having a room and a table at home" have same scores of preference. However, the first one's average importance score is more than two over three. In addition to these items, we need to add 'having a bed of his / her own' as the fourth indicator because of its higher importance score.

Figure 2.3. Domain 2: Material Well-Being

Figure 2.3. Domain 2: Material Well-Being

Having old clothes — % 71,0
Not being able to go on holidays due to lack of money — % 57,0
Not receiving pocket money on a regular basis — % 55,0
Having to work after school to earn money — % 54,0
Not being able to participate in school trips — % 30,0

% 0   % 20   % 40   % 60   % 80   % 100

Figure 2.4. Domain 2: Material Well-Being: Preference vs. Importance

Average Importance

3

Having to work after school to earn money

2

Not being able to go on holidays due to lack of money

Having old clothes

Not being able to participate in school trips

Not receiving pocket money on a regular basis

1

Preference

% 0   % 20   % 40   % 60   % 80   % 100
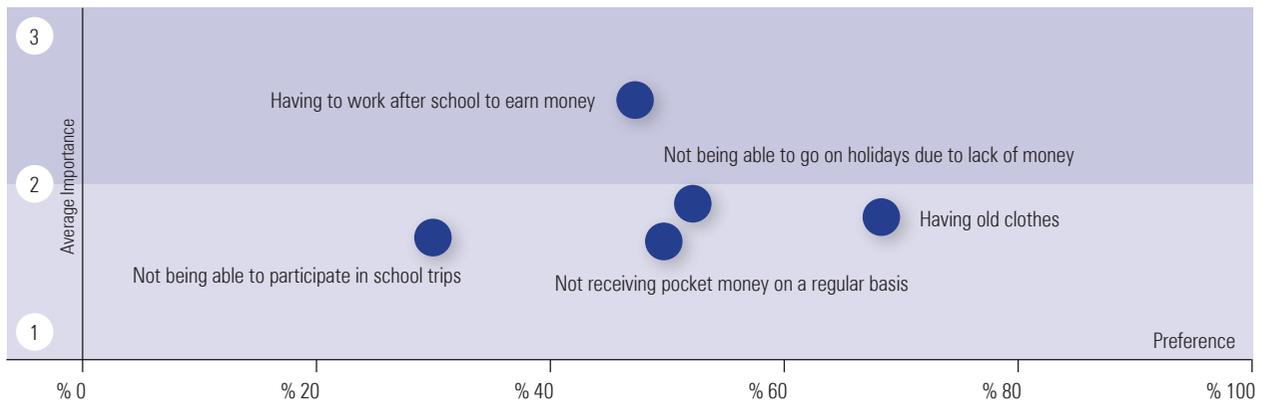
Figure 2.5. Domain 2: Material Well-Being: Living Conditions

Living in a house with adequate heating — % 66,0
Having a room and a table at home — % 58,0
Having a computer and internet connection — % 58,0
Having his or her own bed — % 49,0
Having a mobile phone of his/her own — % 31,0
Having place to play in his or her neighbourhood — % 20,0

% 0   % 20   % 40   % 60   % 80   % 100
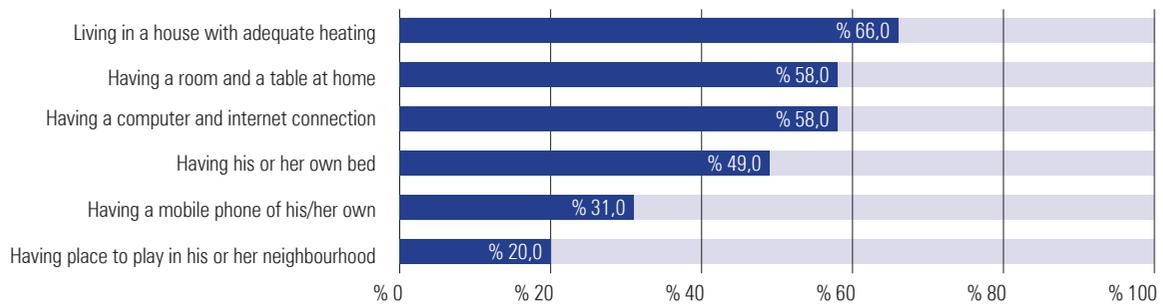
Figure 2.6. Domain 2: Living Conditions: Preference vs. Importance

Average Importance

3

Having a computer and internet connection

Having his or her own bed

Living in a house with adequate heating

2

Having a mobile phone of his/her own

Having a room and a table at home

Having place to play in his or her neighbourhood

1

Preference

% 0   % 20   % 40   % 60   % 80   % 100

Defining and Evaluating Child Well Being Domains and Indicators Through The Eyes of Children in Turkey
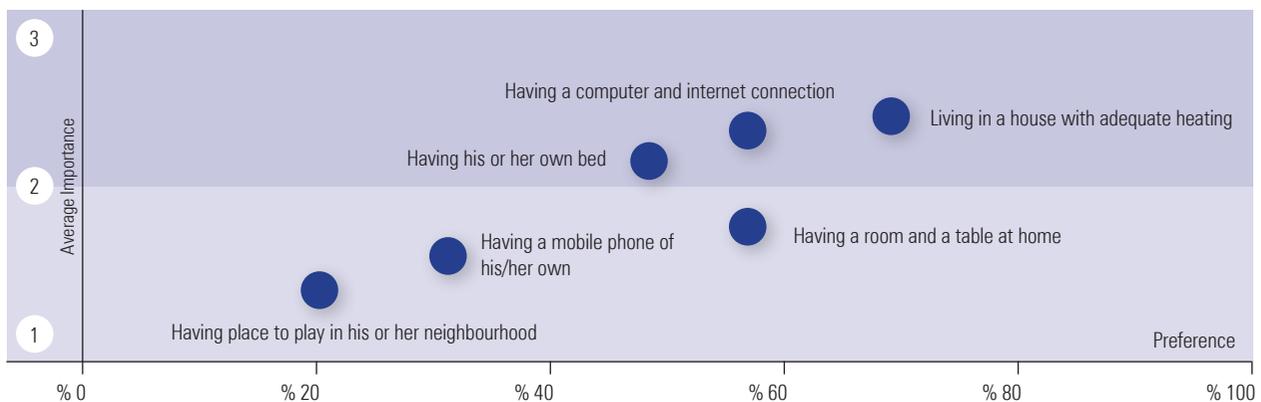
Figure 2.7 presents three leading indicators in the domain of material well-being, with very similar percentages of preference. The ability of a family to pay educational expenses comes first. Being able to realize a hobby and parents' having regular jobs come second and third, respectively, with scores of more than 50 percent. The picture is very similar to the findings of the field research, the only significant difference being that there is more concentration as the field research includes 8-11 age groups.

Figure 2.8 shows that two of three leading indicators have

more importance than the third one: 'Family being able to pay educational expenses', and 'parents' having regular jobs'. The average importance of these two items is more than two over three. 'Family providing support for hobbies' has an importance score less than two, similar to the other items. Since the 'ability to maintain the needs of the household' is located in a higher position on the importance axis, it can be counted as the fourth indicator of material well-being domain.

Figure 2.7. Domain 2: Material Well-Being: Family Conditions
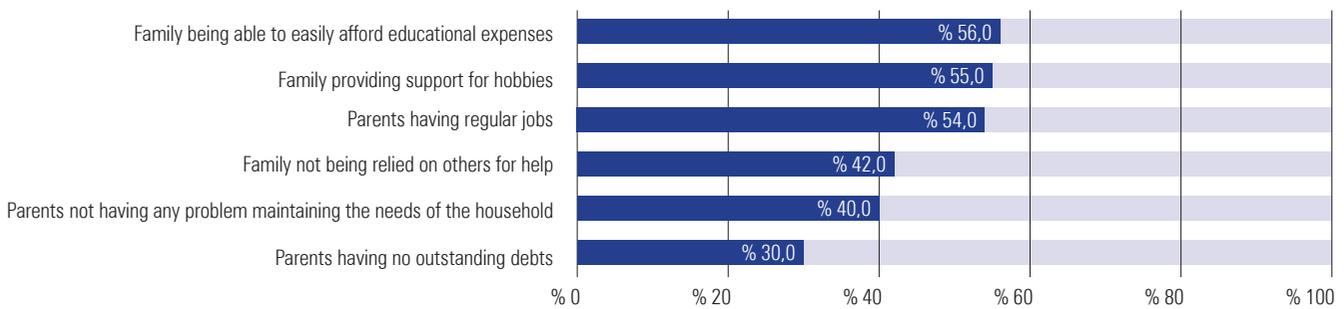
Figure 2.8. Domain 2: Material Well-Being-Family Conditions: Preference vs. Importance
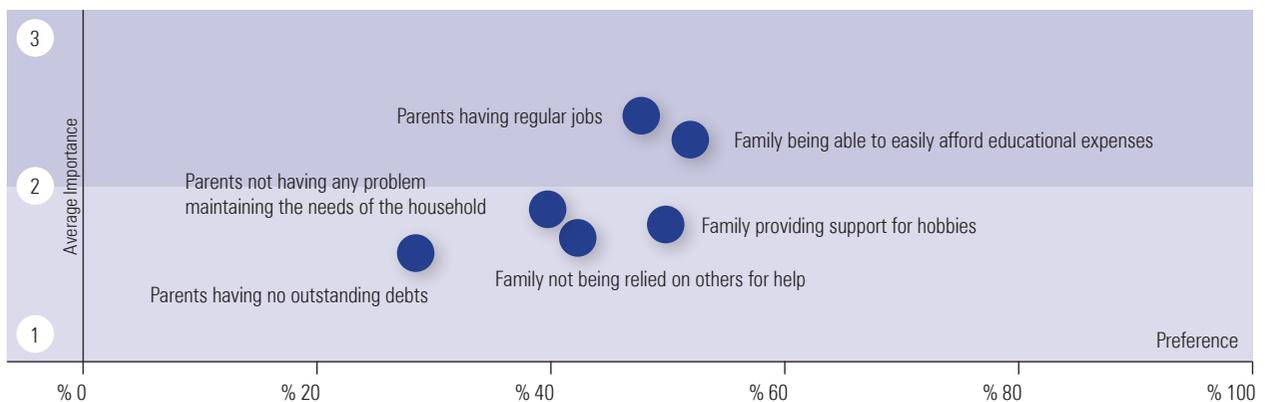
▶ Educational Well-Being

Academic performance, 'getting good grades,' is the leading indicator of happiness in the education domain as stated by three quarters of the participants. Parallel to the previous finding, the current research also shows that about half of children picked 'non-discriminatory behavior of the teacher' as a source of happiness. The other items have lower preference scores.

Figure 2.10 shows that 'not being discriminated against by a teacher' comes first as an indicator of well-being as a result of its higher average on the importance axis. Despite the fact that 'academic performance' has the highest preference score, its average importance is very close to two over three. 'Attending a school of his / her preference' and 'regular attendance' are positioned almost in the same place on the map with lower preference scores and higher average importance.

Similar to our previous study, four items have similar preference scores, of about 60 percent: 'Having a nice guidance counselor', 'school having areas for doing sports', 'school having a clean and a big garden', and 'attending classes which are not overcrowded'.

There are differences among the most preferred items in terms of importance. 'Areas for doing sports' is more important than the other items. Those who picked 'clean and big garden' ranked it lower.

Figure 2.9. Domain 3: Educational Well-Being
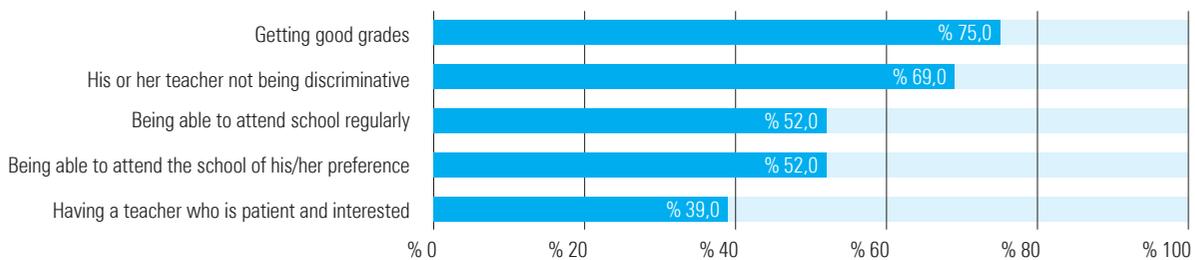
Figure 2.10. Domain 3: Education: Preference vs. Importance
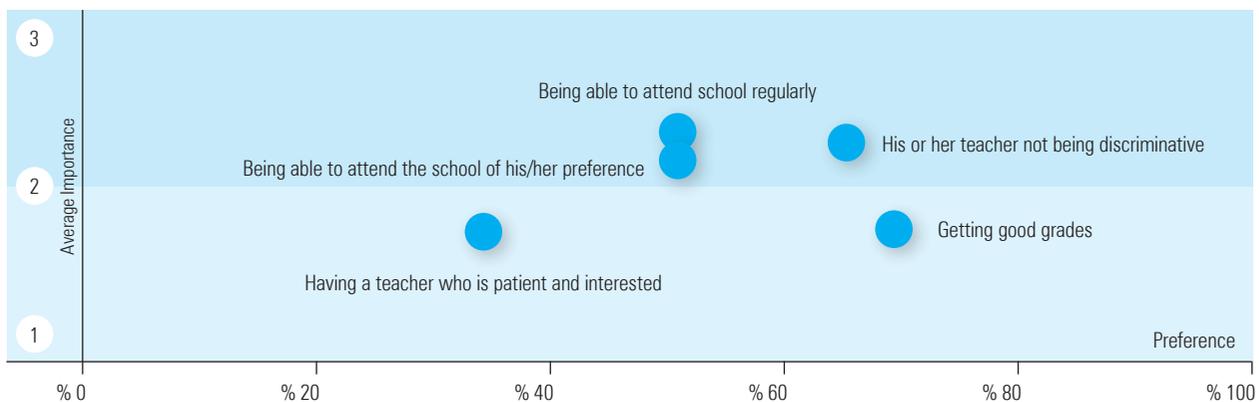
Figure 2.11. **Domain 3:** Education-School Infrastructure

School having a nice guidance counselor % 69,0
School having areas for doing sports % 64,0
School having a big, clean garden % 62,0
Classes not being crowded % 58,0
Class time being used productively % 31,0

% 0   % 20   % 40   % 60   % 80   % 100
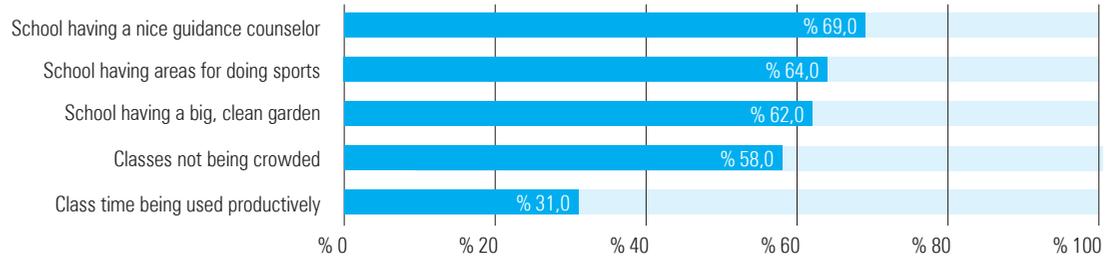
Figure 2.12. **Domain 3:** School Infrastructure: Preference vs. Importance

Average Importance

Class time being used productively

School having areas for doing sports

School having a big, clean garden

Classes not being crowded

School having a nice guidance counselor

Preference

% 0   % 20   % 40   % 60   % 80   % 100
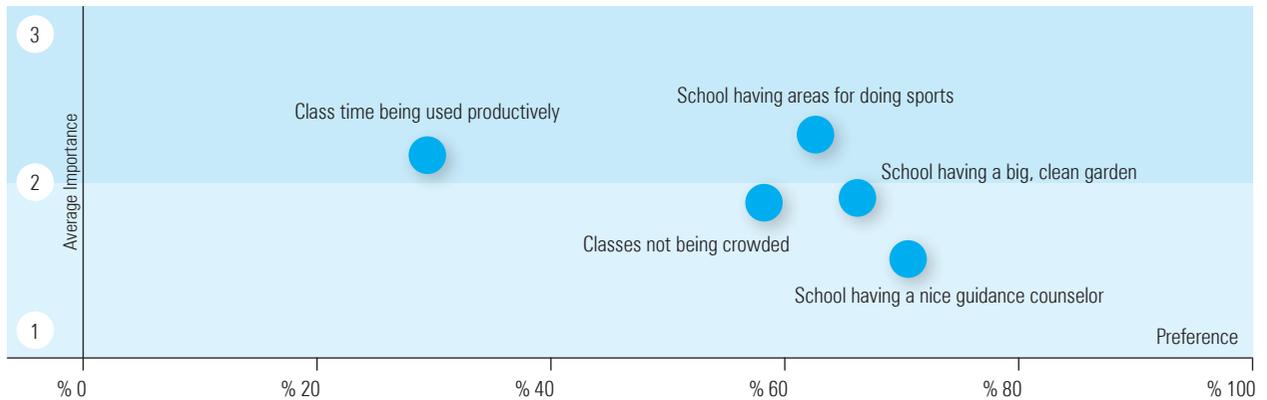
▶ Risk

In the other section of the questionnaire the same exercise of picking and ranking is repeated by using a different wording. In this section, some items are listed and children are asked to choose three of them which would make a child unhappy in the domain of risk. In the verification phase, a new set of indicators for measuring

risks within the family is developed and added taking into consideration those points that were stated during the research. Participants repeated the picking and ranking also for this new set.

According to the above figure, three items are more frequently accepted as reasons of threat: 'Being threatened to be punished', 'having violence

in the house' and 'people using drugs around him / her.'

Above figure shows that importance attributed to threats is different. Mostly preferred items have relatively lower scores of average importance. For example; only one third of children picked 'being under pressure because of exams', however, importance score of this item is very close to

Figure 2.13. **Domain 4:** Risk I

Being always threathened to be punished % 58,3
Having violence in the house % 53,5
Having people around him/her who use drugs % 48,0
Having to work to earn money % 40,9
Being under pressure because of exams % 34,6
Smoking cigarettes % 34,6

% 0   % 20   % 40   % 60   % 80   % 100

Figure 2.14. **Domain:** 4 Risk I: Preference vs. Importance
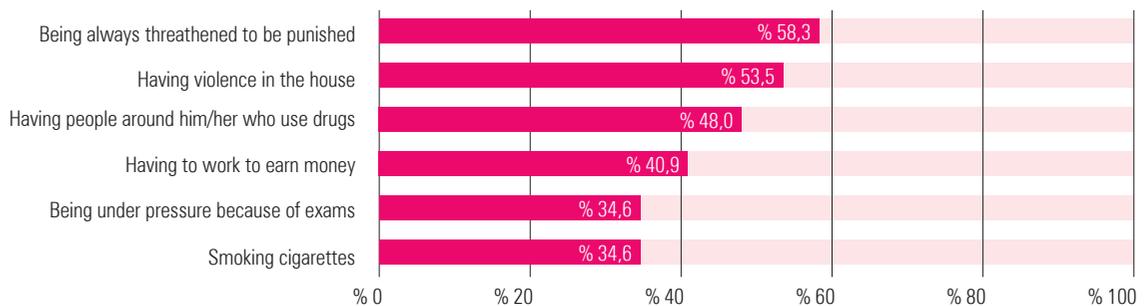
Figure 2.14. **Domain:** 4 Risk I: Preference vs. Importance
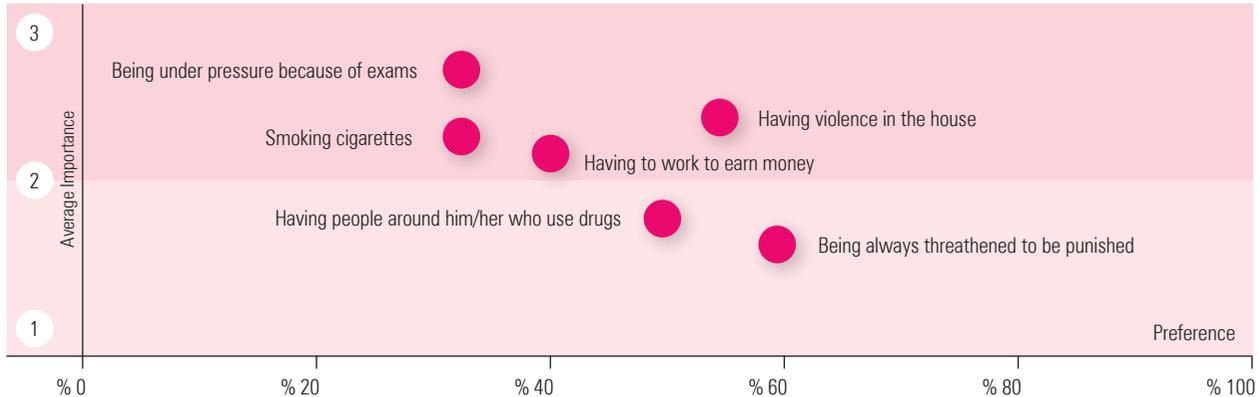
3; indicating that it is very important at least for those who picked it. It may be accepted as an indicator for multidimensionality of risk perceptions.

According to Figure 33 which shows the risks within the family, three items are more frequently perceived by children as threats: 'Parents not caring about the child', 'family members under continuous care,' and 'being subject to insult or violence.'

The above figure shows that 'one of the family members being sick and in need of continuous care', 'parents not caring the child/young person' and 'being subject to insult and violence' are the three leading indicators having the highest average importance scores which are higher than two over three. 'Parents comparing child/young person with other children' was preferred more than 50 percent, but average importance score is less than 2.

Figure 2.15. **Domain 4:** Risk II
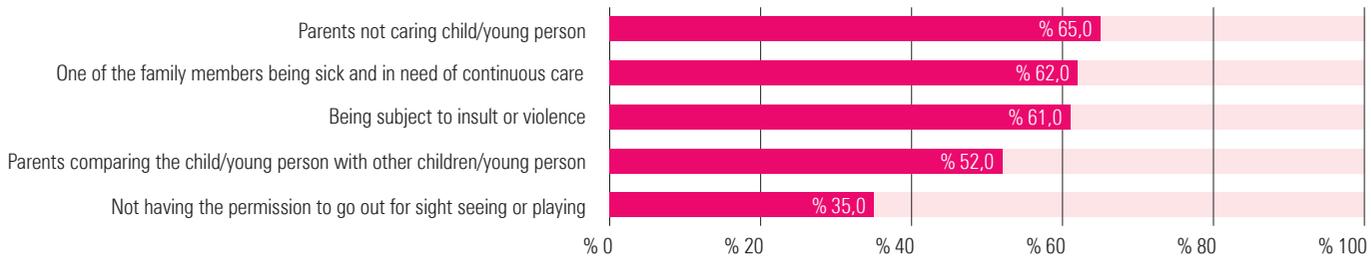
Figure 2.16. **Domain 4:** Risk II: Preference vs. Importance

As a possible result of omitting the age group of 8-11 in the verification phase, the ordering of items in the family relationships domain changed. This change may also have been a result of the profile of participant children, considering the fact that a significant ratio of them live in institutions and foster care. Existence of a family member with whom one can share his / her problems comes first with a score of 69 percent. 'Spending time with parents' and 'not having fight / violence within the family' have similar percentages of preference, which are about 60 percent.

According to the figure above, three leading indicators also have higher importance scores in comparison with others. The most significant difference is that lack of violence in the family is positioned above in the importance axis with a score of 2.18 over 3.

In the domain of relationship-friendship, findings of the verification stage are very similar to the previous field work. Being liked / loved by his / her friends is overwhelmingly the leading indicator of happiness. 77 percent of participants have chosen this item. 'Having friends that he / she can share secrets with' and 'having a good time with friends' come second with very close percentages.

Figure 2.17. **Domain 5**: Family Relations
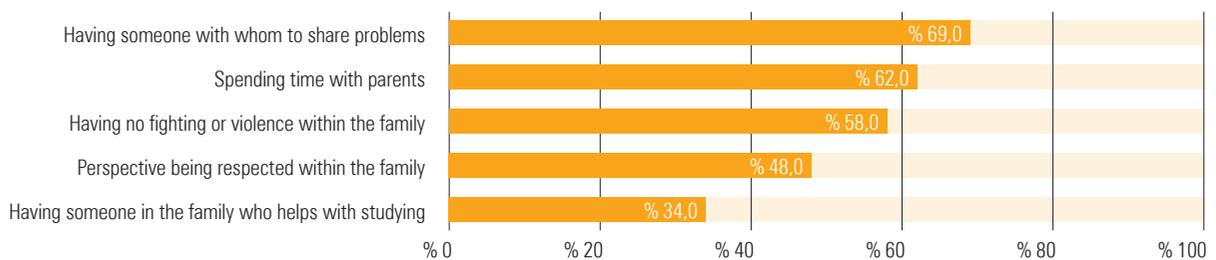
Figure 2.18. **Domain 5**: Family Relations: Preference vs. Importance
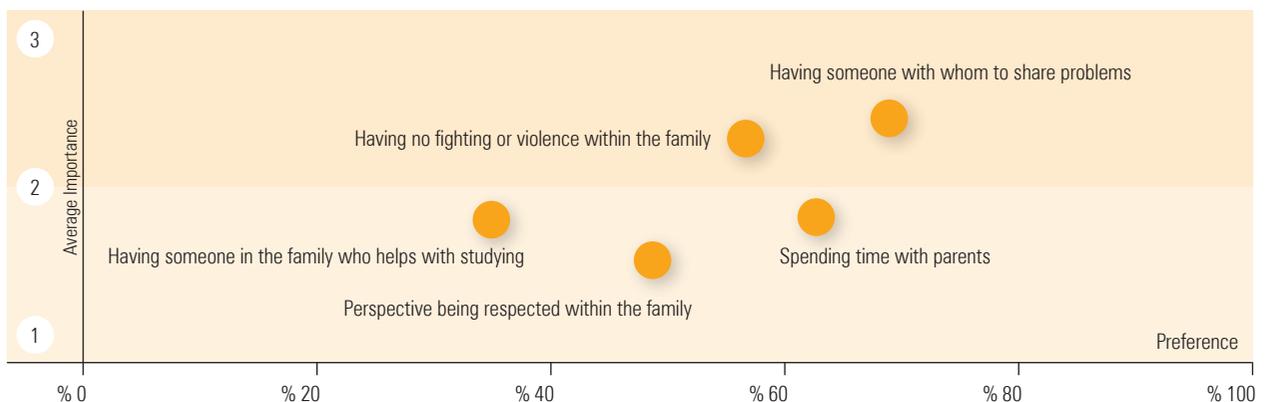
Another possible result of changing the profile of the participants can be observed above. Although 'getting along well with friends' has a significantly lower score of preference, it has a higher ranking in importance. Similary 'being popular' has a lower preference ratio despite the fact that its average importance score is more than two. 'Having friends with whom to share secrets' and 'being liked / loved by friends' have lower importance scores.

This score makes it undesirable to exclude two items with lower preference scores, since they seem to be important at least for those who have chosen them.

Figure 2.19. Domain 5: Relationship-Friendships
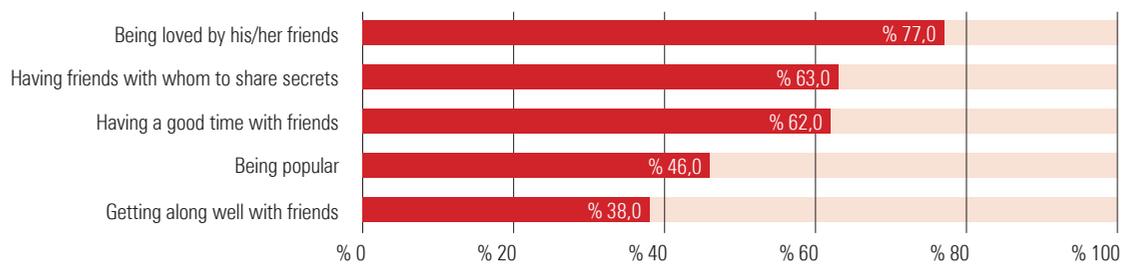
Figure 2.20. Domain 5: Friendships: Preference vs. Importance
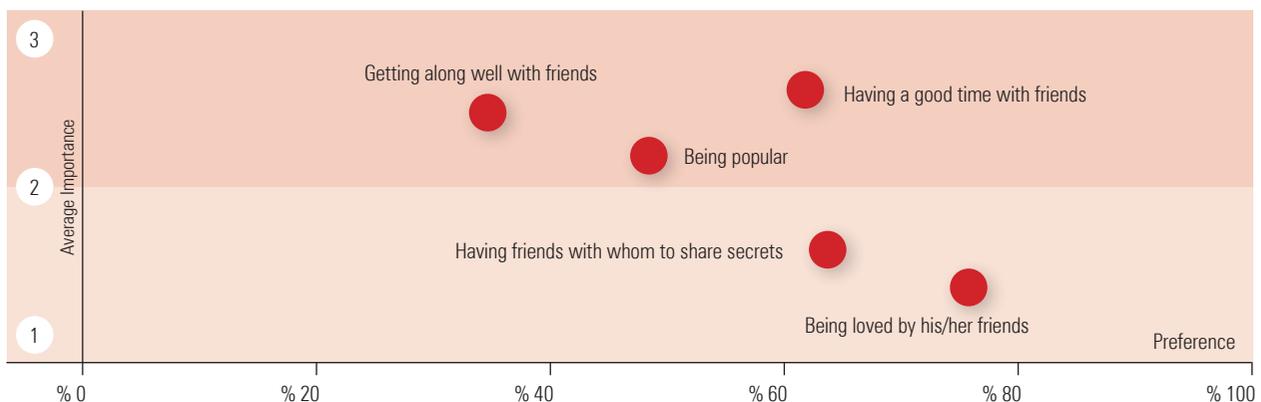
The third section of the questionnaire aimed to collect data to understand the relative weights of different domains as explained in the first part (Findings of The Field Research). In order to facilitate data collection procedure, we limited this exercise to five domains: relationship-friendships, relationship-family, material well-being, school, and health. In each domain, one statement and its negation were prepared. The selected domains and statements are listed below:

Table 4: Statements

Domain	Statement	Negation
Friendship	Being popular	NOT being popular
Family	Having someone in the family with whom to share problems	NOT having someone in the family with whom to share problems
Material W.B	Parents having a regular job	Parents NOT having a regular job
School	Having good grades	NOT having good grades
Health	Feeling energetic and powerful	NOT feeling energetic and powerful

Overall average utilities are as below:

Figure 2.21: Utilities

- 57,92 / 57,92 — Being popular / NOT being popular
- 55,11 / - 55,11 — Having someone in the family with whom to share problems / NOT having someone in the family with whom to share problems
- - 42,11 / 42,11 — Parents having a regular job / Parents NOT having a regular job
- - 41,98 / 41,98 — Having good grades / NOT having good grades
- 52,87 / - 52,87 — Having the same height and weight with friends / Being smaller or heavier than friends

Legend: Friendship, Family, Material well-being, School, Health

According to Figure 2.22, the most important domain for the participants that defines a happy child is 'Friends,' which accounts for 23 percent of total importance. The second domain is 'Family' and its share in importance is 22 percent. And health domain has an importance score of 21 percent.

Figure 2.22 shows that there are no significant differences in the importance scores of domains, the scores are very close to each other. In our previous analysis, the importance of the health domain was calculated as four percent. Based on this finding, the statement for health domain came under question. We changed it to 'feeling energetic and healthy'. Expectedly reformulating the statement changes the results.

Figure 2.22: Overall Importance

Domain	Score
Friendship	23,17
Family	22,05
Material well-being	21,15
School	16,84
Health	16,79

3 CONCLUSION

In this final chapter of the report, the following matrix is suggested based on our findings of both qualitative and quantitative research and verification. Moreover, the contributions of experts in the domains of health, material well-being, education, risk, and relationships (family and friends) have been utilized to build the matrix as well.

Below is a matrix of indicators for measuring the well-being of a child from his or her perspective. The indicators are selected through an iterative procedure by using data collected respectively through surveys, focus groups, and expert opinions in the workshops with a focus on children's subjective and objective preferences and priorities.

1. Indicators are grouped by using two criteria, preference and importance:

a. If an indicator has higher scores in preference and importance, it is selected.

b. If an indicator has higher scores in one of the criteria (preferred but not important, important but not preferred), it is selected.

c. If an indicator has a variation across categories of age, socioeconomic status, and gender, it is selected.

d. If an indicator does not fit into the above described conditions, it is excluded.

2. The number of indicators in each domain is reduced, and a new instrument is prepared for the verification test.

3. The steps described above are run from a to d.

4. The transcriptions of the focus groups are analyzed, and emphasized indicators are included in each domain. Those that are already stated in the questionnaire are shown in bold. There are certain points that are stated as important for a child's well-being that seem to be left outside the questionnaire while some of those points that could be included are added in the final version of the questionnaire. Those points that cannot be added, but are underlined as important, are listed as suggested indicators by the focus groups.

5. Outputs of the workshop were analyzed by the experts, and strongly underlined indicators are included into each domain while keeping the perspective of child-centered approach. We choose to add only those points that are indicators of child well-being from the perspective of children. The contribution of experts is also utilized in reflecting how one can measure children's preferences and priorities.

Proposed indicator lists also include possible sources of data collection from different levels and different perspectives.

- It is possible to collect data at the child level (micro-level), family level (meso-level), and neighborhood/city/country level (macro-level).

- It is possible to collect data from the perspective of the respondent (subjective) or by employing the respondent as informant (objective).

Health	Children		Family		Neighborhood/City/Country
	Subj.	Obj.	Subj.	Obj.	Obj.
Questionnaire: ... **feeling himself / herself energetic and powerful***	X		X		
... **having a positive mood**	X		X		
... being clean	X	X		X	
... being able to have three meals per day		X		X	
... being able to perform any sportive activity		X		X	X
Focus: Physical appearance (especially being fat, wearing glasses)	X		X		
Experts: Access to healthcare	X		X	X	X

* Points that are also emphasized in the focus groups are in **bold** letters.

In the domain of health, the expressions 'feeling energetic and strong' and 'having a positive mood' are the statements children underline both in quantitative and qualitative research. Children who participated in the quantitative research also express their well-being with indicators such as 'being clean,' 'having access to three meals per day,' and 'being able to take part in any sports activity'. During the focus groups discussions, issues about physical appearance, such as being fat or wearing eye-glasses, are also mentioned. In addition to these indicators, the experts also stress the importance of 'access to health services' and 'the quality of the health services' for the well-being of the children. Health is a domain with many objective indicators. Beginning from pregnancy, the set of indicators for a healthy child is developed comprehensively. The indicator set we propose, however, includes those indicators of health from the perspective of children. Although we propose indicators for health from this perspective as stated in the report, as can be expected in all domains of wellbeing, the final version of the health domain should include both objective and subjective indicators. The following three sets below consist of suggested questions at child level, family level, and neighborhood /city /country level for measuring the indicator set proposed by the children's perspective.

Health	Children	
	Subj.	Obj.
... feeling himself / herself energetic and powerful	Feeling himself / herself energetic	
... having a positive mood	Having a positive mood	
... being clean	Feeling clean	Frequency of baths
... being able to have three meals per day		Number of meals per day, Number of days with three meals per day
... being able to perform any sportive activity		Performing any sportive activity
Physical appearance (especially being fat, wearing glasses)	Feelings about physical appearance	Physical appearance(being fat, wearing glasses)
Access to healthcare	Belief about access to healthcare	

Health	Family	
	Subj.	Obj.
... feeling himself / herself energetic and powerful	Feeling himself / herself energetic	
... having a positive mood	Having a positive mood	
... being clean		Frequency of baths
... being able to have three meals per day		Number of meals per day, Number of days with three meals per day
... being able to perform any sportive activity		Performing any sportive activity
Physical appearance (especially being fat, wearing glasses)	Perceptions about self-confidence of children	
Access to healthcare		Access to healthcare

Health	Neighborhood/City/Country
	Obj.
... being able to perform any sportive activity	Percentage of children performing any sportive activity
Access to healthcare	Percentage of families having access to healthcare

▶ **Material Well-Being**

Material Well-Being	Children		Family		Neighborhood/City/Country
	Subj.	Obj.	Subj.	Obj.	Obj.
Questionnaire: ... **having old clothes**	X			X	
... **not being able to enjoy vacancies or trips that his/her friends do**	X			X	
... not getting regular pocket money	X	X		X	
... having to work after the school			X	X	
... **living in a house with adequate heating**			X	X	X
... **having a computer and internet connection**			X	X	X
... **having a room and a table in his/her house**			X	X	X
...having a bed of his / her own			X	X	X
... his / her family being able to easily pay the scholar expenses		X		X	
... **his/her parents having a regular job**			X	X	X
... **his/her family providing opportunity for realizing a hobby that he / she wants**		X			X
Focus: Socialization (going out with friends)	X	X		X	
Celebrating birthdays	X			X	
... his/ her family being in need of asking for help	X		X	X	
Experts: ... his/ her family spending money for toys				X	
Rate of child poverty					X
... his/ her family getting social assistance				X	X

Material well-being is a domain that includes indicators proper for international comparability. However again, as in our study what matters is the children's understanding of 'material well-being'. The set of indicators listed above are proposed. As in the domain of health, this set should also be completed with objective indicators. Those indicators that are expressed both in quantitative and qualitative study are 'having old clothes', 'not being able to enjoy the holidays or trips that his/her friends do', 'living in a house with adequate heating',

'having a computer and internet connection', 'having a room and a table in his / her house', 'his/her parents having a regular job', and 'his/her parents providing opportunity for realizing a hobby that he / she wants'. In addition to those indicators proposed in the questionnaire, during the focus group discussions, issues about socialization, such as celebrating birthdays, or whether his / her family being in need of help are also mentioned. Experts also underline indicators such as 'his/her parents spending money for toys', 'the poverty ratio of children', and 'family's need of social assistance'. Questions at the child level, family level, and neighborhood / city / country level for developing material well-being indicators are listed below.

Material Well-Being	Children	
	Subj.	Obj.
… having old clothes	Perceptions about his/her clothes	
… not being able to enjoy vacancies or trips that his/her friends do	Feeling of deprivation about vacancies/trips	How do they spend their vacancies?
… not getting regular pocket money	Feeling of deprivation about pocket money	Does (s)he get regular pocket money?
… having to work after the school		Does (s)he need to work after the school?
… living in a house with adequate heating	Perception about house heating level	Information about house heating system
… having a computer and internet connection		Does (s)he have a computer?
… having a room and a table / desk in his / her house		Does (s)he have a room and a table in his / her house?
…having a bed of his / her own		Does (s)he have a bed of his / her own?
… his / her family being able to easily pay the scholar expenses	Perception about family's capability to pay scholar expenses	
… his / her parents having a regular job		Do parents have a regular job?
… his / her family providing opportunity for realizing a hobby that he / she wants		Does (s)he realize a hobby?
Socialization (going out with friends)	Ability to going out with friends	Frequency of socialization with friends
Celebrating birthdays		Celebrating birthdays
… his / her family in need of asking for help	Perceptions about family's situation	

Material Well-Being	Family	
	Subj.	Obj.
… **living in a house with adequate heating**		House facilities
… **having a computer and internet connection**		House facilities
… **having a room and a table / desk in his / her house**		House facilities
… having a bed of his / her own		House facilities
… his / her family can easily pay the scholar expenses		Ability of the family to pay scholar expenses
… his/her parents having a regular job		Working status of families
Celebrating birthdays		Celebrating birthdays
… his / her family being in need of asking for help	Perceptions about ability to ask for help	
… his / her family spending money for toys		Money spent for toys
… his / her family getting social assistance		Family getting social assistance

Material Well-Being	Neighborhood/City/Country
	Obj.
... having to work after school	Number of working children
... living in a house with adequate heating	Information about house heating system
... having a computer and internet connection	Computer and Internet penetration
... having a room and a table / desk in his / her house	Information about house facilities
...having a bed of his / her own	Information about house facilities
... his / her family being able to easily pay the scholarly expenses	Financial income / expenses of household
... his / her parents having a regular job	Employment status of parents
Rate of child poverty	Rate of families with children on poverty line
... his / her family getting social assistant	Number of families getting social assistance

▶ Education

Education	Children		Family		Neighborhood/City/Country
	Subj.	Obj.	Subj.	Obj.	Obj.
Questionnaire: ... **getting good grades**	X	X		X	
... **his / her teacher not making any discrimination**	X		X		
... being able to go to school regularly		X		X	
... having a nice guidance counselor	X		X		
... **having areas in school that he / she can do sports**		X			X
... **his / her school having a clean and big garden / yard**	X	X			X
... not having crowded classes	X	X			X
Focus: Participation to decision making in schools	X	X			X
Exam anxiety	X		X		
Teachers' attitude- (interest, patience, calmness; no violence, no insult, no shouting)	X				

In the domain of education, both in the quantitative and qualitative study, 'having high grades at school' and 'teacher not being discriminative' were chosen as the two main indicators of well-being at school. In addition to that, school conditions are also mentioned both in quantitative and qualitative study. In the quantitative research, 'being able to go to school regularly', 'having a nice guidance counselor', and 'not having crowded classrooms' were also mentioned. During the focus groups, participating in the decision-making process at the school, exam anxiety, and teachers' attitudes come up as important indicators. In the domain of education, how the indicators may be formed from questions at three levels is explained below.

Education	Children	
	Subj.	Obj.
... having high grades	Perceptions about grade	Grade
... his / her teacher not making any discrimination	Perceptions about his / her teacher	
... not being able to go to school regularly		Attendance
... having a nice guidance counselor	Perceptions about guidance counselor	
... having areas in school that he / she can do sports	Perceptions about school facilities	School Facilities
... his / her school having a clean and a big garden / yard	Perceptions about school facilities	School Facilities
... not having crowded classes	Perceptions about class size	Size of class
Participation to decision making in schools	Perceptions about decision making	
Exam anxiety	Exam anxiety	
Teachers' attitude- (interest, patience, calmness; no violence, no insult, no shouting)	Perceptions about teachers' attitude	

Education	Family	
	Subj.	Obj.
... having high grades		Grade
... being able to go to school regularly		Attendance
Exam anxiety	Perception about anxiety of children	

Education	Neighborhood/City/Country
	Obj.
... being able to go to school regularly	Average attendance
... having areas in school that he / she can do sports	School facilities
... his / her school having a clean and big garden / yard	School facilities
... not having crowded classes	Average size of classrooms

▶ Risk

Risk	Children		Family		Neighborhood/City/Country
	Subj.	Obj.	Subj.	Obj.	Obj.
Questionnaire: ... **parents not caring about the child / youngster**	X		X		
... **one of the family members being sick and in need of continuous care**	X	X		X	X
... **being subject to insult or violence**	X		X		X
Focus: ... having people around him / her who use drugs	X				
... smoking at school	X				
... having housework / care duty	X	X		X	
... having to work to earn money	X	X			X
Future anxiety	X				
... living in dangerous neighborhood	X		X		X
Experts: Rate of working children					X
Feeling secure at home	X				
Feeling secure in the neighborhood	X				
Feeling secure in the school	X				
Self-confidence	X				

Risk is an important domain that determines the well-being of a child both with positive and negative indicators. The indicator set presented above includes risks that children may encounter in the family, in the environment, and in the school, as well as the child's anxieties about his or her psychological condition. Three points underlined in the questionnaire were also mentioned in the focus groups. In addition, in the focus groups 'drugs', 'cigarettes', 'being obliged to work', 'dangerous threats in the neighborhood', and 'future anxiety' are mentioned as important indicators. In addition to those indicators expressed from the perspectives of the children, experts also cite the importance of the indicators such as 'the ratio of child workers', 'feeling of security in the house / neighborhood / school', and 'self-confidence.' Questions at the child, family, and neighborhood / city / country level are suggested below in order to reach the indicators in the domain of risk.

Risk	Children	
	Subj.	Obj.
… parents not caring about the child / youngster	Perceptions about family relations	
… one of the family members being sick and in need of continuous care	Perceptions about family relations	Family member in need of continuous care
… being subject to insult or violence	Perceptions about family relations	
… having people around him / her who use drugs	Perceptions about drug usage	
… smoking in school	Perceptions about smoking	
… having housework / care duty	Perceptions about housework / duty	Time spent to housework
… having to work to earn money	Perceptions about need for money	Time spent for working after school
Future anxiety	Future anxiety	
… living in dangerous neighborhood	Perceptions about security of the neighborhood	
Feeling secure at home	Perceptions about life at home	
Feeling secure in the neighborhood	Perceptions about life at neighborhood	
Feeling secure at school	Perceptions about life at school	
Self-confidence	Self-confidence	

Risk	Family	
	Subj.	Obj.
… parents not caring for the child	Perceptions about family relations	
… one of the family members being sick and in need of continuous care	Perceptions about family relations	Family member in need of continuous care
… being subject to insult or violence	Perceptions about family relations	
… having housework / care duty		Do children contribute to housework / care duty?
… living in dangerous neighborhood	Perceptions about security of the neighborhood	

Risk	Neighborhood/City/Country
	Obj.
… one of the family members being sick and in need of continuous care	Family member in need of continuous care
… being subject to insult or violence	Violence in family
… having to work to earn money	Number of working children
… living in dangerous neighborhood	Number of dangerous neighborhoods
Rate of working children	Rate of working children

Family Relationships	Children		Family		Neighborhood/ City/Country
	Subj.	Obj.	Subj.	Obj.	Obj.
Questionnaire: ... having somebody in the family that he / she can share his / her problems with	X		X		
... **he / she spending time with his / her parents**	X	X	X	X	
... **not having fight or violence in the family**	X		X		X
Focus: ... participation to decision making in the family	X				
... his / her voice respected in the family	X				
... lack of parents' attention and interest	X				
... parents comparing their own children with others'	X				
Experts: Family structure				X	X
Childcare in the family				X	

In the domain of relationships, the sets of indicators are formed separately for familial relationships, and friend relationships. In the set of indicators for familial relationships, 'being able to share problems with a family member', 'spending time with family', 'presence of violence in the family' are important indicators that appeared both in the quantitative and qualitative research. During the focus group discussions, 'participating in the decision-making process', 'his / her voice being respected in the family' are indicators that make a child happy, whereas 'lack of parents' attention and interest', 'comparing him / her with other children' are mentioned as indicators that make a child unhappy. While considering the familial relations from the eyes of the children, experts also cite 'family structure' and 'child care in the family' as important indicators to take into account. Below, how the indicators may be formed from questions at the child level, family level, and neighborhood / city / country level in the domain of familial relations is explained.

Family İlişkileri	Children	
	Subj.	Obj.
... having somebody in the family that he / she can share his / her problems with	Perceptions about family relations	
... he / she spending time with his / her parents	Perceptions about time spent with family	Time spent with family
... not having fight or violence in the family	Perceptions about fight / violence in the family	
Participation to decision-making in family	Perceptions about decision-making	
... his / her voice respected in the family	Perceptions about family relations	
... lack of parents' attention and interest	Perceptions about family relations	
... parents comparing their own children with others'	Perceptions about family relations	

Family Relationships	Family	
	Subj.	Obj.
… having somebody in the family that he / she can share his / her problems with	Perceptions about family relations	
… he / she spending time with his / her parents	Perceptions about time spent with family	Time spent with family
… not having fight or violence in the family	Perceptions about fight / violence in the family	
Family structure		Structure of family (size, dependency etc.)
Childcare in the family		Structure of childcare in the family

Family Relationships	Neighborhood/City/Country
	Obj.
… not having fight or violence in the family	Violence in family
Family structure	Family structure

Friendships	Children		Family		Neighborhood/City/Country
	Subj.	Obj.	Subj.	Obj.	Obj.
Questionnaire: … being liked / loved by his / her friends	X				
… having friends that he / she can share secrets with	X				
… **spending good time with friends**	X	X			
Focus: Having girl/boyfriend	X				
Competition among friends	X				

In the domain of relations with friends, quantitative data show us that 'being loved by his / her friends', 'having friends that he / she can share his / her secrets with', and 'spending good time with friends' are important indicators of children well-being from the perspectives of the children. In the focus groups, 'spending good time with friends' is also mentioned as an indicator of children's well-being, as well as 'having a boyfriend / girlfriend' for relatively older children.

'Competition between friends', on the other hand, is mentioned as a reason for unhappiness. Relationships with friends may be understood with objective and subjective questions at the children level.

Friendships	Children	
	Subj.	Obj.
… being liked / loved by his / her friends	Perceptions about his / her friends	Number of close friends
… having friends that he / she can share secrets with	Perceptions about his / her friends	
… spending good time with friends	Perceptions about time spent with his / her friends	Time spent with his / her friends
Having girl / boyfriend	Having girl / boyfriend	
Competition among friends	Perceptions about competition among friends	

By focusing on the definition and evaluation of child well-being domains and indicators through the eyes of children in Turkey, this study proposes the indicator matrix above. Finally, since the current matrix of indicators constitutes only a proposal of the team, it is open to further improvement through the cooperation of UNICEF, ministries, and civil society organizations. The proposed indicator matrix can serve as a starting tool for: 1-) reconsidering the already existing available data with a child-centered approach, particularly those that are available through TURKSTAT as stated in the workshop; and 2-) for developing new measurement instruments for collecting data for new indicators.

Finally, another point to be stressed is that this study, based on the findings of a comprehensive quantitative and qualitative study, contributes to the international literature, which stresses the importance of children's subjective perspective on the well-being of children, and which argues the necessity of considering subjective indicators together with objective ones.

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▶ APPENDIX - 1: LIST OF SUGGESTED INDICATORS FOR HEALTH

GENERAL INDICATORS

1. Access to clean water and sanitation
2. Access to health services
3. Chronic illness and treatment
4. Disability
5. Condition of housing
6. Nutrition
a. access
b. adequate

Different indicators are needed for different periods:

1. PRENATAL

a. Before pregnancy:
1. Planned pregnancy or not (TNSA)
2. Unwanted pregnancy
3. Psychological and physical health of parents
4. Food intake of mothers
5. Parents' use of drugs, alcohol, and cigarettes
6. Access to health care
7. Access to social, education and financial support services

b. Pregnancy
1. Pregnancy monitoring – also monitoring for risky pregnancy
2. Access to iron supplements; folic acid and mineral support program
3. Vaccination
4. Age of pregnancy; number of births; number of abortions
5. Access to pregnancy education

2. BIRTH

1. Delivery at hospital
2. Delivery with/out the assistance of health personnel
3. Delivery type-cesarean or not
4. Received breastfeeding advice
5. Health care and monitoring for mother after birth
6. Newborn tests (Ministry of Health)

3. 1-11 MONTHS

1. Complete immunization
2. Breastfeeding
3. Neonatal, post-neonatal baby mortality rate
4. D vitamin, percentage of iron supplement intake
5. Determination of developmental problems and access to necessary treatment
6. Rate of complementation of baby monitoring (nine times)

4. TODDLER

1. Monitoring for children under risk
2. Number of child monitoring sessions
3. Determination of developmental problems and access to necessary treatment
4. Immunization
5. Immunization
6. Access to support services
7. Access to nursery with good conditions
8. Access to parenthood support
9. Percentage of children under institutional care
10. Dental care

5. 36-71 MONTHS

1. Monitoring for children under risk
2. Number of child monitoring sessions
3. Determination of developmental problems and access to necessary treatment
4. Immunization
5. Access to support services
6. Access to preschool education
7. Access to nursery with good conditions
8. Access to parenthood support
9. Percentage of children under institutional care
10. Dental care

6. AGE 6-13

1. Immunization
2. Determination of developmental problems
3. Risks of environmental –neighborhood conditions
4. Percentage of fluoridation in water
5. Use of drugs, alcohol, cigarettes

7. AGE 14-18

1. Use of drugs, alcohol, cigarettes
2. Adolescent pregnancy
3. Children with the experience of violence, abuse, and crime
4. Discrimination faced by children (sexual orientation, disability, etc.)
5. Psychological problems
6. Early marriage (child bride)

1. Rate of unemployment in household
2. Parents' employment status
3. Rate of relative poverty (TURKSTAT)
4. Whether household receives social assistance or not (TURKSTAT)
5. Whether household can afford any unexpected spending (TURKSTAT)
6. Condition of home:
a. Heating
b. Lighting

c. Crowded or not: number of person/s per room
7. Nutrition/eating habits: TURKSTAT
8. Clothing: TURKSTAT, but data available for the age of 15-18
9. Participation in social activities:
a. Eats dinner outside with friends or family at least once a month. TURKSTAT

b. Goes on a holiday for a minimum of one week
10. Takes private courses for computer, hobbies
11. Access to computer, Internet, TV

▶ APPENDIX - 3: LIST OF SUGGESTED INDICATORS FOR EDUCATION

1. School:
Counselling services:
Do they exist?
Is there an adequate number of guidance counselors?
Number of hours?
Number of activities?
Infrastructure:
Infirmary?
Garden?
Security?
School canteen?

Does the school provide healthy food service?
Plan and design of the school appropriate for education and students?
Does the school include students with different socioeconomic backgrounds?
Does the school have necessary education cadre?
2. Teachers:
Teachers' education (per hour on the job training)
3. Student participation:
Access to participation in decision making

such as student assembly
Access to extracurricular activities
Frequency and duration of the use of school common areas such as school garden
Existence of a support system for students especially with learning difficulties or 'unsuccessful' students
Student satisfaction (especially for secondary schools)
4. Pre-school education:
Access
Duration
Type of institution

▶ APPENDIX - 4: LIST OF SUGGESTED INDICATORS FOR FAMILY

1. a. Family structure
Extended family or not
Number of siblings
Disabled within the family
Divorced? Separated? Single parent?
b. Employment status of parents:
Employed?
Profession type?
c. Education status of parents
2. Housing conditions

Infrastructure:
Heating
Access to clean water
Separate room for a child
Facilities for a child such as bed, desk (TURKSTAT)
3. Whether or not the household receives social assistance (TURKSTAT)
4. Violence, abuse, harassment within the family

5. Methods of discipline within the family / attitudes of parents
6. Participation of child in family decisions, its effect on well-being
7. Parent spending quality time with the child, quality and quantity of time spent with the child

1. Neighborhood

Facilities:

a. Access to socio-cultural facilities, movies, theatre, art activities

b. Access to play grounds

c. Access to education

d. Access to extracurricular activities

e. Access to social services provided by the public, municipalities and state institutions: health services; access to decision making.

f. Access to preschool education and care

g. Infrastructure of the neighborhood: street lights, traffic lights, pavement

Risks:

a. Violence, negligence, abuse (physical, psychological, sexual)

b. Drug use, addiction, drug dealing

c. Trafic accidents

d. Environmental risks, pollution

e. Risks for the disabled

2. Housing

Infrastructure:

a. Having a room of one's own

b. Number of people per room

c. Having a bed of one's own

d. Cheating

e. Clean water

f. Sanitation

g. Humidity and frowziness of the house

h. Whether or not the bathroom / toilet is in the house

Risks:

a. Home accidents:

b. Hours spent at home without adult supervision of small children

c. Crowded house

d. Number of siblings (single? too many? No consensus)

e. Existence of family member who needs care

f. Care provider role of a child -heavy responsibilities of a child at home- duration, continuity

g. Violence at home

h. Drugs, alcohol addiction, smoking at home

3. Work Risks

a. Percentage of working children

b. Conditions of apprenticeship

c. Different sectors

d. Working hours

e. Accidents at work place

4. Safety

a. Feeling safe at home

b. Feeling safe in the neighborhood

c. Feeling safe at school

d. Trusting people

e. Trusting official institutions, police, etc.