

Multiple Indicator Cluster Survey Report Albania

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Executive Summary

The 2000 Albania Multiple Indicator Cluster Survey (MICS) is a nationally representative survey of households, women, and children. The main objectives of the survey are to provide information for assessing the situation of children and women in Albania at the end of the decade, to furnish data needed for monitoring progress toward goals established at the World Summit for Children and, finally, as a basis for future action.

Infant and Under Five Mortality

- Infant and under five mortality rate estimates were obtained using the United Nations QFIVE program. The information for calculating these ratios was provided by a MICS survey carried out between June and July of 2000. The infant mortality rate calculated from these results is 28 per 1000 live births. The under five rate is 33 per 1000.

Education

- Overall ninety percent of children of primary school age in Albania are attending primary school. In urban areas, 91 percent of children attend school while in rural areas 90 percent attend.
- 82 percent of children who enter the first grade of primary school reach grade five.
- The vast majority (88 percent) of the population over 15 years of age is literate. The percentage of literacy declines to 93 percent among those aged 15-34 and to 65 percent among the population aged 65 and older.

Water and Sanitation

- More than 45 percent of the population uses drinking water piped into their dwellings. Twenty percent uses water piped into a yard or plot, and 16.4 percent uses water from a public tap. However, it should be mentioned that these data most likely do not estimate the real access of the population to drinking water due to poor infrastructure and the lack of water.

Child Malnutrition

- Four percent of children under age five in Albania are underweight or too thin for their age. Seventeen percent of children are stunted and 4 percent are wasted.
- Children whose mothers have secondary or higher education are least likely to be underweight and stunted compared to children of mothers with less education.

Breastfeeding

- Approximately 9 percent of children aged under four months are exclusively breastfed, a level considerably lower than recommended. At age 6-9 months, 24 percent of children are receiving breast milk and solid or semi-solid foods. By age 20-23 months, only 6 percent continue to breastfeed.

Salt Iodization

- Seventy six percent of households in Albania have adequately iodized salt. The percentage of households with adequately iodized salt ranges from 70.9 percent in urban areas to 47.8 percent in the rural areas.

Vitamin A Supplementation

- During the six months prior to the MICS survey, 7.4 percent of children aged 6-59 months had received a high dose of Vitamin A supplement. Approximately 5 percent did not receive a supplement in the last 6 months, but did receive one prior to that time.
- A mother's level of education effects the likelihood of Vitamin A supplementation. The percentage receiving a supplement in the last six months increases from 6.5 percent among children whose mothers have primary education to 11 percent among children of mothers with higher education.
- Only about 3 percent of mothers who had given birth in the year preceding the MICS survey received a Vitamin A supplement within eight weeks of giving birth

Low Birth weight

- Approximately 3 percent of infants are estimated to weigh less than 2500 grams at birth. The prevalence of low birth weight does not vary much between urban and rural areas or by the mother's education.

Immunization Coverage

- Information on immunization coverage provided by the MICS survey is based on vaccination cards that mothers possess. However, this information might not be periodically updated, due to the fact that many immunization campaigns are carried out during emergencies or mothers are not provided with vaccination cards. Eighty percent of children aged 12 – 23 months received a BCG vaccination and 71 percent were given the first dose of DPT by the age of 12 months. The percentage declines for subsequent doses of DPT to 61 percent for the second dose, and 52 percent for the third dose. Similarly, 57.3 percent of children received the first dose of polio vaccine by age 12 months. This declines to 28.7 percent by the third dose. The coverage for measles vaccine by 12 months is at 61 percent. Male and female children are vaccinated at roughly the same rate. Vaccination coverage is highest among children whose mothers have secondary or higher education.

Diarrhea

- Approximately 94 percent of children with diarrhea received one or more of the recommended home treatments (i.e., were treated with ORS or RHF).
- Only 48.2 percent of children with diarrhea received increased fluids and continued eating as recommended.

Acute Respiratory Infection

- Acute lower respiratory infections, particularly pneumonia, are among the leading causes of child mortality in Albania. 83 percent of children with ARI were taken to an appropriate health provider.

IMCI Initiative

- Among children under five who were reported to have had diarrhea or some other illness in the two weeks preceding the MICS survey, 47 percent received increased fluids and continued feeding as recommended under the IMCI program.
- In rural areas, mothers especially those with low education recognized at least two of the signs that a child should be taken immediately to a health facility.

Malaria

According to official data there are no malaria cases reported in Albania.

HIV/AIDS

- 25 percent of women aged 15-49 know all three of the main ways to prevent HIV transmission. Fifty five percent believe that having only one uninfected sex partner can prevent HIV transmission. Forty two percent believe that using a condom every time, and abstaining from sex can prevent HIV transmission. **Less than two percent of women correctly stated that AIDS couldn't be transmitted by supernatural means**, whereas 12.6 percent stated that AIDS couldn't be spread by mosquito bites. More than 40 percent of women correctly believe that a healthy looking person can be infected.
- Twenty three percent of women of reproductive age in Albania know where to get tested for AIDS. According to MICS results, only 0.7 percent of women have been tested for AIDS.

Contraception

- Current use of contraception was reported by 58 percent of married or in union women. The most popular method is withdrawal, which is used by 33 percent of married women.

Prenatal Care

- Thirty percent of women who had recently given birth in Albania are protected against neonatal tetanus. The vast majority of these women had received two doses of tetanus toxoid within the last three years.
- Virtually all women in Albania receive some type of prenatal care and 95 percent receive antenatal care from skilled personnel (doctor, nurse or midwife).

Assistance at Delivery

- In the year prior to MICS, 57 percent of births were assisted by doctors, 37 percent by nurses and one in ten deliveries were assisted by a midwife. Less than one percent of deliveries did not have any assistance in the year prior to MICS survey.

Birth Registration

- The births of 99 percent of children under five years in Albania have been registered. There are no significant variations in birth registration across sex, age, or education categories.

Orphans and Living Arrangements of Children

- In Albania, 96.5 percent of children aged 0 – 14 are living with both parents. A very small percentage of children aged 0 – 14 years old have one or both parents dead, 0.2 percent are not living with a biological parent.

Child Labor

- In Albania, MICS estimates that less than one percent of children aged 5 – 14 years old engage in paid work. About 3 percent participate in unpaid work for someone other than a household member. Variations across urban and rural areas are greatest in the percentage of children who engage in less than four hours of domestic work a day. This percentage ranges from 49 percent in urban areas to 60 percent in rural areas.

Summary Indicators

World Summit for Children Indicators			
Under-five mortality rate		Probability of dying before reaching age five	33 per 1000
Infant mortality rate		Probability of dying before reaching age one	28 per 1000
Underweight prevalence		Proportion of under-fives who are too thin for their age	4 percent
Stunting prevalence		Proportion of under-fives who are too short for their age	17 percent
Wasting prevalence		Proportion of under fives who are too thin for their height	3.6 percent
Use of safe drinking water		Proportion of population who use a safe drinking water source	97 percent
Use of sanitary means of excreta disposal		Proportion of population who use a sanitary means of excreta disposal	90 percent
Children reaching grade five		Proportion of children entering first grade of primary school who eventually reach grade five	82 percent
Net primary school attendance rate		Proportion of children of primary school age attending primary school	90 percent
Literacy rate		Proportion of population aged 15+ years who are able to read a letter or newspaper	88 percent
Antenatal care		Proportion of women aged 15-49 attended at least once during pregnancy by skilled personnel	95 percent
Contraceptive prevalence		Proportion of married women aged 15-49 who are using a contraceptive method	58 percent
Childbirth care		Proportion of births attended by skilled health personnel	95 percent
Birth weight below 2.5 kg.		Proportion of live births that weigh below 2500 grams	3 percent
Iodized salt consumption		Proportion of households consuming adequately iodized salt	56 percent
Children receiving Vitamin A supplementation	A	Proportion of children aged 6-59 months who have received a Vitamin A supplement in the last 6 months	7 percent
Mothers receiving Vitamin A supplementation	A	Proportion of mothers who received a Vitamin A supplement before infant was 8 weeks old	2.6 percent
Exclusive breastfeeding rate		Proportion of infants aged less than 4 months who are exclusively breastfed	9 percent
Timely complementary feeding rate		Proportion of infants aged 6-9 months who are receiving breast milk and complementary food	24 percent
Continued breastfeeding rate		Proportion of children aged 12-15 months and 20-23 months who are breastfeeding	65 percent (12-15) 6 percent (20-23)
DPT immunization coverage		Proportion of children immunized against diphtheria, pertussis and tetanus by age one DPT1	71 percent
Measles immunization coverage		Proportion of children immunized against measles by age one	61 percent
Polio immunization coverage		Proportion of children immunized against polio 1 by age one	57 percent
Tuberculosis immunization coverage		Proportion of children immunized against tuberculosis by age one	80 percent
Children protected against neonatal tetanus		Proportion of one year old children protected against neonatal tetanus through immunization of their mother	30 percent
ORT use		Proportion of under-five children who had diarrhea in the last 2 weeks who were treated with	35 percent

	oral dehydration salts or an appropriate household solution	
Home management of diarrhea	Proportion of under-five children who had diarrhea in the last 2 weeks and received increased fluids and continued feeding during the episode	48 percent
Care seeking for acute respiratory infections	Proportion of under-five children who had ARI in the last 2 weeks and were taken to an appropriate health provider	83 percent
Preschool development	Proportion of children aged 36-59 months who are attending some form of organized early childhood education program	26 percent
Indicators for Monitoring Children's Rights		
Birth registration	Proportion of under-five children whose births are reported registered	99 percent
Children's living arrangements	Proportion of children aged 0-14 years in households not living with a biological parent	0.2 percent
Orphans in household	Proportion of children aged 0-14 years who are orphans living in households	0.1 percent (both parents) 1.2 percent (one parent)
Child labor	Proportion of children aged 5-14 years who are currently working	32 percent
Indicators for Monitoring IMCI and Malaria		
Home management of illness	Proportion of under-five children reported ill during the last 2 weeks who received increased fluids and continued feeding	47 percent
Care seeking knowledge	Proportion of caretakers of under-five children who know at least 2 signs for seeking care immediately	86 percent
Bednets	Proportion of under-five children who sleep under an insecticide impregnated bednet	
Malaria treatment	Proportion of under five children who were ill with fever in the last 2 weeks who received anti-malarial drugs	
Indicators for Monitoring HIV/AIDS		
Knowledge of preventing HIV/AIDS	Proportion of women who correctly state the 3 main ways of avoiding HIV infection	25 percent
Knowledge of misconceptions of HIV/AIDS	Proportion of women who correctly identify 3 misconceptions about HIV/AIDS	0.2 percent
Knowledge of mother to child transmission	Proportion of women who correctly identify means of transmission of HIV from mother to child	64 percent
Attitude to people with HIV/AIDS	Proportion of women expressing a discriminatory attitude towards people with HIV/AIDS	76 percent
Women who know where to be tested for HIV	Proportion of women who know where to get a HIV test	23 percent
Women who have been tested for HIV	Proportion of women who have been tested for HIV	0.7 percent

I. Introduction

Background of the Survey

Albania ratified the Convention on the Rights of Children in February 1992, but as yet no country report on its implementation has been prepared. However, the Government of Albania is working on the compilation of a National Strategy for Children based on the four principles of the CRC. This strategy will be followed by a "Plan of Action" for Children. By the UN General Assembly Special Session on Children, to be held in New York in 2001, Albania will have its National Program on Children with goals and objectives set for five years (2001-2005).

A great assistance in understanding the situation of children and a base for the preparation of the initial and second report of CRC is the 2000 Multiple Indicator Cluster Survey (MICS)-Albania. MICS Albania was conducted in order to provide end of decade information on a number of critical indicators. There are 75 indicators of specific aspects on the situation of children and women. The 2000 MICS Albania was lead by the UNICEF- Tirana office, providing funds and creating a working group made up of representatives from different professional governmental and scientific institutions. The members of this group were drawn from the Central Office of Statistics, Public Health Institute, State Committee on Women and Family and researchers of the Faculty of Social Sciences.

Albania's Background

Geographical and Socio-political data

Albania is located in the southwestern part of the Balkan Peninsula. It has a total area of 28,748 km²; 34.8 percent comprises forests, 15 percent pastures, 24.3 percent arable land and 4 percent lakes. Its land area is mainly mountainous, with an average altitude of 714 m above sea level, which is double the European one. The Albanian state border line is 1094 km long, out of which 529 km is the border with the Former Republic of Yugoslavia (north and northeast) and 271 km is that with Greece (south and southeast). The coastal line is 476 km long.

Since 1990, the country has undergone significant social and political changes and is currently going through a delicate transition towards a market economy and democratic governance. This period has been brutally suspended twice. First in 1991-1992 due to the social turmoil and then in 1999, due to the war in Kosovo.

Albania has a current GDP of 810USD per capita (World Bank Report, 1999), which ranks it as the country with the lowest income per capita in Europe. Out of the total population, 30 percent living in rural areas and 15 percent in urban areas are considered poor. Since the breakdown brought about by the collapse of the pyramid schemes in 1996-1997, Albania's percentage of people living in poverty has increased.

The problems that have arisen during the transition period have greatly affected the capacity of the central government to provide basic education services. The rate of children who drop out of school is on the increase, which can be expected to result in an increase in illiteracy. **Data**

collected in the survey show that only 35 percent of the 14-18 year age group attended school in the period 1993-1995.

As a result of a decade of economic decline, migration from rural areas has led to a weakening of village social structure and a rapid and uncontrolled rise of the urban population. This migration is exerting stress on the social and physical infrastructure all over the country. Health care and social services are facing an increase in demand for services together with a decrease in service capacity. This affects the quality of services currently offered (particularly in rural areas). Other infrastructure elements such as roads and transportation are also being adversely affected.

A large number of international development agencies are operating in Albania and they have highlighted the need for an overall development program. This program aims at promotion and maintenance of sustainable economic development through promotion of democratic, institutional and legal reforms and the establishment of a free market system. The government has embarked on the implementation of an extensive program of institutional reforms, supported by a range of international agencies, but meaningful results remain to be seen. Privatization, foreign investment and trade are also being encouraged. With assistance from the World Bank, the Albanian government has designed programs that aim at a reduction of poverty in the country.

Demographics

The total population of Albania is 3,354,300. Compared to the rest of Europe, Albania has a younger population with an average age of 28.6 ranging as follows: 1/3 (33%) are below 15 years old, about 40 percent below 18 years and about half of the population (49%) are below 25 years. The annual average rate of the natural growth of population tends to decrease. This is indicated by the population census carried out over the period 1979 – 1989.

Emigration has become a major factor since 1992. Statistics prove that more than half a million people have left the country. In 1996, 96 percent of emigrants were between the ages of 19-40. The uncontrolled shift of population brought significant changes to the overall rural/urban population ratio. In spite of the redistribution of land in rural areas, the lack of employment in the provinces led to poor management of resources that was worsened by land erosion, deforestation and pollution of underground water resources. This has impacted agriculture, which still remains Albania's main economic activity. This vicious circle has led to an increase of migration towards bigger towns, especially the capital of the country. In 1989, according to the last population census, 35.7 percent of the population lived in urban areas. By 1997 the urban population had increased to 45 percent.

In the Tirana region, population increased by 30% due to migration. According to calculations it is predicted that rural population growth will be negative (-0.3%), while the urban population will experience 3.8% growth, with an average growth rate of 10% in a 10-year period. Thus, in 2009, 55% of the population is expected to live in urban areas.

In 1998, the birth rate was 17.6 per 1000 and the death rate 5.1 per 1000. Statistics prove that the death rate has been stable, except for the period of civil turmoil in 1997 when an above average number of young people died. The following table shows a gradual decrease in the number of live births in recent years. Fertility indicators have also decreased.

	1994	1995	1996	1997	1998
Population in million	3.2	3.24	3.28	3.32	3.35
% of population 18 years	40.3	40.1	39.6	40	40.5
Birth/death rate	6.9	6.5	5.7	4.8	3.49
Live births per 1000 inhabs.	23.1	22.2	20.8	18.6	17.6
Death per 1000 inhabitants	5.5	5.6	5.7	5.5	5.1

The data brings to light the necessity of adjusting services in urban areas to a migrating population. In spite of the new social problems that a migrating population has brought such as drugs, prostitution, violence, we could hardly expect the overall picture of health care service to improve. Priority should be given to building up improvement of health care for the youngest age groups in the population, as a long-term social investment.

Gender Issues in Albania

Women in Albania comprise 51 percent of the population. Until recent years, a patriarchal type of family was dominant with 2-3 generations living together under the same roof and males occupying a preferential status over females. In 1990, when Albania opened up to the international community, emigration and migration from rural to urban areas were two of the factors that accelerated the breakdown of the patriarchal family.

The education level of the population in general, and women of in particular, has significantly improved in the last several decades. But gender equality is a principle that is new to Albanian society and has not yet been embraced by a significant percentage of the population. However, significant changes have taken place with regard to family planning and sex education in Albania. Prior to 1999, family planning was a taboo subject due to the strict policies that the former regime followed with regard to birth rate. Results of surveys organized by the Institute of Pedagogical Research Studies with regard to inclusion of sex education in school programs, show that 86 percent of parents and 95 percent of teachers are in favor of it. In 1994, Albania was among the 183 countries that approved the Action Plan of the International Conference on Population and Development that took place in Cairo, Egypt. This plan places the health of women in the center of reproductive health services and calls upon health institutions to consider reproductive health issues a priority. However, a proper national policy on the health of women has not yet been developed. We should highlight that the number of NGO-s and other social institutions that focus on gender issues has increased.

	1994	1995	1996	1997	1998
Population (in milion)	3.2	3.24	3.28	3.32	3.35
% of population <18 years	40.3	40.1	39.6	40	40.5
Rate births / death	6.9	6.5	5.7	4.8	3.49
Live births per1000 inhab	23.1	22.2	20.8	18.6	17.6
Deaths per 1000 inhab	5.5	5.6	5.7	5.5	5.1

Source : *INSTAT, MOH*

Survey Objectives

The 2000 Albania Multiple Indicator Cluster Survey has as its primary objectives:

- To provide up-to-date information for assessing the situation of children and women in Albania at the end of the decade in order to develop effective policies and strategies over the next decade;
- To furnish data on the situation of children needed for the compilation of the initial and second CRC country reports;
- To measure Albania's performance vis a vis the 1990 World Summit for Children goals.
- To provide analysis of the situation of children for inclusion in deliberations at the United Nations Special Session on children as a basis for future action.
- To contribute to the improvement of data and monitoring systems in Albania and to strengthen technical expertise in design, implementation, and analysis of such systems.

II. Survey Methodology

Sample Design

The sample for MICS Albania was designed to provide estimates of various indicators at the national level, for urban and rural areas. The sample was selected in two stages. At the first stage, 376 primary Sampling Units (PSU) were systematically selected from 1665 PSU. At the second stage, households were selected systematically within each PSU. The total sample had 5182 households. Because the sample was stratified by urban and rural areas, it is not self-weighting. For reporting national level results, sample weights are used.

Questionnaires

The questionnaires for MICS Albania were based on the MICS Model Questionnaire with some modifications and additions. A household questionnaire was administered in each household, and collected various information on household members including sex, age, literacy, marital status, and orphaned children status. The household questionnaire also included education, child labor, water and sanitation and salt iodization modules. In addition to a household questionnaire, special questionnaires were administered in each household for women age 15-49 and children under age five. For children, the questionnaire was administered to the mother or caretaker of the child. The questionnaire for women contained the following modules:

- Child mortality
- Tetanus toxoid
- Maternal and newborn health
- Contraceptive use
- HIV/AIDS.

The questionnaire for children under age five included modules on:

- Birth registration and early learning
- Vitamin A
- Vitamin D
- Breastfeeding
- Care of Illness
- Respiratory illness
- Immunization
- Anthropometry.

From the MICS model English version, the questionnaires were translated into the Albanian language. The questionnaires were pre-tested during May 2000. Based on the results of the pretest, modifications were made to the wording and translation of the questionnaires.

Fieldwork and Processing

The field staff, 36 regional supervisors and also enumerators of Tirana city were trained for four days in early May 2000. All regional teams (36 districts), collected the data; each team was comprised of a number of interviewers, and a supervisor. A demonstration of how to use the UNICEF equipment and salt iodization test was done on the last day. The MICS Coordinator provided overall supervision. The field work began in June 2000 and concluded in the first week of July 2000. The field work was organized according to a set timetable. Strong communication

was established among the enumerators, controllers, supervisors and the Coordinator during the survey. The team organized trips in various districts to provide information on how the enumerators and supervisors carried out their duties.

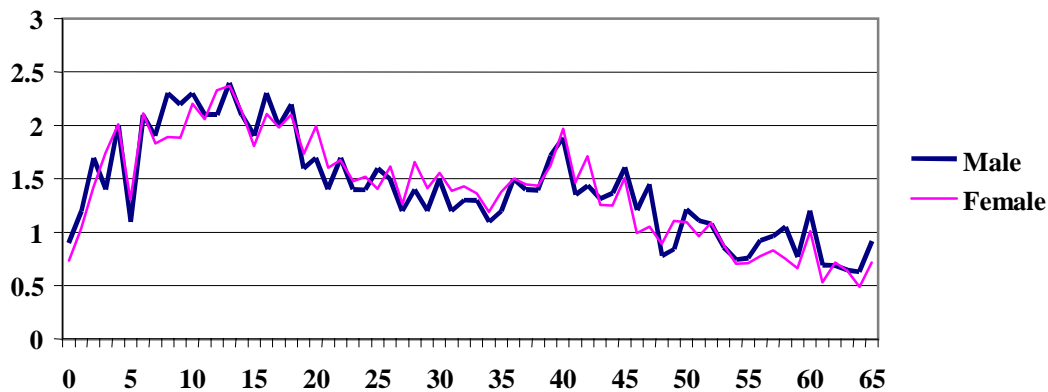
Data was entered on four microcomputers using IMPS software. In order to ensure quality control, internal consistency checks were performed. Procedures and standard programs developed under MICS and adapted to the Albanian questionnaire were used throughout. Data processing began in July 2000 and finished in September 2000.

III. Sample Characteristics and Data Quality

Response Rates

Of the 5182 households selected for the Albania MICS sample, 4970 were found to be occupied (Table 1). Of these, 4821 were successfully interviewed for a household response rate of 97 percent. The response rate was higher in urban areas (98 percent) than in rural areas (95.7 percent). In the interviewed households, 5496 eligible women aged 15-49 were identified. Of

Figure 1. Single year age distribution of the household population by sex, Albania 2000



these, 5456 were successfully interviewed, yielding a response rate of 99.3 percent. In addition, 1453 children under age five were listed in the household questionnaire. Of these, questionnaires were completed for 1452 children for a response rate of 99.9 percent.

Age Distribution and Missing Data

Figure 1 shows the single year age distribution of household members by sex. This distribution is almost the same for male and female. There appears to be gaps for both male and female in the 5 year old age group.

Table 3 shows the percentage of cases missing information. Seven percent of household members have gaps in information on their level of education and years of schooling. Among female respondents, 7.7 percent did not report if they have been tested for HIV/AIDS.

The data on weight and height are the most likely to be left out. Approximately 4 percent of children surveyed did not yield this information. This may be a result of the child not being present, refusal to comply with the questionnaires, or other reasons. By international standards, this percentage is relatively low in comparison to other surveys in which anthropometric measurements are taken.

Characteristics of the Household Population

Information on the characteristics of the household population and the survey respondents is provided to assist in the interpretation of the survey findings and to serve as a basic check on the sample implementation.

Table 4 presents the percent distribution of households in the sample by background characteristics. About 40 percent of the households (1928 households) are urban and 60 percent (2893 households) are rural. Most of the households are composed of between two and five members. Twenty five percent of the households contain at least one child under age five and 82 percent contain at least one woman age 15-49.

Table 5 shows the characteristics of female respondents aged 15-49. Women age 15-19 form the greatest percentage of the sample at around 20 percent. This percentage declines steadily across age groups until age 45-49 where it is nine percent. Approximately 67 percent of women in the sample are married and 82 percent have given birth. The majority of women have had at least some primary education.

Table 6 shows the characteristics of children under age five. Fifty one percent of the children are male and 49 percent are female. Approximately 51 percent of mothers of children under age five have a primary education, while those with no education represent only 2,2 percent. Note that, for children whose mothers did not live in the household, the education of the child's caretaker is measured. There are almost the same number of children aged under six months and aged 6-11 month; approximately 8 percent.

IV. Results

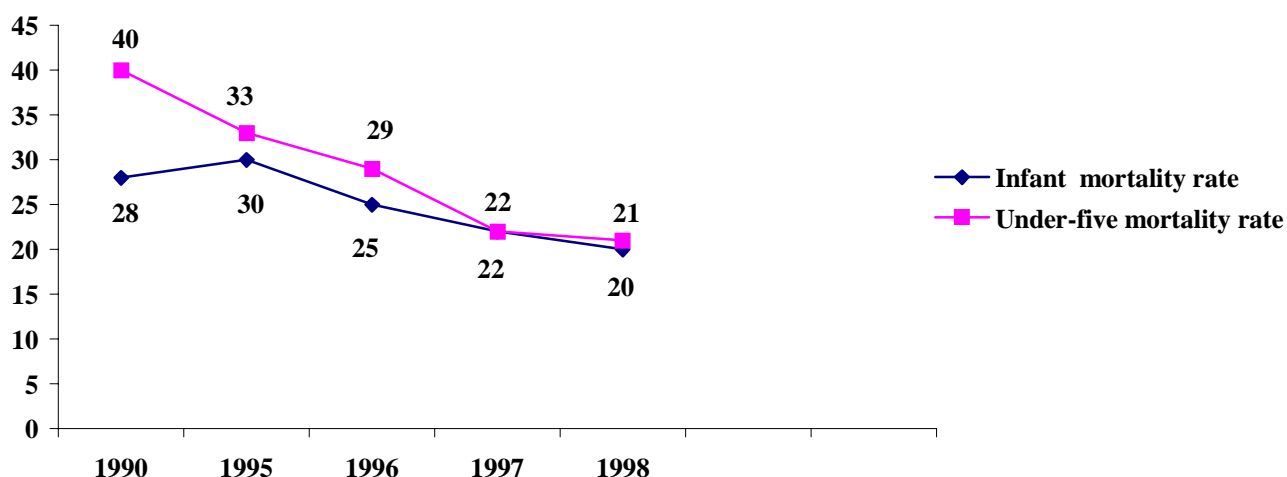
A. Infant and Under-Five Mortality

The *infant mortality rate* is based on the probability of an infant dying before its first birthday. The *under five mortality rate* is the probability of a child dying before its fifth birthday. In MICS, infant and under five mortality rates are calculated based on an indirect estimation technique (the Brass method). The data used in the estimation is: the mean number of all children born to five year age groups of women between age 15 and 49, the proportion of these children that have died, also for five year age groups of women. The technique converts these data into probabilities of death by taking account of both the mortality risks to which children are exposed to and their length of exposure to the risk of death.

The data used for mortality estimation is shown in Table 7. Infant and under five mortality estimates were obtained using the United Nations QFIVE program. The mean number of all children born rises from 0.03 among 15-19 year olds to 3.15 among 45-49 year olds as expected. However, the proportion of children who have died has an irregular pattern. In particular, the proportion of children dead among women aged 20 - 24 is low and the proportions among younger women appear to be too high.

The infant mortality rate and under five mortality rate estimations for several years plotted in Figure 2 are based on other administrative sources. At the end of 1998 the infant mortality rate was 20 per 1000. According to official data of the Ministry of Health the main reasons for this high proportion are respiratory illness, congenital abnormality, diarrhea and other infections. The Ministry of Health periodically estimates the under five mortality rate for the age group 1 – 4 years old. In 1998 the under five mortality rate was 21 per 1000, which implies a reduction by half compared to the 1998 ratio.

Figure 2. Infant mortality rate based on other sources



Source : MOH

B. Education

Universal access to basic education and the completion of primary education by the world's children are two of the most important goals of the World Summit for Children. Education is a vital prerequisite for combating poverty, empowering women, protecting children from hazardous and exploitative labor, sexual exploitation, promoting human rights and democracy, protecting the environment, and influencing population growth.

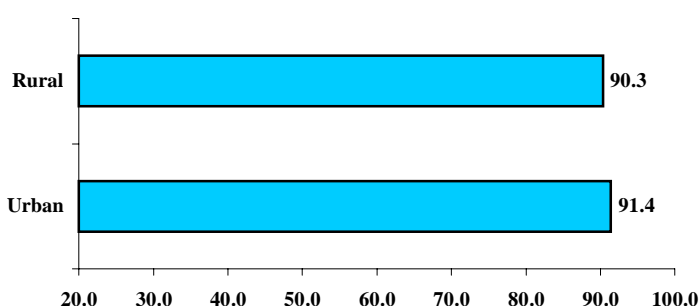
Early childhood education

Around 26 percent of children 36-59 months are attending an organized early childhood education program in urban areas while in rural areas only 13 percent attend.. These are usually kindergartens or community childcare centers with organized learning activities (Table 9). Approximately equal percentages of girls and boys attend such programs. Relatively few children attend at age three (36-47 months) while the majority of children attend at age four (48-59 months). Finally, the education of the mother is strongly related to the likelihood that a child will attend an early childhood education program. The percentage of children attending increases from 12 percent to 42 percent as the mother's education increases from primary to higher education.

Basic education

Overall, 90 percent of children of primary school age in Albania are attending primary school (Table 10). In urban areas, 91 percent of children attend school while in rural areas 90 percent attend. At the national level, there is virtually no difference between male and female primary school attendance.

Figure 3. Percentage of children of primary school age attending primary school, Albania 2000



At the national level, 82 percent of children who enter the first grade of primary school eventually reach grade five. (Table 11) However, there are large urban-rural disparities in those children who complete grade five. Approximately 87 percent of urban children who enter grade one reach grade five compared to 77 percent of children in rural areas.

Literacy

88 percent of the population over 15 years of age in Albania are literate (Table 12). The literate population includes those who are reported to read 'easily or with difficulty'. Overall, females are slightly less likely than males to be literate (84.7 vs. 90.9 percent). There are some disparities in the literacy level between urban (93 percent) and rural areas (81 percent). Literacy declines with increasing age. The literate percentage declines from 93 percent among those aged 15-34 to 65 percent among the population aged 65 and older.

C. Water and Sanitation

Use of drinking water

Safe drinking water is a basic necessity for good health and development. Unsafe drinking water can be a significant carrier of diseases such as trachoma, cholera, typhoid, and schistosomiasis. Drinking water can also be tainted with chemical, physical and radiological contaminants with harmful effects on human health. In addition to its association with disease, access to drinking water is important for women and children, particularly in rural areas as they bear the primary responsibility for carrying water, often for long distances.

More than 45 percent of the population use drinking water piped into their dwelling, 20 percent use water piped into their yard or plot and 16.4 percent use water from a public tap. These are the main important sources of drinking water in Albania.

Sources of drinking water for the population vary between urban and rural areas (Table 13). In urban areas, 90 percent of the population uses drinking water that is piped into their dwelling. In the rural areas the most important source of drinking water is piped into their yard (26.3 percent), from a public tap (25 percent) and piped into their dwelling (19.8 percent).

The populations using safe drinking water sources are those that use any of the following types of supply: piped water, public tap, borehole/tubewell, protected well, protected spring or rainwater. Overall, 96.7 percent of the population has access to safe drinking water – 99.4 percent in urban areas and 95 percent in rural areas. However, it should be mentioned that this data does not estimate the real access of the population to drinking water due to rapidly deteriorating infrastructure and the failure of municipal systems to provide water.

Use of sanitation

The inadequate disposal of human excreta and poor personal hygiene is associated with a range of diseases including diarrheal diseases and polio. Sanitary means of excreta disposal include: flush toilets connected to sewage systems or septic tanks, other flush toilets, improved pit latrines, and traditional pit latrines. Ninety percent of the population of Albania is living in households with sanitary means of excreta disposal (Table 14). This percentage is 98.8 in urban areas and 84.5 percent in rural areas. More than 14 percent of the rural population uses an open pit as toilet facilities.

D. Child Malnutrition

Nutritional status

Children's nutritional status is a reflection of their overall health. When children have access to an adequate food supply and are not exposed to repeated illness, they reach their growth potential and are considered well nourished.

In a well-nourished population, there is a standard distribution of height and weight for children under age five. Undernourishment in a population can be gauged by comparing children to this standard distribution. The standard or reference used here is the NCHS standard, which is recommended for use by UNICEF and the World Health Organization. Each of the three nutritional status indicators are expressed in standard deviation units (z-scores) from the median of this reference population.

Weight for age is a measure of both acute and chronic malnutrition. Children whose weight for age is more than two standard deviations below the median of the reference population are considered moderately or severely underweight while those whose weight for age is more than three standard deviations below the median are classified as severely under weight.

Height for age is a measure of linear growth. Children whose height for age is more than two standard deviations below the median of the reference population are considered short for their age and are classified as moderately or severely stunted. Those whose height for age is more than three standard deviations below the median are classified as severely stunted. Stunting is a reflection of chronic malnutrition as a result of failure to receive adequate nutrition over a long period and recurrent or chronic illness.

Finally, children whose weight for height is more than two standard deviations below the median of the reference population are classified as moderately or severely wasted while those who fall more than three standard deviations below the median are severely wasted. Wasting is usually the result of a recent nutritional deficiency. The indicator may exhibit significant seasonal shifts associated with changes in the availability of food or disease prevalence.

The children who were not weighed (3.1 percent) and measured (4.9 percent) are excluded. In addition, a small number of children whose birth dates are not known were excluded.

Table 15 shows the percentage of children under age five, who are severely or moderately undernourished. Almost one in seven children (14 percent) under age five in Albania is moderately underweight and 4.4 percent are classified as severely underweight. Almost one in three children (31.7 percent) under age five is moderately stunted and 17.3 percent are classified as severely stunted. One in nine children (11.1 percent) under age five is moderately undernourished and 3.6 percent are severely undernourished.

There are slight differences among children underweight in rural and urban areas. Those whose mothers have secondary or higher education are least likely to be underweight and stunted, compared to children of mothers with less education. Boys appear more likely to be underweight, stunted and wasted than girls. The age pattern shows that a higher percentage of children aged 6 – 11 months are undernourished according to all three indices in comparison to children who are younger and older.

Breastfeeding

Breastfeeding for the first few years of life protects children from infection, provides an ideal source of nutrients, and is economical and safe. However, many mothers stop breastfeeding too soon, and there are often pressures to switch to infant formula, which can contribute to growth faltering and micro nutrient malnutrition and is unsafe if clean water is not readily available. The World Summit for Children goal states that children should be exclusively breastfed for four to six months, that breastfeeding should be complemented with appropriate foods from the age of around six months, and that children continue to be breastfed for two or more years.

In Table 16, breastfeeding status is based on women's reports of children's consumption in the 24 hours prior to the interview. Exclusive breastfeeding refers to children who receive only breast milk and vitamins, mineral supplements, or medicine. Complementary feeding refers to children who receive breast milk and solid or semi-solid food. The last two columns of the table include children who are continuing to be breastfed at one and at two years of age. Percentages according to region and mother's education are not shown due to small sample sizes. For the same reason, the sex and urban-rural residence breakdowns should be interpreted with caution.

Approximately 9 percent of children aged less than four months are exclusively breastfed, a level considerably lower than recommended. At age 6-9 months, 24 percent of children are receiving breast milk and solid or semi-solid foods. By age 12-15 months, 65 percent of children are still being breastfed and by age 20-23 months, 6 percent are still breastfed.

Figure 3 shows the detailed pattern of breastfeeding status by the child's age in months. The characteristic for Albania is that children continue to be breastfed over one year of age.

Figure 4A: Percent distribution of living children by breastfeeding status, Albania, 2000

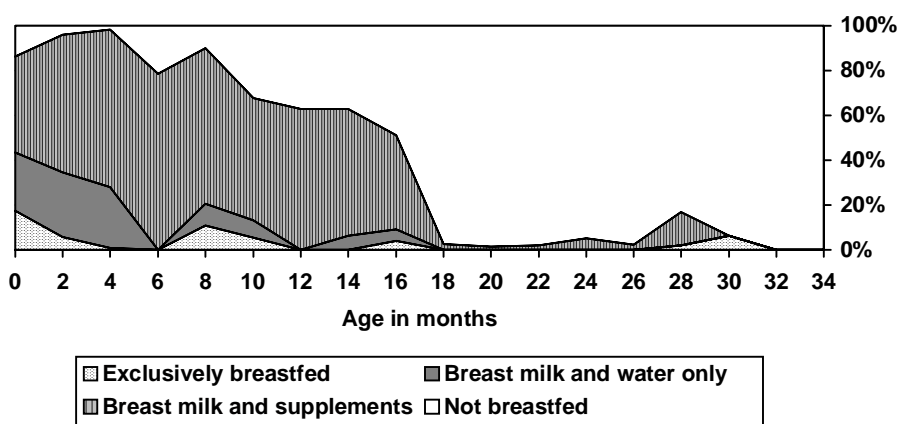
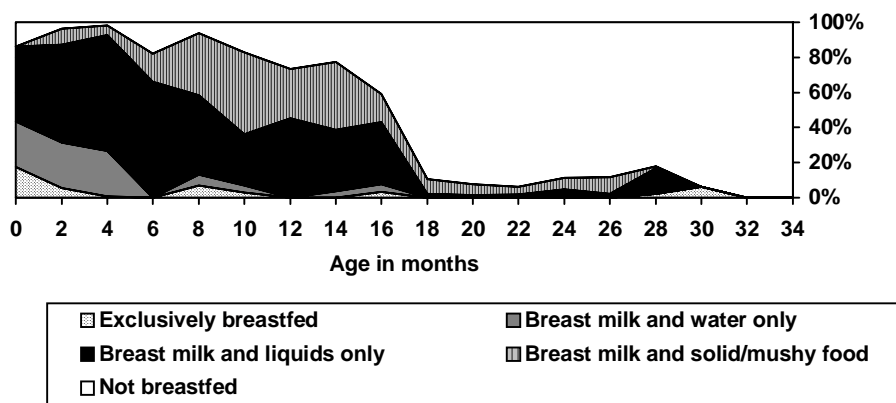


Figure 4B: Percent distribution of living children by breastfeeding status, Albania, 2000



Salt iodization

Deficiency of iodine in the diet causes goiter, enlargement of the thyroid gland, and can cause brain damage before birth or during infancy or childhood. The iodization of salt is a low-cost way of preventing iodine deficiency disorders (IDD). In MICS, interviewers tested household salt for iodine levels by means of a testing kit. Adequately iodized salt contains 15 ppm (parts per million) of iodine or more.

Approximately 98 percent of households had salt that was tested during MICS (Table 17). Among households in which salt was tested, 56 percent had adequately iodized salt. The percentage of households with adequately iodized salt ranges from 70.9 percent in the urban areas to 47.8 percent in the rural areas.

Vitamin A supplementation

Vitamin A deficiency (VAD) can cause eye damage and blindness in children. It also impairs children's immune systems, increasing their chances of dying of common childhood diseases and undermines the health of pregnant and lactating women. Yet vitamin A supplementation, food fortification or dietary change can easily prevent it. Based on UNICEF/WHO guidelines, the Albanian Ministry of Health recommends that children aged 6-11 months be given one high dose Vitamin A capsules a year and children aged older than one year be given two capsules. In some parts of the country, Vitamin A capsules are linked to immunization services and are given when the child has contact with these services after six months of age. It is also recommended that mothers take a Vitamin A supplement within eight weeks of giving birth due to increased Vitamin A requirements during pregnancy and lactation.

Within the six months prior to MICS, 7.4 percent of children aged 6-59 months received the high dose Vitamin A supplement (8,2 percent of boys and 6,5 percent of girls - Table 18). Approximately 5 percent did not receive the supplement in the last 6 months but did receive one prior to that time. Thirteen percent of children received a Vitamin A supplement at some time in the past but their mother/caretaker was unable to specify when. Vitamin A supplementation coverage is quite low, more than 60 percent of children have never received it.

The age pattern of Vitamin A supplements shows that supplements in the last six months is higher among children aged 6-11 months 20,3 percent and then declines steadily with age to six percent among the oldest children.

The mother's level of education is also related to the likelihood of Vitamin A supplements. The percentage receiving a supplement in the last six months increases from 6.5 percent among children whose mothers have primary education to 11 percent of those whose mothers have higher education.

Only 3 percent of mothers with a birth in the year before the MICS received a Vitamin A supplement within eight weeks of the birth (Table 19). More than 87 percent of mothers who gave birth in the year before MICS answered that they are not sure if they received a Vitamin A supplement within eight weeks of the birth

Low birth weight

Infants who weigh less than 2500 grams (2.5 kg.) at birth are categorized as low birth weight babies. Since many infants are not weighed at birth and those who are weighed may be a biased sample of all births, reported birth weight cannot be used to estimate the prevalence of low birth weight among all children. Therefore, the percentage of births weighing below 2500 grams is estimated from two items in the questionnaire: the mother's assessment of the child's **size** at birth (i.e., very small, smaller than average, average, larger than average, very large) and the mother's recall of the child's **weight** or the weight as recorded on a health card if the child was weighed at birth. Eighty seven percent of births in the Albania MICS were weighed at birth.

First, the two items are cross-tabulated for those children who were weighed at birth to obtain the proportion of births in each category of **size** who weighed less than 2500 grams. This proportion is then multiplied by the total number of children falling in the size category to obtain the estimated number of children in each size category who were of low birth weight. The numbers for each size category are added together to obtain the total number of low birth weight children. This number is divided by the total number of live births to obtain the percentage with low birth weight.

In Albania, approximately 3 percent of infants are estimated to weigh less than 2500 grams at birth (Table 20). The prevalence of low birth weight does not vary much according to urban and rural areas or by the mother's education.

E. Child Health

Immunization coverage

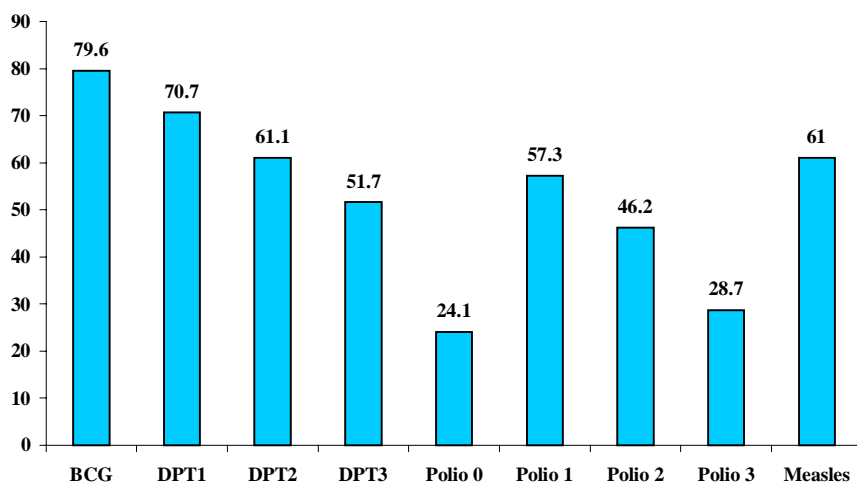
According to UNICEF and WHO guidelines, a child should receive a BCG vaccination to protect against tuberculosis, three doses of DPT to protect against diphtheria, pertussis, and tetanus, three doses of polio vaccine, and a measles vaccination by the age of 12 months. In MICS, mothers were asked to provide vaccination cards for children under the age of five. Interviewers copied vaccination information from the cards onto the MICS questionnaire. Mothers were also probed to report any vaccinations the child received that did not appear on the card. Overall, 86 percent of children had health cards. If the child did not have a card, the mother was read a short description of each vaccine and asked to recall whether or not the child had received it and, for DPT and Polio, how many times.

Table 21 shows the percentage of children aged 12 to 23 months who received each of the vaccinations. The denominator for the table is comprised of children aged 12-23 months so that only children who are old enough to be fully vaccinated are counted. In the top panel, the numerator includes all children who were vaccinated at any time before the survey according to the vaccination card or the mother's report. In the bottom panel, only those who were vaccinated before their first birthday are included. For children without vaccination cards, the proportion of vaccinations given before the first birthday is assumed to be the same as for children with vaccination cards. However, this information might not be periodically updated, due to the fact that many immunization campaigns are carried out during emergencies.

Approximately 80 percent of children (from vaccination cards) aged 12-23 months received a BCG vaccination by the age of 12 months and the first dose of DPT was given to 71 percent. The percentage declines for subsequent doses of DPT to 61 percent for the second dose, and 52 percent for the third dose (Figure 4). Similarly, 57.3 percent of children received Polio 1 by age

12 months and this declines to 28.7 percent by the third dose. The coverage for measles vaccine by 12 months is at 61 percent.

Figure 5. Percentage of children aged 12 - 23 months who received immunizations by age 12 months, Albania 2000



Note: The data are from vaccination's cards and mothers' declaration

As a result, the percentage of children who had all eight recommended vaccinations by their first birthday is low at only 17 percent. In Table 22, the percentage of children age 12-23 months currently vaccinated against childhood diseases is shown according to background characteristics. Unlike the previous table, the estimates in this table refer to children who received the vaccinations by the time of the survey, even if they did not occur prior to the age of 12 months. Male and female children are vaccinated at roughly the same rate. Rural children are more likely to be vaccinated than urban children. Vaccination coverage is higher among children whose mothers have secondary or higher education. In general the education differences are greatest for the third doses of DPT and Polio.

Diarrhea

In the MICS questionnaire, mothers (or caretakers) were asked to report whether their child had had diarrhea in the two weeks prior to the survey. If so, the mother was asked a series of questions about what the child had to drink and eat during the episode and whether this was more or less than the child usually ate and drank. Overall, 7 percent of under five children had diarrhea in the two weeks preceding the survey (Table 23). Diarrhea prevalence was not significantly higher in the urban and rural areas. The peak of diarrhea prevalence occurs in the weaning period, among children age 6 - 11 months at 14,5 percent

Table 23 also shows the percentage of children receiving various types of recommended liquids during the episode of diarrhea. 39 percent of children received breast milk while they had diarrhea. Children under age 12 months are especially likely to have received breast milk. About 19 percent of children received gruel and 35 percent received ORS. Children of mothers with secondary education appear to be less likely than other children to receive ORS. Approximately 94 percent of children with diarrhea received one or more of the recommended home treatments (i.e., were treated with ORS or RHF).

62 percent of under five children with diarrhea drank more than usual while 38 percent drank the same or less (Table 24). About 55 percent ate somewhat less, the same, or more than usual while 45 percent ate much less than usual or nothing. Overall, only 48.2 percent of children with diarrhea received increased fluids and continued eating as recommended.

Acute respiratory infection

Acute lower respiratory infections, particularly pneumonia, are one of the leading causes of child deaths in Albania. In the MICS questionnaire, children with acute respiratory infection are defined as those who had an illness with a cough accompanied by rapid or difficult breathing and whose symptoms were due to a problem in the chest, or both a problem in the chest and a blocked nose, or whose mother did not know the source of the problem. Less than 2 percent of children under five had an acute respiratory infection in the two weeks prior to the survey according to these criteria (Table 25). Of these, 30 percent were taken to a doctor for treatment, and 35 percent were taken to a nurse or health assistant. Eighteen percent were taken to a specialist or family member, friend, or neighbor. Fewer than 3 percent were taken to another type of health provider. Overall, almost 83 percent of children with ARI were taken to an appropriate health provider (i.e., doctor, specialist, nurse/health assistant, hospital).

IMCI initiative

The Integrated Management of Childhood Illnesses (IMCI) is a program developed by UNICEF and WHO that combines strategies for control and treatment of five major killers of children – acute lower respiratory tract infections, diarrheal dehydration, measles, malaria, and malnutrition. The program focuses on the improvement of case management skills by health workers, improvement of the health system, and improvement of family and community practices in the prevention and early management of childhood illnesses. Appropriate home management of illness is one component of IMCI. The approach teaches mothers that appropriate home management of diarrhea or any other illness requires giving more fluids and continuing to feed sick children as they are normally fed.

Table 26 presents information on the drinking and eating behavior of sick children. Almost 15 percent of children were reported to have had diarrhea or some other illness in the two weeks preceding the survey. Of these, 62 percent drank more liquids during the illness and 57 percent continued eating (i.e., ate somewhat less, the same, or more). Overall, 47 percent of sick children received increased fluids and continued eating as recommended under the IMCI program.

Promoting knowledge among caretakers about when it is appropriate to seek care for sick children is another important component of the IMCI program. In the Albania MICS, mothers or caretakers of children were asked to name all of the symptoms that would cause them to take a child to a health facility right away. The most common response, given by 85 percent of mothers, was that they would take their child to a health facility right away if he/she developed a fever (Table 27). 47 percent said that the child becoming sicker would cause them to take the child to a health facility and 55 percent mentioned difficulty breathing. 24 percent of mothers cited an inability to breastfeed, 48 percent fast breathing, 42 percent blood in stools, and 19 percent drinking poorly as reasons for taking a child to a health facility right away.

Rural mothers and those with no education were more likely to mention at least two signs for seeking care than other mothers.

F. HIV/AIDS

AIDS knowledge

One of the most important strategies for reducing the rate of HIV/AIDS infection is the promotion of accurate knowledge of how AIDS is transmitted and how to prevent transmission. Among women aged 15-49 in Albania, 92.7 percent have ever heard of AIDS (). This percentage is very high in urban areas (97,6 percent) and somewhat lower in rural areas (88.9 percent).

Women in MICS were read several statements about means of HIV/AIDS transmission and asked to state whether they believed the statements were true. Fifty five percent believe that having only one uninfected sex partner can prevent HIV transmission. 42 percent believe that using a condom every time one has sex can prevent HIV transmission and 36 percent agreed that abstaining from sex prevents HIV transmission. Overall, 25 percent knew all three ways and 60 percent were aware of at least one of the means of preventing transmission.

Education is also a very important factor in AIDS awareness. The percentage who know all three means of preventing transmission is the same among women with primary, secondary or higher education .Big differences across age groups do not exist; the percentage of women who know all three means is on average 25 percent for all age groups.

Less than two percent of women correctly stated that AIDS can't be transmitted by supernatural means whereas 12.6 percent stated that AIDS can't be spread by mosquito bites (Table 31). More than 40 percent of women correctly believe that a healthy looking person can be infected. About 57 percent of women in the urban areas recognize at least one misconception and 43 percent of these women do not correctly identify any misconceptions, while in rural areas 41 percent of women recognize at least one misconception and 59 percent of these women do not correctly identify any misconceptions.

Sixty four percent of women in Albania know that AIDS can be transmitted from mother to child (Table 32). When asked specifically about the mechanisms through which mother to child transmission can take place, 65 percent said that transmission during pregnancy was possible, 55 percent said that transmission at delivery was possible, and only 46 percent agreed that AIDS can be transmitted through breast milk. Slightly less than one in three women knew all three modes of transmission. This percentage does not vary much across background categories.

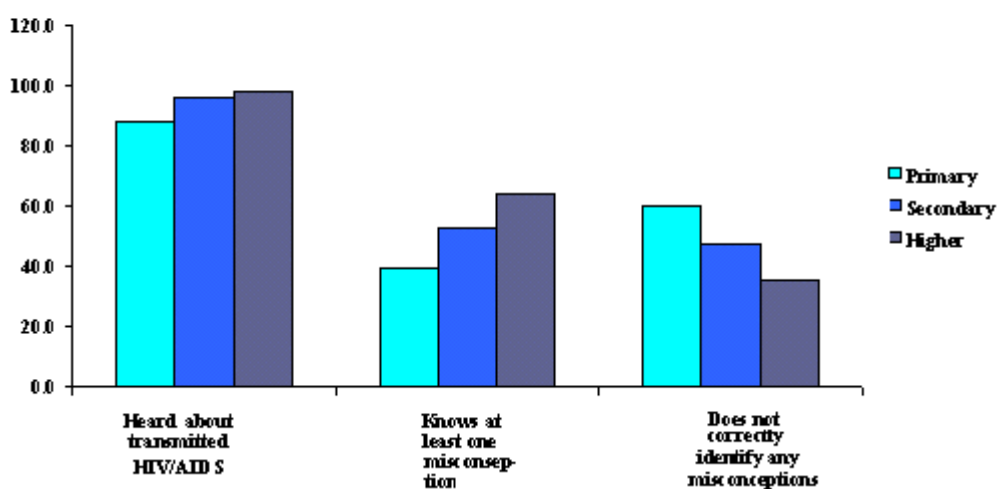
The MICS survey also attempted to measure discriminatory attitudes towards people living with HIV/AIDS. To this end, respondents were asked whether they agreed with two questions. The first asked whether a teacher who has the AIDS virus but is not sick should be allowed to continue teaching in school. The second question asked whether the respondent would buy food from a shopkeeper or food seller who the respondent knew to be infected with AIDS. The results are presented in Table 33.

Only one in five of respondents believe that a teacher with HIV/AIDS should not be allowed to work. The percentage is highest in urban areas at 32 percent and lowest in rural areas at 16 percent. Urban women and those with secondary or higher education are more likely to express this discriminatory attitude than rural women and those with primary or no education. Eleven percent of women would not buy food from a person infected with AIDS. Interestingly, this measure shows a different regional pattern than the first question. Women in the urban areas who

express a discriminatory attitude on this question are twice as many than in rural areas About 34 percent of women in urban areas agree with at least one of the discriminatory statements while in rural areas this drops to 17 percent.

Knowledge of HIV/AIDS transmission by level of education (Figure 6) has shown that 90 percent of women generally have heard about HIV/AIDS transmission but they have no sufficient knowledge about ways to prevent HIV/AIDS or do not correctly identify the three misconceptions.

Figure 6. Percentage of women aged 15 - 49 who have sufficient knowledge of HIV/AIDS transmission by level of education Albania 2000



AIDS testing

Voluntary testing for AIDS, accompanied by counseling, allows those infected to seek health care and to prevent the infection of others. Testing is particularly important for pregnant women who can then take steps to prevent infecting their babies. The indicators shown in Table 35 are designed to monitor whether women are aware of places to get tested for HIV/AIDS, the extent to which they have been tested, and the extent to which those tested have been told the result of the test. In some places, a relatively large proportion of people who are tested do not return to get their results due to fear of having the disease, fear that their privacy will be violated, or other reasons.

Twenty three percent of women of reproductive age in Albania know a place to get tested for AIDS. Women living in urban areas are most likely to know a place compared to those of rural areas. Only 13 percent of women with primary education know of a place to get tested compared to 28 percent of women with secondary education and 51 percent of women with higher education.

0.7 percent of women respondents have been tested for AIDS (350 women). The very low percentage of women tested shows that this is not a statistically valid sample. Out of this sample, 1.7 percent are from urban areas and 3,4 percent have received a higher education.

G. Reproductive Health

Contraception

Current use of contraception was reported by 58 percent of married or in union women (Table 36). The most popular method is withdrawal, which is used by 33 percent of women who use contraceptives in Albania. More than 42 percent of married or in union women do not use any contraception. Only 15 percent of women use modern methods while 42 percent use traditional methods. The next most popular method are condoms, which account for 7.9 percent of married women. Between three and eight percent of women reported use of LAM and periodic abstinence.

Contraceptive prevalence is at the same level in urban and rural areas. Young women are far less likely to use contraception than older women. Only about 38 percent of married or in union women aged 15-19 currently use a method of contraception compared to 46 percent of 20-24 years old and 60 percent of older women.

Women's education level is strongly associated with contraceptive prevalence. The percentage of women using any method of contraception rises from 11 percent among those with primary education to 18 percent among women with secondary education, and to 25 percent among women with higher education.

Prenatal care

Quality prenatal care can contribute to the prevention of maternal mortality by detecting and managing potential complications and risk factors, including pre-eclampsia, anemia, and sexually transmitted diseases. Antenatal care also provides opportunities for women to learn the danger signs of pregnancy and delivery, to be immunized against tetanus, to learn about infant care, and be treated for existing conditions, such as malaria and anemia.

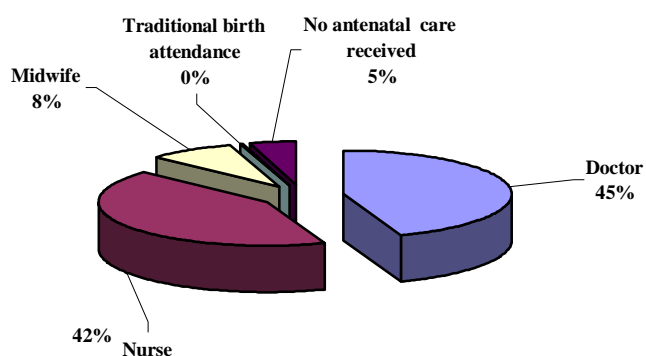
Tetanus toxoid injections are given to women during pregnancy to protect infants from neonatal tetanus, a major cause of infant death that is due primarily to unsanitary conditions during childbirth. Two doses of tetanus toxoid during pregnancy offer full protection. However, if a woman was vaccinated during a previous pregnancy, she may only need a booster to give full protection. Five doses are thought to provide lifetime protection.

Thirty percent of women with recent births in Albania are protected against neonatal tetanus (Table 37). All of these women received two doses of tetanus toxoid within the last three years. In the country as a whole, women living in urban areas are most likely to be protected (33 percent) while those living in rural areas are least likely (28percent). Note, however, that regional estimates are based on small numbers of cases and should be interpreted with caution. Women with primary education are more likely to be protected against tetanus than those with either no education or secondary or higher education.

Female respondents who had had a birth in the year prior to the Albania MICS were asked whether they had received antenatal care and, if so, what type of person provided the care. If the woman saw more than one type of provider, all were recorded in the questionnaire. Table 38 presents the percent distribution of women with a birth in the year prior to the MICS by the type of personnel who delivered antenatal care. If more than one provider was mentioned by the respondent, she is categorized as having seen the most skilled person mentioned.

Virtually all women in Albania receive some type of prenatal care and 95 percent receive antenatal care from skilled personnel (doctor, nurse, midwife). Less than 45 percent of women with a birth in the year prior to the survey received antenatal care from a doctor, 42 percent from a nurse, and 8 percent from a midwife (Figure 7). Health assistants providing prenatal care for urban areas is at 98 percent and in rural areas it is 93 percent.

Figure 7. Percent distribution of women with a birth in the last year by type of personnel delivering antenatal care, Albania 2000



Assistance at delivery

The provision of delivery assistance by trained attendants can greatly improve outcomes for mothers and children by the use of technically appropriate procedures, and accurate and speedy diagnosis and treatment of complications. Skilled assistance at delivery is defined as assistance provided by a doctor, nurse, or midwife. About 99 percent of births occurring in the year prior to MICS were delivered by skilled personnel (Table 39). This percentage is highest in urban areas at 100 percent and in rural areas at 98.6 percent. The more educated a woman is, the more likely she is to have delivered with the assistance of a skilled person.

Doctors assisted with the delivery of 57 percent of births, nurses assisted with 37 percent and one in ten births were delivered by midwives. Less than one percent of the births in the year prior to the MICS survey were delivered with no assistance.

H. Child Rights

Birth registration

The International Convention on the Rights of the Child states that every child has the right to a name and a nationality and the right to protection from being deprived of his or her identity. Birth registration is a fundamental means of securing these rights for children. The births of 99 percent of children under five years in Albania. (Table 40). There are no significant variations in

birth registration across sex, age, education categories, or urban and rural areas. A similar situation exists in urban and rural areas.

Orphans and the living arrangements of children

Children who are orphaned or living away from their parents may be at increased risk of impoverishment, discrimination, denial of property rights and rights to inheritance, various forms of abuse, neglect, and exploitation of their labor or sexuality. Monitoring the condition level of orphaned children and the living arrangements of children assists in identifying those who may be at risk and in tracking changes over time.

In Albania, 96.5 percent of children aged 0-14 are living with both parents (Table 41). A very small percentage of children aged 0-14 have one or both parents dead, 0,2 percent are not living with a biological parent

Child labor

It is important to monitor the extent to which children work and the type of work in which they participate for several reasons. Children who are working are less likely to attend school and more likely to drop out. This pattern can trap children in a cycle of poverty and disadvantage. Working conditions for children are often unregulated with few safeguards against potential abuse. In addition, many types of work are intrinsically hazardous and others present less obvious hazards to children, such as exposure to pesticides in agricultural work, carrying heavy weights and scavenging in garbage dumps.

In Albania, MICS estimates that less than one percent of children aged 5-14 years engage in paid work (Table 42). About 3 percent participate in unpaid work for someone other than a household member.

'Domestic work' is defined as cooking, shopping, cleaning, washing clothes, fetching water, and caring for children. Slightly more than half of children do these tasks for less than four hours a days while one percent spend more than four hours a day on such tasks. Overall, girls are somewhat more likely than boys and older children (aged 10-14) are more likely than younger children (aged 5-9 years) to do domestic work. Variations across regions are greatest in the percentage of children who engage in less than four hours of domestic work a day. This percentage ranges from 49 percent in the urban areas and 60 percent in rural areas.

Children who have done any paid or unpaid work for someone who is not a member of the household or who did more than four hours of housekeeping chores in the household or who did other family work are considered to be 'currently working'. Overall, 32 percent of children are classified as currently working. There is a difference between boys and girls (30 percent of boys and 28 percent of girls). Regionally, the percentage of children working is lowest in the urban areas at 7 percent and highest in the rural areas 45 percent. In Albania rural children are far more likely to work than urban children.

Appendix A: Tables

Table 1. NUMBER OF HOUSEHOLDS AND WOMEN, AND RESPOND RATES, ALBANIA 2000

	Urban	Rural	Total
Sampled hc	2977	2205	5182
Occupied h	2897	2073	4970
Interviewed	2838	1983	4821
Households	98.0	95.7	97.0
Eligible wo	3183	2313	5496
Interviewed	3163	2293	5456
Women res	99.4	99.1	99.3
Children u	804	649	1453
Interviewed	803	649	1452
Child resp	99.9	100.0	99.9

Table 2. SINGLE YEAR AGE DISTRIBUTION OF HOUSEHOLD POPULATION BY SEX , ALBANIA 2000

Age	Male		Female	
	Number	Percent	Number	Percent
0	93	0.9	77	0.7
1	131	1.2	108	1.0
2	178	1.7	148	1.4
3	150	1.4	182	1.7
4	210	2.0	210	2.0
5	112	1.1	136	1.3
6	222	2.1	221	2.1
7	200	1.9	191	1.8
8	241	2.3	198	1.9
9	236	2.2	197	1.9
10	241	2.3	230	2.2
11	218	2.1	215	2.1
12	217	2.1	243	2.3
13	252	2.4	247	2.4
14	220	2.1	223	2.1
15	197	1.9	189	1.8
16	243	2.3	220	2.1
17	212	2.0	207	2.0
18	229	2.2	220	2.1
19	171	1.6	181	1.7
20	175	1.7	208	2.0
21	151	1.4	167	1.6
22	183	1.7	175	1.7
23	148	1.4	154	1.5
24	144	1.4	158	1.5
25	168	1.6	147	1.4
26	156	1.5	169	1.6
27	131	1.2	131	1.3
28	144	1.4	173	1.7
29	131	1.2	147	1.4
30	162	1.5	162	1.6
31	124	1.2	145	1.4
32	138	1.3	150	1.4
33	138	1.3	143	1.4
34	120	1.1	124	1.2
35	128	1.2	144	1.4
36	159	1.5	157	1.5
37	142	1.4	151	1.4
38	147	1.4	150	1.4
39	180	1.7	169	1.6
40	198	1.9	206	2.0
41	142	1.4	153	1.5
42	151	1.4	179	1.7
43	138	1.3	131	1.3
44	143	1.4	130	1.2
45	169	1.6	158	1.5
46	127	1.2	104	1.0
47	153	1.5	110	1.1
48	82	0.8	93	0.9
49	89	0.8	116	1.1

50	128	1.2	114	1.1
51	117	1.1	100	1.0
52	113	1.1	114	1.1
53	90	0.9	92	0.9
54	78	0.7	73	0.7
55	80	0.8	74	0.7
56	97	0.9	81	0.8
57	101	1.0	87	0.8
58	110	1.1	79	0.8
59	81	0.8	69	0.7
60	126	1.2	105	1.0
61	73	0.7	56	0.5
62	72	0.7	75	0.7
63	68	0.6	67	0.6
64	66	0.6	51	0.5
65	96	0.9	75	0.7
66	50	0.5	50	0.5
67	55	0.5	74	0.7
68	52	0.5	47	0.4
69	39	0.4	51	0.5
70+	481	4.6	563	5.4
Missing/dk				
	0	0.0	6	0.1
Total	10514	100.0	10449	100.0

Table 3. PERCENTAGE OF CASES WITH MISSING INFORMATION, ALBANIA 2000

	Reference population	Percent	Number
Level of education	Household members 6+	7.9	19229
Year of education	Household members 6+	7.9	19229
Level of education	Household members 7+	5.9	18786
Year of education	Household members 7+	5.9	18786
Number of hours worked	Working children age 5 - 14	0	148
Complete birth date	Women 15 - 49	0	5456
Date of last tetanus toxoid injection	Women with a live birth in the last year	0	69
Ever been tested for HIV	Women 15 - 49	7.7	5456
Complete birth date	Children under 5	0	1453
Diarrhoea in last weeks	Children under 5	0	1453
Weight	Children under 5	3.1	1453
Height	Children under 5	4.9	1453

Table 4. PERCENT DISTRIBUTION OF HOUSEHOLDS BY BACKGROUND CHARACTERISTICS

	Area		Total
	Urban	Rural	
Number of HH members			
1	3.2	5.2	4.4
2 - 3	30.0	22.7	25.6
4 - 5	54.5	42.5	47.3
6 - 7	10.7	22.8	18.0
8 - 9	1.4	5.3	3.7
10+	0.3	1.5	1
Total	100	100	100
At least one	59.9	62.4	61.4
At least one	23.2	25.3	24.5
At least one	83.3	81.5	82.2
Number	1928	2893	4821
Unweighted	2838	1983	4821

**Table 5. PERCENT DISTRIBUTION OF
WOMEN 15 - 49 BY BACKGROUND
CHARACTERISTICS, ALBANIA 2000**

	Area		Total
	Urban	Rural	
Age			
15 - 19	17.4	20.9	19.5
20 - 24	12.6	16.5	15.0
25 - 29	12.6	14.5	13.8
30 - 34	14.3	12.7	13.3
35 - 39	15.9	13.5	14.4
40 - 44	16.3	13.1	14.3
45 - 49	11.0	8.8	9.6
Marital status			
Currently married	70.0	64.8	66.8
Not currently married	30.0	35.2	33.2
Ever given birth			
Yes	85.6	79.3	81.8
No	14.4	20.7	18.2
Education level			
Primary	23.2	68.8	51.2
Secondary	59.0	28.3	40.2
Higher	17.8	2.8	8.6
Total			
Number	2112	3344	5456
Unweighted	3163	2293	5456

Table 6. PERCENT DISTRIBUTION OF CHILDREN UNDER 5 BY BACKGROUND CHARACTERISTICS , ALBANIA 2000

	Area		Total
	Urban	Rural	
Male	50.9	51.4	51.2
Female	49.1	48.6	48.8
Age			
< 6 months	8.0	8.2	8.1
6 - 11 months	10.1	6.8	8.0
12 - 23 months	20.5	19.6	19.9
24 - 35 months	20.2	20.8	20.6
36 - 47 months	25.4	27.4	26.7
48 - 59 months	15.9	17.3	16.8
Mother's education			
None	0.1	3.4	2.2
Primary	23.2	67.0	51.4
Secondary	57.7	27.3	38.1
Higher	19.0	2.3	8.2
Total	100.0	100.0	100.0
Number	516	937	1453
Unweighted	803	649	1452

**Table 7. MEAN NUMBER OF CHILDREN
EVER BORN (CEB) AND PROPORTION
DEAD BY MOTHER'S AGE ALBANIA
2000**

Age	Mean numbr of CEB	Proportion dead	Number of women
15 - 19	0.032	0.036	1066
20 - 24	0.421	0.018	818
25 - 29	1.216	0.029	753
30 - 34	2.130	0.033	726
35 - 39	2.693	0.040	786
40 - 44	3.063	0.052	782
45 - 49	3.156	0.045	525
Total	1.651	0.041	5456

**Table 8. INFANT AND
UNDER-FIVE
MORTALITY RATES**

	Infant mortality rate	Under-five mortality rate
Total	28 per 1000	33 per 1000

Table 9. PERCENTAGE OF CHILDREN AGED 36 - 59 MONTHS WHO ARE ATTENDING SOME FORM OF ORGANIZED EARLY CHILHOOD EDUCATION PROGRAMME, ALBANIA 2000

	Attending programme	Number of children
Male	17.0	302
Female	17.7	330
Urban		
Urban	25.5	213
Rural	13.2	418
36 - 47 months		
36 - 47 months	16.6	387
48 - 59 months		
48 - 59 months	18.5	244
Mother's education		
None		
None	0.0	21
Primary		
Primary	12.2	336
Secondary		
Secondary	21.3	225
Higher		
Higher	42.0	50

**Table 10. PERCENTAGE OF CHILDREN OF PRIMARY SCHOOL AGE
ATTENDING PRIMARY SCHOOL, ALBANIA 2000**

	Male		Female		Total	
	Attending	Number	Attending	Number	Attending	Number
Urban	91.3	610	91.4	620	91.4	1230
Rural	90.0	1215	90.7	1124	90.3	2339
Age						
7	45.8	200	47.7	191	46.7	392
8	89.0	241	90.1	198	89.5	439
9	98.1	236	97.6	197	97.9	433
10	99.3	241	99.3	230	99.3	471
11	95.3	218	98.4	215	96.8	433
12	97.8	217	98.3	243	98.0	460
13	96.8	252	97.8	247	97.3	499
14	95.3	220	91.8	223	93.5	443
Total (7 - 10) years	77.0	1825	77.4	1744	77.3	3569
Total (8 - 11) years	95.1	1825	96.3	1744	95.9	3569
Total (8 - 9) years	93.2	1825	93.6	1744	93.4	3569

Table 11. PERCENTAGE OF CHILDREN ENTERING FIRST GRADE OF PRIMARY SCHOOL WHO EVENTUALLY REACH GRADE 5, ALBANIA, 2000

	Percent in grade 1 eventually reaching grade 2	Percent in grade 2 eventually reaching grade 3	Percent in grade 3 eventually reaching grade 4	Percent in grade 4 eventually reaching grade 5	Percent who reach grade 5 of those who enter grade
Male	91	92	93	93	84
Female	94	94	95	95	80
Urban	98	98	97	98	87
Rural	89	90	92	90	77
Total	93	93	94	94	82

Table 12. PERCENTAGE OF THE POPULATION AGED 15 YEARS AND OLDER THAT IS LITERATE, ALBANIA 2000

	Male			Female			Total		
	Literate	Not known	Number	Literate	Not known	Number	Literate	Not known	Number
Urban	94.1	1.0	3310	91.8	0.8	3267	92.9	0.9	6577
Rural	86.4	3.4	2274	75.5	3.1	2539	80.7	3.2	4814
Age									
15 - 24	93.2	2.7	1580	93.3	0.8	1634	93.2	1.7	3214
25 - 34	94.9	1.4	1325	91.7	1.3	1338	93.3	1.4	2663
35 - 44	93.9	1.3	1145	88.2	1.5	1100	91.1	1.4	2245
45 - 54	90.2	1.2	642	78.5	2.5	709	84.0	1.9	1350
55 - 64	81.4	2.5	434	68.3	3.8	514	74.3	3.2	948
65 +	74.4	3.4	459	56.2	3.9	511	64.8	3.7	970
Total	90.9	2.0	5585	84.7	1.8	5806	87.7	1.9	11391

Table 13. PERCENTAGE OF POPULATION USING IMPROVED DRINKING WATER SOURCES, ALBANIA 2000

	Main source of water										Total	Total with safe drinking water	Number of persons
	Piped into dwelling	Piped into yard	Public tap	Tube-well bore-hole with pump	Protected dug well	Protected spring	Bottled water	Unprotected dug well	Unprotected spring	Tanker truck vendor			
Urban	89.6	6.4	1.5	0.4	1.4	0.1	0.6	0.0	0.0	0.0	100.0	99.4	7719
Rural	19.8	26.3	25.1	4.4	13.8	5.6	0.1	2.5	1.6	0.8	100.0	95.0	13243
Total	45.5	19.0	16.4	2.9	9.2	3.6	0.3	1.6	1.0	0.5	100.0	96.7	20962

Table 14. PERCENTAGE OF POPULATION USING SANITARY MEANS OF EXCRETA DISPOSAL, ALBANIA 2000

	Type of toilet facility						Total	Total with sanitary means	Number of persons
	Flush sewage system	Pour flush latrine	Improved pit latrine	Traditional pit latrine	Open pit	Missing			
Urban	94.8	3.3	0.4	0.4	0.8	0.4	100.0	98.8	7719
Rural	36.6	38.6	2.8	6.5	14.3	1.2	100.0	84.5	13243
Total	58.0	25.6	1.9	4.3	9.3	0.9	100.0	89.8	20962

Table 15. PERCENTAGE OF UNDER-FIVE CHILDREN WHO ARE SEVERELY OR MODERATELY UNDERNOURISHED, ALBANIA 2000

	Weight for age		Height for age		Weight for height		Number of children
	Percent below -	Percent below -	Percent below	Percent below	Percent below	Percent below	
	2 SD	3 SD	-2 SD	-3 SD	-2 SD	-3 SD	
Male	15.3	4.8	34.1	19.8	11.9	4.8	524
Female	13.3	3.8	29.4	14.8	10.3	2.4	519
Urban							
Urban	14.1	4.9	23.8	12.2	11.9	3.7	402
Rural							
Rural	14.4	4.0	36.7	20.5	10.6	3.5	641
Age							
< 6 months	7.3	2.4	19.2	5.7	11.4	5.4	81
6 - 11 months	10.7	4.8	27.4	10.7	16.5	10.1	77
12 - 23 months	20.1	9.2	36.0	22.9	14.6	3.5	193
24 - 35 months	15.5	6.9	37.4	21.4	8.2	2.0	216
36 - 47 months	12.0	1.0	30.6	16.1	8.9	2.5	289
48 - 59 months	14.8	2.1	29.8	16.5	11.7	3.6	188
Mother's education							
Primary	16.9	4.6	38.3	19.7	12.1	4.2	556
Secondary	11.7	4.2	25.4	15.9	10.7	3.1	396
Higher	9.3	3.0	19.2	9.4	6.7	1.4	91
Total	14.3	4.3	31.7	17.3	11.1	3.6	1043

Table 16. PERCENT OF LIVING CHILDREN BY BREASTFEEDING STATUS, ALBANIA 2000

	Exclusive breastfeeding Children 0-3 months	Number of children	Complementary feeding rate Children 6-9 months	Number of children	Continued breastfeeding rate Children 12-15 months	Number of children	Continued breastfeeding rate Children 20-23 months	Number of children
Male	13.3	31	25	47	59	52	7	51
Female	6.1	49	22	19	72	56	6	44
Urban	10.1	28	26	29	58	38	6	37
Rural	8.2	52	23	37	70	70	6	58
Mother's education								
Primary	4.4	33	27	32	71	60	8	52
Secondary	10.2	40	20	26	60	40	4	38
Higher	22.6	7	26	8	49	8	8	6
Total	8.9	80	24	66	65	108	6	95

Table 17. PERCENTAGE OF HOUSEHOLDS CONSUMING ADEQUATELY IODIZED SALT, ALBANIA 2000

	Percent of households with no salt	Percent of households in which salt was tested	Percent of households with salt testing		Number of households
			< 15 PPM	15 + PPM	
Urban	0.0	98.1	29.1	70.9	7719
Rural	0.0	97.9	52.2	47.8	13243
Total	0.0	98.0	43.7	56.3	20962

Table 18 PERCENT DISTRIBUTION OF CHILDREN AGED 6 - 59 MONTHS BY WHETHER THEY HAVE RECEIVED A HIGH DOSE VITAMIN A SUPPLEMENT IN THE LAST 6 MONTHS, ALBANIA 2000

	Percent of children who received Vitamin A :			Not sure if received	Never received	Total	Number of children
	Within last 6 months	Prior to last 6 months	Not sure when				
Male	8.2	5.4	13.7	12.8	59.9	100.0	690
Female	6.5	4.5	11.8	14.3	62.9	100.0	646
Urban	7.5	4.3	14.6	10.9	62.6	100.0	475
Rural	7.3	5.3	11.7	15.0	60.7	100.0	860
Age							
6 - 11 months	20.3	3.2	6.1	11.0	59.5	100.0	116
12 - 23 months	7.2	3.7	7.4	10.9	70.8	100.0	289
24 - 35 months	6.7	4.4	18.8	12.5	57.5	100.0	299
36 - 47 months	5.0	5.7	13.2	15.4	60.6	100.0	387
48 - 59 months	6.0	6.8	14.1	16.1	57.0	100.0	244
Mother's education							
Primary	6.5	4.8	13.9	14.7	60.1	100.0	727
Secondary	7.9	5.4	11.1	13.0	62.7	100.0	499
Higher	10.8	4.1	13.0	8.0	64.1	100.0	110
Total	7.4	5.0	12.8	13.5	61.4	100.0	1335

Table 19. PERCENTAGE OF WOMEN WITH A BIRTH IN THE LAST 12 MONTHS BY WHETHER THEY RECEIVED A HIGH DOSE VITAMIN A SUPPLEMENT BEFORE THE INFANT WAS 8 WEEKS OLD, ALBANIA 2000

	Received vitamin A suplement	Not sure if received	Number of women
Urban	3.4	95.9	103
Rural	2.1	81.9	157
Mother's education			
Primary	2.7	81.9	126
Secondary	2.4	91.7	110
Higher	2.9	97.4	24
Total	2.6	87.5	260

Table 20. PERCENTAGE OF LIVE BIRTHS IN THE LAST 12 MONTHS THAT WEIGHED BELOW 2500 GRAMS AT BIRTH, ALBANIA 2000

	Percent of live births		Number of live births
	Below 2500 grams	Weighed at birth	
Urban	3.4	95.9	103
Rural	2.1	81.9	157
Mother's education			
Primary	2.4	81.6	124
Secondary	2.4	91.7	110
Higher	2.9	97.4	24
Total	2.6	87.5	260

Table 21. PERCENTAGE OF CHILDREN AGE 12 - 23 MONTHS IMMUNIZED AGAINST CHILDHOOD DISEASES AT ANY TIME BEFORE THE SURVEY AND BEFORE THE FIRST BIRTHDAY, ALBANIA 2000

	Percentage of children who received :										
	BCG	DPT1	DPT2	DPT3	Polio 0	Polio 1	Polio 2	Polio 3	Measles	All	None
Vaccination card	41.2	41.7	40.2	39.2	6.8	22.6	22.4	18.4	32.3	13.6	0.7
Mother's report	38.4	29.0	20.9	12.5	17.3	34.7	23.8	10.3	28.7	3.5	14.8
Either	79.6	70.7	61.1	51.7	24.1	57.3	46.2	28.7	61.0	17.1	15.5
Vaccinated before											
12 months	98.9	96.2	96.5	94.4	100.0	99.0	99.5	100	71.7	35.5	0.0

**Table 22. PERCENTAGE OF CHILDREN AGE 12 - 23 MONTHS CURRENTLY VACCINATED
AGAINST CHILDHOOD DISEASES, ALBANIA 2000**

	BCG	DPT1	DPT2	DPT3	Polio 0	Polio 1	Polio 2	Polio 3	Measles	All	None	% with health care	Number of children
Male	80.4	70.7	62.9	52.6	25.9	60.2	49.8	28.3	61.0	15.8	15.3	43.6	157
Female	78.8	70.7	59.6	50.5	22.0	54.0	41.9	29.2	61.1	18.4	15.7	45.3	132
Urban	81.9	77.9	69.9	63.3	19.8	44.2	40.2	21.8	66.4	12.8	12.0	61.1	106
Rural	78.4	66.6	56.5	44.9	26.6	64.9	49.6	32.6	58.0	19.5	17.5	34.7	183
Mother's education													
Primary	79.8	65.7	56.3	42.7	24.7	62.9	46.5	29.8	59.4	17.9	15.7	36.1	159
Secondary	78.2	75.4	66.3	61.0	19.6	47.1	42.5	27.2	63.7	15.8	16.3	52.8	109
Higher	85.6	84.5	74.3	71.2	43.0	68.2	62.9	28.0	60.2	16.8	9.0	63.0	21
Total	79.6	70.7	61.4	51.7	24.1	57.4	46.2	28.7	61.1	17.0	15.5	44.3	289

Table23. PERCENTAGE OF UNDER-FIVE CHILDREN WITH DIARRHEA IN THE LAST TWO WEEKS AND TREATMENT WITH ORS OR ORT, ALBANIA 2000

	Had diarrhea in last two weeks	Number of children under 5	Children with diarrhea who received								Number of children
			Breast milk	Gruel	Local acceptable	Other milk	Water with feeding	ORS packet	Any recommended treatment	No treatment	
Male	8.7	745	41.5	16.9	48.7	18.6	5.3	33.7	93.1	6.9	65
Female	5.8	709	35.1	21.8	44.0	31.1	17.3	37.2	95.0	5.0	41
Urban	6.7	516	46.8	17.6	47.3	30.4	9.6	33.3	98.2	1.8	35
Rural	7.6	937	35.2	19.4	46.7	20.2	10.2	36.0	91.7	8.3	71
Age											
< 6 months	7.8	118	76.4	0.0	46.0	0.0	23.6	29.0	100.0	0.0	9
6 -11 months	14.5	116	59.7	24.7	37.2	20.4	11.4	39.3	93.7	6.3	17
12 - 23 months	10.5	289	42.9	9.8	49.2	22.1	2.7	26.9	91.0	9.0	30
24 - 35 months	8.5	299	30.8	32.9	44.0	30.4	11.6	51.7	89.0	11.0	25
36 - 47 months	2.9	387	4.3	35.9	59.0	41.7	19.4	38.8	100.0	0.0	11
48 - 59 months	5.4	244	22.6	3.9	49.8	18.2	4.3	17.9	100.0	0.0	13
Mother's education											
Primary	9.9	780	36.0	21.5	43.3	23.3	10.3	41.9	91.5	8.5	78
Secondary	3.8	554	46.1	12.7	62.1	20.3	12.0	14.2	100.0	0.0	21
Higher	5.9	120	50.3	7.8	40.8	34.9	0.0	23.7	100.0	0.0	7
Total	7.3	1453	39.0	18.8	46.9	23.5	10.0	35.1	93.8	6.2	106

Table 24. PERCENTAGE OF UNDER - FIVE CHILDREN WITH DIARRHEA IN THE LAST TWO WEEKS WHO TOOK INCREASED FLUIDS AND CONTINUED TO FEED DURING THE EPISODE, ALBANIA 2000

	Had diarrhea in last two weeks	Number of children under 5	Children with diarrhea who drank:			Children with diarrhea who ate:			Received increased fluids/eating	Number of children with diarrhea
			More	Same/ less	Total	Somewhat less/ same	Much less/none	Total		
Male	8.7	745	53.7	46.3	100	48.9	51.1	100	42.8	65
Female	5.8	709	75.0	25.0	100	64.9	35.1	100	56.6	41
Urban										
Urban	6.7	516	68.4	31.6	100	55.6	44.4	100	48.6	35
Rural										
Rural	7.6	937	58.9	41.1	100	54.9	45.1	100	48.0	71
Age										
< 6 months	7.8	118	76.1	23.9	100	66.9	33.1	100	51.0	9
6 - 11 months	14.5	116	73.1	26.9	100	78.2	21.8	100	64.6	17
12 - 23 months	10.5	289	54.1	45.9	100	55.0	45.0	100	52.0	30
24 - 35 months	8.5	299	67.8	32.2	100	54.1	45.9	100	47.7	25
36 - 47 months	2.9	387	56.5	43.5	100	38.5	61.5	100	34.2	11
48 - 59 months	5.4	244	49.7	50.3	100	33.8	66.2	100	29.5	13
Mother's education										
Primary	9.9	780	64.7	35.3	100	56.1	43.9	100	49.8	78
Secondary	3.8	554	56.7	43.3	100	56.0	44.0	100	47.2	21
Higher	5.9	120	48.6	51.4	100	42.0	58.0	100	34.2	7
Total	7.3	1453	62.0	38.0	100	55.1	44.9	100	48.2	106

**Table 25. PERCENTAGE OF UNDER - FIVE CHILDREN WITH ACUTE RESPIRATORY INFECTION IN THE LAST
PERCENTAGE OF UNDER-FIVE CHILDREN WITH ACUTE RESPIRATORY INFECTION IN THE TWO WEEKS AND
TREATMENT BY HEALTH PROVIDERS, ALBANIA 2000**

	Had acute respiratory infection	Number of children under 5	Children with ARI who were taken to							Any appropriate provider	Number of children with ARI
			Hosp- ital	Health center	Dispen- cary	Village health workers	Private physic- ians	Traditi- onal healer	Other		
Male	1.7	745	30.7	25.7	0.0	0.0	26.6	0.0	0.0	77.8	13
Female	1.1	709	29.6	51.8	0.0	35.9	5.4	0.0	9.5	91.8	8
Urban	2.3	516	35.0	20.3	0.0	0.0	31.4	0.0	5.9	81.1	12
Rural	0.9	937	23.4	57.8	0.0	33.1	0.0	0.0	0.0	85.8	8
Age											
< 6 months	1.8	118	0.0	100.0	0.0	0.0	0.0	0.0	0.0	100.0	2
6 -11 months	2.3	116	0.0	76.9	0.0	0.0	25.3	0.0	0.0	76.9	3
12 - 23 months	1.3	289	67.9	0.0	0.0	0.0	0.0	0.0	0.0	67.9	4
24 - 35 months	2.5	299	38.7	15.3	0.0	35.5	41.1	0.0	9.4	100.0	8
36 - 47 months	0.5	387	0.0	19.7	0.0	0.0	0.0	0.0	0.0	19.7	2
48 - 59 months	0.9	244	35.1	64.9	0.0	0.0	0.0	0.0	0.0	100.0	2
Mother's education											
Primary	1.7	748	21.4	43.8	0.0	21.4	13.3	0.0	0.0	81.4	13
Secondary	1.1	554	48.9	20.0	0.0	0.0	24.3	0.0	11.5	82.3	6
Higher	1.2	120	28.4	28.4	0.0	0.0	43.3	0.0	0.0	100.0	1
Total	1.4	1453	30.3	35.4	0.0	13.3	18.8	0.0	3.5	83.0	20

Table 26. PERCENTAGE OF CHILDREN 0-59 MONTHS OF AGE REPORTED ILL DURING THE LAST TWO WEEKS WHO RECEIVED INCREASED FLUIDS AND CONTINUED FEEDING, ALBANIA 2000

	Children with illness who drank					Children with illness who ate				
	Reported illness in last 2 weeks	Number of children under 5				Received increased fluids/ eating	Number of sick children			
			More	Same/ less	Total			Some-what less/ same	Much less/ none	Total
Male	16.3	745	55.1	44.9	100.0	52.8	47.2	100.0	45.6	121
Female	12.2	709	70.4	29.6	100.0	61.7	38.3	100.0	48.0	87
Urban	16.3	516	63.0	37.0	100.0	59.0	41.0	100.0	48.0	84
Rural	13.2	937	60.5	39.5	100.0	54.9	45.1	100.0	45.6	124
Age										
< 6 months	10.6	118	70.9	29.1	100.0	64.5	35.5	100.0	41.3	13
6 -11 months	22.3	116	65.7	34.3	100.0	73.3	26.7	100.0	60.2	26
12 - 23 months	20.0	289	58.2	41.8	100.0	51.5	48.5	100.0	46.2	58
24 - 35 months	18.5	299	64.4	35.6	100.0	54.8	45.2	100.0	45.7	55
36 - 47 months	7.9	387	57.4	42.6	100.0	62.3	37.7	100.0	46.2	31
48 - 59 months	10.6	244	58.9	41.1	100.0	43.8	56.2	100.0	38.7	26
Mother's education										
Primary	16.8	780	64.0	36.0	100.0	57.1	42.9	100.0	49.3	131
Secondary	10.4	554	59.2	40.8	100.0	56.6	43.4	100.0	44.3	58
Higher	16.5	120	51.7	48.3	100.0	52.9	47.1	100.0	35.6	20
Total	14.3	1453	61.5	38.5	100.0	56.5	43.5	100.0	46.6	208

**Table 27. PERCENTAGE OF CARETAKERS OF CHILDREN 0 - 59 MONTHS WHO KNOW
AT LEAST 2 SIGNS FOR SEEKING CARE IMMEDIATELY ALBANIA 2000**

	Knows child should be taken to health facility if child							Knows at least 2 signs	Number of care-takers
	Not able to drink/ breastfeed	Becomes sicker	Develops a fever	Has fast breathing	Has difficulty breathing	Has blood in stool	Is drinking poorly		
Urban	21.6	46.6	85.3	46.5	52.7	48.9	17.9	86.6	516
Rural	25.9	47.6	84.6	49.1	55.8	38.1	19.5	85.6	937
Mother's education									
Primary	25.1	46.9	84.5	47.3	58.1	39.4	18.7	86.5	780
Secondary	23.9	48.3	84.9	49.1	50.1	43.9	18.7	86.0	554
Higher	22.1	44.0	86.7	49.5	53.7	49.4	21.6	82.8	120
Total	24.4	47.2	84.8	48.2	54.7	41.9	18.9	86.0	1453

Table 30. PERCENTAGE OF WOMEN AGED 15 - 49 WHO KNOW THE MAIN WAYS OF PREVENTING HIV TRANSMISSION, ALBANIA 2000

	Heard of AIDS	Have only one faithful uninfected sex partner	Using a condom every night	Knows both two ways	Knows at least one way	Does not know any way	Number of women
Urban	97.6	64.8	53.6	49.3	69.1	30.9	2112
Rural	88.9	48.2	33.9	31.7	50.4	49.6	3344
Age							
15 - 19	91.6	53.2	41.0	37.6	56.6	43.4	1066
20 - 24	94.0	56.4	42.7	40.1	59.0	41.0	818
25 - 29	95.0	57.6	40.9	37.7	60.7	39.3	753
30 - 34	96.3	57.3	42.4	39.7	60.0	40.0	726
35 - 39	91.4	55.8	43.7	40.5	59.1	40.9	786
40 - 44	89.4	52.1	41.4	38.6	55.0	45.0	782
45 - 49	87.1	49.2	37.3	34.5	52.0	48.0	525
Education							
Primary	88.1	45.9	32.4	29.9	48.4	51.6	2792
Secondary	96.3	62.5	49.8	46.4	66.0	34.0	2192
Higher	97.9	69.8	57.2	53.1	73.9	26.1	471
Total	92.3	54.7	41.5	38.5	57.7	42.3	5456

Table 31. PERCENTAGE OF WOMEN AGED 15 - 49 WHO CORRECTLY IDENTIFY MISCONCEPTIONS ABOUT HIV/AIDS, ALBANIA 2000

Percent who know that:								
<u>AIDS can not be transmitted by:</u>								
	Heard of AIDS	Supernatural means	Mosquito bites	A healthy looking person can be infected	Knows all three misconceptions	Knows at least one misconception	Does not correctly identify any misconceptions	Number of women
Urban	97.6	1.5	15.5	49.1	0.2	57.0	43.0	2112
Rural	88.9	1.7	10.4	34.7	0.1	40.9	59.1	3344
Age								
15 - 19	91.6	1.4	14.3	41.7	0.2	49.5	50.5	1066
20 - 24	94.0	1.7	12.7	38.7	0.5	45.2	54.8	818
25 - 29	95.0	1.1	13.2	40.4	0.2	47.7	52.3	753
30 - 34	96.3	1.1	13.1	40.9	0.0	47.4	52.6	726
35 - 39	91.4	3.0	12.3	42.4	0.1	50.5	49.5	786
40 - 44	89.4	1.4	10.6	39.0	0.2	44.5	55.5	782
45 - 49	87.1	1.8	8.9	37.3	0.0	42.8	57.2	525
Education								
Primary	88.1	1.7	9.8	33.9	0.0	39.8	60.2	2792
Secondary	96.3	1.5	13.7	45.2	0.3	52.7	47.3	2192
Higher	97.9	1.9	21.2	54.6	0.5	64.2	35.8	471
Total	92.3	1.6	12.4	40.2	0.2	47.1	52.9	5456

Table 32. PERCENTAGE OF WOMEN AGED 15 - 49 WHO CORRENTLY IDENTITY MEANS OF HIV TRANSMISSION FROM MOTHER TO CHILD , ALBANIA 2000

	Know AIDS can be transmitted from mother to child	Percent who know AIDS can be transmitted :				Did not know any specific way	Number of women
		During pregnancy	At delivery	Through breastmilk	Knows all three		
Urban	75.1	78.0	67.4	50.4	44.1	18.0	2112
Rural	56.6	57.4	46.5	42.4	33.4	37.9	3344
Age							
15 - 19	54.6	58.8	45.4	38.4	31.4	37.5	1066
20 - 24	64.3	64.7	55.2	45.3	36.0	28.6	818
25 - 29	67.6	66.4	56.1	45.9	37.9	28.4	753
30 - 34	69.9	70.3	59.8	48.3	40.6	26.6	726
35 - 39	66.7	69.8	60.0	49.0	40.9	27.0	786
40 - 44	61.7	63.8	54.7	47.1	39.0	30.5	782
45 - 49	66.2	67.5	54.7	48.1	40.5	29.6	525
Education							
Primary	56.0	56.9	46.8	40.8	32.7	38.3	2792
Secondary	70.2	72.6	61.4	50.3	42.2	23.0	2192
Higher	80.0	82.1	69.1	50.9	45.1	15.0	471
Total	63.8	65.4	54.6	45.5	37.6	30.2	5456

Table 33. PERCENTAGE OF WOMEN AGED 15 - 49 WHO EXPRESS A DISCRIMINATORY ATTITUDE TOWARDS PEOPLE WITH HIV/AIDS, ALBANIA 2000

	Percent of women who :				Number of women
	Believe that a teacher with HIV should not be allowed to work	Would not buy food from a person with HIV/AIDS	Agree with at least one discriminatory statement	Agree with neither discriminatory statement	
Urban	31.7	16.5	34.2	65.8	2112
Rural	15.6	7.2	17.0	83.0	3344
Age					
15 - 19	25.7	12.6	28.1	71.9	1066
20 - 24	27.0	13.5	28.8	71.2	818
25 - 29	25.2	12.1	26.8	73.2	753
30 - 34	17.1	8.8	18.9	81.1	726
35 - 39	17.4	9.2	19.2	80.8	786
40 - 44	18.2	8.8	19.8	80.2	782
45 - 49	19.5	9.4	20.9	79.1	525
Education					
Primary	13.8	7.1	15.6	84.4	2792
Secondary	27.4	13.2	29.3	70.7	2192
Higher	43.6	22.0	45.3	54.7	471
Total	21.8	10.8	23.7	76.3	5456

Table 34 . PERCENTAGE OF WOMEN AGED 15 - 49 WHO HAVE SUFFICIENT KNOWLEDGE OF HIV/AIDS TRANSMISSION, ALBANIA 2000

	Heard of AIDS	Know 3 ways to prevent HIV transmission	Correctly identify 3 misconceptions about HIV transmission	Have sufficient knowledge	Number of women
Urban	97.6	31.1	0.2	0.1	2112
Rural	88.9	21.5	0.1	0.0	3344
Age					
15 - 19	91.6	25.0	0.2	0.0	1066
20 - 24	94.0	25.8	0.5	0.0	818
25 - 29	95.0	25.3	0.2	0.0	753
30 - 34	96.3	26.0	0.0	0.0	726
35 - 39	91.4	27.0	0.1	0.1	786
40 - 44	89.4	25.1	0.2	0.1	782
45 - 49	87.1	21.3	0.0	0.0	525
Education					
Primary	88.1	21.1	0.0	0.0	2792
Secondary	96.3	29.8	0.3	0.1	2192
Higher	97.9	28.3	0.5	0.0	471
Total	92.3	25.2	0.2	0.0	5456

Table 35. PERCENTAGE OF WOMEN AGED 15 - 49 WHO KNOW WHERE TO GET AN AIDS TEST AND WHO HAVE BEEN TESTED, ALBANIA 2000

	Know a place to get tested	Have been tested	If tested have been told result	Number of women
Urban	35.3	1.7	100.0	2112
Rural	14.9	0.1	100.0	3344
Age				
15 - 19	24.4	0.3	100.0	1066
20 - 24	23.9	0.7	100.0	818
25 - 29	22.8	1.0	100.0	753
30 - 34	20.8	0.6	100.0	726
35 - 39	22.8	1.2	100.0	786
40 - 44	21.2	1.0	100.0	782
45 - 49	22.8	0.4	100.0	525
Education				
Primary	13.9	0.2	100.0	2792
Secondary	28.0	0.9	100.0	2192
Higher	51.2	3.4	100.0	471
Total	22.8	0.7	100.0	5456

Table 36. PERCENTAGE OF MARRIED OR IN UNION WOMEN AGED 15 - 49 WHO ARE USING (OR WHOSE PARTNER IS USING) A CONTRACEPTIVE METHOD, ALBANIA 2000

	Percent of married or in-union women who are using										Total	Any modern method	Any traditional method	Any method	Number of currently married women
	No method	Female sterilization	Male sterilization	Pill	Injections	Condom	LAM	Periodic abstinence	Withdrawal	Other					
Urban	39.1	0.7	0.2	7.2	0.7	12.0	2.7	6.3	30.9	0.2	100.0	20.9	40.0	60.9	1429
Rural	44.7	1.1	0.3	4.5	0.6	5.2	2.5	8.3	32.5	0.3	100.0	11.6	43.7	55.3	2124
Age															
< 20 years	62.3	0.0	0.0	3.9	0.0	10.5	1.9	5.5	15.9	0.0	100.0	14.4	23.3	37.7	76
20 - 24	54.1	0.4	0.1	4.5	0.2	6.3	7.7	3.8	22.1	0.8	100.0	11.5	34.4	45.9	336
25 - 49	40.7	1.0	0.3	5.8	0.7	8.0	2.1	8.0	33.3	0.2	100.0	15.8	43.5	59.3	3142
Education															
Primary	44.4	1.1	0.3	4.6	0.7	4.8	2.2	8.5	33.1	0.3	100.0	11.5	44.1	55.6	1874
Secondary	41.0	0.8	0.1	6.5	0.6	10.4	3.1	6.5	30.9	0.2	100.0	18.3	40.6	59.0	1363
Higher	37.0	0.5	0.6	8.2	0.9	15.2	3.1	6.2	28.3	0.0	100.0	25.4	37.6	63.0	316
Total	42.5	0.9	0.2	5.6	0.7	7.9	2.6	7.5	31.8	0.2	100	15.3	42.2	57.5	3553

Table 37. PERCENTAGE OF MOTHERS WITH A BIRTH IN THE LAST 12 MONTHS PROTECTED AGAINST NEONATAL TETANUS, ALBANIA 2000

	Percent of mothers with a birth in the last 12 months who :			Protected against tetanus	Number of mothers
	Received at least 2 doses, last within 3 years	Received at least 3 doses, last within 10 years	Received at least 5 doses, during lifetime		
Urban	33.4	0	0	33.4	103
Rural	28.5	0	0	28.5	157
Education					
Primary	30.6	0	0	30.6	126
Secondary	27.4	0	0	27.4	110
Higher	43.2	0	0	43.2	24
Total	30.4	0	0	30.4	260

Table 38. PERCENT DISTRIBUTION OF WOMEN AGED 15 - 49 WITH A BIRTH IN THE LAST YEAR BY TYPE OF PERSONNEL DELIVERING ANTENATAL CARE, ALBANIA

	<u>Person delivering antenatal care:</u>					Total	Any skilled personnel	Number of women
	Doctor	Nurse	Midwife	Traditional birth attendant	No antenatal care received			
Urban	71.5	20.2	6.4	0.5	1.4	100.0	98.1	103
Rural	26.8	56.8	9.7	0.0	6.6	100.0	93.4	157
Education								
Primary	28.5	58.1	8.2	0.0	5.3	100.0	94.7	126
Secondary	54.7	33.0	8.1	0.0	4.2	100.0	95.8	110
Higher	82.0	2.9	10.8	2.1	2.1	100.0	95.7	24
Total	44.5	42.3	8.4	0.2	4.5	100.0	95.3	260

Table 39. PERCENT DISTRIBUTION OF WOMEN AGED 15 - 49 WITH A BIRTH IN THE LAST YEAR BY TYPE OF PERSONNEL ASSISTING AT DELIVERY, ALBANIA 2000

	<u>Person assisting at delivery:</u>				Total	Any skilled personnel	Number of women
	Doctor	Nurse	Midwife	No assistance			
Urban	73.1	16.5	10.4	0.0	100.0	100.0	103
Rural	46.5	41.6	10.5	1.4	100.0	98.6	157
Education							
Primary	36.1	46.9	15.2	1.8	100.0	98.2	126
Secondary	74.0	19.9	6.1	0.0	100.0	100.0	110
Higher	88.6	5.9	5.5	0.0	100.0	100.0	24
Total	57.0	31.6	10.5	0.9	100.0	99.1	260

Table 40 . PERCENT DISTRIBUTION OF CHILDREN AGED 0 - 59 MONTHS BY WHETHER BIRTHS IS REGISTERED AND REASONS FOR NON - REGISTRATION, ALBANIA 2000

	Birth is registered	Birth is not registered because:				Total	Number of children
		Cost too much	Must travel too far	Other	DK or missing		
Male	98.7	0.6	0.2	0.5	0.0	100.0	745
Female	99.0	0.1	0.1	0.7	0.1	100.0	709
Urban	98.7	0.1	0.1	0.9	0.1	100.0	516
Rural	98.9	0.5	0.2	0.5	0.0	100.0	937
Age							
< 6 months	92.1	3.2	0.6	4.1	0.0	100.0	118
6 -11 months	97.0	0.0	1.3	1.2	0.5	100.0	116
12 - 23 months	99.3	0.5	0.0	0.2	0.0	100.0	289
24 - 35 months	99.7	0.0	0.0	0.3	0.0	100.0	299
36 - 47 months	100.0	0.0	0.0	0.0	0.0	100.0	387
48 - 59 months	99.5	0.0	0.0	0.5	0.0	100.0	244
Mother's education							
Primary	98.6	0.6	0.2	0.7	0.0	100.0	780
Secondary	99.1	0.1	0.0	0.7	0.1	100.0	554
Higher	99.4	0.0	0.6	0.0	0.0	100.0	120
Total	98.8	0.4	0.2	0.6	0.0	100.0	1,453

Table 41 . PERCENT DISTRIBUTION OF CHILDREN 0 - 14 YEARS OF AGE IN HOUSEHOLDS NOT LIVING WITH A BIOLOGICAL PARENT , ALBANIA 2000

	Living with neither parent								Total	Not living with a biological parent	One or both parents dead	Number of children
	Living with both parents	Mother only alive	Both are alive	Both are dead	Father alive	Father dead	Mother alive	Mother dead				
Male	96.4	0.0	0.2	0.1	1.8	0.7	0.5	0.3	100.0	0.3	1.1	2921
Female	96.6	0.0	0.1	0.1	1.5	1.1	0.4	0.2	100.0	0.2	1.4	2825
Urban	96.3	0.0	0.4	0.2	2.0	0.3	0.5	0.3	100.0	0.6	0.9	1990
Rural	96.7	0.0	0.0	0.0	1.4	1.3	0.4	0.2	100.0	0.0	1.4	3756
Age												
0 - 4 years	97.0	0.0	0.2	0.0	2.1	0.6	0.1	0.0	100.0	0.2	0.6	1486
5 - 9 years	97.2	0.0	0.1	0.1	1.5	0.5	0.5	0.2	100.0	0.2	0.7	1954
10 - 14 years	95.6	0.0	0.2	0.2	1.5	1.5	0.6	0.4	100.0	0.4	2.1	2306
Total	96.5	0.0	0.2	0.1	1.6	0.9	0.4	0.2	100	0.2	1.2	5746

Table 42. PERCENTAGE OF CHILDREN 5 - 14 YEARS OF AGE WHO ARE CURRENTLY WORKING, ALBANIA 2000

	<u>Domestic work</u>				Family work		Number of children
	Paid work	Unpaid work	< 4 hours/day	4 or more hours/day	(farm or business)	Currently working	
Male	1.0	2.9	48.0	0.4	33.5	35.6	2159
Female	0.8	2.2	62.4	1.5	25.4	27.7	2101
5 - 9 years	0.6	1.6	33.5	0.1	15.2	16.3	1954
10 - 14 years	1.2	3.4	73.4	1.7	41.6	44.7	2306
Urban	0.5	2.9	49.1	0.6	3.3	6.7	1462
Rural	1.1	2.4	58.2	1.2	43.2	44.8	2798
Total	0.9	2.6	55.1	1.0	29.5	31.7	4260