

Child Well-Being **in Albania**

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“The true measure of a nation’s standing is how well it attends to its children – their health and safety, their material security, their education and socialization, and their sense of being loved, valued, and included in the families and societies into which they were born.” UNICEF 2007

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Acronyms

ADHS	Albania Demographic and Health Survey
ALL	Albanian Lek (currency)
CEE	Central and Eastern Europe
CPU	Child Protection Unit
DPT3	Diphtheria-Tetanus-Pertussis (immunization)
EU	European Union
HBCS	Health Behavior of School-Age Children
HH	Households
INSTAT	National Institute of Statistics
IPH	Institute for Public Health
LGU	Local Government Unit
LSMS	Living Standard Measurement Survey
MSWY	Ministry of Social Welfare and Youth
NACRP	National Agency for Protection of Children's Rights
NE	Economic Aid (<i>ndihma ekonomike</i>)
NEET	Not in Education, Employment or Training
OECD	Organization of Economic Co-operation and Development
PISA	Program for International Student Assessment
Pol3	Poliomyelitis Immunization
SILC	Statistics on Income and Living Conditions
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Executive Summary


“The true measure of a nation’s standing is how well it attends to its children – their health and safety, their material security, their education and socialization, and their sense of being loved, valued, and included in the families and societies into which they were born” UNICEF 2007, p1

“Child Well-being in Albania” looks at how children in Albania have been doing during and after the economic downturn that started in 2008. The global financial crisis ended a period of sustained economic growth for Albania. The economy may just have started to recover. Though Albania produces much data on children it has no single official means of establishing how its children are doing, no ‘State of Children’ report. This report represents a first effort to fill that gap.

Of course there is already a great deal of material available on children’s well-being in Albania. Albania is not included in comparisons of OECD or EU countries, but much of the data used in those reports are now available for Albania. The latter include the Health Behaviour of School Aged Children (HBSC 2014), OECD PISA, health and demographic indicators from WHO or WDI. In addition the National Institute of Statistics in Albania, is undertaking the EU Statistics on Income and Living Conditions survey (EU SILC), though the results of the first wave were not available for this report. In addition there are administrative data produced by INSTAT, the Ministry of Social Welfare and Youth and the National Agency for Protection of Children’s Rights.

For periodic monitoring of the child well-being indicators, a selected public authority at national level can integrate all the information from micro datasets and administrative sources. The methodological approach used for the purpose of this research study can be used to further implement a periodic monitoring. An initial step is to agree on the conceptualization and measurement of child well-being. The methodological framework of this research study is based on the UNICEF Innocenti Report Card methodology (2007) and Bradshaw et al (2009) that conceive children’s well-being as the state of seven domains - their access to material resources, their health, their subjective well-being and personal relationships, their education attainment and participation, their behavioural risks and maltreatment, and their housing and environment. These domains of well-being are then illustrated by sets of indicators on which data are gathered mainly from surveys or administrative sources.

A subsequent step, which was also followed during the work for this research, was to finalize the list of indicators used for each of the well-being domains and carry a data inventory exercise which enables the identification of available and missing micro or administrative data. Furthermore, the main survey data used in the report were extracted from micro data of the Health Behaviour of School Aged Children in Albania (2014), the Living Standard Measurement Survey for Albania (2008, 2012), the Population and Housing Census 2011 and the OECD Programme for International Students Assessment (PISA) 2012. Other statistical data came from National Institute of Statistics and international comparative sources.

The combination of information from the national micro datasets with administrative data from MoSWY and National Agency for Child Rights Protection can enable the replication of this exercise for a comparative monitoring of the child well-being situation in Albania. If the micro datasets can be produced periodically and maintain the methodological consistency, dynamic analyses which may include policy monitoring and evaluation exercises (pre and post evaluations) can be generated. 

Addressing missing data, is an important challenge. In the case of this study too, the team of researchers had to deal with data lacking continuity and consistency. There is also scarce information regarding children with disabilities, children part of vulnerable groups such as Roma and Egyptians, while the national policy documents clearly state the need for such information. Additionally, it is pertinent that coordination and communication among agencies is to be strengthened to address the drawback in data and information gathering. A permanent technical committee with involvement of agencies working on children and institutions responsible for data and information gathering could improve the situation on representing children and thematic areas of their well-being in national scale surveys.

The report aims to establish if things for children in Albania are getting better over time, how the well-being of children is distributed regionally, or by age, gender, class, ethnicity, family structure. It also seeks to compare Albanian children with children in other countries. International comparisons are fraught with difficulties but without them we cannot establish how Albania is doing for her children. We may be able to say whether things are getting better or worse but we cannot say how well or badly we are doing or whether we are doing as well as we could be.

Overall the data and the comparison shows that material well-being of children, housing environment, education and health improving activities such as sports or eating habits are areas of child well-being that need policy intervention for improvement, as they fall far behind the situation in other countries of comparable development with Albania. Housing environment, risks that emerge for early and non protected sexual activity among adolescents, improved family relations especially with fathers, reducing exposure of children to surrounding violent environment at school or at their living habitat are areas of children well-being that also need careful monitoring and policy interventions in the future.

We have been flexible about the definition of children. Most of the survey data covers children over eleven and where the data is relevant, for example on school leaving and NEETs we have included data on young people over 18. The data is of course never as up-to-date as we would like it to be. We only have data on poverty and educational attainment to 2012 and the latest health behaviour is for 2014. While administrative data may be more up-to-date it is inevitable that it takes time to process survey data.

The reporting and monitoring of child well-being should serve for evidence based policies and set priorities to reduce child poverty and deprivation levels. Furthermore, policies should be carefully targeted to meet the needs of those who are more vulnerable such as households with younger children, as well as regions with higher levels of low child well-being and vulnerable children.

The Albanian population is ageing, with declining fertility and migration strongly influencing the ageing of the population. The number of children under age 15 has undergone a sharp decline, Albania had 579 thousand children under age 15 in 2011, down from 1.05 million in 1989. Demographic indicators show that the number of children living in single parents family is increasing. There is also still a comparatively high proportion of children living in households with other members than parents and siblings.


Child poverty and material deprivation: 19.2% of households with children were living in absolute poverty, in 2012. The absolute and relative poverty rates among households with children increased between 2008 and 2012.

Despite the low material deprivation indicated by LSMS data, the family affluence scale as measured through HBS survey data shows that a higher percentage of school aged children live in an environment facing material deprivation around 46% children have declared a low family affluence.

Although poverty levels increased in 2012 in Albania, the increase was larger for urban areas. The urban areas have been more susceptible to the financial crises, whereas by the nature of the crisis the rural areas, which main activity is agricultural have not been much affected.


Poverty level linked to the household status and the status of parents are concerning given the impact they have on children's well-being not only presently, but also for their future. Poverty has increased in household with young children and in coastal areas. In 2012, 27.9% of households with children were jobless, and the proportion of jobless families with children increased sharply over time (almost 3 times).

The "Midterm Review of Budget Allocations and Spending for the National Action Plan and Child Protection Policies" (2014) finds that there is a link between family size, education of the head and household poverty. Less educated head of households tend to have more children thus increasing their incidence of being poor as well as sending their children to work as a way to reduce poverty. This negatively affects education and increases the chances of children remaining poor even as adults.

A similar situation has been found for **street working children**  in Albania. Street children in Albania are mainly identified as child labourers, where activities include begging, windscreens car washing, selling items at traffic lights/bars/cafes/ side of the road, selling services such as parking, working as a porter, collection of cans or recycling, etc. Street children mainly come from large households and their families face poverty, unemployment, homelessness, debt or hunger, alcoholism, domestic violence, health problems and the like. The housing conditions of street children are identified as unsafe, cold, without electricity and running water, and usually members sleep in the same room. Economic and living conditions of street children also have repercussions in their physical and mental health. Street children also lack documentations such as birth certificates, registration forms that these children are missing. Even when parents enrol children in school they often drop out due to economic hardship where they need to work in the streets.

Housing and the environment. On average, 4.8% of households with children report pollution as a problem in areas where they live. Only 0.7% of households with children reported crime to be a problem in their area. The coastal region has the largest percentage of households with children reporting pollution and lack of safety as a problem in their area.

LSMS 2012 showed that in terms of housing and the environment, households with children reporting more than one housing problem is the biggest issue. On average, 17.0% of households with children report to have more than one housing problem. Overcrowding is another important indicator, which is linked to children's privacy and available space for study and play. Although families have become smaller in the last years, households with children have on average less than one room per person.

Poverty and material deprivation among children puts pressure on reforming the current social protection system "Ndihma Ekonomike": The existing "Ndihma Ekonomike" programme is not enough to improve child well-being. Its impact is not even clear, whether it has any impact on child well-being, while the programme as it exists has shown targeting issues. 

The introduction of a decent system of child benefits needs to be taken into consideration, targeting initially children in need, and include conditional transfers to tackle those issues/indicators that should be improved. This would require not only the design of such programme, but also a carefully thought out conditional mechanisms, which may not turn into an exclusion criteria of the most vulnerable.

Increased efforts for poverty reduction and improved living conditions: Related to the need for a decent system of child transfers, there is also a need for more programmes to alleviate household poverty, increase employment and provide decent living conditions for children, such as improved housing and dwelling conditions. This would help break the cycle of poverty from parents to children. These programmes should also include conditionality in regards to children's education and health. They should also be inclusive of street children and their families, which appear to have often been left behind.


Child health. Four indicators of child were used: child health at birth, access to preventative health services, child mortality and health behaviours. Mortality rates among infants and children of age 5 have been declining but Albania is still high comparatively. Immunisation rates are high compared with other countries of similar economic development. One in two children of school age tooth brush everyday, one in three children of school age eat fruit everyday and one in two children of school age eats breakfast everyday before going to school. Incidence of teeth brushing among children of school aged, eating fruits and breakfast among children appear comparable with other eastern European countries. There is evidence of different behaviour pattern among boys and girls as well as at regional level. 21.8% of children are engaged in physical activities consisting of at least 1 hour a day. The intensity of practicing sports or playground activities is lower for males and follows no clear pattern with age. Children living the capital and coastal areas engage more intensively in physical activities. Self-reported poor health conditions among children appears low compared to other countries.

The incidence of children reporting experiencing weekly at least two symptoms from a set of 7 selected symptoms indicating mental health problems is reported to be 29.6%. Mental health symptoms are more frequently reported by girls, older children and in the regions compared to capital area but are low comparatively.

Child behaviours and risk. The rates of sexual intercourse among children are the highest reported compared to other risky behaviours such as smoking and drinking. On average, 16.7% of 15 year olds report having had sexual intercourse, with males reporting a higher rate. The rates are much higher in the mountain and coastal region. Usage of condoms for those who report having had sexual intercourse is close to 70.0%, with children living in Tirana area reporting the lowest rate among 15 years old children using condom at the last sexual intercourse.

On average, 2.8% of children report smoking at least once a week. Male children have higher rates. Lastly, 2.4% of 13-15 year olds report having been drunk at least twice in their life-time. Although the percentages are relatively low, this is quite an early age of starting to drink and getting drunk.

Child maltreatment is another very important indicator in terms of children's well-being. Maltreatments of children such as child abuse, trafficking and domestic violence are highly linked to social factors among which mothers education is strongly affecting children maltreatment. In the ADHS survey of 2008-2009, 13% of parents responded that they believe a child needs to be physically punished in order to be disciplined. (see Albania Demographic and Health Survey 2008-2009, Child Health p. 152).

In  13, the Ministry of Social Welfare and Youth reported 158 children victims of violence and abuse, with most of child abuse case reported as domestic violence cases.

The National Agency of Children Monitoring reports that at national level 20% of families with children aged 0-18 are included in the economic aid program and receive cash transfers to support consumption and alleviate poverty. The cash transfer social protection system, given the nature of the material risks to well-being of children, is definitely not adequate.

Albanian children show higher rates of engaging in risky behaviours such as early sexual intercourse and unprotected sex. *More efforts are required in terms of sexual education, increased awareness against risky behaviours, and support groups. Once again, schools, counsellors and other supportive groups can play a major role in educating children against risky behaviours and provide support.*

Increased institutional efforts are necessary to reduce violence and maltreatment of children. The rates of domestic violence are quite high, and often times it goes unreported since it is deemed as culturally acceptable. Structures should be put in place to help children who are victims of violence within and outside their households. Services and information about existing services should be made available to children. Furthermore, there should be increased awareness for parent and children alike of what constitutes violence and maltreatment and what is or not is acceptable.

In order to give a fuller picture of child well-being it is important to also include **measures of subjective well-being and relationships**.

The percentage of children who report a high *life satisfaction* is very high, 88.3%, with differences being minimal between male and female, but falling with age. Despite having a regional pattern over the distribution of poverty and material deprivation, life satisfaction of children have different regional patterns; children appear more satisfied with life in central and mountain regions which are poor regions.

Family relations. Children say that they find it easier to talk to mothers rather than fathers, a trend that is common in other countries. On average, 92% of children report to find it easy to talk to their mothers, and 73% of them report to find it easy to talk to their fathers. Younger children find it easier to talk to parents; communication with parents is also more difficult in less developed regions.

Peer relationships do not appear to be strong, however 81% of children report finding their classmates kind and helpful. Male and female children have almost the same perception regarding their peers being kind and helpful. The perception among children on peer kindness weakens as children getting older.

In terms of problematic peer relationships, it appears that physical fighting is the most problematic. On average, 33.9% of children report to have been involved in physical fighting at least once in the past year, while 19.9 % of children report to have been bullied at school at least twice in the past 2 months. Physical fighting and bullying at school environment are more frequent among male children, and in the poorer under developed regions.

Education indicators in terms of participation/enrolment show that in 2014, 51.7% of all children between the ages of 15-19 years were enrolled in school (the minimum school leaving age is 14). This appears low, and may suggest that young people are either leaving the schooling system to join the labour market or are inactive. The latter is more problematic since it may lock this type of young person in long-term unemployment or worsen their position later on in the labour market, and increases the risk of poverty.

The gross and net enrolment rates for pre-primary education are much higher, although they could be increased further. In 2013, the gross enrolment rate for pre-primary ages 3-5 years is 79.2%, this rate is slightly higher for girls. However children also appear satisfied with the school environment, only 33% of children report to feel pressured by schoolwork. The percentage of young people (11-15 years) reporting to like school is 62.4%.

PISA test scores regarding reading literacy, mathematics literacy and science literacy show that Albanian 15 year old students improved between 2009 and 2012 but are still well below the OECD average scores by almost 100 points in reading literacy, 100 points in mathematics literacy, and over 100 points in science literacy.¹

The education system should go beyond teaching of academic material, but also encourage healthy and continuous communication with parents and children within the households. The indicators on children talking to their parents clearly show that children find it easier to talk to their mothers. Traditional gender roles within the households should be changed, and children should be encouraged to talk to both parents openly and rely on them for solving various problems. This can be done through the educational system, which should provide open-minded attitudes and alternative models.

Further efforts should be undertaken to bring net enrolment rates closer to EU countries. Education appears as the best ticket to improve the livelihoods of children and break away from the cycle of poverty. In this respect efforts should be undertaken to increase enrolments, but also to be more inclusive of other vulnerable groups such as children from minority groups and street children.

The quality of education and educational services should be increased. It is very important that children not only partake in the education system, but that they are also provided with quality education and educational services that will help them make the right choices in regards to their future and their future careers. In this respect, incentives should be provided to hire quality teachers with the adequate education and speciality. Curricula should be revised and brought up to date with other EU countries (this is especially important given the low PISA results for Albanian students). Furthermore, there should be increased school services in providing career guidance and advice as well as counselling services. The role of the school psychologist should be increased and made more visible, not only as a way of complying with formal requirements, but as a real service that helps children mental well-being and provides counselling services in regards to child's behaviour and peer or family issues.

Children are our future. Children are tomorrow's work force, parents and citizens. Investment (or the lack of it) in their well-being will shape the future of the country. As such, their well-being matters to us all. As a nation we pay enormous attention to the well-being of our economy, the state of the weather, sporting league tables. Indicators of these take up pages of the media every day.

There is a need for more efforts to monitor the well-being of our children and need to devote more resources to understanding how they are doing and to ensuring that their childhood is as good as it can be. This report is a small contribution to that end.

I. Introduction to the Concept of Child Well-Being

McAuley (2010) identified four major influences on the concept of child well-being. These are:

- Children's rights as set out in the UN Charter on the Rights of the Child and also in the European Human Rights Charter. Included in the UN Charter is the clause that says that "the primary consideration in all actions concerning children must be in their best interests and their views must be taken into account".
- The so-called new sociology of childhood, which argues that childhood should be treated as a stage in life with its own value and not just as a passage toward adulthood. Thus the well-being of children in childhood should be the main focus of attention, not just how successful they become as adults; indeed "well-becoming" could be in conflict with "well-being".
- The ecological perspective on child development, which locates the child in the context of the family, friendship networks, school, neighborhood and the family's place within the community. Well-being is influenced by many dimensions; it is multidimensional. What matters to children is not just how well they do at school, or what their health is like, or how they get on with friends, but all of these things and more.
- The new science of happiness has been mainly applied to adults and has roots in hedonic psychology and self-assessed evaluations of quality of life. Economists such as Layard (2005) have argued that increasing wealth beyond a point does not necessarily result in improved happiness, that happiness or life satisfaction should be the focus of endeavor in our societies – not just increasing wealth – and that inequity associated with market competition does not enhance society. *The Spirit Level* (Wilkinson and Pickett, 2009) argued that inequality in society is actually harmful.

This report has been influenced by these developments and also by the so-called "child indicators movement". The study of child well-being is not new. Ben-Arieh (2010) finds that "State of the Child" reports were being published as early as the 1940s, but more recently the child indicators movement has been influenced by the social indicators movement in the 1960s. It was believed that well measured and consistently collected social indicators could provide a way to social progress. The child indicators movement developed toward the end of the last century with UNICEF publishing the first State of the World's Children in 1979.

Ben-Arieh (2010) lists major developments in the child indicators movement:

- A shift from a preoccupation with physical survival and basic needs to development and well-being.

- A shift from negative indicators of problems and failure to positive indicators that hold societies accountable for more than the warehousing of children.
- Incorporating child rights perspectives that focus on the child.
- A shift from well-becoming to well-being.
- A shift from traditional domains such as education and health to new domains such as life-skills and civic involvement.
- A shift from an adult to a child perspective – focusing on children’s lives.
- A new focus on data at the local level.
- The development of more policy-oriented indicators.

Ben-Arieh also discusses a trend toward producing single composite indices, the use of the child as the unit of observation and the emerging importance of subjective measures.

I.1 Comparative Indices of Child Well-Being

UNICEF was the pioneer of well-being indices. Professor Andrea Cornia, working at the UNICEF Innocenti Center in Florence (now the UNICEF Office for Research), became concerned about what was happening to children in rich countries and commissioned a series of national case studies, published in a book on the well-being of children in industrialized countries (Cornia and Danziger) in 1997. This work led in turn to a series of Innocenti Report Cards comparing aspects of child well-being in OECD countries. However, the first overall comparative index of child well-being was a comparison of EU countries (Bradshaw, Hoelscher and Richardson, 2007). Bradshaw, Hoelscher and Richardson (2007b) then did the work for the UNICEF (2007) Innocenti Report Card no. 7 and Bradshaw and Richardson (2009) updated the EU comparisons for the 29 EU countries. Then the OECD (2009) itself undertook a similar analysis, but cut the domains rather differently and excluded subjective well-being and children’s relationships. Innocenti Report Card no. 11 (UNICEF 2013) updated Report Card no. 7 using very similar indicators but a slightly wider range of countries. The OECD published an update of their child well-being index in *How’s Life for Children* (2015).

Albania is not included in comparisons of OECD or EU countries, but much of the data used in those reports – both data from administrative sources and data from international surveys of children – are now available for Albania. The latter include the Health Behavior of School-Age Children (ages 11, 13 and 15) carried out every four years and the OECD PISA survey of educational attainment at 15, carried out every three years. Both now exist in Albania. In addition, INSTAT in Albania is now undertaking the EU Statistics on Income and Living Conditions survey (EU SILC), though the results of the first wave were not available for this report.

I.2 Methodology

Child and adolescent well-being was monitored in seven domains of well-being: health, subjective well-being, personal relationships, material resources, education, risks, housing and environment. There was also a limited attempt to cover child maltreatment and child protection. Domains of well-being were then characterized by sets of indicators on which data were gathered. The definition of each indicator, as well as the methodology of calculating these, were those used by UNICEF Innocenti RC methodology. Our challenge was finding micro and administrative data to enable calculations of the indicators at the national level and then disaggregate into regional indicators, gender and age groups (see annex 1).

During the work to finalize the list of indicators, a data inventory exercise was implemented identifying available and missing micro or administrative data. The complete set of indicators selected was completed with data and estimators, however the report throughout identifies a series of challenges related to data gaps, especially in a time-frame perspective.

The main sources of data used in the report come from the micro database of the Health Behavior of School-Age Children in Albania (2014), the Living Standard Measurement Survey for Albania (2008, 2012), Population and Housing Census 2011, OECD Program for International Students Assessment 2012 (PISA), and health statistical indicators from INSTAT (see annex 1 for a detailed explanation of the data source and definition).

Next to the initial data gathering, the experts, in close cooperation with UNICEF, organized meetings with key central institutions such as with the MSWY, the Ministry of Health and the Institute for Public Health (IPH) and INSTAT. The report, methodology and findings were subject to a peer review and discussion organized by UNICEF Albania. The discussion with the steering committee and the roundtable served to generate a common understanding among key actors on the well-being concept, the methodology used for measuring, findings and challenges related to adequate and accurate data gathering.

The LSMS data is used to measure the indicators related to poverty, material deprivation, housing and the environment. The LSMS is a nationally representative sample collecting data at the household and individual level. It is a two-stage stratified sampling representative at the strata level and urban/rural level for 2008. The 2012 LSMS is also representative at the prefecture level. However, these divisions are no longer valid, given the new territorial division of Albania. The LSMS has various modules collecting information on household composition and characteristics, education, labor market, migration, health and subjective poverty, agriculture, community, consumption, etc. The LSMS has a total sample of 3,600 households in 2008 and 3,671 households in 2012. The LSMS data is used to measure aggregate consumption in Albania, from which poverty numbers are derived. The LSMS is a cross-sectional survey conducted every three years; however the 2012 data is the last survey, since it is probable that it will be replaced by Statistics on Income and Living Conditions (SILC). Although the LSMS provides data at the individual level, the poverty and material deprivation indicators are provided at the household level. SILC data will serve to measure poverty and material deprivation using the Euro-Stat standards and definitions. The indicators will be

comparable with other European Union countries. SILC data for Albania will be collected every year. In addition to income poverty indicators it also includes questions on forced material deprivation, which are not part of the LSMS data. INSTAT has already conducted a pilot for SILC, but no date is yet set for the completion of the full survey.

The indicators on children's subjective well-being, relationships, mental health, child behaviors, etc. are measured through the 2014 Health Behavior in School-Age Children (HBSC) survey. The HBSC is a cross-national school-based survey collected through self-completion questionnaires administered in the classroom. The survey takes place every four years and is administered in 44 countries. It collects data on child well-being, health behaviors and their social context. The total sample of Albania in 2014 is 5,055 students of the ages 11-15 years. The sampling strategy aims at achieving nationally representative data. The sampling is conducted in accordance with the structure of the national educational system within countries, and it is sometimes stratified by region or school type. The selection of children is done using a clustered sampling design. The initial sampling unit is either the school class or the school. If the class lists are not available, the school is used as the sampling unit. Albania also collected HBSC data in 2009/10 but it was not deemed reliable enough to be included in the international report. So in this report we have compared Albania in 2014 with other countries in 2009/10. The 2014 international data is being published on 15 March 2015 and the results in this report could be updated after that date.

The educational achievement indicators are measured through the program for International Student Assessment (PISA) data. PISA is collected every three years to evaluate educational systems worldwide. It collects data by testing the skills and knowledge of 15-year-olds in 70 economies. In 2012, it collected data on 510,000 students in 65 economies. The data assesses reading, mathematics and science literacy. The PISA survey used a two-stage stratified sampling. The first stage selects schools, which have 15-year-old students. The sampling of schools is done systematically from a comprehensive national list of PISA-eligible schools (school sampling frame) with proportional probabilities to a measure of size. The second-stage sampling is of students within the selected schools. A list of all 15-year-old students within the selected schools is used for a target cluster size of typically 35 students. When the target cluster size has more than 35 students, the students are selected with equal probability. When the list has less than 35 students, all students are selected for the target cluster size. The minimum sample size is 4,500 students of age 15.

A final note on rationale for the choice of methodology

The methodology could not be converted to MODA/MPI also because the indicators measured and used for picturing child poverty, originate from different and unlinked datasets, so it was not possible to integrate to national level indexes. The Household Budget Survey of 2014, HBS dataset has the same issues of linking child at a family with information on child consumption, parenting, schooling, health care etc. Additionally, the dataset of HBS was not accessible. National Institute of Statistics (INSTAT) at that time when the report was drafted, was in the process of data clearance and consolidation, especially the income part would require further clearance and verifications by INSTAT team.

Finally, as highlighted under the conclusions (see chapter V. Conclusions and Recommendations), there are many improvements that could be made. When EU SILC becomes available it can contribute to filling some of the gaps, particularly in the material and housing and environment domains, and as long as Albania participates in HBSC and PISA it will be possible to produce an updated version of this report every few years.

I.3 Structure of this Report

Section II contextualizes child well-being by describing the recent demographic trends affecting children. It also illustrates recent developments in family formation and dissolution and the proliferation of modern family types that children live in today.

Section III deals with the different domains of child well-being:

- Material well-being – poverty and deprivation
- Child health
- Child subjective well-being and mental health
- Educational well-being – participation and attainment
- Child maltreatment
- Children in care and looked after
- Child behavior
- Child housing and environment

Section IV compares the results for Albania with other countries.

Section V presents the conclusions and recommendations 

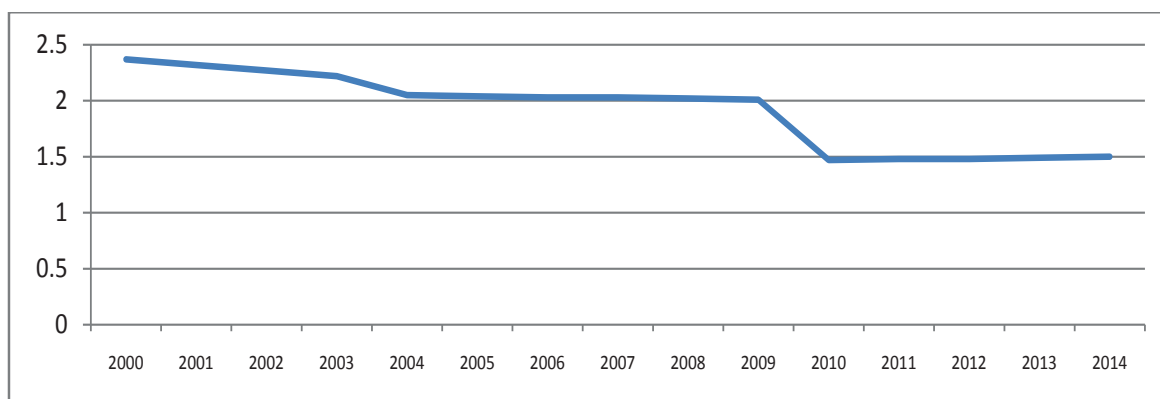
In tackling this subject matter the report tries to sustain a framework of questions:

- What is the trend? Are things getting better or worse over time?
- How do the outcomes vary by age, gender, region?
- How does Albania compare with other countries? International comparisons are fraught with difficulties but without them we cannot establish how Albania is doing for her children. We may be able to say whether things are getting better or worse but we cannot say how well or badly we are doing or whether we are doing as well as we could be.

II. Demography of Children in Albania

The Population and Housing Census of Albania in 2011 documented large demographic changes in the Albanian population. The total population in Albania amounted to 2.8 million (in 2011) and had declined by 8.8% compared to the previous decade. Demographic changes were not distributed evenly among age groups. Migration and declining birth rates have been driving the population toward aging (p. 27, Population and Housing Census, 2011). The total fertility rate in 2014 amounted to 1.5 births per woman, supposing woman would live to the end of their child-bearing age (figure 1). The total fertility rate for Albania has declined and its absolute value being under the replacement rate indicates the strong influence of fertility rates on the observed demographic changes, especially on population aging.

Figure 1: Fertility rate² (1990-2014)



Source: World Development indicators

The population of the age group 15-65 years has remained stable over the time span between two population censuses (Census Report, 2011). The number of children under age 15 has undergone a sharp decline; Albania counted 579,000 children under age 15 in 2011, down from 1.05 million in 1989. Children aged 0-14 years represented 19% of the total population (in 2014), while adolescents, children of age 15-19 years, were 9% of the total population. The proportion of children in the overall population is declining over time. The proportion to total population of children of age group 0-14 has declined by 5 percentage points during the last five years (see table 1). Male children represented 52% of children aged 0-19 years, with the proportion of girls and boys remaining unchanged during 2008-2014.

Table 1: Demographic indicators

	2008	2009	2010	2011	2012	2013	2014
Number of children in age group 0-4 (in 000)	195.7	184.9	178.7	175.3	175.9	174.2	172.5
Number of children in age group 4-9 (in 000)	240.7	232.1	219.1	204.2	186.6	177.7	166.0
Number of children age group 10-14 (in 000)	276.7	268.0	259.1	247.4	239.6	224.7	216.5
Number of children age group 15-19 (in 000)	306.8	298.6	291.0	284.9	277.4	266.8	256.6
Percentage of children aged 0-14 to overall population	24%	23%	23%	22%	21%	20%	19%
Percentage of children aged 15-19 to overall population	10%	10%	10%	10%	10%	9%	9%
Birth rate (no. births per 1000 inhabitants)	11.3	11.7	11.7	11.8	12.2	12.3	12.4

Source: INSTAT, population statistics

The average family size is reported to be 3.8 members (in 2012), with northern regions of the country having a family size of 4.7 members on average (LSMS, 2012). In 2014, the proportion of children born to married parents was 92.5%. Children born out of wedlock were 7.2% of all births in 2014, four times higher than in 2008, however very low compare to international standards. On average during the time span 2008-2014, 15.4% of marriages ended in divorce (see table 2).

Table 2: Demographic indicators

Indicators	2008	2009	2010	2011	2012	2013	2014
Births in marriage (% over total annual births)	98.1	97.3	92.4	92.4	92.4	92.4	92.4
Births outside marriage (proxy by no. of births with no family information)	1.9	2.7	7.6	7.6	7.6	7.6	7.6
Average family size	3.8				3.8		
Number of divorces per year/total number of marriages per year (in %)	17.0	13.8	13.7	14.3	15.6	15.7	17.8
Number marriages per year (no. of marriages per 1000 people in a year)	7.2	8.9	8.7	8.8	7.9	8.2	8.2

Source: INSTAT, population statistics

From a total of 589,000 households with a family nucleus reported in the Population and Housing Census of 2011, 78.7% have children. 14.8% of the children were reported to live in families with other family members living with them, who in most of the cases are grandparents. Such families usually have more than 5 members; families with children, but without any other member of the family living with the household, have mostly 3 to 4 members (see table 3). Households with children, with only one of the parents present are 7.7% of the total households; 84% of all families with children and only one parent present are lone mothers.

Table 3: Distribution of households as per family members and structure (in %, in 2011)

HH Description	Number of HH Members					Total HH	Distribution of HH (In %)
	2	3	4	5	6+		
HH without children	105	12	1.4	1.2	4.9	124	21.3%
HH with children							
Married couples or single parents with children, with other family members living in HH	-	-	16.5	34.8	34.7	86.0	14.8%
Married couples with children, without other family members living in HH	-	99.9	141.5	62.4	24	328	56.2%
Lone parent with children							
Lone fathers, without other family members living in HH	2.9	2.0	1.2	0.5	0.4	7.1	1.2%
Lone mothers, without other family members living in HH	16	13.1	5.8	2.0	1.0	37.9	6.5%

Source: INSTAT, Census 2011

The distribution of families by number of children shows that at the national level 79.3 % of families have one to two children. Northern regions of Albania have a 10%-point higher incidence of families with more than 2 children compared to the national average (30.9% of all families in northern Albania have more than 2 children of age 0-18, see table 4).

Table 4: Distribution of households as per number of children living (in 2013)

	One Child	Two Children	Three Children	Four Children	Five Children	More than 5 Children
Coastal regions	38.5%	41.0%	16.2%	3.4%	0.7%	0.2%
Central regions	38.7%	41.3%	15.4%	3.5%	0.8%	0.3%
Northern regions	32.6%	36.9%	21.3%	6.8%	1.8%	0.7%
Tirana region	41.3%	40.7%	14.1%	3.1%	0.7%	0.2%
Overall	38.7%	40.6%	15.9%	3.7%	0.8%	0.3%

Source: INSTAT, 2013

III. Child and Adolescent Well-Being

III.1 Child Poverty and Deprivation

Child poverty and material deprivation are indicators of the material well-being of children. The indicators used for this domain include:

1. Households with children reporting economic strain, which is measured as the percentage of households with children living in absolute poverty.
2. Relative poverty (at risk of poverty) measured as the 60% of median consumption.
3. Relative poverty gap measured by dividing the sum of the consumption gaps of the poor (that is, poverty line less consumption) for all the poor, and expressing it as a percentage of the poverty line.
4. The HBSC Family Affluence Scale, which measures the proportion of children living in households with a score 0-2. The family affluence scale scores 0-9. The scale is based on four indicators: a. Does the family own a car or truck? b. During the last 12 months how many times did you travel away on holiday with your family? c. How many computers does your family own? d. Do you have your own bedroom for yourself?
5. Children living in jobless households, measured as the percentage of households with children living in households where no one is employed.
6. Households with children with lack of consumer durables, measured as the percentage of households with children whose durable consumption is equal to zero.
7. Pupils with fewer than 10 books in the household measured as the percentage of households with school-age children that possess fewer than 10 books in the household.

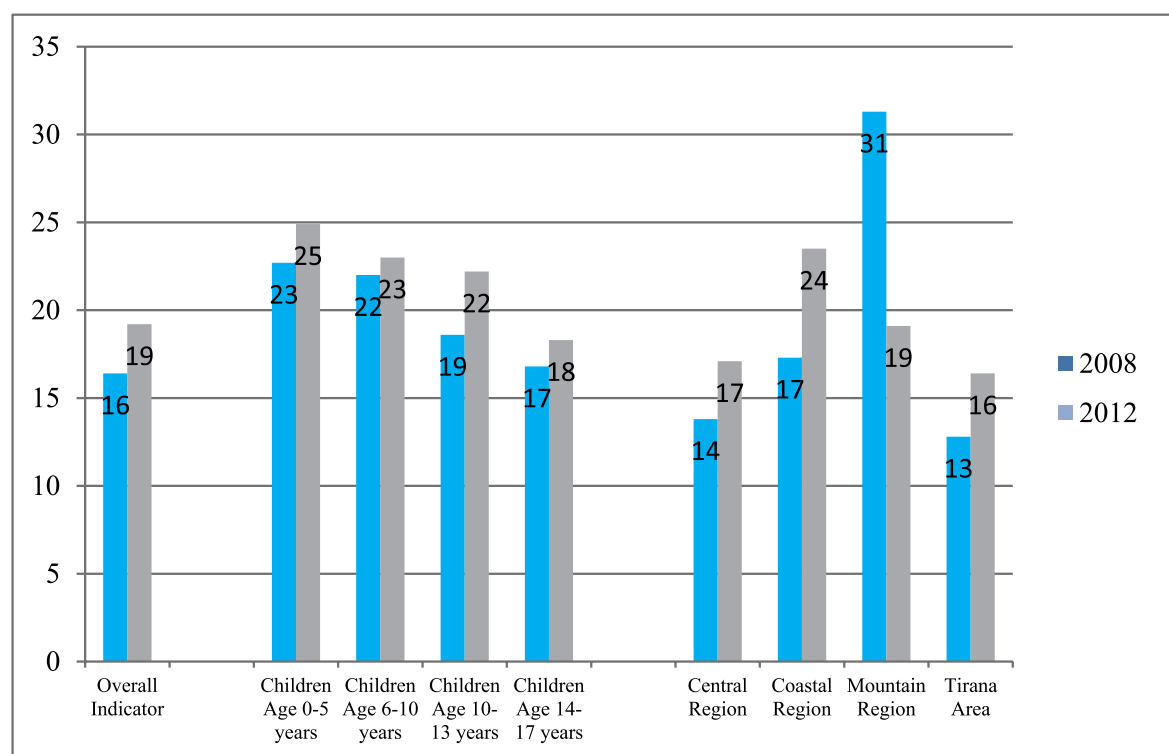
In order to give a fuller picture in terms of differences by age groups and regions, the indicators are calculated for the age groups and regional divisions are also included to show poverty and material deprivation differences across regions. The analysis is based on the 2008 and 2012 LSMS data.

LSMS data show that in 2012, 19.2% of households with children were living in absolute poverty (figure 2). Absolute poverty is defined as real per capita monthly consumption below 4,891 ALL (in 2002 prices). This percentage is higher compared to the national average of 14.3% (INSTAT, 2012). The 2008 data shows a better situation in term of poverty. This is linked to the overall low poverty rates in Albania in 2008. In fact, the year 2008 has the lowest poverty rates of 12.4%. In 2012, households with children are more prone to living in poverty than their counterparts. As expected, household poverty rates are higher for households with younger children. As a result, households with

children between the ages of 0-5 years have an absolute poverty rate of 24.9%. Household poverty rates go down with the increase in children's age to reach the lowest percentage for the households with 14-17-year-old children. The latter may contribute to the household well-being by working and earning wages or contributing to household family farm labor, which is quite substantial in rural Albania. The absolute poverty rate of households with children between the ages of 6-10 is 23.0%, followed by 22.2% for households with children between the ages of 10-13 and 18.3% of households with children between the ages of 14-17 years.

Regional differences show that the coastal regions have the highest rates of absolute poverty for households with children. The absolute poverty of households with children in the coastal regions is 23.5%, followed by 19.1% in the mountain regions, 17.1% in the central areas and 16.4% in Tirana. The regional poverty rate for the mountain regions fell between 2008 and 2012.

Figure 2: Households with children living in absolute poverty (in %)

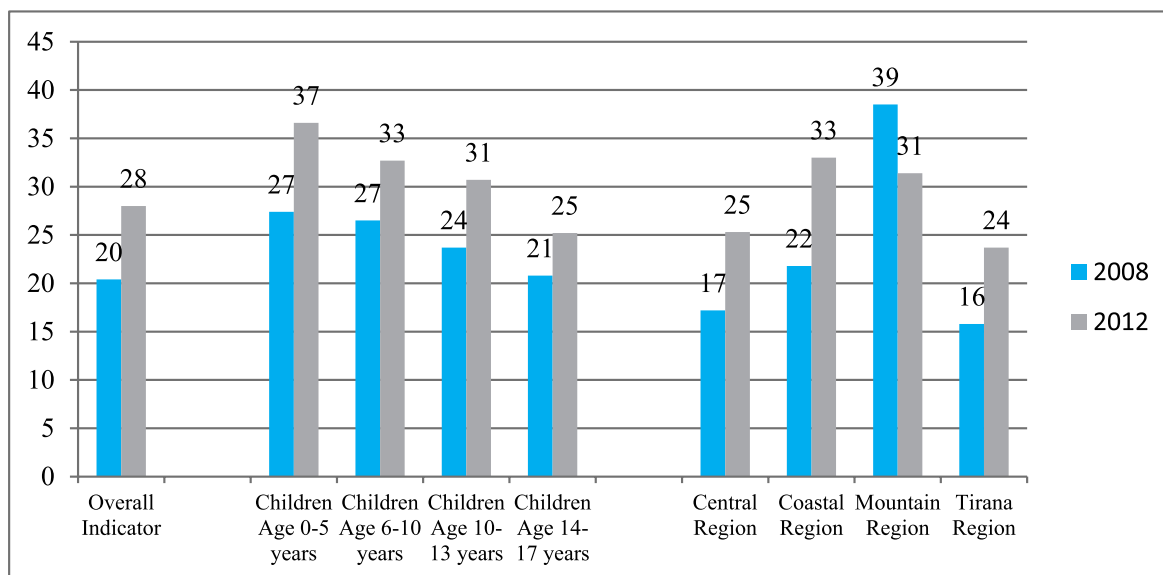


Source: LSMS 2008, LSMS 2012 and author calculations

The relative measure of poverty is higher than the absolute poverty (figure 3). The relative measure of poverty follows the same patterns as absolute poverty, decreasing with the increase of children's age. The relative poverty is quite high compared to absolute poverty at the national level. The relative poverty rate for households with children is 28.0%, showing an increase from 2008, which had a relative poverty rate of 20.4%. It reaches the highest level of 36.6% for households with children between the ages of 0-5 years, and decreases to 32.7% for households with children of 6-10 years, to 30.7% for households with children of 10-13 years and 25.2% for households with children of 14-17 years. Similar patterns as with absolute poverty are also in place for relative poverty in regions. The coastal regions also have the largest relative poverty rate for

households with children, reaching 33.0%, while Tirana has the lowest rate of 23.7%. Child relative poverty has fallen in the mountain regions.

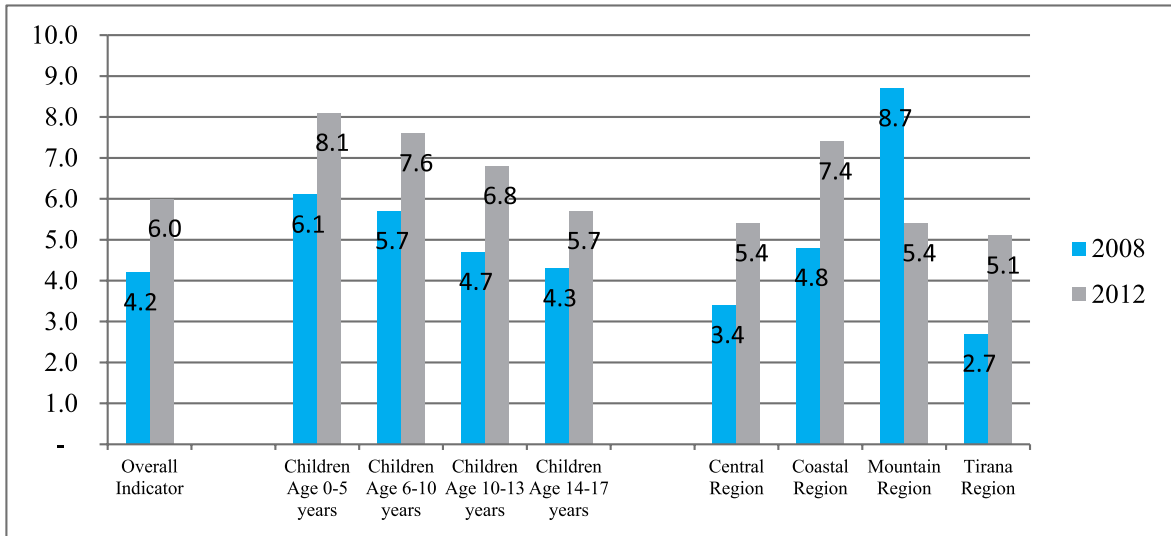
Figure 3: Child poverty (at risk of poverty, 60% of median equalized consumption after transfers, 0-17 years)



Source: LSMS 2008, LSMS 2012 and author calculations

The relative poverty gap of households with children was 6.0% in 2012 (figure 4). A relative poverty gap of 6.0% shows the gap between the poverty threshold and the average consumption of those below the relative poverty threshold as a proportion of the poverty threshold. As with the previous poverty measures, this number has also increased from the 2008 levels of 4.2%. In 2012, the relative poverty gap of households with children is the largest for households with younger children, as with other poverty measures. The relative poverty gap is 8.1% for households with 0-5-year-old children and 7.6% for households with 6-10-year-old children. The relative poverty gap falls to 6.8% and 5.7% for households with 10-13-year-old children and 14-17-year-old children, respectively. In terms of regional differences, Tirana, central and mountain regions have the lowest relative poverty gap for households with children, 5.1% for Tirana and 5.4% for the central and mountain regions, respectively. The coastal region has the highest rate of 7.4%. The poverty gap has declined in the mountain regions.

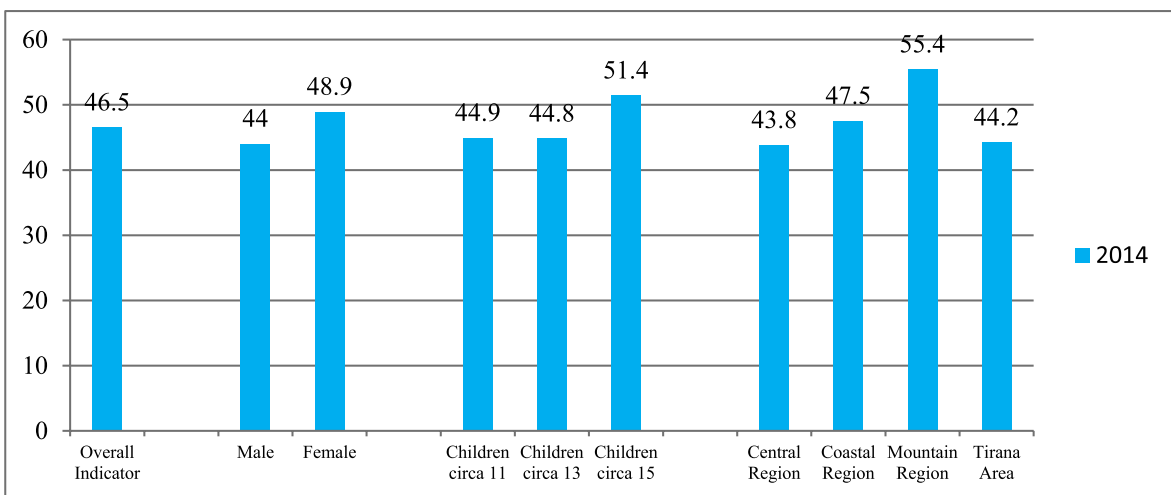
Figure 4: Relative child poverty gap (60% of median consumption, 0-17 years)



Source: LSMS 2008, LSMS 2012 and author calculations

The family affluence scale shows that 46.5% of school-aged children have a low family affluence (table 8). A larger percentage of females, 48.9%, report a lower family affluence compared to males, 44.0%. Although other poverty indicators show a lower level for households with older children, in terms of family affluence scale, the age-group of children circa 15 have a higher percentage of low family affluence, 51.4%. The other age-groups are almost identical with 44.9% of children aged circa 1 year with low family affluence and 44.8% of children aged circa 13 years. Regional differences show that the mountain regions have the highest percentage of children with a low family affluence scale, 55.4%. The central regions have the lowest percentage of low family affluence, 43.8%, followed by Tirana with 44.2% and the coastal region with 47.5%.

Figure 5: Family affluence scale (in %)

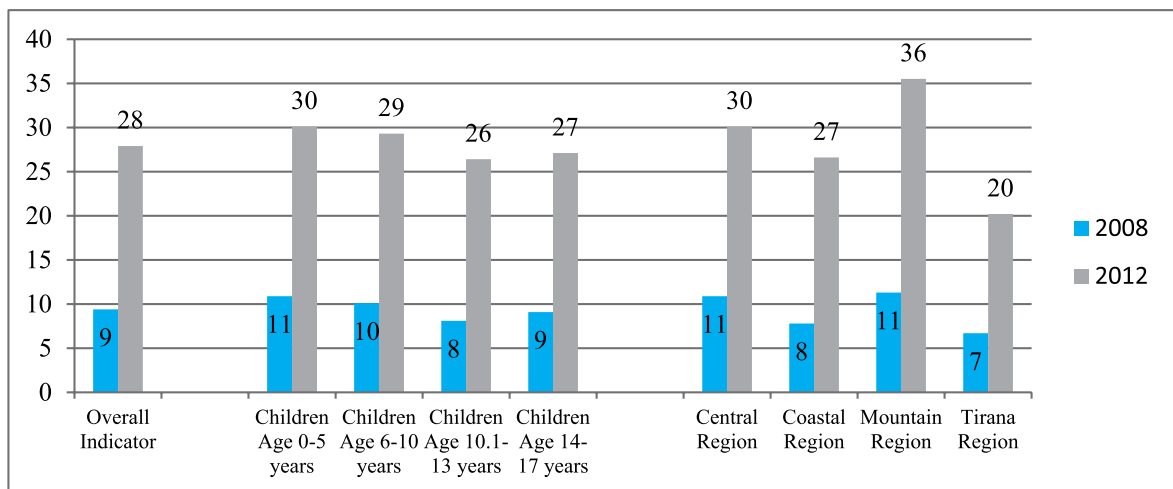


Source: HBSC Albania, 2014 and author calculations

Living in jobless households has an impact not only on children's material well-being, but has also further implications regarding their education and their future position

in the labor market. Children who live in jobless households might be more likely to receive less education, or lower quality education, as well as run the risk of also being excluded from the labor market, or being at a disadvantageous position. Consequently, living in a jobless household might have consequences that go beyond poverty and material deprivation for children in these households. In 2012, 27.9% of households with children were jobless (figure 6). This is a very large increase compared to 2008, where this level was 9.4%. The large increase in 2012 goes along with the increased poverty levels and unemployment rate in Albania in this year. The highest rates of jobless households' members are found in households with children 0-5 years, reaching 30.1%. Having younger children in the household also increases the likelihood of mothers staying away from the labor market, especially when there is lack of child-care. With the increase of the age of children in the household, the jobless rates decrease. In this regard, 29.3% of households with children 6-10 years are jobless, followed by 26.4% of households with children 10-13 years and 27.1% of households with children 14-17 years. The mountain and central areas have the highest percentage of jobless households with children. Tirana has the lowest rates followed by the coastal regions. In the mountain regions, 35.5% of households with children are jobless followed by the coastal regions with 30.1%, the central areas with 26.6% and Tirana with 20.2%. These patterns follow the general patterns of economic well-being in these regions.

Figure 6: Children age 0-17 living in jobless households

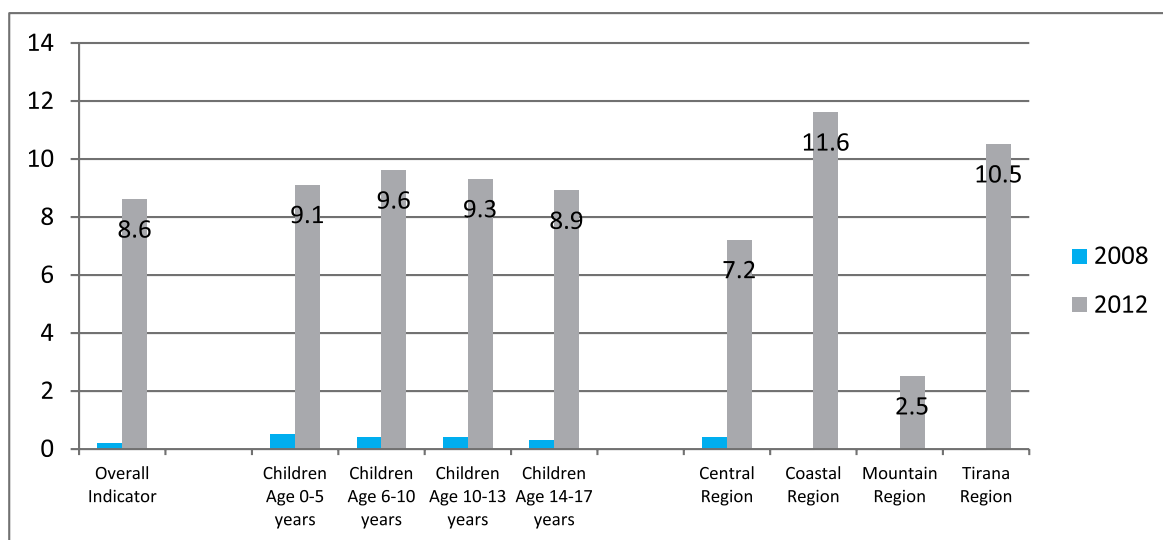


Source: LSMS 2008, LSMS 2012 and author calculations

Material deprivation appears to be much less than poverty as measured by household lack of spending on consumer durables and pupils' possession of fewer than 10 books in the household. Only 8.6% of households with children have no consumption of durable goods in 2012 (figure 7). Although these levels are low, it is a large increase from 0.2% in 2008. The numbers in 2008 are much lower compared to 2012, overall, across children's age groups and regions. In 2012, the percentage of households with lack of spending on consumer durables increased somewhat for the households with younger children, however consumption of durable goods does not appear to be a major problem. The percentage of households with children 0-5 years with no durable consumption is 9.1%. This percentage goes slightly up to 9.6% for households with children 6-10 years, and then decreases to 9.3% and 8.9% for households with children 10-13 years and 14-17 years, respectively. The coastal regions and Tirana have the highest rates

of households with children with no durable consumption. In the coastal regions this percentage is 11.6% and in Tirana it is 10.5%. The mountain and central areas have the lowest percentage of households with children that have no durable consumptions. It is 2.5% in the mountain regions and 7.2% in the central areas.

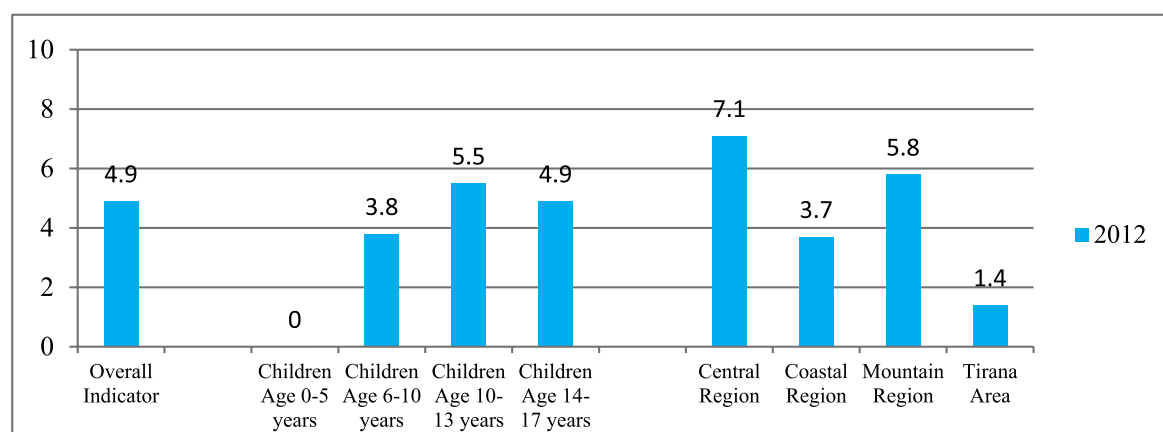
Figure 7: Households with children with lack of durable consumer spending (in %)



Source: LSMS 2008, LSMS 2012 and author calculations

The percentage of households with pupils possessing fewer than 10 books in the household in 2012 is quite low compared to the other indicators. The question was asked in a different way in the 2008 LSMS and it is not comparable. Only 4.9% of households with school-age children have fewer than 10 books in the household (figure 8). This percentage is the largest for the age-group 10-13 years, reaching 5.5%. However there is not a large difference across age-groups. Tirana has the lowest level of households with school-age children possessing fewer than 10 books in the household. This percentage is only 1.4% in Tirana, reaching the highest level of 7.1% in the central regions.

Figure 8: Pupils with fewer than 10 books in the household (in %, 6-17 years)



Source: LSMS 2008, LSMS 2012 and author calculations

The major differences are in children living in jobless households and the lack of consumer durables.

III.2 Child Health

Children's level of health is measured by using four different indicators: child health at birth, access to preventative health services, child mortality and health behaviors.

The mortality rate of infants and children younger than five years manifests a declining trend; infant mortality contracted by 30% in 2014, compared to 2008 (see table 5). The same declining trend was observed on children deaths among all children and adolescents, which in 2014 were 1.14 cases per 100 thousand children. The incidence of infants born underweight had an incidence of 3.4% of all live births per year, as reported by the INSTAT health statistics for the year 2012.

Immunization for measles, DPT3 and Pol3 coverage for children 12 to 23 months nationally as reported by the Institute of National Health are approaching the full coverage rate, respectively 99%, 98.1% and 95% of children have immunization from measles, DPT3 and Pol3. Risks to poverty and life that emerge from poor health also appear to be declining over time, with the mortality incidence among all children age 0-19 years declining over the five-year period (2008-2014) by 79%.

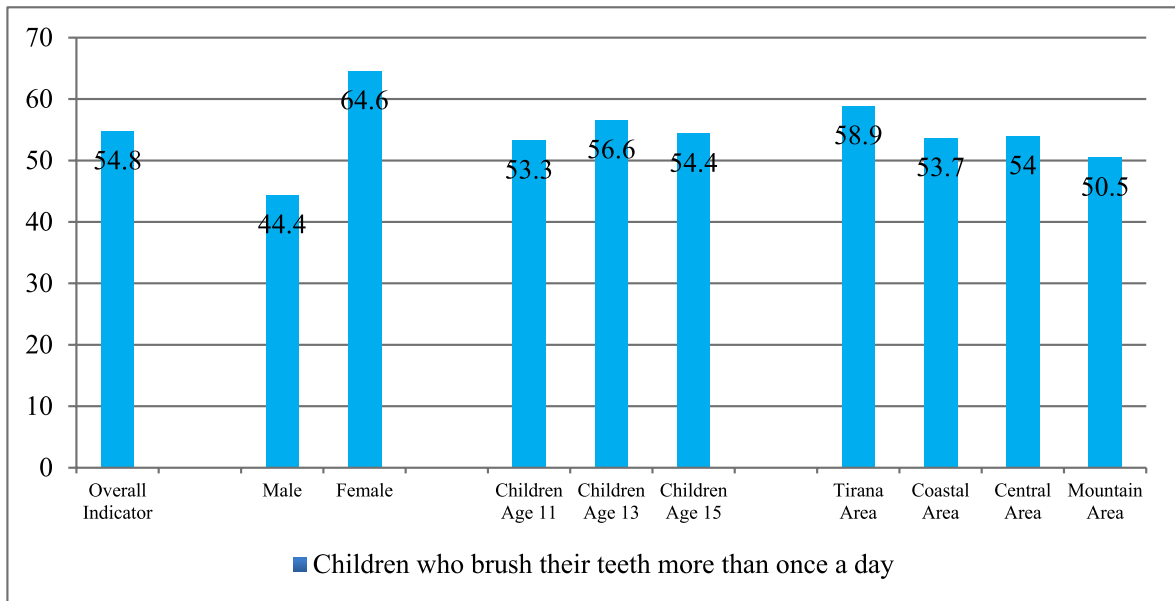
Table 5: Child health indicators

	2008	2009	2010	2011	2012	2013	2014
Mortality rate, infants (per 1,000 live births) ¹	11.1	10.3	9.6	8.7	8.8	7.9	7.9
Under 5 years mortality rate ²	12.5	11.5	10.8	9.7	8.8	8.4	
Low birth weight newborns (lower than 2.5 kg, [%])	4.1	3.0	3.4	3.4	3.4	3.4	3.4
Immunization, measles (% age 12-23 months) ³		93.6			99.0		
Child immunization rate, DPT3 (% age 12-23 months) ⁴		98.1					
Child immunization rate, Pol3 (% age 12-23 months) ⁵		95.8					

Source: INSTAT, health statistics

The incidence of tooth brushing more than once a day among children 11 to 15 years was reported to be 54.8% (figure 9). There is no evidence of high variation among age groups on how much care children were paying to their oral hygiene, however there is evidence of different behavior pattern among boys and girls, as well as at the regional level. The data show a significant difference among boys and girls, with girls reporting a 30% higher incidence of tooth brushing more than once a day compared to boys. Children living in the most remote and poor areas, such as the northern mountain regions, report a lower tendency to oral hygiene and care if compared to other parts of the country. The regional gap widens if comparison is made among the most developed and wealthy regions and the poorest ones; the frequency of tooth brushing among children in the northern mountain areas of the country is 16% lower than that of children in the Tirana region.

Figure 9: School-age children brushing teeth more than once a day (in %)

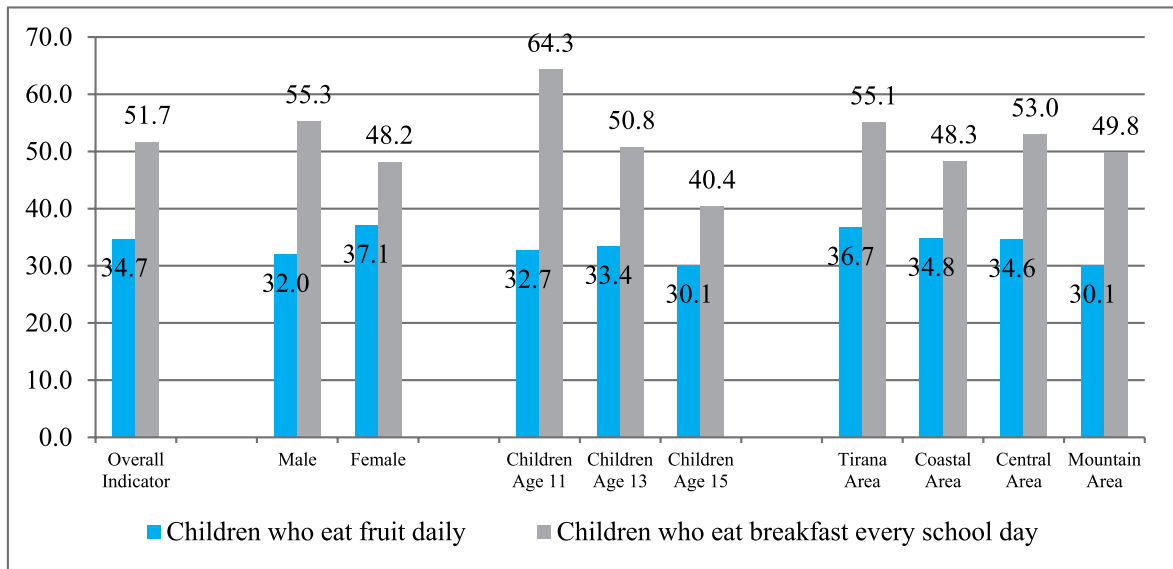


The other indicators used to depict child health were the frequency of children eating fruits daily and breakfast every day before going to school as reported by the HBSC 2014 survey for Albania and summarized in figure 10. Overall, around one-third of children report eating fruit daily, with females reporting a higher consumption of fruits than male children; 37.1% of females declare eating fruit every day compared to 32% of male children. There is a slight tendency toward fruit consumption declining with children growing.

At a regional perspective, the influence of poverty or living standards on health attitudes is clear from the data. The frequency of eating fruit everyday declines by 6.7% when moving away from the capital region toward the poorest and underdeveloped mountain regions, where 7 in 10 children aged up to 15 years would not be able to consume fruit every day.

Half of the children eat breakfast before leaving to school every day, with female children being less likely to eat breakfast than male children (figure 10). The attitude of eating breakfast every morning vanishes among children aged 15 years: only 40% of children aged 15 eat breakfast every day. Eating breakfast every day is an attitude more often found in young children: 6 of 10 children of age 11 have breakfast every day.

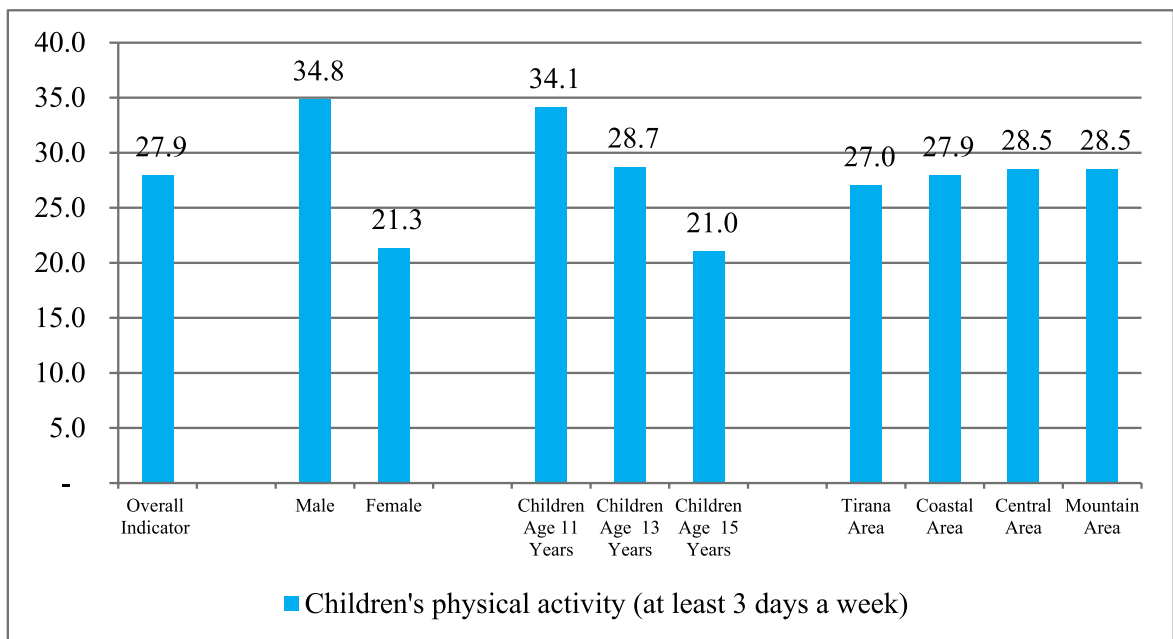
Figure 10: School-age children eating fruit and breakfast daily (in %)



Source: HBSC 2014 survey and author calculations

Children have reported a high frequency of engaging in physical activities, at the national level for children age 11-15, 27.9% of children engage in physical activities consisting of at least one hour a day. The intensity of practicing sports or playground activities reduces for females compared to males by 13.5 percentage points (see figure 11). The intensity of physical activities declines with age; 21.0% of children of age 15 engage in physical activity. The intensity of doing sport or playground activities does not change by region. Children living in the Tirana region have reported the lowest rate of participating in physical activities.

Figure 11: School-age children daily physical activity (in %)

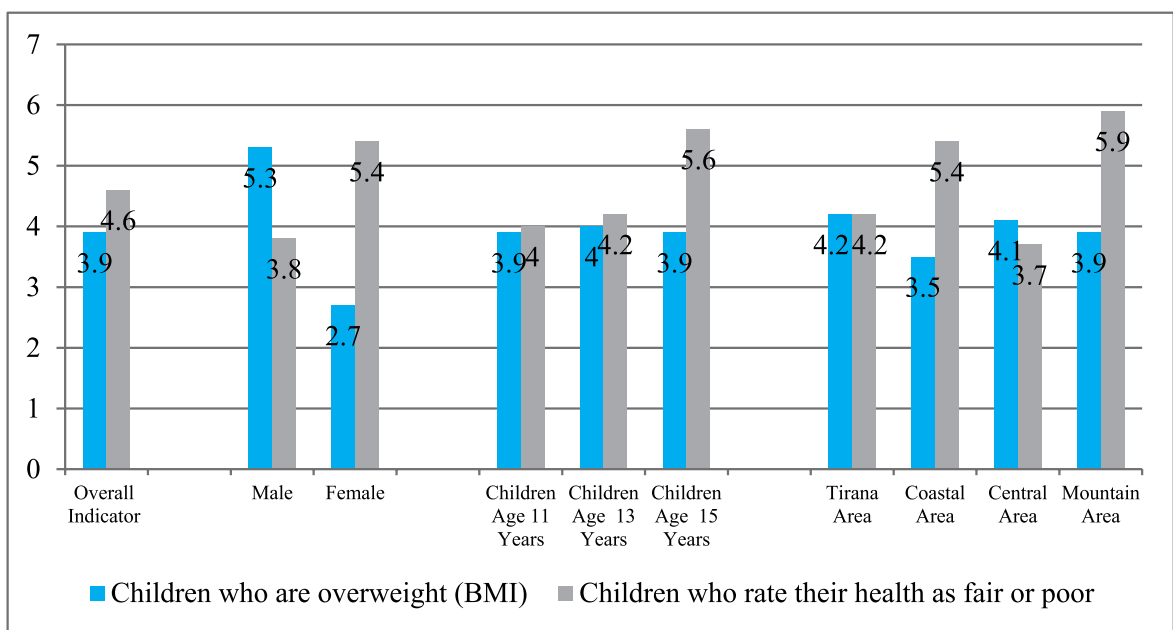


Source: HBSC 2014 survey and author calculations

Obesity is not frequent among school-age children; only 4% of children observed through the HBSC survey can be classified as being overweight by using the BMI index. Male children, children aged 13 years, as well as children living in Tirana and central regions have reported higher frequency of being overweight as measured by the BMI index.

Child self-reported health conditions show that the incidence of children feeling they have a poor health is low; only 5% of school-age children rate their health as poor. Children feeling they have a poor health are more often females, teenagers and children living in poor mountain regions (see table 14).

Figure 12: Obesity and poor health among school-age children (in %)



Source: HBSC 2014 survey and author calculations

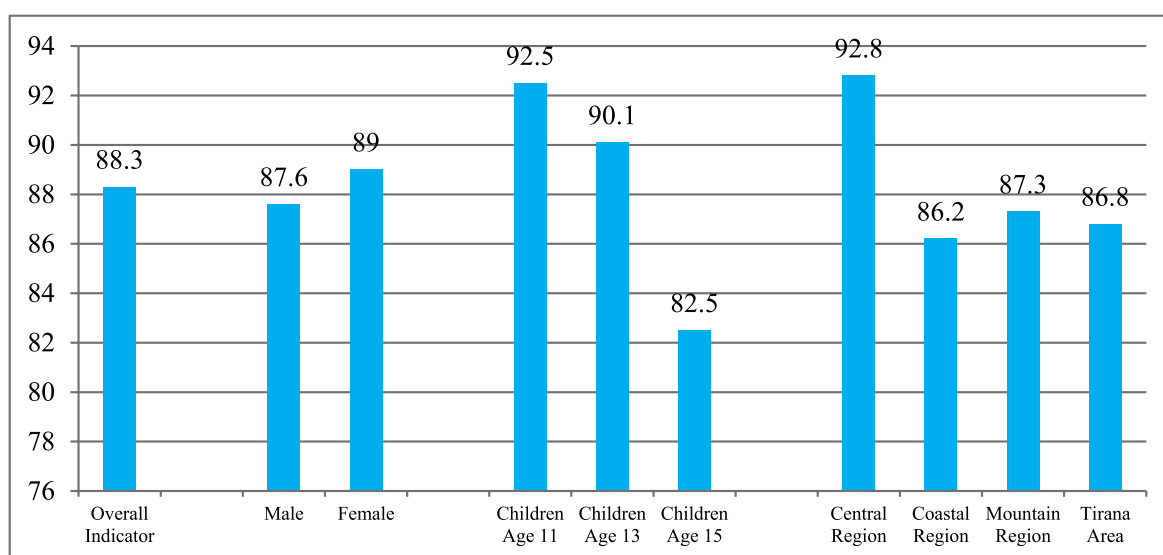
III.3 Child Subjective Well-Being Relationships and Mental Health

In order to give a fuller picture of child well-being it is important also to include measures of subjective well-being, relationships and mental health. Such measures are very important for children's well-being and go beyond monetary and material measures. Subjective well-being also influences children's expectations and influences their perceptions, relationships, mental health and the way they approach life and society. The child subjective well-being indicators are based on: 1. personal well-being measured as the percentage of children reporting high life satisfaction, and 2. well-being at school measured as the percentage of children who feel pressured by schoolwork and the percentage of young people (11-15-year-olds) liking school. Quality of family relations include: 1. the percentage of children who find it easy to talk to their mothers, and 2. the percentage of children who find it easy to talk to their fathers. Peer relationships indicators include: 1. the percentage of children who agree their classmates are kind and helpful, 2. the percentage of children involved in physical fighting at least once in the past year, and 3. the percentage of children who have been bullied at school at

least twice in the past two months. Mental health includes: 1. the percentage of children who report to have headaches at least once a week, 2. the percentage of children who report feeling low at least once a week, 3. the percentage of children who report irritability or bad temper at least once a week, and 4. the percentage of children feeling nervous at least once a week.

The percentage of children who report a high life satisfaction is relatively high, 88.3%. Although differences are minimal, female children report a slightly higher life satisfaction, 89.0% versus 87.6% for male children (figure 15). As expected, younger children report higher rates of life satisfaction. The rates go down with early adolescence and adolescence. In this respect, 92.4% of children at age 11 report a high life satisfaction, compared to 90.1% for 13-year-old children and 82.5% for 15-year-olds. The central regions have the highest reported rates of life satisfaction for children, with 92.8%. The other regions are around 87.0%. This shows that material well-being does not necessarily lead to higher life satisfaction for children. Children need much more than economic and material well-being.

Figure 13: Children who report high life satisfaction (in %)

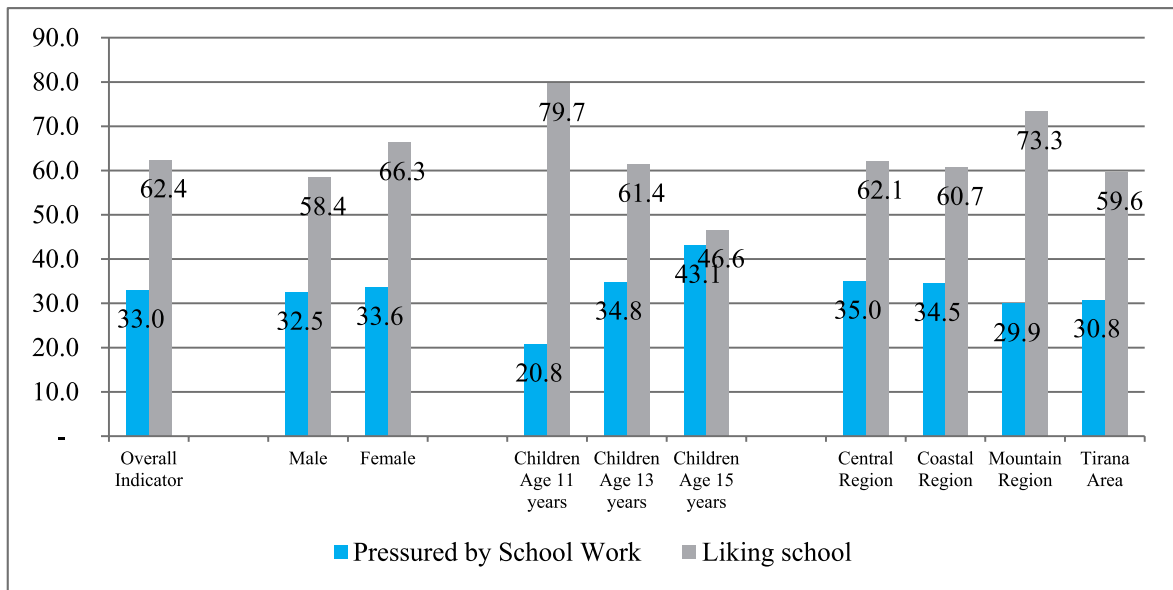


Source: HBSC 2014 survey and author calculations

In terms of subjective well-being in school, only 33.0% of children report to feel pressured by schoolwork (figure 16). The percentages are almost the same for male and female children. Feeling pressured by schoolwork increases for older age-groups. Only 20.8% of children in the age-group 11 years report to feel pressured by schoolwork, compared to 34.8% of 13-year-olds, and 43.1% of 15-year-olds. This is to be expected, since the volume and difficulty of schoolwork is supposed to increase for higher-grade levels. The rates are quite comparable regionally, however, the mountain regions have the lowest reported rates, 29.9%.

The percentage of young people (11-15 years) reporting to like school is 62.4% (figure 14). Female children have higher reported rates at 66.3%, compared to 58.4% for males. Satisfaction declines with age. Tirana has the lowest reported rates of school satisfaction, with 59.6%.

Figure 14: Children liking school and children feeling pressured by schoolwork (in %)

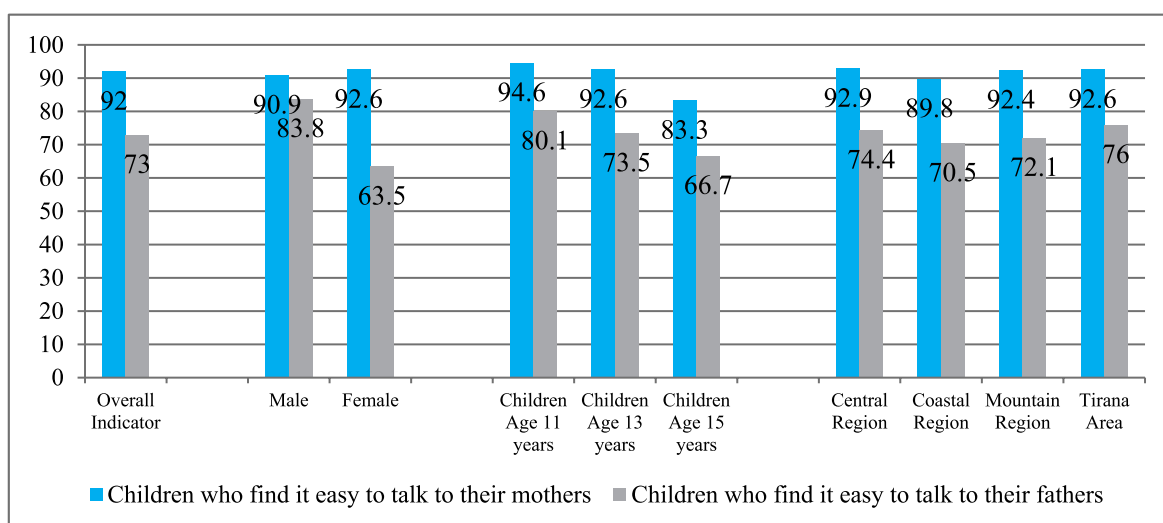


Source: HBSC Albania, 2014 and author calculations

The data shows that in terms of quality of family relations, the results are mixed. Overall, children find it easier to talk to their mothers than their fathers. On average, 92% of children report it easy to talk to their mothers, and 73% of them report it easy to talk to their fathers (figure 15). On average, 84% of males report it easy to talk to their fathers, compared to 63.5% of females. Percentages of ease to talk to mothers are comparable between male and female children.

Differences by age-groups show that younger children find it easier to talk to their parents. Once again, the ease of talking to mothers is higher than the ease of talking to fathers for every age-group. Ease to talk to both parents declines with the age of the child. For the age-group 11 years, 94.6% of children report it easy to talk to their mothers, and 80.1% report it easy to talk to their fathers. The percentages go down for the age-group 13 years. In this age-group, 92.6% report it easy to talk to their mothers, and 73.5% report it easy to talk to their fathers. The percentages go further down for the age-group 15 years. For this age-group, 83.3% report it easy to talk to their mothers, and 66.7% find it easy to talk to their fathers. The Tirana region has the highest proportion of children who find it easy to talk to their mothers and fathers.

Figure 15: Quality of family relations (in %)



Source: HBSC Albania, 2014 and author calculations

The time-use survey implemented in 2011-2012 in Albania showed that parents, engaged during the day with a primary activity (such as a job, for example) spend little time with their children. They are mainly concerned with supervising or satisfying children's physical needs and pay little attention to teaching reading or playing with their children. Only 4% of parents have declared they spend time with children readings, playing or talking, for an average of 2.2 hours a week. In the Tirana region the proportion of parents engaging with children in reading or playing increases to 6%. The same indicator falls to an incidence of just 2% of parents in the mountain regions (see table 6).

Table 6: Parents time spent with children

	Average Hours (in a week)	Overall Frequency	Central Areas	Coastal Areas	Mountain Areas	Tirana Region
Physical care and supervision	17.6	15%	16%	14%	9%	16%
Teaching the child	2.4	3%	4%	2%	2%	4%
Reading, playing and talking with child	2.2	4%	4%	3%	2%	6%

Source: Time-Use Survey and author calculations

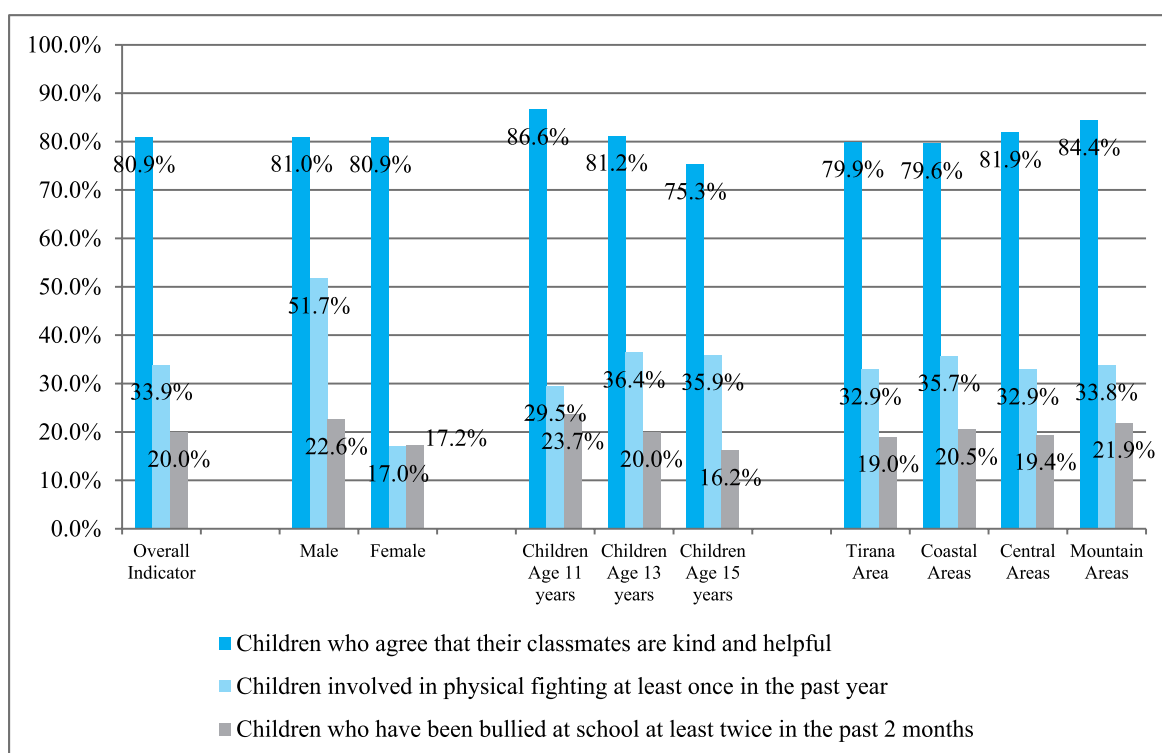
Peer relationships do not appear to be very strong. In fact, only 80.9 % of children report their classmates kind and helpful (figure 16). Male and female children have almost the same perception regarding their peers being nice and helpful. The perception among children on peer kindness weakens as children get older. The central and mountain regions have the highest percentage of children agreeing that their classmates are kind and helpful, 81.9 % and 84.4%, respectively.

In terms of problematic peer relationships, it appears that physical fighting is the most common. On average, 33.9% of children report to have been involved in physical fighting at least once in the past year. As expected, male children are much more involved

in physical fights than female children. There is not much difference in physical fighting by age group. The rate of physical fighting is the largest in the coastal and mountain regions, 35.7% and 33.8%, respectively.

Bullying does not appear to be as problematic as physical fighting. On average, 20% of children report to have been bullied at school at least twice in the past 2 months. Like physical fighting, bullying is also more present for male children. Bullying appears to take place more for younger children. As with physical fighting, the mountain and coastal regions have the highest reported rates of bullying among children.

Figure 16: Peer relationships (in %)



Source: HBSC Albania, 2014 and author calculations

The incidence of children reporting to experience weekly at least two symptoms from a set of seven selected symptoms (see figure 17) indicating mental health problems is reported to be 29.6%. Mental health symptoms are more frequently reported for female than male children. Reporting of symptoms increases with age. There are only small variations in reporting symptoms by region.

Children age 11 years	15.7%	6.7%	8.1%	12.6%	11.7%	13.4%	8.9%	7.0%
Children age 13 years	21.6%	6.9%	10.4%	21.9%	19.8%	23.6%	10.8%	7.3%
Children age 15 years	28.9%	10.0%	15.3%	28.7%	28.8%	32.7%	16.0%	10.0%
Indicator per region								
Tirana region	20.5%	7.4%	11.1%	18.2%	17.1%	21.2%	11.0%	7.7%
Coastal regions	22.4%	8.5%	10.9%	20.7%	19.8%	22.3%	11.4%	7.8%
Central regions	21.8%	6.4%	10.7%	21.0%	19.9%	22.8%	10.8%	6.9%
Mountain regions	18.9%	7.7%	9.2%	22.7%	19.1%	22.1%	12.9%	9.5%

Source: HBSA Albania, 2014 and author calculations

III.4 Education Participation and Attainment

Education participation and attainment is a key indicator regarding children's well-being. Children's education is linked to their parent's education, which shows the socio-economic conditions of the family. Educational attainment is also linked to their future occupations and socio-economic position. Children from less-educated households are more likely to get less education themselves and consequently find themselves with a low socio-economic status in the future. Children who are trapped in low education are more likely to be in poverty and consequently there may be a continuation of inter-generational poverty. Education is very important in improving children's lives and their future. The indicators used regarding education and youth inactivity include: 1. the rate of full-time and part-time students in all institutions, 2. gross school enrollment for pre-primary education (preschool), 3. net school enrollment for pre-primary education, 4. net school enrollment for primary education, 5. educational achievement consisting of the PISA test scores in reading, mathematics and science literacy, 6. youth inactivity rate measured as the percentage of youth not in employment or education. This last indicator is divided into the percentage of unemployed youth, discouraged youth, family-care workers and other inactive.

Education indicators in terms of participation/enrollment show that in 2014, 51.7% of all children between the ages of 15-19 were enrolled in school (table 8). This statistic is not readily available and it was generated by the authors' own calculations. It should be noted that it is underestimated since it is calculated as the number of students enrolled in secondary education (ages 15-17) over the children's population 15-19 years. This is because the children's population is only provided for the age-group 15-19 years, rather than 15-17 years. Nonetheless, this indicator appears low, and indicates youth either leaving the schooling system to join the labor market or inactive youth. The latter is more problematic since it may lock this type of youth into long-term unemployment or weaken their position later in the labor market, thus increasing the risk of poverty. The gross and net enrollment rates for pre-primary education are much higher, although they could be increased further. In 2013, the gross enrollment rate for preschool is 79.2%. This rate is slightly higher for girls, 79.5%, compared to 78.9% for boys. The net enrollment rate in this same year is 73.1%, with girls at 73.8% and boys at 72.5%. The net enrollment rate of 6-7-year-olds enrolled in first grade is quite low, especially taking

into account that primary education is compulsory. In 2013, the net enrollment rate for 6-7-year-old children is 54.4%. Boys have a 0.8% advantage with a net enrollment rate of 54.8%, compared to 54.0% for girls. Overall, there are no major gender differences between boys and girls in terms of school enrollment according to the available statistics.

Table 8: Participation/Enrollment

Variables	2013			2014
	All	Boys	Girls	
Full-time and part-time students in all institutions (% of 15-19-year-olds)				51.69
School enrollment, pre-primary (% gross): 3-5 years	79.2	78.9	79.5	
School enrollment, pre-primary (% net): 3-5 years	73.1	72.5	73.8	
School enrollment, primary (% net): 6-7 years	54.4	54.8	54.0	

Source: INSTAT 2013, 2014.

Besides school enrollment, which is a main indicator in terms of education, educational achievement is also a very important indicator. It shows not only achievement, but also the quality of education and comprehension, retention, and retrieval of information provided through the schooling system. PISA test scores regarding reading literacy, mathematics literacy and science literacy show that Albanian 15-year-old-students are below the OECD average scores by almost 100 points in reading literacy, 100 points in mathematics literacy, and over 100 points in science literacy (table 9). Girls have scored better than boys in every test, with a larger difference in reading literacy and science literacy. PISA 2012 test scores show that Albanian students have achieved an average score of 394 in reading literacy and mathematics literacy (compared to 496 and 494 OECD average respectively) and 397 in science literacy (compared to 501 OECD average). Girls have an average score of 401 in reading literacy compared to 387 for boys. Their mathematics score is 395, only one point higher than that of boys. Lastly, their science literacy score is 401, compared to 394 for boys.

Scores in 2009 are lower than in 2012. The biggest improvement has been in terms of mathematics literacy, which had a score of 377. This score has increased by 17 points in 2009. The score for reading literacy was 385 in 2009 and has increased by 9 points in 2012. The science literacy score was 391 and 2009, and has increased by 6 points in 2012.



Table 9: Educational achievement

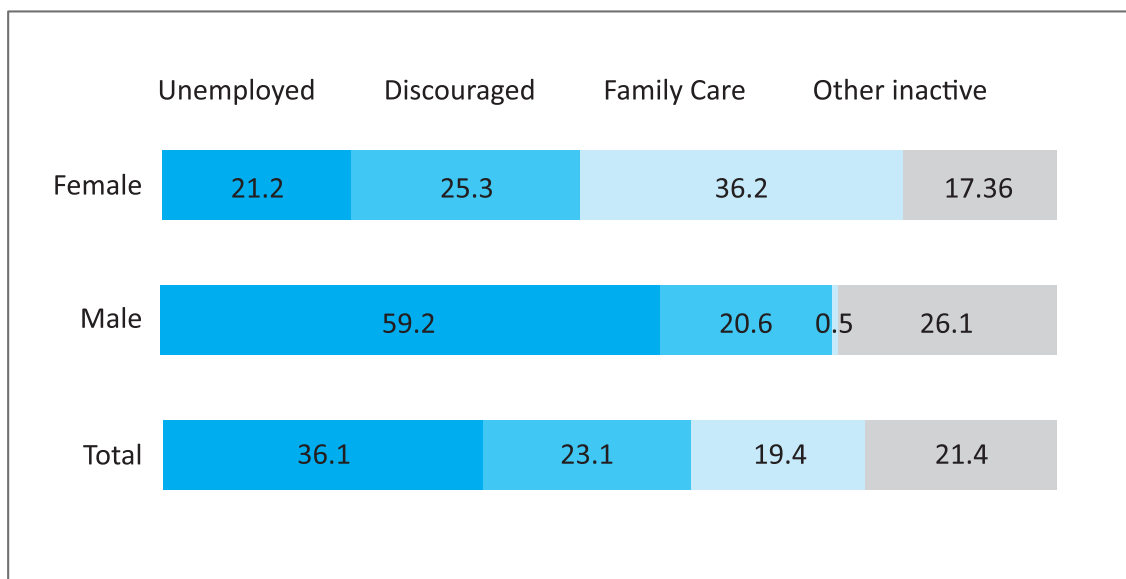
Variables	2012			
	All	Boys	Girls	OECD average
Reading literacy achievement: 15 years	394	387	401	496
Mathematics literacy achievement: 15 years	394	394	395	494
Science literacy achievement: 15 years	397	394	401	501

Variables	2009			
	All	Boys	Girls	OECD average
Reading literacy achievement: 15 years	385	355	417	493
Mathematics literacy achievement: 15 years	377	372	383	496
Science literacy achievement: 15 years	391	377	406	501

Source: PISA 2009, 2012.

Lastly, 36.1% of youth age 15-29 years who are not employed or in the educational system are unemployed, but actively seeking a job and are available for work. The rest, 63.9%, is divided between 23% who are discouraged, 19.4% in family care and 21.4% as other inactive. Whereas young males who are not employed or in the educational system have a much larger percentage unemployed, 59.2% compared to 21.2% of young females, young females have a much higher percentage in family care. For young females, 36.2% of those who are not employed or in the educational system are occupied with family care, compared to only 0.5% of young males. These differences show that young females are much more vulnerable in the labor market and that traditional roles for females within the household are still present. This cautions against the future of young females and their socio-economic well-being.

Figure 18: Youth who are not employed or in the educational system, 15-29 years



Source: INSTAT, LFS 2014.

III.5 Child Maltreatment

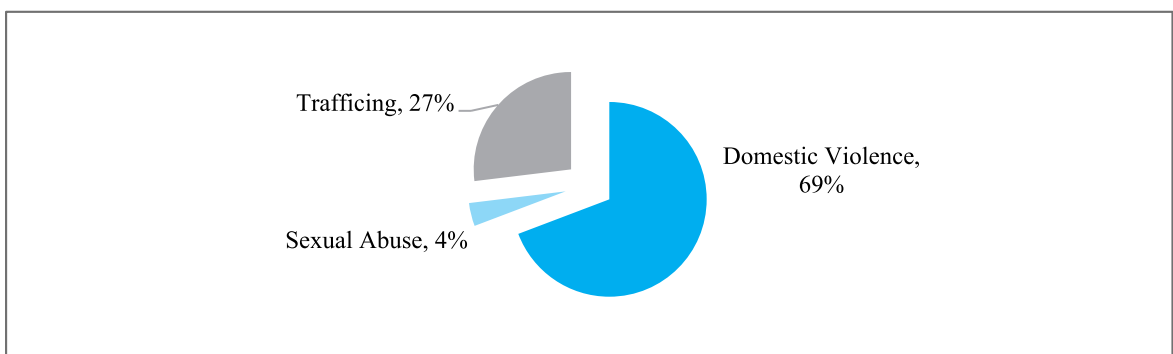
Child maltreatment is yet another very important indicator in terms of children's well-being. It encompasses their physical and psychological well-being, predicting future success. It also influences the ways in which relationships are formed, and has implications both in terms of educational achievement and later work-place behavior. Child maltreatment includes violence and maltreatment of children, measured as the percentage of children who were victims of trafficking, sexual abuse and domestic violence.

Maltreatment of children, such as child abuse, trafficking and domestic violence are highly linked with poverty and social problems; cultural aspects and the educational level of parents is also influence child maltreatment.

Parents were asked in the ADHS survey (2008-2009) how they discipline their children: through non-violent ways, psychological punishments or physical punishment (minor or severe physical punishments). Incidence of punishments as a way to discipline children was high, 68% of children were experiencing punishment. Incidences of severe physical punishment amounted to 14%. This incidence is likely to be higher among children 5-9 years old, in rural and mountain regions and if mothers only have primary-level education. Thirteen percent of parents responded that they believe a child needs to be physically punished in order to be disciplined (see ADHS 2008-2009, Child Health p. 152).

In 2013, the MSWY reported 158 children as victims of violence and abuse. The main environment for child abuse and violence remain the domestic environment; 69.0% of children were reported victims of domestic violence, 43 children were reported victims of trafficking, and 9 children victims of sexual abuse.

Figure 19: Violence and maltreatment of children (2013)



Source: MSWY administrative data

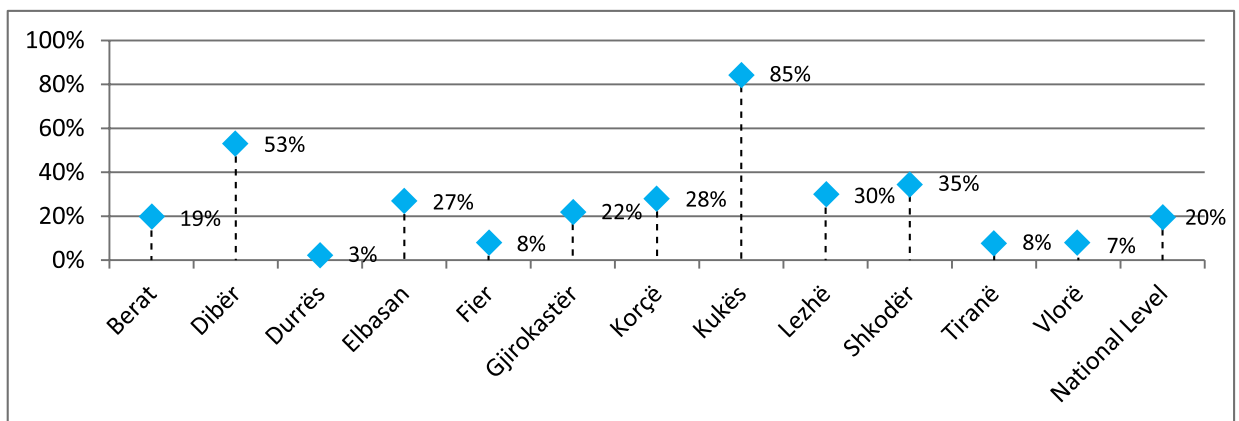
III.6 Children in Care/Looked after

Children are sheltered, protected and cared for mainly through the economic-aid program, a cash transfer to help families with and without children survive extreme poverty caused by unemployment or vulnerabilities such as health and disabilities, long-term unemployment, lone parenting or unexpected shocks to health or family wealth. Data from the National Agency for the Protection of the Rights of Children shows that at the national level, 20% of families with children age 0-18 are included in the economic-aid program and receive cash transfers to support consumption and alleviate poverty.

The economic-aid program follows the map of poverty and living standards. The majority of social transfers go to families with children residing in northern mountain regions, such as the Kukës and Diber regions. The economic-aid program supports 85% of families with children with cash transfer in Kukës and 53% of families with children in the Diber region (see figure 20).

The social-protection system offers residential and daily social services for children in need. The 2013 Annual Report of the Ministry of Social Welfare and Youth estimated around 61 centers that provide social services to children in need, of which 47 were supported by private charities/donors and only 14 were public shelters established and operational through public funding. The number of child benefiting from daily service or support for longer-term needs amounts to 511 children for 2013.

Figure 20: Proportion of families with children included in the economic-aid program per regions (2013)



Source: MSWY

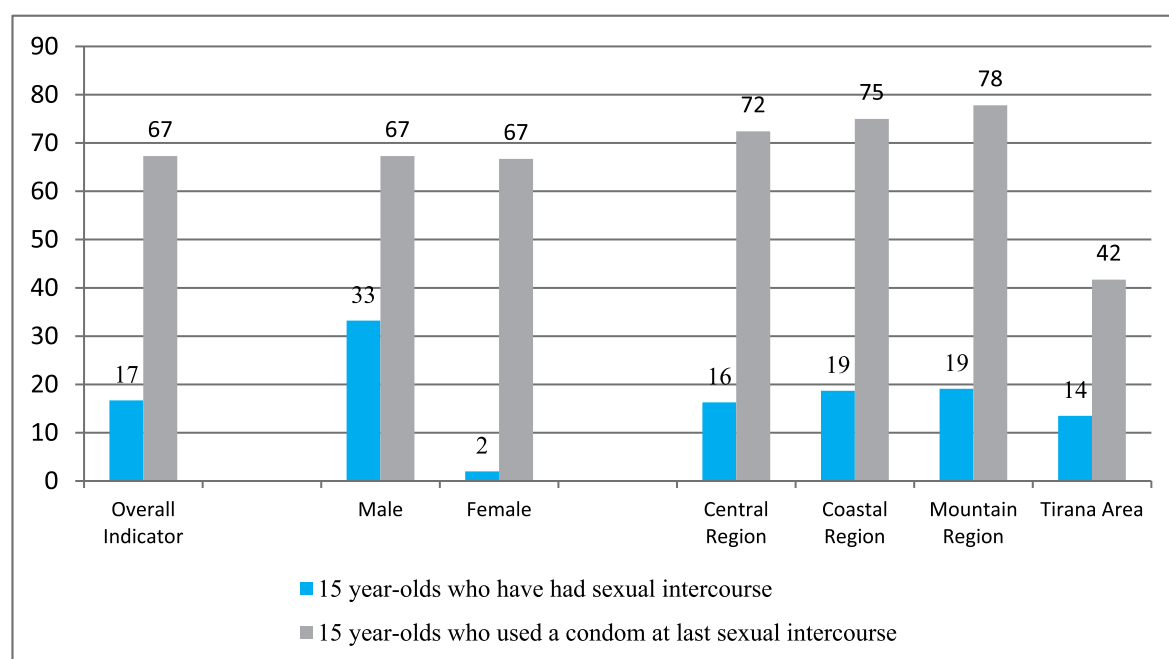
III.7 Child Behavior

Child behavior in the family environment, in school and during socializing activities is examined to understand risks and vulnerabilities that such behavior could cause to children in general, and children living in poorer and marginalized environments especially. Indicators to understand school environment and child behavior, children's exposure to sexual life and risks embodied in unprotected sexual relationship at an early age, as well as risks and behavior regarding consumption of drugs, alcohol and smoking

were included, as follows: 1. the percentage of 15-year-olds who have had sexual intercourse; 2. the percentage of 15-year-olds who used a condom during their last sexual intercourse; 3. the percentage of children who smoke at least once a week; 4. the percentage of 13 and 15-year-olds who have been drunk at least twice in their lifetime.

The rates of sexual intercourse among children are the highest reported, compared to other risky behaviors such as smoking and drinking. On average, 16.7% of 15-year-olds report to have had sexual intercourse (figure 21). Male children have a much higher reported percentage compared to female children, 33.2% and 2.0%, respectively. The rates are much higher in the mountain and coastal regions, 19.2% and 18.7%, respectively, compared to 16.3% in the central regions and 13.5% in Tirana, which also has the smallest reported rates. Usage of condoms for those who report to have had sexual intercourse is close to 70.0%. On average, 67.3% report to have used a condom during their last sexual intercourse. This percentage is 67.3% for male children and 66.7% for female children. Tirana has by far the lowest reported rate of 15-year-olds using a condom during their last sexual intercourse. In this region, 41.7% of children report to have used a condom during their last sexual intercourse, compared to the other regions, which are over 70.0%, with the mountain regions having the highest percentage of 77.8%. This result is somewhat surprising since children in Tirana are supposed to be better informed and have more available options.

Figure 21: Child behavior regarding sexual intercourse (in %)



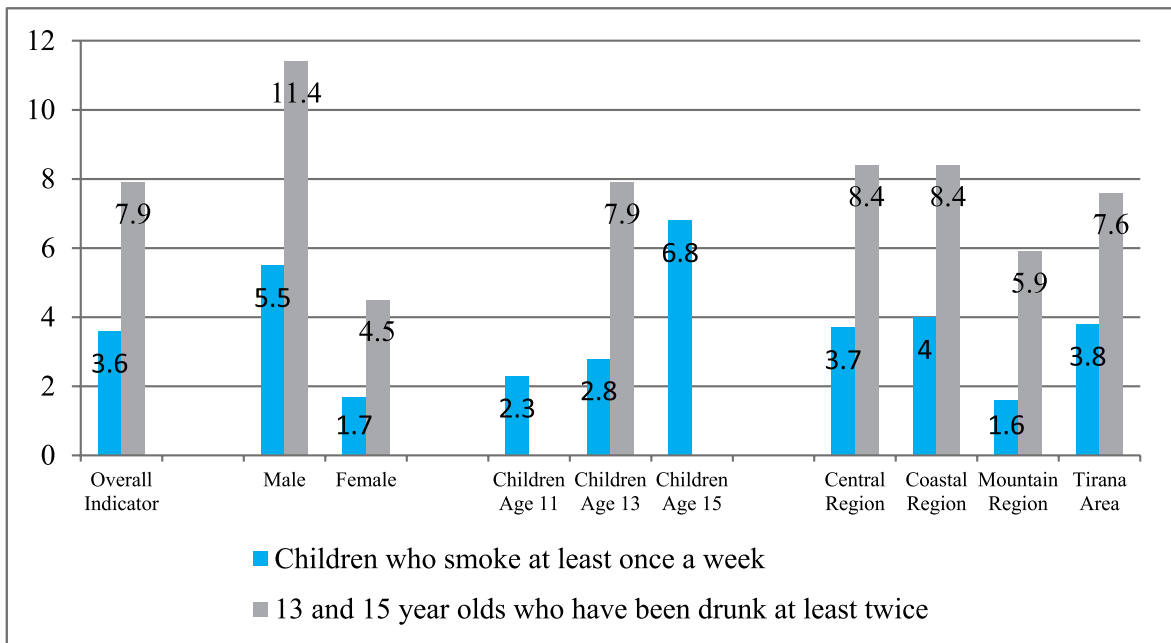
Source: HBSC Albania, 2014 and author calculations

Smoking and drinking is present at much lower rates, compared to sexual intercourse. On average, 3.6% of children report to smoke at least once a week (table 25). Male children have once again higher rates, with 5.5% compared to 1.7% for female children. The reported percentages increase with older age groups. Only 2.3% of 10-12-year-olds and 2.9% of 13-14-year-olds report to smoke at least once a week. For the age-group 15-17 this percentage goes up to 6.8%. The mountain regions have the lowest percentage of children reporting to smoke at least once a week, 1.6%. The other regions are

close to 4.0%. As other statistics, these statistics may also reinforce the existence of a more conservative and traditional environment in the mountain regions.

Lastly, 7.9% of 13-14-year-olds report to have been drunk at least twice in their lifetime. Although the percentages are relatively low, this is quite an early age to start to drink and get drunk. The reported percentages are much higher for male children, with 11.5% compared to 4.6% for female children. The central and coastal regions have the highest reported percentages, 8.4% and 8.4%, respectively. The Tirana region is also close to 8.0%, whereas the mountain regions have the lowest percentage, 5.9%.

Figure 22: Child behavior regarding smoking and drinking (in %)



Source: HBSC Albania 2014 and author calculations

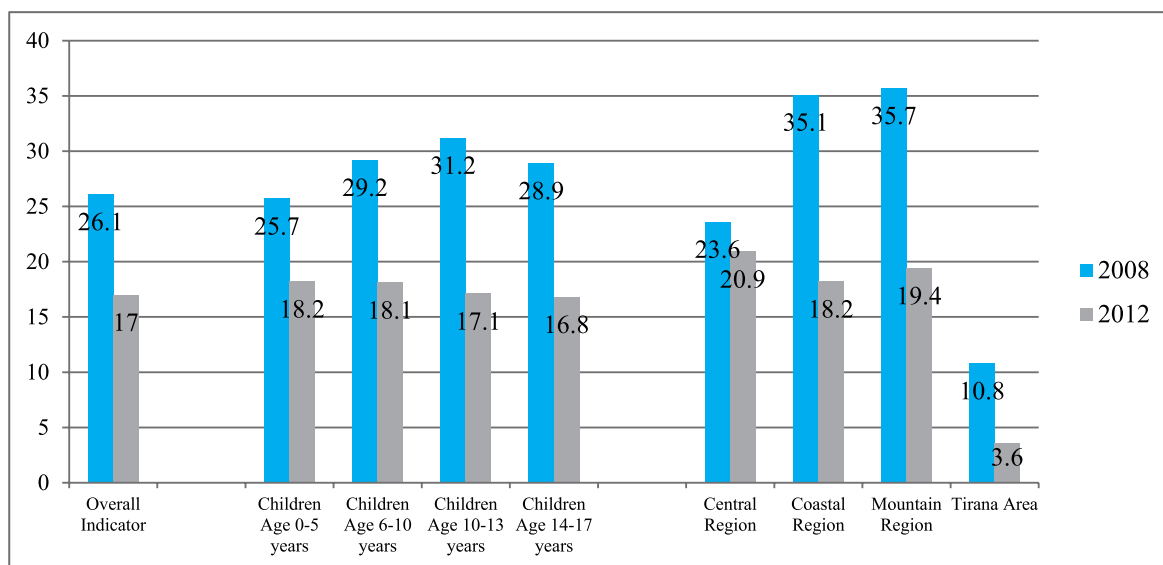
III.8 Housing and Environment

The housing and environment indicators include: 1. the percentage of households with children reporting more than one housing problem (problems include dwellings being too small, dwellings being too dark, inadequate heating, leaking roof, damp walls, floors or basements, windows/doors in bad condition); 2. overcrowding measured as the average number of rooms per person in households with children, 3. the percentage of households with children reporting that crime in the area is a problem (this indicator is measured as the percentage of households with children who report to be unsafe or somewhat unsafe in the area); 4. households with children reporting pollution or dirt as problems in the area (this indicator is measured as the percentage of households with children that report pollution to be a problem in the area).

The data in 2012 shows that in terms of housing and the environment, households with children reporting more than one housing problem is the biggest issue. On average,

17.0% of households with children report having more than one housing problem (figure 23). Given the nature of problems that are included as outlined above, these can be problematic in terms of children’s health – dampness, darkness, inadequate heating, windows in bad conditions – as well as school performance. Households with younger children appear to have a larger percentage of this problem; 18.2% of households with children between the ages of 0-5 report to have more than one housing problem. This may also be linked to the fact that these households also have the highest poverty rate and live in worse economic conditions. The percentages go down with the increase in children’s age. 18.1% of households that have children between the ages of 6-10 report to have more than one housing problem. This percentage goes down to 17.1% for households that have children between the ages of 10-13, and further down to 16.8% for households that have children between the ages of 14-17. Regional differences show that the problems of dwelling conditions is more prominent in the central regions, with 20.9% of households with children reporting more than one housing problem. The mountain and coastal regions have similar rates, although lower, 19.4% and 18.2%, respectively. Tirana has a very low percentage of households that report more than one housing problem. That percentage is only 3.6%. This may be a result of a boom in construction and newer buildings in both the center and the city’s suburbs. It is also related to Tirana’s overall better economic conditions.

Figure 23: Households with children reporting more than one housing problems (in %)

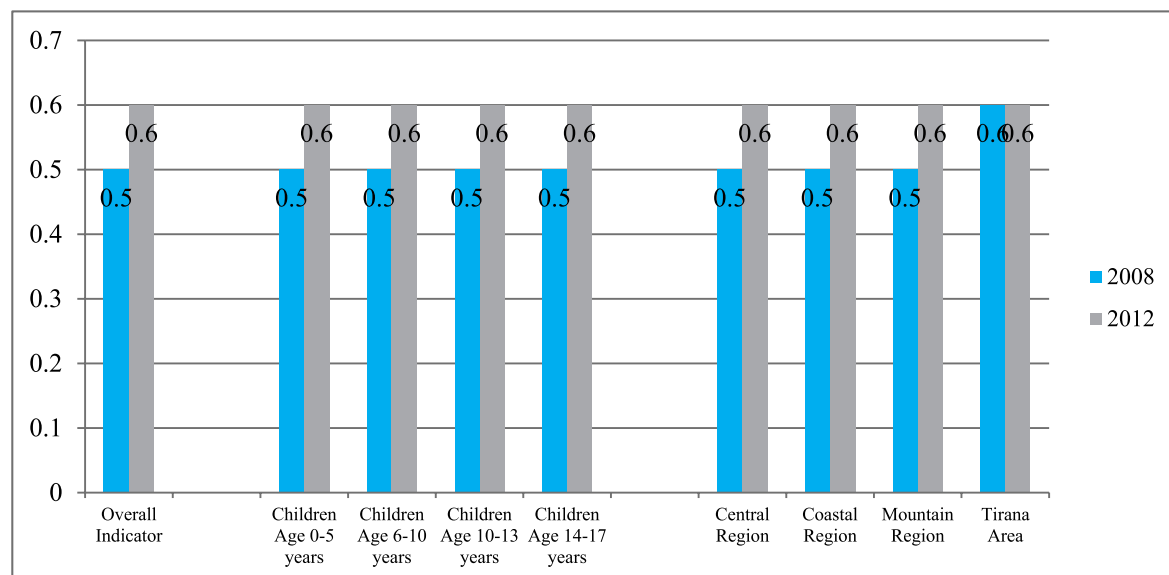


Source: LSMS 2008, LSMS 2012 and author calculations

Overcrowding is another important indicator that is linked to children’s privacy and available space for study and play. Although families have gotten smaller in recent years, households with children have on average less than one room per person. This means that children have to share rooms with each other or other family members. In 2012, the average rooms-per-person indicator in households with children was 0.6 (figure 24). Households with children between the ages of 0-5 have an average of 0.6 rooms per person. A similar indicator of 0.6 rooms per person is also found for households with children 6-10 years. The indicator increases closer to the national average for households with children 10-13 years and 14-17 years, reaching 0.6. There are no real apparent regional differences in terms of this indicator. The rooms per person in

households with children are 0.6 in the central regions, 0.6 in the coastal region and Tirana, and 0.6 in the mountain regions.

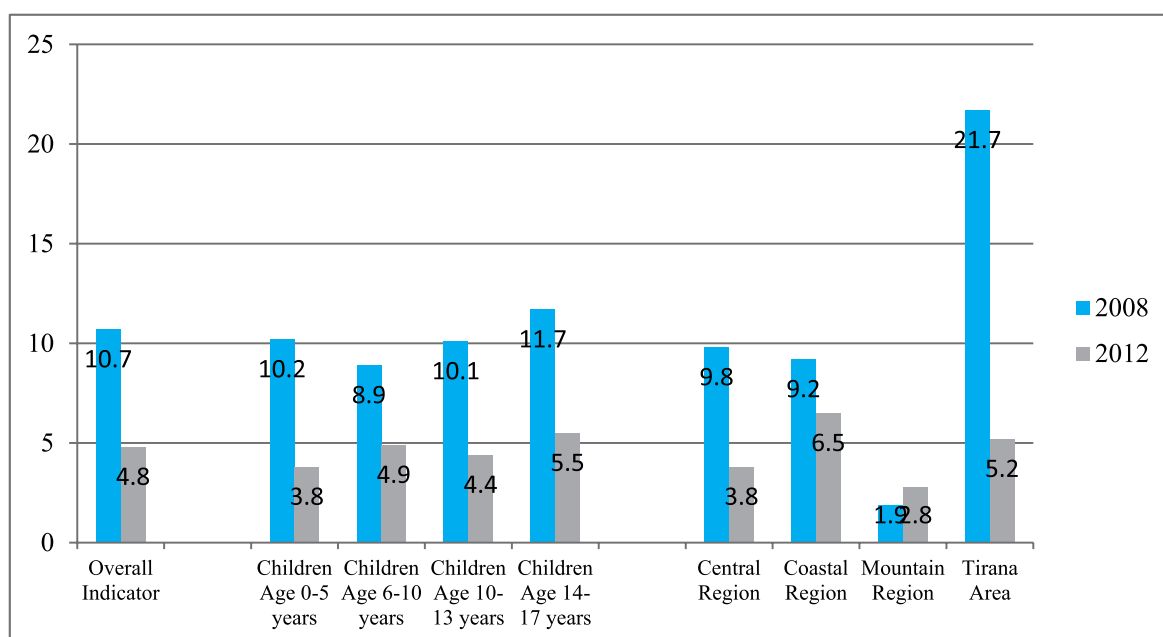
Figure 24: Rooms per person in households with children



Source: LSMS 2008, LSMS 2012 and author calculations

In terms of external effects, pollution appears to be a larger problem compared to safety. Albania has reached satisfactory levels of law and order after the 1997 events, as it has achieved political stability. Pollution, however, has become more of a problem, where Albania has parameters many times over the allowed levels in other European countries. In 2012, on average, 4.8% of households with children report pollution as a problem in their areas (figure 25). Households with children 14-17 years have the highest percentage 5.5%, followed by households with children 6-10 years, with 4.9%, households with children 10-13 years, with 4.4%, and lastly households with children 0-5 years, with 3.8%. The coastal region by far has the largest percentage of households with children reporting pollution as a problem in their area. On average, 6.5% of households with children in the coastal region report to have such a problem. Tirana follows with 5.2% of households with children reporting pollution as a problem. In the central regions, 3.8% of households with children report pollution as a problem, while in the mountain regions, 2.8% of households with children report such a problem. The reporting of pollution in the area may be linked to the economic activities in these particular areas, as well as other factors, such as number of cars, number of old cars, etc. It may also be linked to people's awareness regarding pollution problems and their sensitivities to report. Consequently, percentages may be higher than reported.

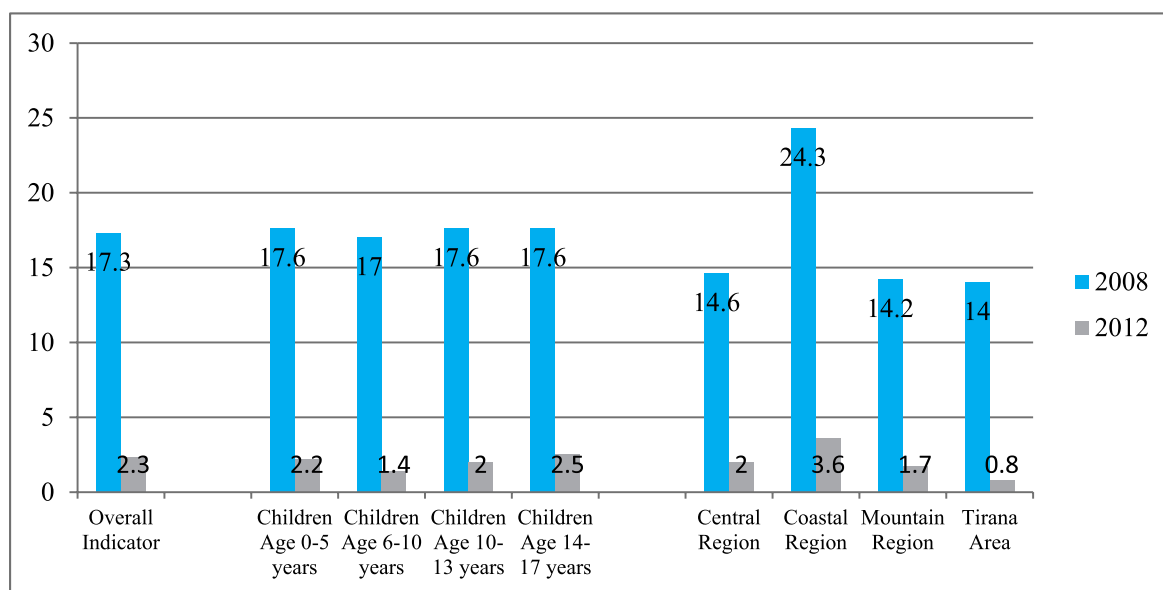
Figure 25: Households with children reporting pollution as problems in the area (in %)



Source: LSMS 2008, LSMS 2012 and author calculations

In regards to safety, it should be mentioned that the response rate to this question in 2012 is very low, only 9.0% (figure 26). However, a similar question asked on crimes showed a much smaller rate for this problem. Only 0.7% of households with children reported crime to be a problem in their area. In regards to the question on safety in 2012, 2.3% of households with children report to feel somewhat unsafe or unsafe in the areas in which they live. Households with younger children in the age-group 0-5 years report a somewhat higher percentage, 2.2%, than households with older children in the age-groups 6-10 years, 1.4%, and 10-13 years, 2.0%. The percentage goes up for households with children between 14-17 years, 2.5%, although the percentages are low overall. Regional differences show that the coastal region has the highest percentage of households with children reporting to feel somewhat unsafe or unsafe in their area. In the coastal regions, 3.6% of households with children report to feel somewhat unsafe or unsafe in their areas compared to 2.0% in the central regions and 1.7% in the mountain regions. Tirana has the lowest percentage, with 0.8%.

Figure 26: Households with children who report crime in the area is a problem (in %)



Source: LSMS 2008, LSMS 2012 and author calculations

The overall situation in terms of housing and the environment appears to have improved between 2008 and 2012. The largest differences between 2008 and 2012 are found in the housing problems and pollution. Even though the differences appear striking in terms of safety, the data are incomparable between 2008 and 2012, given the very limited response rate in 2012, as mentioned above. Regarding housing problems, in 2008, 26.1% of households with children reported to have more than one housing problem. The largest differences between 2008 and 2012 in terms of housing problems are found for the age-group 10-13 years. In 2008, 31.2% of households with children in the age-group 10-13 years reported more than one housing problem, compared to 17.1% in 2012. In terms of regional differences, there are large differences between the coastal, mountain, and Tirana regions. In this respect, in 2008, 35.1% of households with children in the coastal regions reported to have more than one housing problem (compared to 18.2% in 2012), 35.7% of households with children in the mountain regions (compared to 19.4% in 2012) and 10.7% in Tirana (compared to 3.6% in 2012).

Likewise, the differences in reported pollution are also quite large. In 2008, 10.7% of households with children reported pollution as a problem in their area (compared to 4.8% in 2012). The largest difference is the reporting of pollution by households with children in the age-group 0-5 years, with 10.2% in 2008 (compared to 3.8% in 2012). The largest difference by far in terms of regions is in Tirana. In 2008, 21.7% of households with children in Tirana reported pollution to be a problem in their area (compared to 5.2% in 2012). The smallest differences are in the mountain area, where pollution does not seem to be a major problem. In 2008, only 1.9% of households with children report pollution to be a problem in their area (compared to 2.8 in 2012). This is the only region that has seen an increase of the reported pollution in 2012 compared to 2008. It should also be noted that the comparisons should be viewed with caution since these are cross-sectional data and they do not use the same individuals across years.

IV. International Comparisons

How does Albania compare? As was discussed in the introduction there are two reasons for trying to answer this question. Without comparisons a country does not know how well it is doing and without comparisons it does not know how good it could be.

But comparisons are not easy especially when, as we are here, taking national data and comparing it with data derived from other sources. The task is to ensure that the indicators being compared are measuring the same thing. The comparisons in this section utilize the set of indicators that were derived for UNICEF Report Card no. 11 and the comparisons are organized in the same framework of domains as used in that report.

The countries that have been selected as comparators are the EU CEE countries, including Croatia, Armenia, Macedonia, Russia and Ukraine, all chosen because they are included in the HBSC.


IV.1 Material Well-Being

We have only two indicators for material well-being. The child poverty rate for Albania is derived from the LSMS and is based on children in households with expenditures less than 60% median, whereas the data for the other countries comes from EU SILC and is based on income, so the comparison is not reliable. The child poverty gap and lacking child items indicators both come from EU SILC and can be replicated when Albania implements the SILC survey. The Family Affluence scale is the only comparable indicator and is derived from HBSC questions:

- Does your family own a car, van or truck?
- Do you have your own bedroom for yourself?
- During the last 12 months how many times did you travel away on holiday with your family?
- How many computers does your family have?

The scale ranges from 0-8 and a score of 0-2 is defined as low family affluence. Albania has 46.5% of its children aged 11, 13 and 15 in families with low family affluence, the second highest proportion among these countries.

Table 10: International comparison of monetary and material deprivation of children in Albania

	Monetary Deprivation		Material Deprivation 	
	Child poverty rate	Child poverty gap	Lacking child items	Low family affluence scale
Albania	(28.0)			46.5
Armenia				47.0
Bulgaria	21.6	31.8	56.6	
Croatia				19.0
Czech Republic	9.7	23.2	8.8	17.0
Estonia	11.9	29.4	12.4	16.0

Hungary	10.0	11.7	31.9	24.0
Latvia	20.5	27.3	31.8	24.0
Lithuania	17.9	35.6	19.8	23.0
Macedonia				
Poland	13.9	24.1	20.9	20.0
Romania	23.6	30.6	72.6	40.0
Russia				33.0
Slovakia	13.2	30.0	19.2	26.0
Slovenia	7.2	19.5	8.3	7.0
Ukraine				42.0

Source: Albania data above and UNICEF (2013) database

IV.2 Child Health

Albania still has a comparatively high infant mortality rate. However the child death rate in Albania is comparatively low. Its rate of low birth weight is also low and its immunization rates are comparatively high.

Table 11: International comparison of child health indicators

	Child Health					
	Health at birth		Child mortality	Immunization rates		
	Infant mortality rate	Low birth weight	All child death 1-19	Measles	DPT3	Polio
Albania	7.9	3.4	11.4	99.0	98.1	95.0
Armenia	21.0	7.0		97.0	98.0	96.0
Bulgaria	11.0	9.0	33.3	97.0	94.0	96.0
Croatia	6.0	5.0		94.0	97.0	96.0
Czech Republic	3.4	7.0	19.3	98.0	99.0	99.0
Estonia	3.2	4.0	29.7	95.0	94.0	94.0
Hungary	5.7	9.0	21.2	99.0	99.0	99.0
Latvia	7.6	5.0	34.7	93.0	89.0	89.0
Lithuania	5.1	4.0	31.0	96.0	95.0	95.0
Macedonia						
Poland	5.2	6.1	22.9	98.0	99.0	96.0
Romania	11.7	8.0	37.5	95.0	97.0	96.0
Russia	11.0	6.0		98.0	97.0	97.0
Slovakia	6.8	7.4	24.2	98.0	99.0	99.0
Slovenia	2.3	5.9	16.5	95.0	96.0	96.0
Ukraine	13.0	4.0		79.0	73.0	58.0

Source: Albania data above and UNICEF (2013) data base

IV.3 Education

Albania has the lowest PISA scores for reading, mathematics and science. It is middling in rates of early childhood education, but its staying-on rates are very low comparatively and its NEET rates are extremely high.

Table 12: Comparison of education participation and attainment indicator of Albania

	Education					
	Educational achievement			Participation		
	Reading literacy achievement	Mathematics literacy achievement	Science literacy achievement	Early childhood education	Staying-on	NEET
Albania	394.0	394.0	397.0	79.2	51.7	36.1
Armenia						
Bulgaria	429.1	428.1	439.3	79.2	75.5	15.6
Croatia	471.0	485.0	491.0			
Czech Republic	478.2	492.8	500.5	88.7	89.2	3.5
Estonia	501.0	512.1	527.8	89.8	84.6	8.0
Hungary	494.2	490.2	502.6	94.3	89.9	5.6
Latvia	484.0	482.0	493.9	87.4	88.8	8.0
Lithuania	468.4	476.6	491.4	78.3	91.4	4.1
Macedonia						
Poland	500.5	494.8	508.1	76.3	92.7	3.6
Romania	424.5	427.1	428.2	82.1	76.4	9.9
Russia	482.0	475.0	497.0			
Slovakia	477.4	496.7	490.3	77.5	85.1	4.5
Slovenia	483.1	501.5	511.8	92.0	91.1	2.5
Ukraine						

Source: Albania data above and UNICEF (2013) data base

IV.4 Subjective Well-Being

Albanian children have the highest levels of life satisfaction. Like other countries, Albanian children find it easier to talk to their mothers than their fathers and score comparatively high on both indicators. Albanian children are second to Slovenia in finding their classmates kind and helpful. They are middling in feeling pressured by schoolwork and they score highly on liking school. Very few Albania children rate their health as poor and Albania is middling on self-reported health complaints.

Table 13: Comparison of child subjective well-being indicators

Subjective Well-Being								
Life satisfaction	Relationships			Educational well-being		Health		
Life satisfaction	Easy to talk to mothers (excluding do not have/ do not see)	Easy to talk to fathers (excluding do not have/do not see)	Classmates are kind and helpful (agree / strongly agree)	Pressured by school work	Young people liking school a lot	Rating health as fair or poor	Self-reported health complaints (2 or more symptoms more than once a week)	
Albania	93.3	91.9	73.5	80.9	32.9	61.9	4.5	29.9
Armenia	91.6	87.1	73.0	80.1	22.5	66.1	15.2	34.9
Bulgaria	86.5	87.6	74.2	40.8	30.7	34.9	4.6	41.3
Croatia	86.4	88.5	74.8	71.0	29.6	11.5	14.8	31.8
Czech Republic	79.7	83.6	66.6	47.7	30.9	14.0	16.5	35.0
Estonia	88.2	87.3	73.0	65.6	41.5	10.0	12.5	31.7
Hungary	84.3	89.7	77.3	60.7	17.7	29.4	17.5	33.4
Latvia	85.1	80.7	67.4	55.1	28.5	31.6	21.5	35.0
Lithuania	87.0	78.7	65.7	55.2	44.0	42.4	12.0	31.8
Macedonia	79.8	90.8	79.1	80.5	47.0	52.3	3.9	36.2
Poland	80.8	85.7	71.8	55.5	32.0	38.3	16.6	38.0
Romania	89.0	89.2	74.2	69.2	27.5	43.4	17.2	38.5
Russia	81.9	80.2	69.4	56.9	28.0	26.8	17.7	33.4
Slovakia	81.4	79.8	63.1	58.2	21.7	18.7	11.4	37.8
Slovenia	87.8	86.0	70.7	81.7	46.6	30.3	10.9	27.8
Ukraine	85.2	90.9	79.1	55.3	18.0	43.7	18.9	28.6
Moldova	91.3	90.0	77.7	73.4	23.2	42.8	20.8	35.8

Source: Author calculation based on data published by WHO and HBSC in the report "Growing up unequal: Gender and socioeconomic differences in young people's health and well-being"

IV.5 Behaviors and Lifestyle

Rates of fighting and being bullied are middling in Albania. Eating fruit is high, eating breakfast is middling and physical exercise among children is the comparably lowest rate. The adolescent fertility rate is comparatively high. Rates of smoking, being drunk and using cannabis are very low.

Table 14: Behavior and lifestyles

	Experience of Violence		Health Behavior				Risk Behavior			
	Fighting in last 12 months	Being bullied at least once in last two months	Obesity	Eating fruit daily or more m7	Eating breakfast every school day m5	Physical exercise 7 days last week	Adolescent fertility rate changed (using http://data.worldbank.org/indicator/SP.ADO.TFRT)	Smoking at least once per week	Drunk at least twice	Used cannabis in last 12 months
Albania	34.2	20.1	14.75	51.9	51.9	28.2	21.0	2.7	7.38	1.96
Armenia	41.1	8.8	19.87	55.2	57.9	34.5	24.0	1.9	7.40	1.43
Bulgaria	35.8	34.2	23.02	36.8	65.4	42.1	39.0	11.6	16.54	11.05
Croatia	33.0	17.2	21.05	36.3	52.5	41.9	10.0	9.4	14.79	8.51
Czech Republic	42.7	17.8	19.43	36.9	56.7	49.1	10.0	6.6	13.08	7.48
Estonia	27.6	38.1	19.25	32.0	64.2	47.9	14.0	5.3	12.20	7.52
Hungary	38.5	31.2	21.34	35.6	52.2	47.2	18.0	7.8	13.81	4.50
Latvia	35.4	49.6	19.27	26.0	62.2	47.3	14.0	5.6	11.82	6.91
Lithuania	36.6	54.1	16.28	32.5	57.9	50.5	12.0	7.6	15.94	6.05
Macedonia	25.5	22.9	23.29	40.1	69.9	37.9	18.0	4.1	4.03	2.00
Poland	31.1	30.2	20.00	34.0	63.8	44.7	14.0	8.1	11.57	10.49
Romania	38.1	34.1	18.59	37.6	46.9	40.1	35.0	9.7	9.96	2.94
Russia	30.4	43.2	18.74	36.0	58.6	41.4	24.0	8.5	6.47	3.44
Slovakia	38.1	26.5	19.69	35.1	49.5	47.9	18.8	7.5	11.69	6.51
Slovenia	34.5	22.2	22.23	39.5	45.1	49.9	4.0	5.1	12.26	10.47
Ukraine	35.0	37.9	13.43	45.6	71.1	37.2	20.0	5.8	8.80	2.42
Moldova	39.2	34.5	15.88	35.8	65.2	33.3		3.5	9.41	1.01

Source: Author calculation based on data published by WHO and HBSC in the report "Growing up unequal: Gender and socioeconomic differences in young people's health and well-being"

IV.6 Housing and Environment

The housing and environment variables for Albania are derived from the LSMS, whereas the data for the other countries comes from EU SILC so without further work we have to be very cautious about comparisons. Albania has the lowest rooms per person, middling crime, very low levels of pollution and is middling in reported housing problems.

Table 15: Housing and environment

	Housing and Environment			
	Overcrowding	Environment		Housing problems
	Rooms	Crime	Pollution	Households with children who report more than one housing problem
Albania	0.6	2.3	4.8	17.0
Armenia				
Bulgaria	0.8	2.0	60.0	28.2
Croatia				
Czech Republic	1.0	1.0	29.0	2.7
Estonia	0.9	5.2	11.0	15.7
Hungary	0.8	1.4	27.0	8.3
Latvia	0.8	4.8	39.0	22.4
Lithuania	0.8	7.5	21.0	17.2
Macedonia				
Poland	0.8	1.3	33.0	9.3
Romania	0.8	2.0	42.0	39.7
Russia				
Slovakia	0.9	1.6	27.0	2.5
Slovenia	0.9	0.6	30.0	6.1
Ukraine				

Source: Albania data above and UNICEF (2013) database

IV.7 Summary of Comparative Performance

These results are summarized for Albanian children in a traffic lights format, where green is good, yellow is middling and red is bad. Good is the top third of the distribution of comparator countries, middling is the middle third and bad is the bottom third. The red areas represent areas where Albania needs to concentrate its attention most in term of policy intervention.

Table 16: Traffic lights summary of the comparative performance of child well-being in Albania

Well-Being	Indicator	Albanian Children and Adolescent Well-being
Material well-being	Child poverty rate	Red
	Low family affluence scale	Red
Child health	Infant mortality rate	Yellow
	Low birth weight	Green
	All child death 1-19	Green
	Measles	Green
	DPT3	Yellow
	Polio	Red
Education	Reading literacy achievement	Red
	Mathematics literacy achievement	Red
	Science literacy achievement	Red
	Early childhood education	Yellow
	Staying-on	Red
	NEET	Red
Subjective well-being	Life satisfaction	Green
	Easy to talk to mothers (excluding do not have / do not see)	Green
	Easy to talk to fathers (excluding do not have / do not see)	Yellow
	Classmate are kind and helpful (agree or strongly agree)	Green
	Pressured by school work	Red
	Young people liking school a lot	Green
	Rating health as fair or poor	Green
	Self reported health complaints (two or more symptoms more than once a week)	Green

Behaviors and lifestyle	Fighting in last 12 months	Yellow
	Being bullied at least once in last two months	Green
	Obesity	Green
	Eating fruit daily or more m7	Green
	Eating breakfast every school day m5	Red
	Physical exercise 7 days last week	Red
	Adolescent fertility rate	Yellow
	Smoking at least once per week	Green
	Drunk at least twice	Green
	Used cannabis in the last 12 months	Green
Housing and environment	Rooms	Red
	Crime	Yellow
	Pollution	Green
	Households with children who report more than one housing problem	Yellow

Source: Author calculations based on the data and indicators generated for this report

Material well-being of children, housing environment, quality of education and health-improving activities, such as sports or eating habits are areas of children and adolescent well-being that need serious policy intervention for improvement, as they fall far behind the situation in other countries of comparable development with Albania.

Housing environment, risks that emerge for early and non-protected sexual activity among adolescents, improved family relations especially with fathers, reducing exposure of children to surrounding violent environment at school or in their living habitat are areas of child well-being that also need careful monitoring and policy intervention.

V. Conclusions and Recommendations

As the first attempt to analyze the well-being of children in Albania, this report has demonstrated that the task is possible and that there are now a range of sources of survey and administrative data that can contribute to presenting a picture of child well-being and comparing Albania with other countries across most domains. There are many improvements that could be made. When EU SILC becomes available it will contribute to filling in some of the gaps, particularly in the material and housing and environment domains, and as long as Albania participates in HBSC and PISA it will be possible to produce an updated version of this report every few years.

This report has tended to focus on all children mainly because survey data are generated that way, although, more attention needs to be paid to particularly vulnerable children, including children from ethnic minorities, children with disabilities, street children and children in care.

In this respect, other studies show that street children are in a very vulnerable position. The vast majority of street children are identified as Roma. As identified by the “National Study on Children in Street Situation in Albania” in 2014, in the first round of interviews, 54.8% of the interviewed children declared themselves to be Roma, followed by 24.7% who declared themselves to be Albanian majority, and 20.59% who declared to be Egyptians. In the second wave of interviews, 48.5% of the interviewed reported to be Roma, followed by 32.1% who reported to be Albanian majority and 19.4% who reported to be Egyptians (there was a total of 782 interviews for both waves).

Street children in Albania are mainly identified as child laborers, where activities include begging, car windscreen washing, selling items at traffic lights/bars/cafes/side-of-the-road, selling services such as parking, working as a porter, collection of cans or recycling, etc. Street children mainly come from large households and their families face poverty, unemployment, homelessness, debt or hunger, alcoholism, domestic violence, health problems and the like. Poverty, parents’ unemployment and homelessness are among the most disconcerting factors identified by the children and contribute to their situation in the streets. Parent’s lack of education and unemployment causes them to send their children out in the streets, which impedes their education. Consequently, these children may not integrate into the labor market and poverty is passed on from generation to generation.

The housing conditions of street children are identified as unsafe, cold, without electricity and running water, and usually members sleep in the same room. Economic and living conditions of street children also have repercussions on their physical and mental health. They report to be sad for not being able to play with other children, or go to school, and feeling tired from working in the streets. They are often victims of verbal and physical violence in the streets, and are at health risk from working in recycling or collecting cans. They also have no access to health-care services due to lack of health booklets, low literacy levels, discrimination, internal migration, etc. Their lack of school attendance is often identified as a result of the inability of the household to deal with direct and opportunity costs of schooling. Their families are unable to pay for school supplies, clothes, food or informal school fees; as well as the opportunity cost of at-

tending school is high since it means the child may not earn income during that time. There is also lack of documentations, such as birth certificates and registration forms. Even when parents enroll children in school they often drop out due to economic hardship, where they need to work in the streets. Boys mainly report to drop out at the 3rd and 4th grades, whereas girls at the 5th or 6th grades when they are old enough to stay home. Lastly, they also are not informed about social services, and social services are also mainly located in Tirana.

Another group – working children – also faces many difficulties. According to the “National Child Labor Survey” (2010) and the “Midterm Review of Budget Allocations and Spending for the National Action Plan and Child Protection Policies” (2014), children who are not working have close to 100% school attendance. Child laborers between the ages of 15-17 have the lowest school attendance rates. In addition, the time use patterns by sex show different results. Results show that girls between the ages of 6-17 who are in school are much more involved in unpaid household services compared to boys of this same category; girls reach 43.0% compared to 28.1% for boys. Boys also have a higher percentage of time in school only, compared to girls. The difference is mainly due to girls’ higher involvement in both school and unpaid household services. What is most important are the consequences that these patterns have throughout their lives, setting roles inside and outside of the household at an early age. Differences within the household are then carried out to the labor market in the future.

V.1 What have We Learned from this Report?

- Children as a proportion of the population are declining, driven by migration and declining fertility rates. This is very important since it will have future implications regarding the composition of the labor market and its productivity.
- Most indicators of child material well-being deteriorated over the period of the crisis between 2008 and 2012, though not in the mountain regions. Although poverty levels increased in 2012 in Albania, the increase was larger for urban areas. This is also why the mountain regions are the only regions with decreasing poverty rates. The increase in poverty had more of an urban character as a result of the 2008 financial crisis and the World Bank (2015) has suggested that inequalities diminished. The urban areas have been more susceptible to the financial crises, whereas, by the very nature of the crisis, the rural areas, whose main activity is agricultural, have not been much affected. The mountain regions in particular have stagnated with similar poverty rates as before since not much has changed there. The effects of internal and international migration for the mountain regions have been previously noted (prior to and after 2008), which has left these areas behind and have locked some of them into a poverty trap, since the most productive individuals have left and the ones left behind are those who have no options and are mainly elderly.
- Furthermore, increased poverty levels, which are also linked to the household status and the status of parents, are concerning, given the impact they have on children’s well-being not only presently, but also for their future. The “Midterm Review of Budget Allocations and Spending for the National Action Plan and

Child Protection Policies” (2014) finds that there is a link between family size, education of the head and household poverty. Households with a larger number of children that have larger poverty rates also tend to have lower levels of education of the household head. In this regards, the less educated the head of household, the less educated the household, and the larger the likelihood of being poor. This in turn increases the incidence of children having low levels of education. Less-educated households also tend to have more children, thus increasing their incidence of being poor as well as sending their children to work as a way to reduce poverty. This negatively affects education and increases the chances of children remaining poor even as adults. A similar situation as shown above is found for street working children in Albania.

- Albania has comparatively high levels of low family affluence. Furthermore, other poverty indicators show that families with younger children are more vulnerable and susceptible to poverty.
- Child mortality has been falling but is still comparatively high. Immunization rates are high and low birth weight rates are very low.
- Subjective health indicators are very good in Albania and child health behaviors are much better than in comparable countries.
- Children’s life satisfaction is very high and relationships with friends are good, with low rates of bullying and fighting. Satisfaction with relationships with mothers is higher than with fathers and high comparatively. This is an indicator of strong family solidarity.
- Teenage fertility rates are high in Albania. This is expected to impact the well-being of young mothers and their families. There is a higher risk of young mothers to drop out of school and stay out of the labor market, or have a more vulnerable position in it. Consequently, it might also impact their pensions in old age, and increase the likelihood of old-age poverty. Furthermore, low education and income for young mothers will also impact their children’s well-being and educational attainment.
- Educational attainment rose between 2009 and 2012 but is still low comparatively. Education indicators are especially important since they are closely linked with future occupational choice and position in the labor market.
- The data on educational participation is not very satisfactory: staying-on rates appear to be low and NEET rates very high.
- Children like school and do not feel pressured by schoolwork, which may be related to the low attainment levels.
- There appear to be very few children in the care system, which may be an indicator of strong family solidarity in Albania.
- Girls tend to like school, find it easier to talk to their mothers, and are less likely

to be involved in fighting and bullying, but they have more mental health complaints than boys.

- Child outcomes tend to deteriorate with age, though fighting and bullying are worse at younger ages.

V.2 Recommendations

Periodic reports and closing of the long-term gaps in planning: UNICEF should periodically produce or encourage the production of similar reports. This will allow for periodic monitoring of children's well-being as well as comparisons with other countries in the region or the European Union. The provided overview of children's well-being and comparisons across years and countries should serve to provide insights to policy-makers on the main areas that need intervention or adjustment of previously set goals. Ultimately, appropriate government units should be in charge of following through with this type of report and making it part of their structures and producing them periodically. Capacity building should continue within appropriate structures, including the MSWY in the creation of a proper statistical office within its structures to oversee data collection and periodic reporting and monitoring.

Improved monitoring of child poverty at the institutional level: There should be a coordinated institutional effort to better monitor child poverty and put in place mechanisms for such monitoring. The first step is a consolidated data-base of the indicators needed to monitor child poverty and well-being in Albania. The available data is sporadic and is not well organized. There is no long-term database devoted to the monitoring of child poverty and well-being. The majority of data comes from various institutions, which collect certain fragments that might serve their purposes. Its collection is done in various excel sheets, where often the information is disorganized, or incomplete. The way certain indicators are calculated is not always clear, and proper definitions are not included. There should be a unified dataset devoted to measuring child poverty and well-being, with clear indicators that are also comparable to the indicators in other countries and the way in which these indicators are measured, as to provide common ground for comparisons. The data should be collected in regular time-intervals, also matching those in other countries. The disaggregation of data should also be as uniform as possible for various data sets so that comparisons between gender and age-groups are comparable, not only in Albania, but also with other countries. Furthermore, more and better data should be collected with children as the unit of observation. This includes better and more data on educational attainment, looked after children, child abuse and neglect, enrollment rates, employment rates, and the like.

The introduction of the EU SILC survey to replace LSMS is an urgent priority. It will be important to ensure that the survey includes the optional module on child deprivation, Guio, *et al* (2012).

Reflection of child well-being situation in policy priorities and evidence-based policies: The reporting and monitoring of child well-being should serve for evidence-based policies and set priorities to reduce child poverty and deprivation levels. Furthermore,

policies should be carefully targeted to meet the needs of those who are more vulnerable, such as households with younger children, as well as regions with higher levels of low child well-being and vulnerable children. Increased efforts and policy priorities should also include increasing staying-on rates, enrollment rates, and raising educational attainment.

Introduction of a decent system of child transfers alongside the “Ndihma Ekonomike” (NE) program: The existing NE program is not sufficient to improve child well-being. As other cash-based programs in the world, it does not necessarily mean increased child well-being. Cash-based programs are often used by households as additional streams of income, and for basic household needs. It goes without mentioning that the money provided to the household is quite minimal. An impact evaluation should take place to measure the impact of NE on livelihoods. Regardless of the effectiveness of the NE program, the introduction of a decent program of child benefits needs to be taken into consideration. A child benefit scheme may initially target children living in families in need, and include conditional transfers to tackle those indicators that should be improved. The child benefit program can later move toward universal coverage. The design of such a program warrants a carefully thought out system of conditional mechanisms, which may not turn into exclusion criteria of the most vulnerable. As fertility rates continue to decrease, the introduction of a universal child benefit system should also be considered in the longer term.

Increased efforts for poverty reduction and improved living conditions: Related to the need for a decent system of child transfers, there is also a need for more programs to alleviate household poverty, increase employment and provide decent living conditions for children, such as improved housing and dwelling conditions. This would help break the cycle of poverty from parents to children. These programs should also include conditionality in regards to children’s education and health. They should also be inclusive of street children and their families, which appear to have often been left behind.

Reduction of teenage fertility rate and infant mortality rates: This should also be set as a policy priority for improving child well-being. Policies should take into account the different characteristics and household demographics of teenagers and mothers, as well as regions in which they live, and available health-care provisions. Once again, this may only be done if reporting and monitoring mechanisms are in place and are continuously done.

Further improvements to the educational system: The educational system should go beyond teaching of academic material, but also encourage healthy and continuous communication between parents and children within the households. The indicators on children talking to their parents clearly show that children find it easier to talk to their mothers. Traditional gender roles within the households should be changed, and children should be encouraged to talk to both parents openly and rely on them for solving various problems. This can be done through the educational system, which should provide open-minded attitudes and alternative models.

Increased net enrollments and inclusion of children from marginalized groups: In addition, further efforts should be undertaken to bring net enrollment rates closer to

those in EU countries. Education appears as the best ticket to improve the livelihoods of children and break away from the cycle of poverty. In this respect, efforts should be undertaken to increase enrollments, but also to be more inclusive of other vulnerable groups such as children from minority groups and street children.

Improvement in the quality of education and increase in educational services: The quality of education and educational services should be increased. It is very important that children not only partake in the educational system, but that they be provided with quality education and educational services that will help them make the right choices in regards to their future and their future careers. In this respect, incentives should be provided to hire qualified teachers with the adequate education and specialty. Curricula should be revised and brought up to date with other EU countries (this is especially important given the low PISA results for Albanian students). Furthermore, school services in providing career guidance and advice as well as counseling services should be increased. The role of the school psychologist should be increased and made more visible, not only as a way of complying with formal requirements, but as a real service that helps children's mental well-being and provides counseling services in regard to child behavior and peer or family issues.

Reduction of risky behaviors: Although Albanian children show high rates of life satisfaction, which is quite a positive indicator, they show higher rates of engaging in risky behaviors such as early sexual intercourse and unprotected sex. More efforts are required in terms of sexual education, increased awareness of risky behaviors, and support groups. Once again, schools, counselors and other supportive groups can play a major role in educating children against risky behaviors and provide support.

Provision of supportive structures against child maltreatment: Increased institutional efforts are necessary to reduce violence and maltreatment of children. The rates of domestic violence are quite high, and often times it goes unreported since it is deemed as culturally acceptable. Structures should be put in place to help children who are victims of violence within and outside their households. Services and information about existing services should be made available to children. Furthermore, there should be increased awareness for parents and children alike of what constitutes violence and maltreatment and what is not acceptable.

Children are our future. Children are tomorrow's work force, parents and citizens. Investment (or the lack of it) in their well-being will shape the future of the country. As such, their well-being matters to us all. As a nation we pay enormous attention to the well-being of our economy, the state of the weather, sporting league tables. Indicators of these take up pages of the media every day. We need to make more effort to monitor the well-being of our children and we need to devote more resources to understanding how they are doing and to ensuring that their childhood is as good as it can be. This report is a small contribution to that end.

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Annexes

Annex 1: Indicator Definition, Data source and Availability

	Indicator Definition	Source of Data	Disaggregation	Years Available	Calendar of Data Production
Health					
Child health from birth	Mortality rate, infant (per 1,000 live births)	Ministry of Health /INSTAT	Regions	2010-2014	Published annually by INSTAT
	Low birth weight newborns (proportion of children born at a weight of lower than 2.5 kg, [%], annually)	Ministry of Health/ INSTAT	Regions	2010-2014	Published annually by INSTAT
Immunization	Immunization, measles (% of children age 12-23 months immunized to total children of age 12-23 months)	Ministry of Health/ IPH/ INSTAT	National	2010-2014	Published annually by INSTAT
	Child immunization rate, DPT3 (% of children age 12-23 months immunized to total children of age 12-23 months)	Ministry of Health/ IPH/ INSTAT	National	2010-2014	Published annually by INSTAT
	Child immunization rate, Pol3 (% of children age 12-23 months immunized to total children of age 12-23 months)	Ministry of Health/ IPH/ INSTAT	National	2010-2014	Published annually by INSTAT
Children's health behavior	Children age 10-17 years who brush their teeth more than once a day (in % to total interview children)	HBSC Survey (2013/2014) implemented by IPH/ Ministry of Health	Regions/ Age groups	2014	Next round 2017-2018. Data collected every four years. The survey is part of the activity plan of IPH
	Frequency of children aged 10-17 who eat fruit daily (in % to total number of children observed)	HBSC Survey (2013/2014), implemented by IPH/ Ministry of Health	Regions/ Age groups	2014	Next round 2017-2018. Data collected every four years. The survey is part of the activity plan of IPH
	Children age 10-17 years who eat breakfast every school day	HBSC Survey (2013/2014), implemented by IPH/ Ministry of Health	Regions/ Age groups	2014	Next round 2017-2018. Data collected every four years. The survey is part of the activity plan of IPH
	Children age 10-17 years doing physical activity at least three times a week	HBSC Survey (2013/2014), implemented by IPH/ Ministry of Health	Regions/ Age groups	2014	Next round 2017-2018. Data collected every four years. The survey is part of the activity plan of IPH

	Children age 10-17 who are overweight, measured by the proportion of children with a Body Mass Index of more than 30BMI = body mass in kg/ (height in m) ²	HBSC Survey (2013/2014), implemented by IPH/ Ministry of Health	Regions/ Age groups	2014	Next round 2017-2018. Data collected every four years. The survey is part of the activity plan of IPH
Subjective Well-Being					
Personal well-being	Children who report high life satisfaction	HBSC Survey (2013/2014), implemented by IPH/ Ministry of Health	Regions/ Age groups	2014	Next round 2017-2018. Data collected every four years. The survey is part of the activity plan of IPH
Well-being at school	Children who feel pressured by schoolwork (in %)	HBSC Survey (2013/2014), implemented by IPH/ Ministry of Health	Regions/ Age groups	2014	Next round 2017-2018. Data collected every four years. The survey is part of the activity plan of IPH
	Young people of age 11, 13 and 15 liking school a lot (in %)	HBSC Survey (2013/2014), implemented by IPH/ Ministry of Health	Regions/ Age groups	2014	Next round 2017-2018. Data collected every four years. The survey is part of the activity plan of IPH
Self-defined health	Children who rate their health as fair or poor (in %)	HBSC Survey (2013/2014), implemented by IPH/ Ministry of Health	Regions/ Age groups	2014	Next round 2017-2018. Data collected every four years. The survey is part of the activity plan of IPH
Children's Relationships					
Quality of family relations	Child who find it easy to talk to their mothers	HBSC Survey (2013/2014), implemented by IPH/ Ministry of Health	Regions/ Age groups	2014	Next round 2017-2018. Data collected every four years. The survey is part of the activity plan of IPH
		HBSC Survey (2013/2014), implemented by IPH/ Ministry of Health	Regions/ Age groups	2014	Next round 2017-2018. Data collected every four years. The survey is part of the activity plan of IPH
	Child who find it easy to talk to their fathers	HBSC Survey (2013/2014), implemented by IPH/ Ministry of Health	Regions/ Age groups	2014	Next round 2017-2018. Data collected every four years. The survey is part of the activity plan of IPH
Peer relationships	Children who agree that their classmates are kind and helpful	HBSC Survey (2013/2014), implemented by IPH/ Ministry of Health	Regions/ Age groups	2014	Next round 2017-2018. Data collected every four years. The survey is part of the activity plan of IPH

Material Situation					
Deprivation	Households with children with an enforced lack of consumer durables (%)	LSMS 2012	Regions/ Age groups	2008/ 2012	SILC data will replace LSMS. The date is so far unknown. SILC will also be conducted every three years
	Households with children reporting economic strain (%)	LSMS 2012	Regions/Age groups	2012	Will be replaced by SILC using EU definitions. Every 3 years
	Pupils with fewer than 10 books in the household (%)	LSMS 2012	Regions/Age groups	2012/2014	Will be replaced by SILC conducted every three years. Information may also be found using OECD PISA Database /Ministry of Education
Poverty	Child poverty (60% of median equivalized consumption after transfers, 0-17 years)	LSMS 2012	Regions/Age groups	2012	Will be replaced by SILC using EU definitions. Every three years
	Relative child poverty gap (60% of median equivalized consumption, 0-17) years	LSMS 2012	Regions/Age groups	2012	Will be replaced by SILC using EU definitions. Every three years
Worklessness	Children age 0-17 living in jobless households	LSMS 2012	Regions/Age groups	2012	Will be replaced by SILC. Every three years
Risk and Safety					
Violence and violent behavior	Children age 10-17 years involved in physical fighting at least once in the past year (in %)	HBSC Survey (2013/2014), implemented by IPH/ Ministry of Health	Regions/ Age groups	2014	Next round 2017-2018. Data collected every four years. The survey is part of the activity plan of IPH
	Children who have been bullied at school at least twice in the past 2 months	HBSC Survey (2013/2014), implemented by IPH/ Ministry of Health	Regions/ Age groups	2014	Next round 2017-2018. Data collected every four years. The survey is part of the activity plan of IPH
Child deaths	All child deaths: All under 19 deaths per 100,000 children	WHO Mortality Database	Nationally	2014	Annually
Risk behavior	Adolescent fertility rate (births per 1,000, women age 15-19)	World Development Indicators	Regions/Age groups	2014	Annually
	15-year-olds who have had sexual intercourse	HBSC Survey (2013/2014), implemented by IPH/ Ministry of Health	Regions/ Age groups	2014	Next round 2017-2018. Data collected every four years. The survey is part of the activity plan of IPH
	15-year-olds who used a condom during their last sexual intercourse	HBSC Survey (2013/2014), implemented by IPH/ Ministry of Health	Regions/ Age groups	2014	Next round 2017-2018. Data collected every four years. The survey is part of the activity plan of IPH

	Children who smoke at least once a week	HBSC Survey (2013/2014), implemented by IPH/ Ministry of Health	Regions/ Age groups	2014	Next round 2017-2018. Data collected every four years. The survey is part of the activity plan of IPH
	13 and 15-year-olds who have been drunk at least twice	HBSC Survey (2013/2014), implemented by IPH/ Ministry of Health	Regions/ Age groups	2014	Next round 2017-2018. Data collected every four years. The survey is part of the activity plan of IPH
	15-year-olds who have ever used cannabis in their lifetime	HBSC Survey (2013/2014), implemented by IPH/ Ministry of Health	Regions/ Age groups	2014	Next round 2017-2018. Data collected every four years. The survey is part of the activity plan of IPH
Education					
Achievement	Reading literacy achievement	Ministry of Education/PISA Database /INSTAT	Regions/Age groups	2014	PISA dataset, next round 2015. It has not yet become available. Every three years
	Mathematics literacy achievement	Ministry of Education/PISA Database /INSTAT	Regions/Age groups	2014	PISA dataset, next round 2015. It has not yet become available. Every three years
	Science literacy achievement	Ministry of Education/PISA Database /INSTAT	Regions/Age groups	2014	PISA dataset, next round 2015. It has not yet become available. Every three years
Participation/ enrollment	Full-time and part-time students in all institutions (% of 15-19-year-olds)	Ministry of Education/OECD / INSTAT	Regions/Age groups	2014	Yearly if available
	School enrollment, pre-primary (% gross)	Ministry of Education/OECD / INSTAT	Regions/Age groups	2014	Yearly if available
Youth inactivity	Inactive youth (NEET) age 15-19 (%)	Ministry of Education/OECD / INSTAT	Regions/Age groups	2014	Yearly if available
Housing and Environment					
Overcrowding	Rooms per person in households with children	LSMS 2012 or CENSUS	Regions/Age groups	2014	Will be replaced by SILC. Every three years
Environment	Households with children who report crime in the area is a problem	LSMS 2012	Regions/Age groups	2014	Will be replaced by SILC. Every three years
	Households with children reporting pollution or dirt as problems in the area	LSMS 2012	Regions/Age groups	2014	Will be replaced by SILC. Every three years
Housing problems	Households with children reporting more than one housing problems	LSMS 2012	Regions/Age groups	2014	Will be replaced by SILC. Every three years

Annex 2: Glossary of Terms

Absolute poverty is defined as real per capita monthly consumption below 4,891 ALL (in 2002 prices).

Child behavior: 1. The percentage of 15-year-olds who have had sexual intercourse; 2. the percentage of 15-year-olds who used a condom during their last sexual intercourse; 3. the percentage of children who smoke at least once a week; 4. the percentage of 13 and 15-year-olds who have been drunk at least twice in their life-time.

Children living in jobless households is measured as the percentage of households with children living in households where no one is employed.

Child maltreatment includes violence and maltreatment of children, measured as the percentage of children who were victims of trafficking, sexual abuse or domestic violence.

Educational achievement consisting of the PISA test scores in reading literacy, mathematics literacy, and science literacy.

Gross school enrollment for pre-primary education (preschool) is measured as the percentage of children enrolled in preschool over the total number of children 3-5 years old.

Housing and environment: 1. The percentage of households with children reporting more than one housing problem. The problems include dwellings being too small, dwellings being too dark, inadequate heating, leaking roof, damp walls, floors and basements, windows/doors in bad condition; 2. Overcrowding measured at the average number of rooms per person in households with children; 3. The percentage of households with children that report crime in the area is a problem. This indicator is measured as the percentage of households with children who report to be somewhat unsafe or unsafe in the area; 4. Households with children reporting pollution or dirt as problems in the area. This indicator is measured as the percentage of households with children that report pollution to be a problem in the area.

Households with children reporting economic strain is measured as the percentage of households with children living in absolute poverty.

Households with children with a lack of consumer durables is measured as the percentage of households with children whose durable consumption is equal to zero.

Low family affluence scale is measured as a score of 0-2 on the family-affluence scale as measured through four indicators: 1. Does the family own a car or truck? 2. During the last 12 months how many times did you travel away on holiday with your family? 3. How many computers does your family own? 4. Do you have your own bedroom for yourself? The family affluence scale scores 0-9.

Mental health: 1. The percentage of children who report to have headaches at least once a week; 2. the percentage of children who report feeling low at least once a week;

3. the percentage of children who report irritability or bad temper at least once a week; and 4. the percentage of children feeling nervous at least once a week.

Net school enrollment for pre-primary education is measured as the percentage of 3-5-year-olds enrolled in preschool over the total number of children 3-5 years old.

Net school enrollment for primary education is measured as the total number of children 6-7 years old enrolled in first grade over the total number of children 6-7 years old.

Peer relationships: 1. The percentage of children who agree their classmates are kind and helpful; 2. the percentage of children involved in physical fighting at least once in the past year; and 3. the percentage of children who have been bullied at school at least twice in the past two months.

Personal well-being is measured as the percentage of children reporting high life satisfaction.

Pupils with fewer than 10 books in the household is measured as the percentage of households with school-age children that possess fewer than 10 books in the household.

Quality of family relations: 1. The percentage of children who find it easy to talk to their mothers; and 2. the percentage of children who find it easy to talk to their fathers.

Rate of full-time and part-time students in all institutions is calculated as the number of full-time and part-time students enrolled in secondary education (ages 15-17 years) over the children's population 15-19 years. This is because the children's population is only provided for the age-group 15-19 years, rather than 15-17 years.

Relative poverty is measured as the 60% of median consumption.

Relative poverty gap measures the gap between the poverty threshold and the average consumption of those below the relative poverty threshold as a proportion of the poverty threshold.

Youth inactivity rate is measured as the percentage of youth 19-29 years not in employment or education. This last indicator is divided into the percentage of unemployed youth, discouraged youth, family care workers and other inactive.

Well-being at school is measured as the percentage of children who feel pressured by schoolwork and the percentage of young people (11-15-year-olds) liking school.

Annex 3: Child Well-Being Indicators

Table 17: Households with children living in absolute poverty (in %)

Indicator Category	2008	2012
Overall Indicator	16.4	19.2
Indicator per age category		
Children age 0-5 years	22.7	24.9
Children age 6-10 years	22.0	23.0
Children age 10-13 years	18.6	22.2
Children age 14-17 years	16.8	18.3
Indicator per region		
Central regions	13.8	17.1
Coastal regions	17.3	23.5
Mountain regions	31.3	19.1
Tirana region	12.8	16.4

Source: LSMS 2008, LSMS 2012 and author calculations

Table 18: Child poverty (at risk of poverty, 60% of median equalized consumption after transfers, 0-17 years)

Indicator Category	2008	2012
Overall Indicator	20.4	28.0
Indicator per age category		
Children age 0-5 years	27.4	36.6
Children age 6-10 years	26.5	32.7
Children age 10-13 years	23.7	30.7
Children age 14-17 years	20.8	25.2
Indicator per region		
Central regions	17.2	25.3
Coastal regions	21.8	33.0
Mountain regions	38.5	31.4
Tirana region	15.8	23.7

Source: LSMS 2008, LSMS 2012 and author calculations

Table 19: Relative child poverty gap (60% of median consumption, 0-17 years)

Indicator Category	2008	2012
Overall Indicator	4.2	6.0
Indicator per age category		
Children age 0-5 years	6.1	8.1
Children age 6-10 years	5.7	7.6
Children age 10-13 years	4.7	6.8
Children age 14-17 years	4.3	5.7
Indicator per region		
Central regions	3.4	5.4
Coastal regions	4.8	7.4
Mountain regions	8.7	5.4
Tirana region	2.7	5.1

Source: LSMS 2008, LSMS 2012 and author calculations

Table 20: Family affluence scale (in %)

Indicator Category	2014
Overall Indicator	46.5
Indicator per sex	
Male	44.0
Female	48.9
Indicator per age category	
Children circa 11	44.9
Children circa 13	44.8
Children circa 15	51.4
Indicator per region	
Central regions	43.8
Coastal regions	47.5
Mountain regions	55.4
Tirana region	44.2

Source: HBSC Albania, 2014 and author calculations

Table 21: Children age 0-17 living in jobless households

Indicator Category	2008	2012
Overall Indicator	9.4	27.9
Indicator per age category		
Children age 0-5 years	10.9	30.1
Children age 6-10 years	10.1	29.3
Children Age 10.1-13 years	8.1	26.4
Children age 14-17 years	9.1	27.1
Indicator per region		
Central regions	10.9	30.1
Coastal regions	7.8	26.6
Mountain regions	11.3	35.5
Tirana region	6.7	20.2

Source: LSMS 2008, LSMS 2012 and author calculations

Table 22: Households with children with a lack of durable consumer spending (in %)

Indicator Category	2008	2012
Overall Indicator	0.2	8.6
Indicator per age category		
Children age 0-5 years	0.5	9.1
Children age 6-10 years	0.4	9.6
Children age 10-13 years	0.4	9.3
Children age 14-17 years	0.3	8.9
Indicator per region		
Central regions	0.4	7.2
Coastal regions	0.0	11.6
Mountain regions	0.0	2.5
Tirana region	0.0	10.5

Source: LSMS 2008, LSMS 2012 and author calculations

Table 23: Pupils with fewer than 10 books in the household (in %, 6-17 years)

Indicator Category	2012
Overall Indicator	4.9
Indicator per age category	
Children age 0-5 years	Na
Children age 6-10 years	3.8
Children age 10-13 years	5.5
Children age 14-17 years	4.9
Indicator per region	
Central regions	7.1
Coastal regions	3.7
Mountain regions	5.8
Tirana region	1.4

Source: LSMS 2008, LSMS 2012 and author calculations

Table 24: School-age child health indicators

	Children who brush their teeth more than once a day	Children who eat fruit daily	Children who eat breakfast every school day
Overall Indicator	54.80%	34.70%	51.70%
Indicator per sex			
Male	44.40%	32.00%	55.30%
Female	64.60%	37.10%	48.20%
Indicator per age category			
Children age 11 years	53.30%	32.70%	64.30%
Children age 13 years	56.60%	33.40%	50.80%
Children age 15 years	54.40%	30.10%	40.40%
Indicator per region			
Tirana region	58.90%	36.70%	55.10%
Coastal regions	53.70%	34.80%	48.30%
Central regions	54.00%	34.60%	53.00%
Mountain regions	50.50%	30.10%	49.80%

Source: HBSC 2014 survey and author calculations

Table 25: School-age child health indicators

	Children's physical activity (at least 3 days a week)	Children who are overweight (BMI)	Children who rate their health as fair or poor
Overall Indicator	23.30%	3.90%	4.60%
Indicator per sex			
Male	20.70%	5.30%	3.90%
Female	25.70%	2.70%	5.40%
Indicator per age category			
Children age 11 years	24.20%	3.90%	4.00%
Children age 13 years	20.30%	4.00%	4.20%
Children age 15 years	25.30%	3.90%	5.60%

Indicator per region			
Tirana region	25.20%	4.20%	4.20%
Coastal regions	23.60%	3.50%	5.40%
Central regions	21.30%	4.10%	3.70%
Mountain regions	23.10%	3.90%	5.90%

Source: HBSC 2014 survey and author calculations

Table 26: Children who report high life satisfaction (in %)

Indicator Category	2014
Overall Indicator	88.3
Indicator per sex	
Male	87.6
Female	89.0
Indicator per age category	
Children age 11 years	92.5
Children age 13 years	90.1
Children age 15 years	82.5
Indicator per region	
Central regions	92.8
Coastal regions	86.2
Mountain regions	87.3
Tirana region	86.8

Source: HBSC Albania, 2014 and author calculations

Table 27: Children who feel pressured by schoolwork (in %)

Indicator Category	2014
Overall Indicator	33.0
Indicator per sex	
Male	32.5
Female	33.6
Indicator per age category	
Children age 11 years	20.8
Children age 13 years	34.8
Children age 15 years	43.1
Indicator per region	
Central regions	35.0
Coastal regions	34.5
Mountain regions	29.9
Tirana region	30.8

Source: HBSC Albania, 2014 and author calculations

Table 28: Young people liking school (in %)

	Liking school
Overall Indicator	62.4
Indicator per sex	
Male	58.4
Female	66.3

Indicator per age category	
Children age 11 years	79.7
Children age 13 years	61.4
Children age 15 years	46.6
Indicator per region	
Central regions	62.1
Coastal regions	60.7
Mountain regions	73.3
Tirana region	59.6

Source: HBSC Albania, 2014 and author calculations

Table 29: Quality of family relations (in %)

Indicator Category	Children who find it easy to talk to their mothers	Children who find it easy to talk to their fathers
Overall Indicator	92	73
Indicator per sex		
Male	90.9	83.8
Female	92.6	63.5
Indicator per age category		
Children age 11 years	94.6	80.1
Children age 13 years	92.6	73.5
Children age 15 years	83.3	66.7
Indicator per region		
Central regions	92.9	74.4
Coastal regions	89.8	70.5
Mountain regions	92.4	72.1
Tirana region	92.6	76

Source: HBSC Albania, 2014 and author calculations

Table 30: Peer relationships (in %)

Indicator Category	Children who agree that their classmates are kind and helpful	Children involved in physical fighting at least once in the past year	Children who have been bullied at school at least twice in the past 2 months
Overall Indicator	80.9%	33.9%	20.0%
Indicator per sex			
Male	81.0%	51.7%	22.6%
Female	80.9%	17.0%	17.2%
Indicator per age category			
Children age 11 years	86.6%	29.5%	23.7%
Children age 13 years	81.2%	36.4%	20.0%
Children age 15 years	75.3%	35.9%	16.2%
Indicator per region			
Tirana region	79.9%	32.9%	19.0%
Coastal regions	79.6%	35.7%	20.5%
Central regions	81.9%	32.9%	19.4%
Mountain regions	84.4%	33.8%	21.9%

Source: HBSC Albania, 2014 and author calculations

Table 31: Child self-reported symptoms of mental health

Indicator Category	Children reporting mental health symptoms at least twice a week
Overall Indicator	29.6%
Indicator per sex	
Male	21.7%
Female	37.1%
Indicator per age category	
Children age 11	20.3%
Children age 13	30.9%
Children age 15	41.2%
Indicator per region	
Tirana region	27.2%
Coastal regions	29.5%
Central regions	30.8%
Mountain regions	31.8%

Source: HBSC Albania, 2014 and author calculations

Table 32: Child behavior regarding sexual intercourse (in %)

Indicator Category	15-year-olds who have had sexual intercourse	15-year-olds who used a condom during their last sexual intercourse
Overall Indicator	16.7	67.3
Indicator per sex		
Male	33.2	67.3
Female	2.0	66.7
Indicator per region		
Central regions	16.3	72.4
Coastal regions	18.5	75.0
Mountain regions	19.1	77.8
Tirana region	13.4	41.7

Source: HBSC Albania, 2014 and author calculations

Table 33: Child behavior regarding smoking and drinking (in %)

Indicator Category	Children who smoke at least once a week	13 and 15-year-olds who have been drunk at least twice
Overall Indicator	3.6	7.9
Indicator per sex		
Male	5.5	11.4
Female	1.7	4.5
Indicator per age category		
Children age 11	2.3	na
Children age 13	2.8	7.9
Children age 15	6.8	na
Indicator per region		
Central regions	3.7	8.4
Coastal regions	4.0	8.4
Mountain regions	1.6	5.9
Tirana region	3.8	7.6

Source: HBSC Albania, 2014 and author calculations

Table 34: Households with children reporting more than one housing problems (in %)

Indicator Category	2008	2012
Overall Indicator	26.1	17.0
Indicator per age category		
Children age 0-5 years	25.7	18.2
Children age 6-10 years	29.2	18.1
Children age 10-13 years	31.2	17.1
Children age 14-17 years	28.9	16.8
Indicator per region		
Central regions	23.6	20.9
Coastal regions	35.1	18.2
Mountain regions	35.7	19.4
Tirana region	10.8	3.6

Source: LSMS 2008, LSMS 2012 and author calculations

Table 35: Rooms per person in households with children

Indicator Category	2008	2012
Overall Indicator	0.5	0.6
Indicator per age category		
Children age 0-5 years	0.5	0.6
Children age 6-10 years	0.5	0.6
Children age 10-13 years	0.5	0.6
Children age 14-17 years	0.5	0.6
Indicator per region		
Central regions	0.5	0.6
Coastal regions	0.5	0.6
Mountain regions	0.5	0.6
Tirana region	0.6	0.6

Source: LSMS 2008, LSMS 2012 and author calculations

Table 36: Households with children who report crime in the area is a problem (in %)

Indicator Category	2008	2012
Overall Indicator	17.3	2.3
Indicator per age category		
Children age 0-5 years	17.6	2.2
Children age 6-10 years	17.0	1.4
Children age 10-13 years	17.6	2.0
Children age 14-17 years	17.6	2.5
Indicator per region		
Central regions	14.6	2.0
Coastal regions	24.3	3.6
Mountain regions	14.2	1.7
Tirana region	14.0	0.8

Source: LSMS 2008, LSMS 2012 and author calculations

(Footnotes)

- 1 WHO gives 35 (1990) and 13 (2015) http://www.childmortality.org/files_v20/download/IGME%20report%202015%20child%20mortality%20final.pdf
- 2 WHO gives 41 (1990), 26 (2000) and 12 (2015) http://www.childmortality.org/files_v20/download/IGME%20report%202015%20child%20mortality%20final.pdf
- 3 WHO gives 99 (2008), 98 (2009), 99 (2010), 99 (2011) and 99 (2012) http://www.childinfo.org/files/immunization_summary_2012_en.pdf
- 4 WHO gives 99 (2008), 98 (2009), 99 (2010), 99 (2011) and 99 (2012) http://www.childinfo.org/files/immunization_summary_2012_en.pdf
- 5 WHO gives 98 (2008), 97 (2009), 99 (2010), 99 (2011) and 99 (2012) http://www.childinfo.org/files/immunization_summary_2012_en.pdf

