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# Child Poverty in Albania

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**Report Card No. 1**

**Supported by**  **unicef**

June 2013

## Observatory for Children's Rights

The Observatory for Children's Rights was established in Albania in 2009 thanks to support of UNICEF. From 2009 to 2013, the Observatory extended its network into every region of the country. As a civil society structure it is engaged in monitoring child rights in every municipality and commune of Albania to attract the attention of policy-making institutions and civil society on the reformation of social welfare policies around the rights of the child. The Observatory contributes to enforcement of civil partnerships and alliances at national, regional and local levels to implement the United Nations Convention on the Rights of the Child.

The present Report Card Child Poverty in Albania represents a comprehensive overview of child well-being in Albania, using data and figures from recent years (2009–2012). The report aims to contribute to development of regional public welfare policies targeting the best interests of the child. All statistics and data in this report are provided from official administrative records of national, regional and local institutions and elaborated by the Observatory office. The Report Card considers five dimensions of child well-being: material well-being, health and safety, education, behaviours and risks, and housing and environment, supported by analysis of 26 comparable indicators.

The Observatory's activities and publications, which bring together information from all administrative units of Albania, strengthen social awareness of children's rights and contribute to effective development of the national debate on the "rights of the children as a question for all society".

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The report is translated into English by Zana Kondi, edited in Albanian by Ledia Abazi and was elaborated and edited in English by Dr Iain F. Wilson.

## Executive Summary

The Report Card *Child Poverty in Albania* is the first such effort to present the socio-economic situation of children in Albania supported by data. The report is a comprehensive assessment of children and youths' well-being in the country, backed by data from 26 relevant indicators. These data help to monitor and analyse the well-being of children vis-à-vis five crucial dimensions: material well-being, health and safety, education, risks and behaviours, and housing and environment.

The scope of the Report Card is to encourage monitoring, permit comparisons and promote discussion on policy development to improve children's lives at national, municipality, commune and community levels.

According to UNICEF methodological guidelines and standards of evaluation and monitoring, this report is classified as a Report Card because it presents only data determined by definitions and their understanding, assisting targeted audiences to undertake concrete actions. The report brings in data from various official administrative records and public institutions at the national and local level—e.g. Institute of Public Health, Regional Education Department, INSTAT—, as well as data from important national studies—such as DHS 2008–2009 and LSMS 2008—and from the research of independent experts.

Despite the recommendations of the literature, the certification of each dimension in Albania composed of its respective indicators is lacking. It was impossible to calculate the average value for each of the 26 indicators due to the lack of unified data in the country and across the regions. For the same reason, comparison of each indicator with the average value at the national level was also found to be impossible.

The social well-being data were found to vary depending on the type of information: by territorial division of the country by level of governance (region, municipality or commune) or by geographic region used in previous studies: mountain area, coastal area, central area and the capital, Tiranë.

This report is composed of three parts in addition to the introduction and executive summary. The first part deals with child poverty measurements and definitions, based on the literature. The child poverty measurement methodology used specifically to elaborate data of this report is also presented here. A specific explanation is devoted to limitations of this report, bringing in relevant arguments regarding the most suitable poverty measurements within the Albanian context.

The second part introduces a statistical profile of the country, backed by the most relevant data. A comprehensive analytical comparison among indicators on Albania based upon the literature is also tackled here. The child well-being situation is described in detail in this part of the report, analysed in the five dimensions mentioned above. Each dimension is analysed in a separate chapter.

Children's material well-being (first chapter) is assessed by the level of monetary and material deprivation. Health and safety (second chapter), as is international practice, is analysed by three components: health at birth, preventive health care and child & youth mortality. The dimension Child's educational well-being (third chapter) identifies the quantity and quality of children's education in the country based on assessment of two components: participation and achievements. The dimension Risks and behaviours (fourth

chapter)—one of the most difficult dimensions to define—includes, among other indicators, a broad range of habits and critical behaviours that affect the children’s present and future. These indicators include nutritional practices, physical exercise, behaviours and risks, and exposure to violence. The final dimension, Environmental well-being of children (fifth chapter), is assessed by two components: housing and environmental safety.

The third part addresses child well-being from the child’s point of view. It tackles the subjective considerations of child well-being, supported by relevant analytical arguments.

## Main findings

Measurement of child well-being by the five dimensions of material well-being, health and safety, education, risks and behaviours, and housing and environment recognizes the following:

- From 2005–2008, the relative poverty rate and poverty gap increased across the country, especially in mountain areas. The relative poverty rate in the mountain area was 25.6 percent in 2005 and 26.6 percent in 2008, while the poverty gap in these areas was 5.1 percent in 2005 and 5.6 percent in 2008.
- Infant mortality (deaths per 1,000 live births) and child mortality (deaths among children aged 0–5 years per 1,000 live births) in mountain areas recorded the highest figures in comparison to other areas of the country, with rates of 38 and 42, respectively.<sup>1</sup> With regard to low birth weight, the rate is lowest in the coastal area and in Tiranë. In both areas, 4.7 percent of children had low weight at birth (<2,500 gram) according to ADHS 2008–2009.
- Early childhood and secondary education face the most critical situation with regard to participation. The rate of participation in early childhood education (3–6 years old) and secondary education (15 to 18 years old) is less than 50 percent in each region of the country (for years 2010 and 2012).<sup>2</sup>
- Almost 50 percent of children do not enjoy a healthy life style. Only 44.4 percent of children eat breakfast every day of the week, while only 30.7 percent undertake daily physical exercise. With regard to risky behaviours 4.6 percent of children of age 11–15 years are reported as regular smokers. Data show that this habit is more common among males (7.5%) than females (2.1%).
- According to INSTAT (2008), 71.8 percent of Albanian families share a room with one or two persons, while other data (UNICEF, 2013) show that there are more rooms than persons within the same house in 17 out of 26 OECD countries studied.

1 Data on IMR and CMR correspond to the decade prior to ADHS, 1999–2008

2 Ministry of Education and Science, July 2013

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## Acronyms

ADHS	Albanian Demographic and Health Survey
BKTF	Together Against Child Trafficking ( <i>Bashkë Kundër Trafikut të Fëmijëve</i> )
BMI	Body Mass Index
CMR	Child Mortality Rate
CRC	(UN) Convention on the Rights of the Child
DCM	Decision of Council of Ministers
EA	Economic Aid
GDP	Gross Domestic Product
IKU	Urban Research Institute
IMR	Infant Mortality Rate
INSTAT	Institute of Statistics
IPH	Institute of Public Health
LGU	Local Government Unit
LSMS	Living Standards Measurement Survey
MDG	Millennium Development Goal
MF	Ministry of Finance
MICS	Multiple Indicators Cluster Survey
MoE	Ministry of Education
MoLSAEO	Ministry of Labor, Social Affairs and Equal Opportunities
OECD	Organization for Economic Co-operation and Development
PISA	Programme for International Student Assessment
QKSS	National Center for Social Services
RED	Regional Education Department
SAPCR	State Agency for the Protection of Children's Rights
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WB	World Bank



## Introduction

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 are born.

(Report Card No. 7, Innocenti Research Center, UNICEF, 2007)

Children's rights are always sensitive issues for a country's society and institutions. In different part of Albania, children experience violence, exploitation and abuse. They are pushed by their parents or educators for different reasons into labour, and in some cases live in intolerable conditions. They are missing out on good quality education, while those in very poor families live with a lack of fundamental rights: nutritious food and proper living standards.

The first Report Card *Child Poverty in Albania* provides a snapshot of childhood in today's Albania and examines whether the government has kept the promises it has made to its children. This report has chosen to analyse key commitments in the specific areas of material well-being, health and safety, education, behaviours and risks, and housing and environment. These areas were chosen because it is felt that in this way the government's commitments were clear and measurable and have the potential to improve the lives and life chances of all children in the country. Its purpose is to encourage monitoring, permit comparison and stimulate discussion and development of policies to improve children's lives.

The Millennium Declaration of 2000 explicitly addresses the need to protect children from conflict, violence, abuse and exploitation. All countries adopting the declaration, including Albania, have engaged to:

- strive for full protection and promotion of civil, political, economic, social and cultural rights for all
- combat all forms of violence against women and implement the Convention on the Elimination of All Forms of Discrimination against Women
- ensure that children and all civilian populations who disproportionately suffer the consequences of natural disaster, genocide, armed conflict and other humanitarian emergencies are given every assistance and protection so they can resume normal life as quickly as possible
- encourage the ratification and full implementation of the Convention on the Rights of the Child and its Optional Protocols on the Involvement of Children in Armed Conflict and on the Sale of Children, Child Prostitution and Child Pornography.

Child protection intersects with every one of the Millennium Development Goals (MDGs), from poverty reduction to getting children into school, from eliminating gender inequality to reducing child mortality, measured by the child mortality rate (CMR). To review a few examples, child labour prevents delays and curtails access to education (MDG 2), while education of poor quality contributes to children leaving school and entering the labour force. Girls are more likely to be

pulled out of school to do domestic work (MDG 3), and girls who survive sexual exploitation are more likely to contract diseases that will threaten their lives or their maternal health (MDGs 5 and 6). Child marriage leads to the removal of girls from school and prevents gender equality (MDGs 2 and 3); it also leads to early pregnancy, which carries considerable health risks for girls (MDG 5) and their babies (MDG 4).

A protective environment that embraces all areas of social life, where laws, services, behaviours and practices minimize children's susceptibility to risk, and strengthens their resilience, can prevent many forms of violence, exploitation and abuse from occurring.

Protecting and promoting the well-being of children is not merely a moral imperative, the report maintains, but also a pragmatic one. Failure to do so may cause increased risks across a wide range of outcomes later in life, as well as that of their communities and countries.

This first Report Card examines the state of children across Albania. It charts the achievements and failures of Albanian society in ensuring the well-being of their children in recent years. Report Card 1 measures development according to five dimensions of children's lives: material well-being, health and safety, education, behaviours and risks, and housing and environment.

This report includes also the views of the children themselves on their level of satisfaction with their own life. These measures go in line with the child's well-being state, and the expectations from these measures complete the framework of child well-being analysis.

*We need to know more about how children see and evaluate their own lives, says Gordon Alexander, about what matters to them, and do this in a more systematic way* (UNICEF, 2013). Children's voices, even at a very young age, are vital. They support the message of this first Report Card: that governments need to guide policies in a way that will safeguard the long-term futures of their children and economies.

The Albanian government has undertaken and is implementing a broad and complex social policy reform, aimed at strengthening institutional mechanisms to monitor and report on the realization of the rights of the child. The UN Convention on the Rights of the Child (CRC), which Albania ratified in March 1991, guides law reform and lead to adoption of Law No. 10347, dated 4.11.2010, 'On the Protection of the Rights of the Child'. This law lays the foundation to establish effective institutions to ensure that the rights of all children are protected and respected by individuals, families and the state.

Despite the achievements, it is particularly important to ensure that specific laws are part of this integral Law, while social policies and respective strategies are inclusive. In this context, the National Plan of Action for Children, 2012–2015, has to include all sectorial and regional plans of action. In addition, there should be more efforts to ensure the necessary human, technical and financial resources to effectively implement policy measures.

Whereas the coordinative role of the State Agency for the Protection of Children's Rights (SAPRC) has to be strengthened, particular attention has to be paid to the setting up of a complex system for data gathering and analysis. Adoption of the Decisions of the Council of Ministers (DCMs) 263–267 pave the way to establish and strengthen a child rights monitoring system at the national, regional and local levels. In particular, adoption of DCM 267, dated 12.04.2012, 'On methodologies, indicators and data to produce children's statistics at the national and regional level,' creates favourable conditions for evidence-based policy making and execution analysis.

# PART 1

## METHODOLOGY TO MEASURE CHILD WELL-BEING

### 1.1. Defining Child well-being

Conventionally, concepts such as quality of life and well-being have been measured indirectly, using proxies: household income, life expectancy, and so on. Typically, these kinds of proxies are objective, in that they are based on observable things in the world that can be easily counted, e.g., salaries and debt levels, mortality rates. However, recent discussions about well-being have focused on the use of subjective indicators—those based on individuals' self-reports of whether they feel happy, satisfied, contented and fulfilled in their day-to-day lives. Although there has been a certain degree of caution expressed about these kinds of measures, it is now increasingly accepted that they can play an important role when carefully applied and interpreted.<sup>3</sup>

Sets of child well-being indicators can be used for many different purposes, including describing, monitoring, setting goals, giving accountability, and evaluating programmes and strategies. The purpose of child well-being indicators in the present study is to:

- enable the state of the nation's children to be charted
- track change over time
- benchmark progress
- identify policy problems, issues or failures.

Child well-being indicators have been considered particularly useful for describing the condition of children and for allowing informative comparisons among children from different backgrounds to be made. Identification of groups of children who are at risk or disadvantaged relative to others is an important first step in developing interventions and preventative services to promote their well-being. Likewise, identification of groups of children who have avoided risk gives an insight into what works in giving children better lives.

Such indicators also serve as important tools for tracking child outcomes over time, allowing for trends to be monitored. They are also increasingly accepted as important tools for planning and shaping policies because they can provide policy makers, planners and service providers with an empirical basis for decision making at every stage of the process, including: enabling the identification of areas of need or priority, allocating limited resources more effectively, setting goals, planning, developing and implementing programmes and policies that can address the specific needs of different groups of children.

Child well-being indicators are also used to evaluate the success and failure of policies, whether progress towards social goals is being made and whether resource investments in

3 New Economics Foundation, 2009, A guide to measuring children's well-being, Practical Guide 2, [http://www.actionforchildren.org.uk/media/94477/action\\_for\\_children\\_a\\_guide\\_to\\_measuring\\_childrens\\_well\\_being.pdf](http://www.actionforchildren.org.uk/media/94477/action_for_children_a_guide_to_measuring_childrens_well_being.pdf)

selected programmes, services and other initiatives are working.

In summary, there are a number of different purposes in having national indicators on child well-being. At the most fundamental level, they allow for comparisons over time and among different communities. When used to their greatest potential, they enable *societies to inform their policies, galvanize and reward effort, mark their achievement, introduce accountability and be a means by which sustained pressure can be brought to bear for the fulfilment of political promises*.<sup>4</sup>

Until recently, economists equated well-being with an individual's material conditions such as income and wealth. However, it is now accepted within the economic community that there are additional domains of well-being (including, for example health, education and social relationships) and this has, in turn, led to a recognition that material conditions do not account for the totality of well-being. Nevertheless, if income increases substantially, then overall well-being will move in the same direction.<sup>5</sup>

Report Card *Child Poverty in Albania* is prepared based on five dimensions and 26 indicators (Table 1). Child material well-being comprises just one of these dimensions and includes four indicators split between two components: monetary and material deprivation.

**Table 1: Material child well-being indicators**

Dimension	Component	Indicator	In Albania
<b>1 Material well-being</b>	monetary deprivation	relative child poverty rate	yes
		relative child poverty gap	yes
	material deprivation	child deprivation rate	no
		low family affluence rate	no
<b>2 Health and Safety</b>	health at birth	infant mortality rate	yes
		low birth weight rate	yes
	preventive health services childhood mortality	overall immunization rate	yes (18–29 months)
		child death rate, age 1–19	yes (0–5 years)
<b>3 Education</b>	Participation	participation rate: early childhood education	yes
		participation rate: further education age 15–19	yes (15–18 years)
		NEET rate (% of age 15–19 in education, employment or training)	yes (15–17 years)
	Achievement	average PISA scores in reading, maths and science	yes
<b>4 Behaviours and risks</b>	health behaviours	being overweight	yes
		eating breakfast	yes
		eating fruit	yes
		taking exercise	yes
		teenage fertility rate	yes
	risk behaviours	smoking	yes
		alcohol	yes
		cannabis	yes
	exposure to violence	fighting	yes
		being bullied	yes

4 Brooks, Anne-Marie and Sinéad Hanafin, 2005, Report on the Development of a National Set of Child Well-being Indicators in Ireland, p. 14

5 Ibid.

Dimension	Component	Indicator	In Albania
<b>5 Housing and environment</b>	Housing	rooms per person	yes
		multiple housing problems	yes ( $\geq 2$ problems)
	environmental safety	homicide rate	yes
		air pollution	yes (tons per capita)

## 1.2 Limitations of the report

There are insufficient comparative data available for all 26 child well-being indicators described above to permit construction of trends over time for all of them. Most of the statistics on child well-being used in this report, though based on the latest available data, apply to the period 2008–2012. The gap between data collection in a wide variety of different settings and in quality-controlled publication is typically two to three years. The reasons for this delay are various. First, official data from state institutions are published at least one year later after collection, with the process of data collection and elaboration needing time. Second, some data are available only from surveys, such as Albanian Demographic and Health Survey (ADHS), undertaken once in 3–4 years. Third, some of the data are not recorded in Albania and are available only from international institutions (e.g. World Bank, WB, or Organization for Economic Co-operation and Development, OECD).

The measurement of child well-being is a relatively new area of study and the overview presented here remains work in progress. Nonetheless, for the most part, the data track long-term trends and reflect the results of long-term investments in children's lives in this country. However, average levels of school achievement, immunization rates, prevalence of risk behaviours, for example, are unlikely to be significantly changed in the short term.

Another limitation is that some of the data cannot be compared at the regional level because evaluation of specific indicators is done only at the national level. This limitation covers indicators used for Dimension 5: Housing and environment—rooms per person, multiple housing problems, homicide rate, air pollution.

A separate problem is the comparison of data at the international level. Such comparisons show what is achievable, highlight strengths and weaknesses in individual countries, and demonstrate that child well-being is policy-susceptible. However, in Albania there is still lack of unification of indicators measuring the well-being of children. The country still does not have indicators that are unified with those of EU countries so standards for comparison are still missing.

The indicators for which we could not collect data to present in this first Report Card for Albania include Child Deprivation Rate and Low Family Affluence Rate, both of which form part of the Material Deprivation component.<sup>6</sup>

The indicators reported by the respective institutions in Albania used for the Report Cards but which do not have the same measuring parameter as the global indicators designed for developing countries are the following:

- overall immunization rate—in Albania it is measured for age group 18–29 months; in other developing countries it is reported for 12–23 months
- child mortality—in Albania, age 0–5 years; in other developing countries, age 1–19 years
- high-school enrolment rate—in Albania, age 15–18 years; other developing countries, 15–19 years

<sup>6</sup> See Table 1

- NEET rate—in Albania, age 15–17 years; other developing countries, age 15–19 years
- multiple housing problems
- air pollution—in Albania, metric tons per capita; other developing countries,  $\mu\text{g}/\text{m}^3$ .<sup>7</sup>

### 1.3 Data collection and analysis

Report Card No. 1, *Child Poverty in Albania*, is based on the format and content of Innocenti Report Card No. 11 (UNICEF, 2013). The report presents data on child poverty and well-being assessed alongside five child well-being dimensions. Respective analysis and remarks are based on international standards.

Key data of this report are produced by central and local public institutions, such as the National Institute of Statistics (INSTAT), Interior Ministry, Ministry of Labor, Social Affairs and Equal Opportunities (MoLSAEO), Institute of Public Health (IPH), Regional Educational Directorate and the Education Directorate. Other data were obtained from various national studies carried out over the years: e.g., ADHS, Living Standards Measurement Survey (LSMS; Institute of Statistics, UNDP and World Bank, 2009), Child Poverty and Exclusion in Albania (Kolpeja, 2011), Child Poverty Profile in Albania (Ceni, 2011), EU Albania Progress Report (2012), various Report Cards of UNICEF and other organizations.

Reports of partner civil society organizations have been of particular usefulness. Child rights monitoring reports prepared by Together Against Child Trafficking (BKTF), Terres des Hommes, etc. are also used. Experts of Observatory of Child's Rights from each region provided detailed information on children's social exclusion in every municipality and commune concerned. A child social exclusion database established in each regional observatory facilitated design of the comparative analysis among regions and time cohorts.

Given the potential value of this exercise, every attempt has been made to overcome data limitations. Nonetheless, it is acknowledged throughout that the available data may be less than ideal and that there are prominent gaps. Some important indicators have not been measured recently: e.g. the child relative poverty rate was measured in 2002 and 2005.

<sup>7</sup> Concentration of an air pollutant (e.g. ozone) is given in micrograms (one-millionth of a gram) per cubic metre of air (or  $\mu\text{g}/\text{m}^3$ ).



# Pjesa 2

## CHILD WELL-BEING MEASURED IN FIVE DIMENSIONS

### Chapter

# 1

### Dimension 1—Material Well-being

Material well-being is one dimension of human well-being. It is measured through income, consumption patterns, assets and wealth. In developing countries, assets of poor people often include land or livestock. No unique definition exists but the concept is most often thought as representing the stock of wealth used to generate well-being. Asset owners usually do not know the values of their assets because of a lack of information on consumer price indices or are unable to report land ownership in acreage. Therefore, asset measurement remains challenging.<sup>8</sup>

Innocenti Report Card No. 11 (UNICEF, 2013) assesses child material well-being by two components: monetary deprivation and material deprivation.

Each of these components has its own indicators, as listed in Table 1, and reported in more detail in Table 2.

**Table 2: Components and indicators of material well-being**

Component	Indicator
<i>monetary deprivation</i>	relative child poverty rate: % of children living in households with equivalent incomes below 50% of national median child poverty gap: distance between national poverty line and median incomes of households below poverty line
material deprivation	index of child deprivation: % of children lacking specific items family affluence scale: % of children reporting low family affluence)

This table is adapted to provide an overview of the Albanian situation, as reported in Table 3.

**Table 3: Components and indicators used for assessment of material well-being in Albania**

Component	Indicator
<i>monetary deprivation</i>	relative poverty rate: % of people who live in families with consumption less than 60% of national median poverty gap: distance between national poverty line of households below poverty line
material deprivation	index of child deprivation— <i>not measured in Albania</i> family affluence scale— <i>not measured in Albania</i>

<sup>8</sup> This definition is based on Wikiprogress glossary, <http://www.wikiprogress.org/index.php/Well-being>

## 1.1 Monetary deprivation

The first challenge for any government seeking to reduce child poverty is to establish a consensus on how it may best be defined and measured. Does poverty mean the inability to buy essentials such as food, clothing, shelter and health care? Or does it mean falling more than a certain distance behind the incomes and lifestyles of the community in which one lives? Where should the line be drawn between the poor and non-poor? And how should poverty lines be updated? Such questions provoke controversy not only among academics and researchers but also among politicians, the press and public. Yet without answers—and answers that can command a degree of consensus—indicators cannot be established, targets cannot be set, progress cannot be monitored, and policy cannot be evaluated.<sup>9</sup>

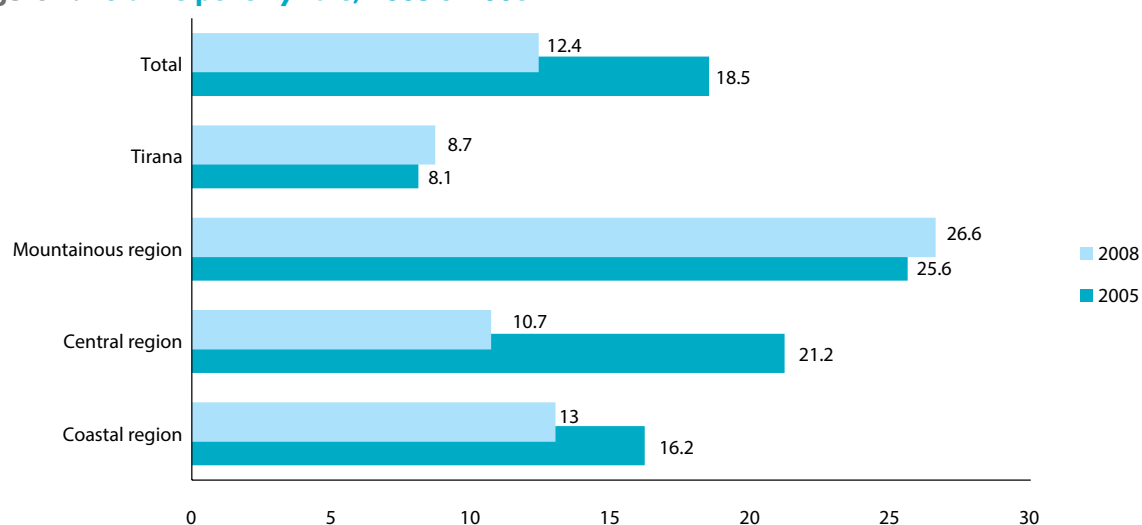
Indicators used in this report to measure monetary deprivation are: the relative poverty rate, the absolute poverty rate, poverty gap and severity of poverty, percentage of children living with unemployed parents and with economic assistance, as well as children of families in constant poverty.

### Child poverty rate

For the majority of the world's developed economies the poverty rate specified for children is measured by the relative child poverty rate, which by definition is children living in households where disposable income is less than 50 percent of the national median (after taking into account taxes and benefits and adjusting for family size and composition). This specific indicator is not measured in Albania.

There is still no standardization of indicators and thus it is difficult to compare values and see whether there is progress or regression in Albania. In this country, the relative poverty rate is measured as the percentage of people living in families with consumption less than 60 percent of the national median. These people compound the group that is at high risk of poverty and is the group that is affected greatly from changes in inequality. Figure 1 shows the poverty rates by region in Albania for 2005 and 2008

**Figure 1: Relative poverty rate, 2005 & 2008**



**Source:** Ceni (2011)

<sup>9</sup> Report Card No. 6, Child-Poverty in Rich Countries 2005. The proportion of children living in poverty has risen in the majority of the world's developed economies. UNICEF, Innocenti Research Centre, Florence, 2005

Children's poverty can also be measured in absolute terms, which presupposes access to the minimum level of income and monetary resources necessary for survival. Usually, statistics used in various countries consider to be poor a child who is the dependent of a family whose living standard is, in the course of a year, on the average lower than the established poverty line.<sup>10</sup> Although this definition is controversial, it is in reality an irreplaceable indicator for systematic statistics.

The main source of data used to measure poverty on a national scale is LSMS. This helps the relevant authorities build a system of indicators that can be compared from year to year. The objective of LSMS is to generate data for the year  $n+2$ . On the other hand, these data present a number of issues worthy of comment.

Due to the need to calculate child poverty, the authors have referred to data provided by UNICEF on this indicator, as well as to other supplemental data. The indicator of the percentage of children in absolute poverty (with zero income, according to LSMS) is 1.8 percent, while children living in families on less than 120 USD per month (often, therefore, less than 1 USD per person per day) is 17.14 percent.

The percentage of children living in unemployed families is an additional indicator that reflects monetary poverty. Unemployed families are an economic and social unit with low or without income. The percentages of children of such families are reported by the different regions in Table 4.

**Table 4: Percentage of children living in families with unemployed people, 2011**

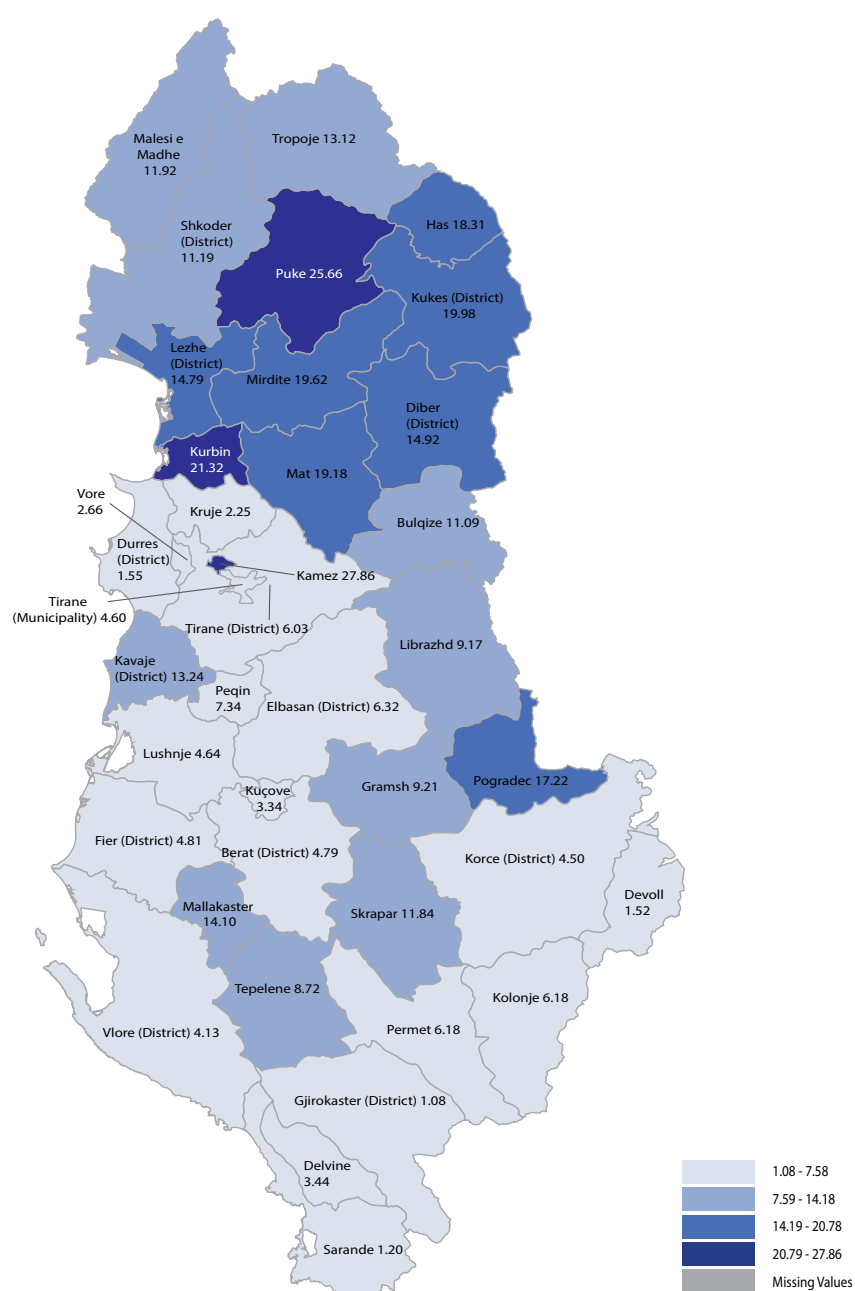
Region	Percentage of children living in unemployed families
Tirana	6.31
Mountain	13.48
Coastal	5.97
Central	7.97

**Source:** Ceni (2011)

Income for these families may come from the country's Economic Aid programme or from remittances from abroad. In the current situation, where remittances are declining, this aspect of monetary poverty deserves special attention.

The situation is more distressing in the districts of Kurbin (Laç), Pukë, Mirditë and Kukës, as well as the municipality of Kamëz, in which the percentage of children living in unemployed families is above 20 percent, approaching 30 percent. It follows that the most poor are children from the north (Figure 2), verified by the hardships experienced by these children who are forced to work on the street, mainly as mobile sellers.

<sup>10</sup> According to worldwide practices, living standard is represented by available income divided by the number of family members expressed in consumption units. Consumption units are calculated by considering the first person as 1, other members older than 14 years as 0.5 and those younger than 14 as 0.3. This method is not applied in Albania.

**Figure 2: Percentage of children living in families with unemployed people, 2011**

**Source:** Ceni (2011)

The number of children of age 0–18 years in families receiving benefits to compensate for parental unemployment is reported in Table 5.

**Table 5: Percentage of families with children and recipients of economic assistance**

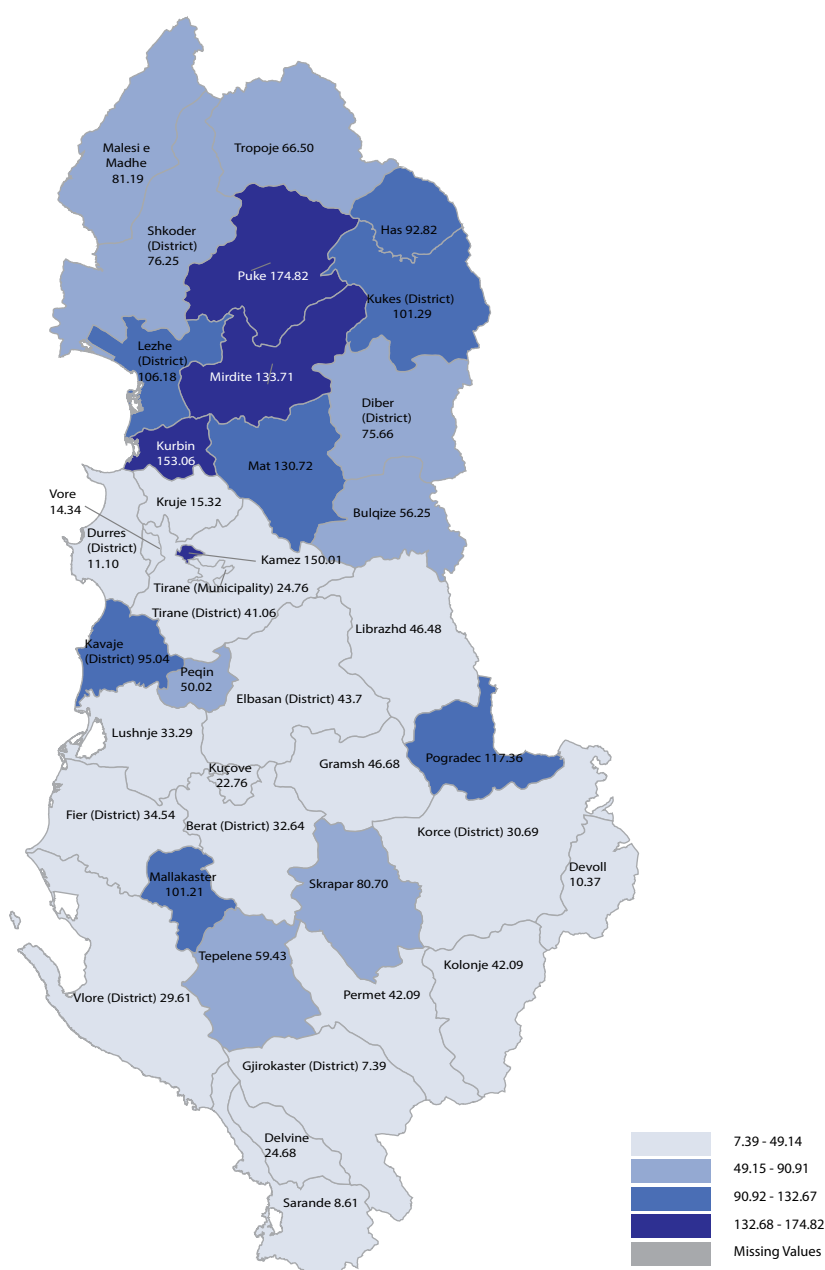
Nr	Rajonet	Percentage of families receiving benefits
1	Tirana	33. 97
2	Mountain	68. 35
3	Coastal	42. 85
4	Central	54. 31

**Source:** Ceni (2011)

It is clear that there is a considerable number of families in receipt of benefits, helping them to cope with the daily difficulties of life. If the various districts are considered, it becomes clear that districts such as Lezhë, Kurbin, Kavajë, Mallakastër, Pogradec, Mirditë, Pukë and Mat, and Kamëz Municipality have the greatest number of recipient families, from two to four times above the average. The situation appears particularly serious in Kamëz where Economic Aid is four times the average.

The numbers of families with children and in receipt of Economic Assistance in different districts of Albania are presented in Figure 3.

**Figure 3: Number of families with children and recipients of economic assistance, 2011**



**Source:** Ceni (2011)

Children in long-term poverty may be typified by families with children and in receipt of Economic Aid for more than three years. The proportion of such families is reported by region in Table 6.

**Table 6: Children living in families in receipt of EA for more than 3 years<sup>11</sup>**

Regions	Percentage of children living in families receiving Economic Aid for more than three years
Tirana	0.8
Mountain	87.9
Coastal	3.2
Central	8.1
Total	100.0

**Source:** Ceni (2011)

Long-term unemployment is the most negative indicator affecting children's life and formation. This kind of poverty is also considered as constant poverty and should be fought with all means possible.

### Findings:

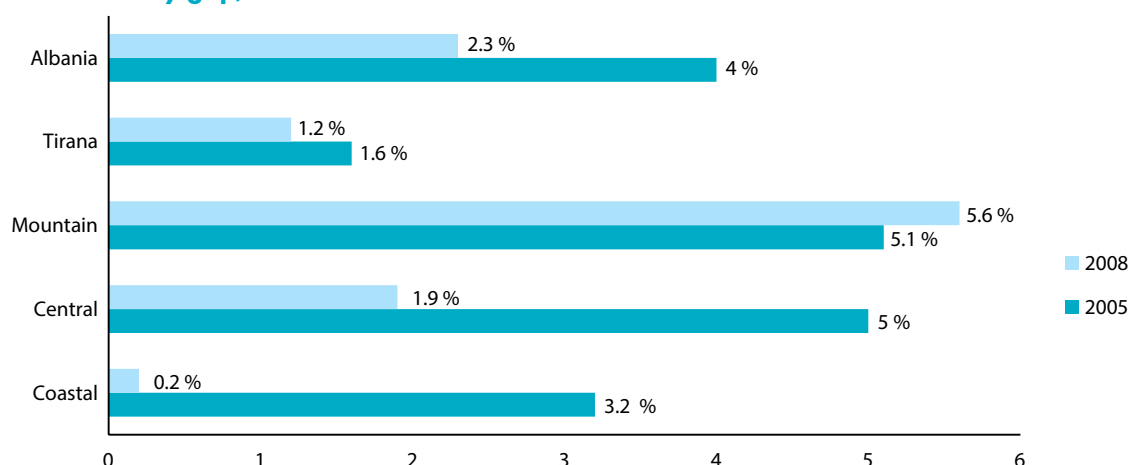
- Nationally the relative poverty rate has decreased from 2005 to 2008, by 6.1 percent. The biggest decrease is found mainly in the Coastal and Central areas, 3.2 percent and 10.5 percent, respectively.
- The relative poverty rate has increased in Tirana and in the Mountainous area, respectively by 0.8 and 1 percent.
- According to the absolute poverty rate, 17.14 percent of children live in absolute poverty, while 1.8 percent live in extreme poverty.

#### 1.1.1 Poverty gap

The poverty gap indicates the percentage of families who live below a nation's poverty line. This indicator is the mean of the sum of all differences of poor families' consumption from the poverty line. This gap shows how far people or groups are from the poverty line. One advantage of using the poverty gap is that the personal contribution of poor individuals to the overall poverty measure is greater for the poorest. For the world's developed countries this gap is measured specifically for children. It shows the distance between the poverty line and the median incomes of those below the line. This indicator, child poverty gap, is not measured in this country and is another absent parameter for comparing Albania with other countries.

The poverty gap for years 2005 and 2008 (the years of LSMS) across Albania are presented in Figure 4.

<sup>11</sup> This indicator is calculated as the ratio of the number of children living in families that receive economic aid for more than three years to the total number of children.

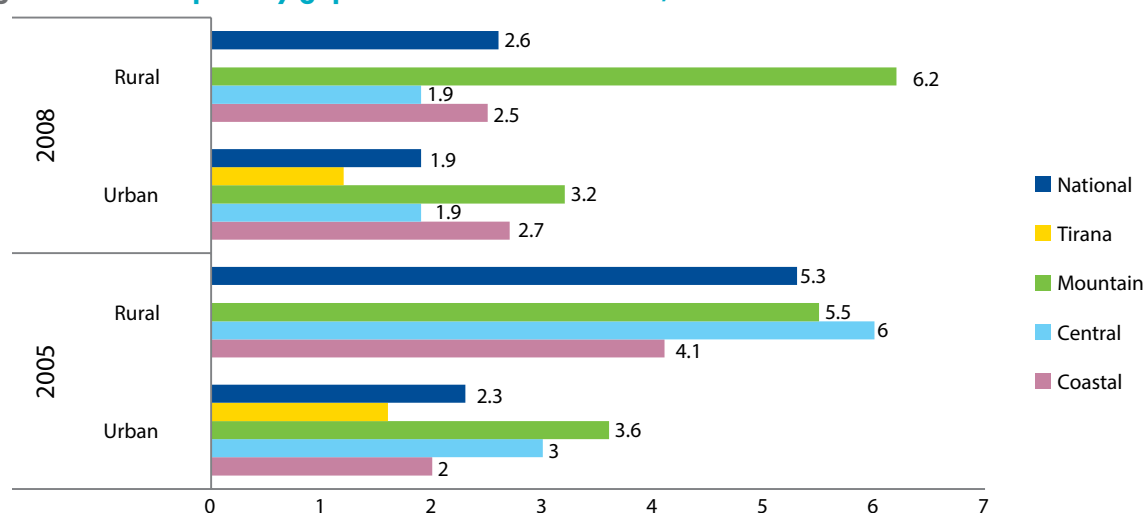
**Figure 4: Poverty gap, 2005 & 2008**

**Source:** INSTAT, Albania Poverty Trend 2002, 2005, 2008, 2009

### Findings:

- The poverty gap rate in Albania is measured based on dividing the country in 4 major regions (Mountain, Central, Coastal and Tirana)
- The poverty gap rate has increased in the Mountain area by 0.5 percent.

These poverty gap for years 2005 and 2008 in urban and rural areas are presented in Figure 5.

**Figure 5: Level of poverty gap in urban and rural areas, 2005 and 2008**

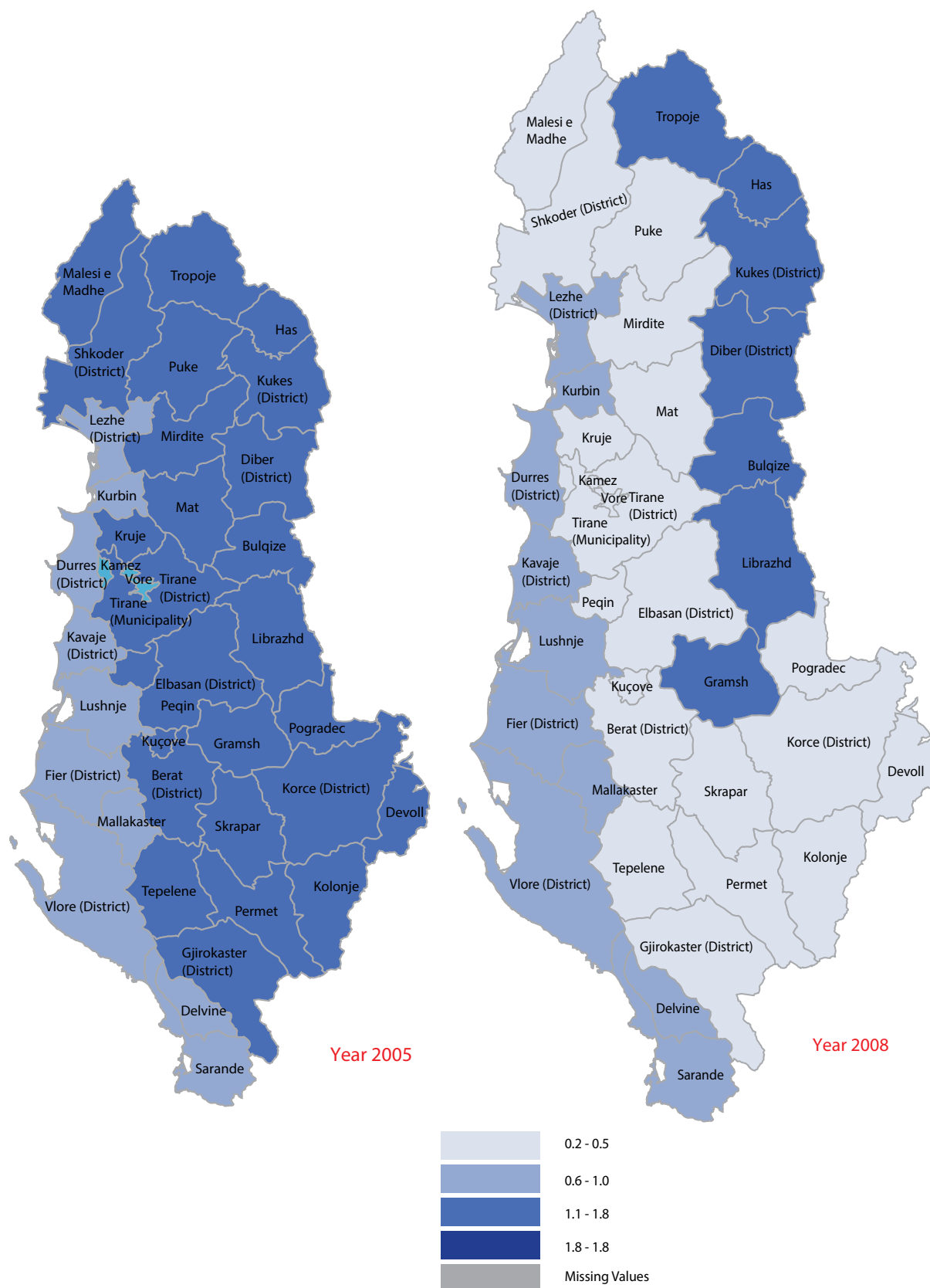
**Source:** INSTAT, Albania Poverty Trend 2002, 2005, 2008, 2009

### Findings:

- The poverty gap rate in both years investigated is higher in the rural area than the urban area, 0.7 percent higher in 2005, and 3 percent higher in 2008.
- From 2005 to 2008 the difference between rural and urban area has mainly increased.

One indicator of the size of the poverty gap is the severity of poverty, which shows the inequality among the poor and takes into account not only the distance from the poverty line, but also the inequality among the poor. These indicators for years 2005 and 2008 and according to the main regions are presented in Figure 6, and show a large increase over this time.

Figure 6: Level of severity of poverty, 2005 &amp; 2008



**Source:** Ceni (2011)



## 1.2 Material deprivation: Child Deprivation Index and Low Family Affluence Scale

Relative income measures have little to say about the actual living conditions of children in different countries. The fact that a higher percentage of children live in relative income poverty does not mean those children's living standards are low; only that a greater proportion of children live in households where disposable income is 50 percent of the median. According to Innocenti Report Card No. 11—Child well-being in rich countries (UNICEF, 2013), in order to arrive at a more complete picture of child poverty, a measure of actual material deprivation should be included. Material deprivation is measured by two indices: child deprivation and low family affluence.

### 1.2.1. Child deprivation index

The Child deprivation index shows what percentage of children in a nation lacks two or more of the following fourteen items:

- three meals a day
- at least one meal a day with meat, chicken or fish (or vegetarian equivalent)
- fresh fruit and vegetables every day
- books suitable for the child's age and knowledge level (not including schoolbooks)
- outdoor leisure equipment (bicycle, roller skates, etc.)
- regular leisure activities (swimming, playing an instrument, participating in youth organizations, etc.)
- indoor games (at least one per child, including educational baby toys, building blocks, board games, computer games, etc.)
- money to participate in school trips and events
- a quiet place with enough room and light to do homework
- an Internet connection
- some new clothes (i.e. not all second-hand)
- two pairs of properly fitting shoes
- the opportunity, from time to time, to invite friends home to play and eat
- the opportunity to celebrate special occasions such as birthdays, name days, religious events, etc.

The second indicator used to measure material deprivation is based on questionnaires completed by representative samples of children of age 11, 13 and 15 years. The relevant part of the questionnaire asks:

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

The results are computed into the family affluence scale, which shows the percentage of children in each country living in low affluence families.

According to research conducted by the Observatory of Children's Rights, the indicators used to measure material deprivation—child deprivation and low family affluence—both are still not measured in Albania. Analysis of these indicators is therefore missing in this report. Thus, this report not only presents the findings from the data that are available, but also highlights the need for setting up national and local level indicators that will make Albania visible in statistics and figures at the regional and global level.

### **Box 1: Do children have incomes?**

Internationally, most poverty lines are based on household incomes. But to calculate how many individuals live below the poverty line, household incomes must be converted to equivalent individual incomes (including 'incomes' for children).

This cannot be done by simply dividing household income by the number of people in the household. It may not be true that 'two can live as cheaply as one', but the amount required to maintain a given standard of living does not rise in direct proportion to the number of people in the home. The cost of heating, or a television or an Internet connection, for example, does not double if there are four people rather than two. Many such economies of scale, including being able to buy food or cleaning materials in bigger quantities, are available to larger households.

Unfortunately there is no scientific way of converting household income into individual incomes. Rough and ready methods must therefore be used, of which the most common is the 'modified OECD equivalence scale' by which the first adult in each household is counted as 1.0, the second adult as 0.5, and each child under the age of 14 as 0.3. The total then becomes the number of 'equivalent individuals' by which household income must be divided. For example, a household with an income of \$46,000 for two adults, one 15-year-old, and one pre-school child would be counted as having the equivalent of 2.3 individuals and their 'equivalized' individual incomes would be \$20,000. It is this figure that is used to establish the median income for the nation as a whole (the point at which exactly half have more and half have less. The relative poverty line is then drawn at a certain percentage of that median. In the EU, the line is drawn at 60 percent of equivalized median income.

The number of children estimated to be living in poverty is then calculated as the number of individual children living in households in which the equivalized income is below this line.

### **Box 2: Europe 2020: the vision**

In June 2010, the Heads of State and Government of all 27 European Union countries called for 20 million EU citizens to be lifted out of poverty and social exclusion by the year 2020.

#### **How will this be measured?**

To be counted as living in 'poverty or social exclusion', an individual must be either 'at risk of poverty', or 'deprived', or 'living in a jobless household'. In 2010, an estimated 80 million people in the EU countries fell into one or more of these three categories, defined as follows:

**At risk**

A person is considered 'at risk of poverty' if he or she is living in a household with an equivalized income (see Box 3: Do children have incomes?) below 60 percent of the national median.

**Deprived**

A person is considered 'deprived' if he or she is unable to meet four or more of the following nine criteria (note: both the list of essential items, and the threshold used, are different from the child-specific deprivation measure used in this Report Card):

- can afford to face unexpected expenses
- can afford one week's holiday away from home each year
- can pay for arrears of mortgage or rent, utility bills or hire purchase instalments
- can afford a meal with meat, chicken or fish every second day
- can keep the home adequately warm
- can afford a washing machine
- can afford a colour TV
- can afford a telephone
- can afford a car.

By this definition, an estimated 40 million EU citizens are currently deprived.

**Jobless**

A person is considered to be living in a jobless household if no adult is in paid employment or if the hours spent in paid employment amount to less than 20 percent of the potential number of hours in a normal working week. By this definition, approximately 40 million of the EU's 250 million people are currently living in jobless households.

Of the above three measures the 'at risk of poverty' indicator—the percentage below 60 percent of median national income—is considered to be the headline social exclusion indicator and is the most widely used measure of relative poverty in the EU.

**A place for children**

None of the original range of 18 indicators selected by the European Commission for the purpose of monitoring poverty paid specific attention to the needs of children. But in 2008, a start was made towards monitoring child poverty. After consultations, a set of indicators specific to the lives of children was included as a special module in the 2009 round of the EU Statistics on Income and Living Conditions (EU-SILC). It is the results of this survey that have been drawn on in order to construct the 14-item child deprivation index presented at the beginning of this sub-section.

Secondary data and special modules are included in each survey on a four-yearly rotating basis, while primary data are gathered annually. But as this report argues, the availability of timely data on child poverty and deprivation is critical to protecting the growing minds and bodies of children. Data that are specific to children should therefore find a permanent annual place..



## Chapter 2

### Dimension 2—Health and Safety

Innocenti Report Card No. 11 (UNICEF, 2013) assesses child health and safety by three components: i) health at birth, ii) availability of preventive health services, and iii) child and youth mortality. Each of these components has its own indicators, as reported in Table 7.

**Table 7: Components and indicators of health and safety**

Component	Indicator
<i>Health at birth</i>	infant mortality rate: deaths under 12 months old per 1,000 live births
	low birth weight rate: % of babies born below 2,500 grams
<i>Preventive health services</i>	national immunization rate: average coverage for measles, polio and DPT3 for children of age 12–23 months
<i>Child and youth mortality</i>	overall child and youth mortality rate: deaths per 100,000 children of age 1–19

These indicators adapted to the Albanian situation are reported in Table 8.

**Table 8: Assessment of health and safety for Albania**

Component	Indicator
<i>Health at birth</i>	infant mortality rate: (deaths under 12 months old per 1,000 live births for national level and for area) / (number of deaths at the local level)
	low birth weight rate: % of babies born below 2,500 grams at the national level, compared to area and local level
Preventive health services	national immunization rate: average coverage for measles, polio and DPT3 for children age 18–29 months
Child and youth mortality	overall child mortality rate: (deaths per 1000 live births of age 0–5 years at national level and for area) / (number of deaths at local level)

## 2.1 Health at birth: infant mortality and low birth rate

### 2.1.1 Infant Mortality Rate (IMR)

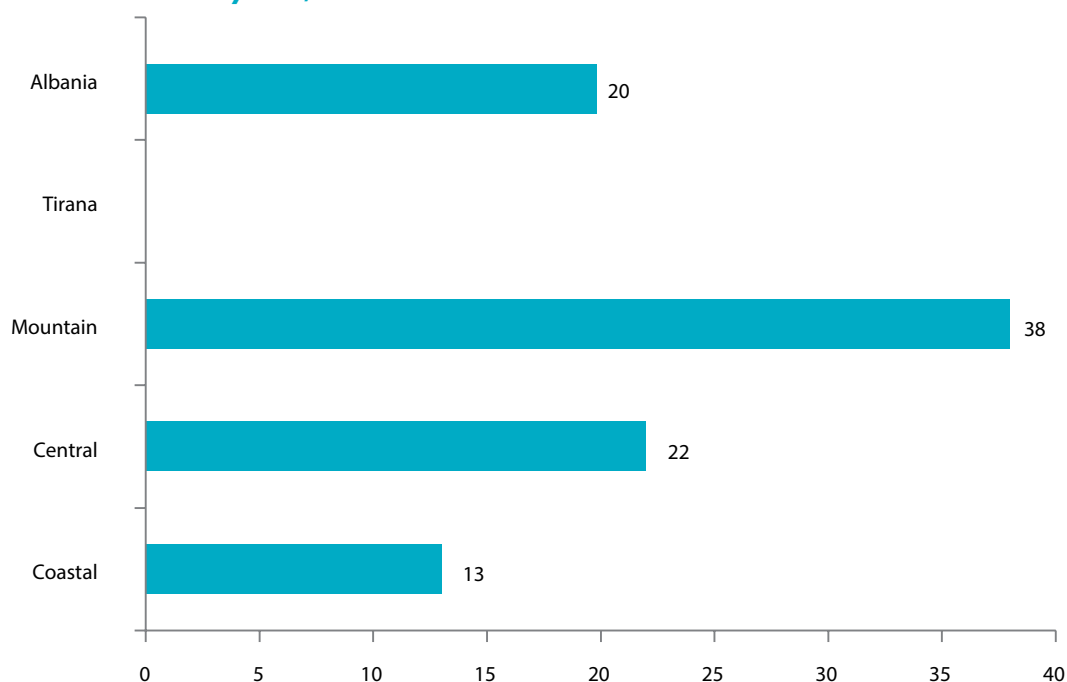
In all developed countries, infant mortality rates have been reduced to fewer than ten infant deaths per thousand live births. The relatively small differences that exist between countries therefore reflect not variations in the fundamentals of public health, such as safe water and sanitation, but variations in the commitment and the capacity to deliver whatever services are necessary to protect every mother-to-be, every birth, and every infant in the earliest days and weeks of life.

Higher levels of educational attainment are usually associated with lower mortality rates in early childhood, in part because education exposes women to information about child feeding practices, child illnesses and treatment, and the importance of spacing births. In Albania, the differences in mortality rates by the mother's level of education show that children of mothers with primary education or less are more likely to die before their first birthday, in the case of infants, or fifth birthday, in the case of young children, than children of mothers with secondary education or higher.

A relationship also exists between the mother's age at birth of the child and early childhood mortality. Children born to mothers 30 years old and above are at greater risk of dying than those born to mothers younger than 30. It should be noted, however, that the higher rate is driven by higher post-neonatal mortality, otherwise there are no differences in mortality by age.<sup>12</sup>

Figure 7 shows the infant mortality rate in the different areas of Albania for the ten years preceding the study.

**Figure 7: Infant mortality rate, 2000–2010**



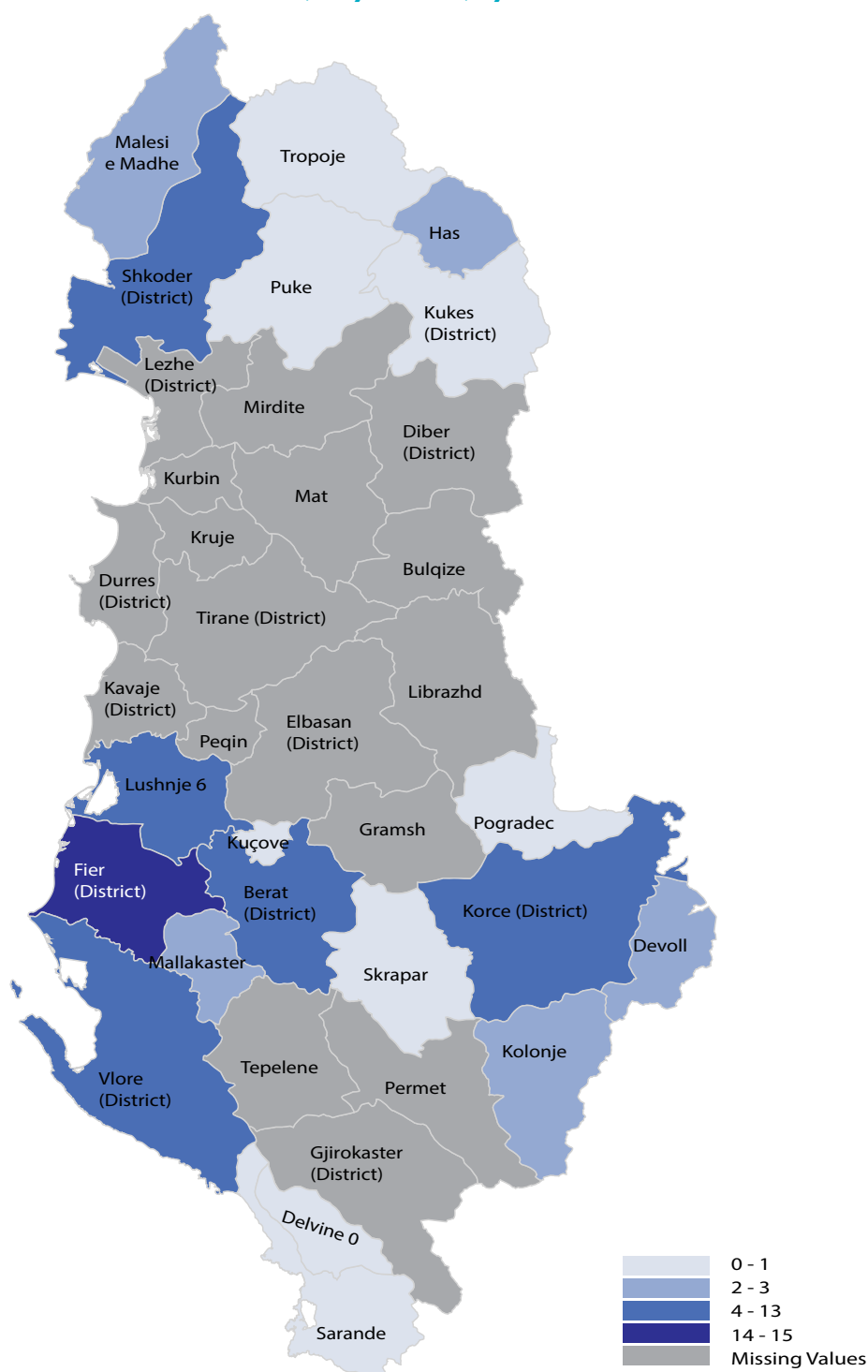
**Source:** INSTAT and IPH, ADHS, 2008-2009

### Findings:

- The Mountain Area has the highest infant mortality rate, 38 deaths/1000 live births.
- The Coastal Area has the lowest infant mortality rate, 13 deaths/1000 live births.

Figure 8 reports the infant mortality for some of Albania's districts; note that data are not available for all districts.

<sup>12</sup> INSTAT and IPH, ADHS, 2008-2009

**Figure 8: Number of infants' deaths (0-1 years old) by district**

**Source:** Public Health Directorate of each District of the country, 2010

### 2.1.2 Health at birth: low birth weight

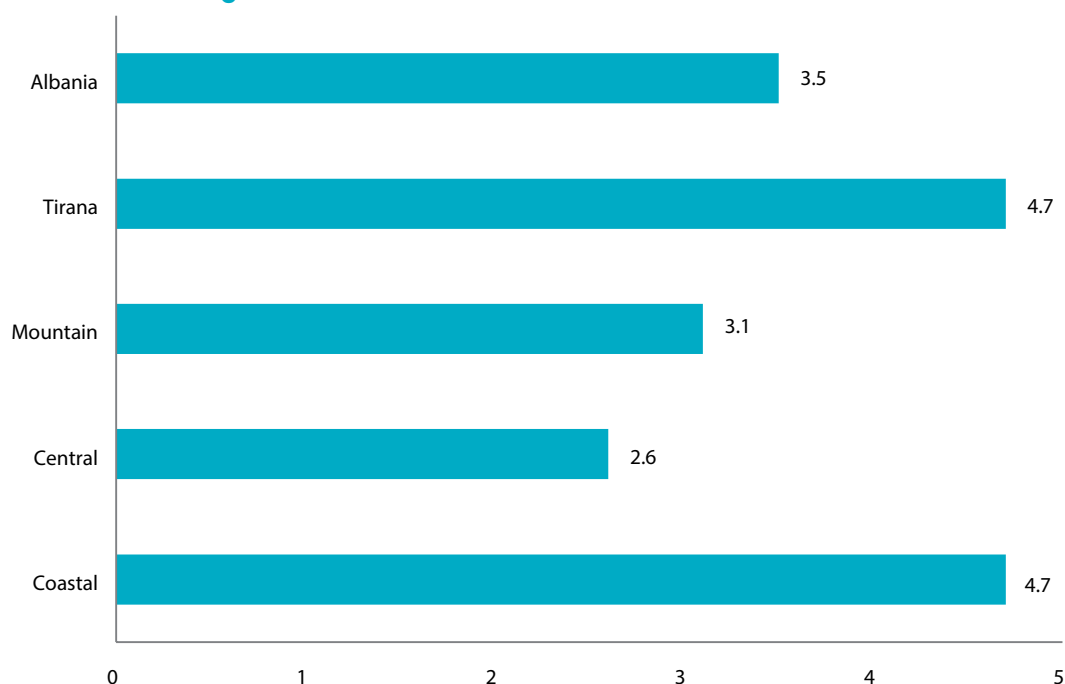
The second indicator used to measure health at the beginning of life is the proportion of babies who are born with low birth weights (below 2,500 grams). The birth weight of an infant is the single most important determinant of its chances of survival and healthy growth. Infants with a low birth weight have a higher mortality risk. It is also a guide to

the general health and health behaviours of pregnant women and mothers, both of which are important to every other dimension of child well-being. Low birth weight is also known to be associated with increased risk across a range of health problems in childhood and on into adult life.

Improving the health of children, reducing childhood morbidity and mortality, and achieving the MDGs are top priorities of the Albanian Ministry of Health. In this country, health services for children of age 0–14 years are free and integrated into all three levels of care: primary, secondary (district hospitals) and tertiary (specialized national hospitals).

Infants with low birth weight have a higher mortality risk. Figure 9 shows low birth weight figures for the different regions of Albania over the five years preceding the study, while Figure 10 shows the same indicator for the local level in some of the country's municipalities and communes.

**Figure 9: Low birth weight**

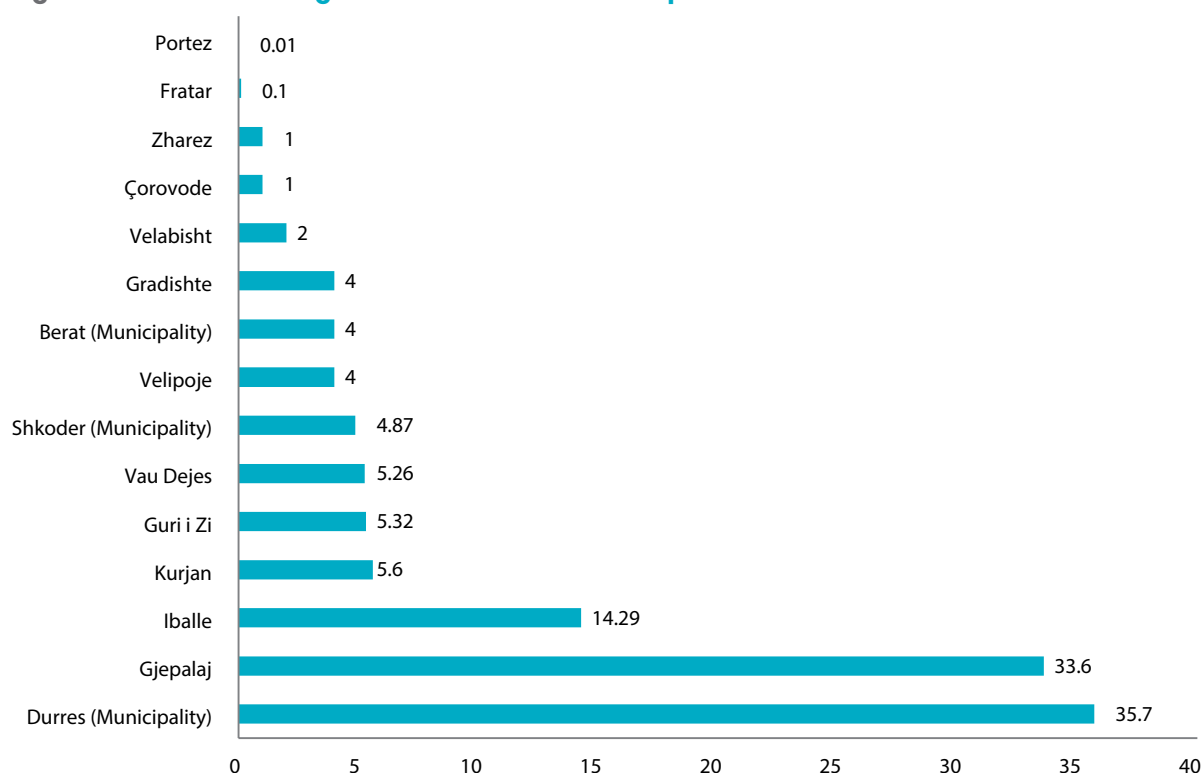


**Source:** INSTAT and IPH, ADHS, 2008-2009

#### Findings:

- The proportion of babies born below 2500 grams across the country is 3.5 percent.
- The areas with the highest percentage of babies born below 2500 grams are Tirana and the Coastal Area (4.7%)



**Figure 10: Low birth weight in some Albanian municipalities and communes**

**Source:** Public Health Directorate of each region, 2010

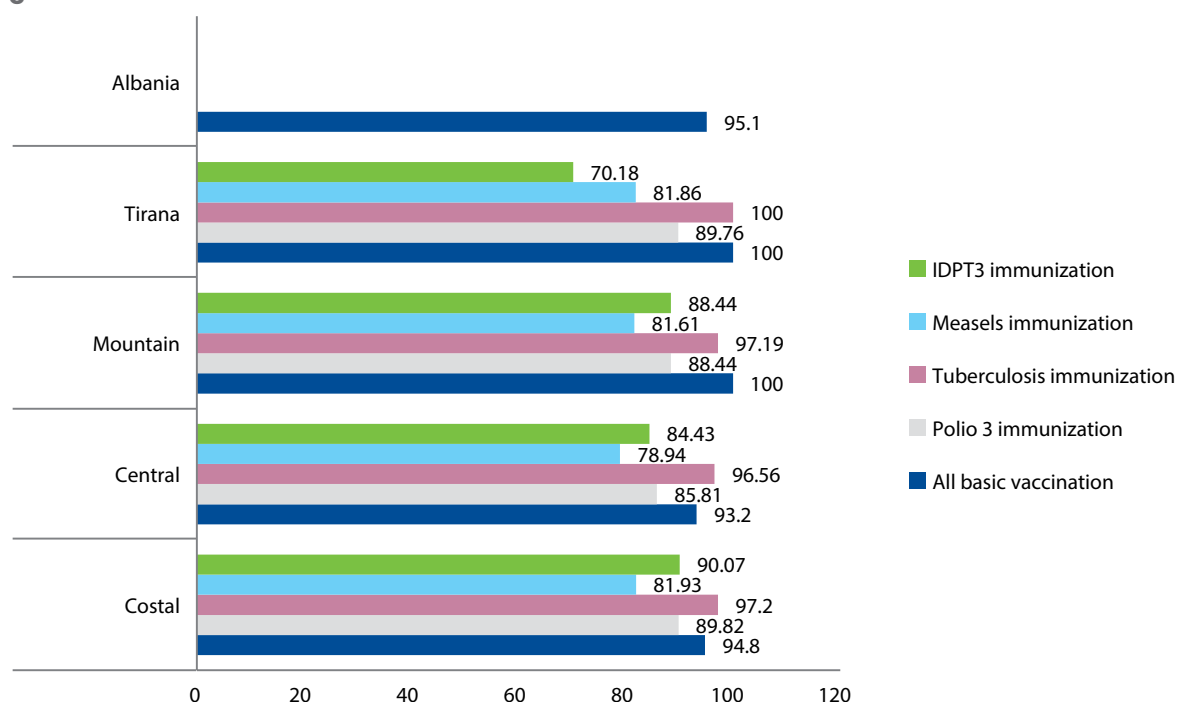
### Findings:

- The local government units (LGUs) with the highest level of babies born below 2500 grams are Durrës Municipality, Gjepalaj and Iballe—35, 33.6 and 14.9 percent respectively.
- The LGU with the lowest level of babies born below 2500 grams is Portez—0.01 percent.

## 2.2 Preventive health services

### 2.2.1. Overall immunization rate

The second component chosen to evaluate child health is the availability and effectiveness of a country's preventive child health services, measured by the immunization rate (average vaccination coverage for measles, polio and DPT3). Immunization against vaccine-preventable diseases is crucial to reducing infant and child mortality. Immunization of children with the basic childhood vaccines is one of the most cost-effective health interventions available. Routine immunization rates in developed nations are generally maintained at high levels, averaging close to 95 percent. Figure 11 shows the mean values recorded for the geographical regions of Albania.

**Figure 11: Level of immunization in Albania**

**Source:** INSTAT and IPH, ADHS, 2008-2009

### Findings:

- Tirana and the Mountain Area have full coverage with vaccination, i.e. 100 percent of the population has had all basic vaccinations.
- The immunization rate for the Central Area and Coastal Area are closed to the standard immunization rate of developed countries.
- The lowest immunization rate is in Tirana for the DPT3 immunization—70.2 percent, 24.8 percent less than rate for developed countries

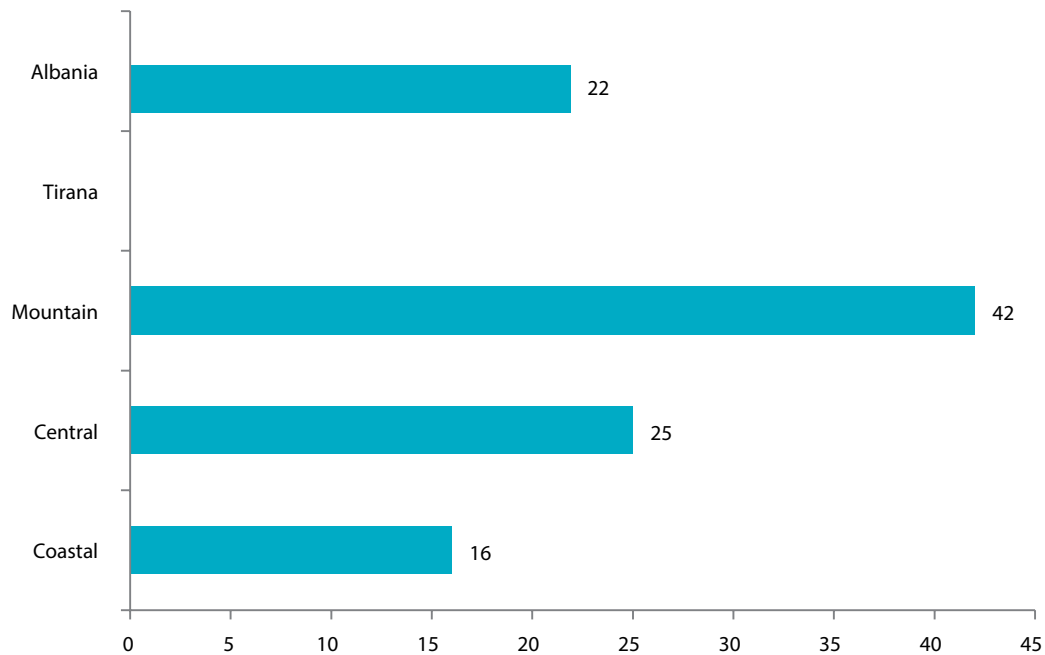
## 2.3 Childhood mortality

### 2.3.1 Childhood mortality: Child death rate, age 1 to 19 years

The third component used to build an overall picture of child health is the death rate among children. Based on the literature, the death rate analysed here is for children and youths from 1–19 years of age. Deaths in this age group are rare in advanced economies, with the causes normally not from disease and the efficacy of health services. Rather they include deaths from suicide, murder, traffic injury, drowning, falls and fires.

In Albania there is no indicator that measures the death rate for young people up to 19 years of age. For this reason we will analyse this aspect based on the indicator death rate for children 0–5 years old.

Figure 12 reports the child mortality rate in the regions of Albania over the period ten years preceding the study.

**Figure 12: Child mortality rate (deaths/1000 live births), 2010**

**Source:** INSTAT and IPH, ADHS, 2008 -2009

### Findings:

- The Mountain Area has the highest child mortality rate—42 deaths/1000 live births.
- The Coastal Area has the lowest infant mortality rate—16 deaths/1000 live births.
- Similar differences were found for infant mortality rate—the Mountain area had the highest level and the Coastal area the lowest.

Taken together, the three components set out above provide an approximate guide to the health dimension of child well-being in Albania. Ideally, such an overview would also include some indicator of children's mental and emotional health, and of the prevalence of child abuse and neglect. But such issues are difficult to define and measure even within an individual country; internationally, no comparable data are available.



## Chapter 3

### Dimension 3—Educational Well-being

Innocenti Report Card No. 11 (UNICEF, 2013) assesses children's educational well-being by two components: i) participation, and ii) achievement. Taken together they provide an approximate guide to both the quantity and quality of education. Each of these components has its own indicators, and these are reported in Table 9.

**Table 9: International standard components and indicators for educational well-being**

Component	Indicator
<i>Participation</i>	pre-school participation rate: % of those aged between 4 years and the start of compulsory education enrolled in pre-school
	further education participation rate: % of those aged 15–19 enrolled in further education
	NEET rate: % aged 15–19 not in education, employment or training
Achievement	average score in PISA tests of reading, maths and science literacy

These indicators adapted to the Albanian situation are reported in Table 10.

**Table 10: Assessment of educational well-being for Albania**

Component	Indicator
<i>Participation</i>	pre-school participation rate: % of those aged between 3–6 years old who are enrolled in pre-school
	further education participation rate: % of those aged 15 to 18 enrolled in further education
	NEET rate: % of those aged 15–17 years not in education, employment or training
Achievement	average score in PISA tests of reading, maths and science literacy

### 3.1 Participation

The first component—participation—is assessed by three indicators: i) participation in early childhood education, ii) participation in further education, and the proportion of young people of age 15–18 years who are not participating in education, training or employment.

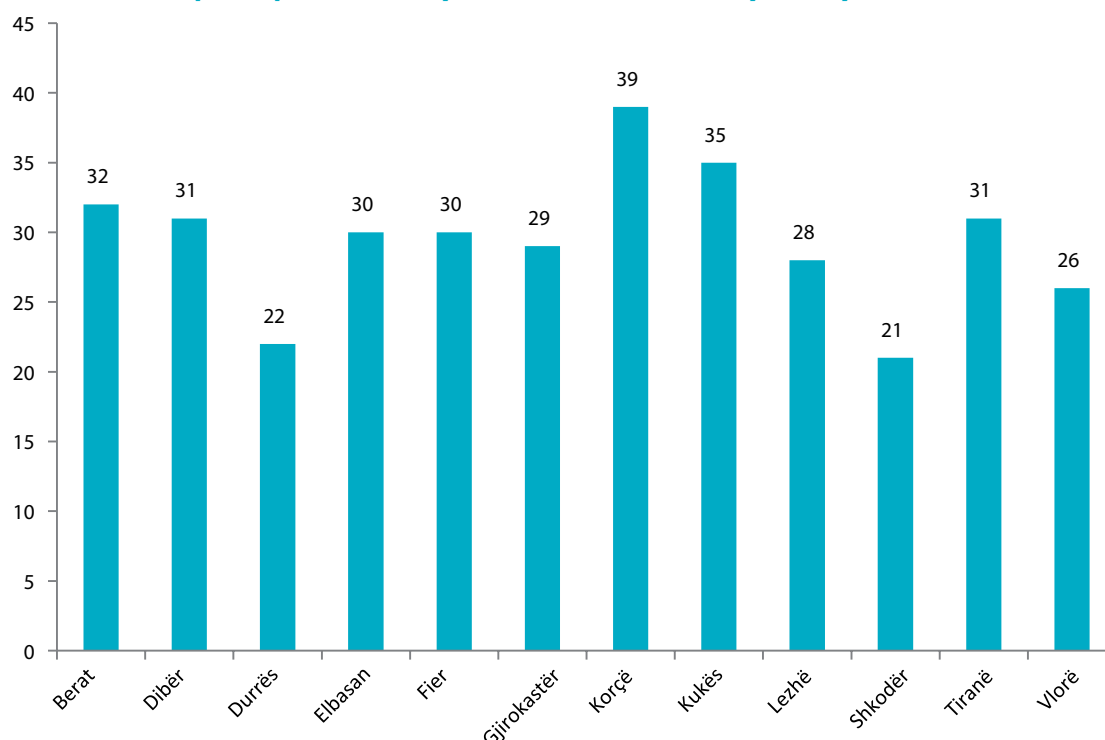
### 3.1.1 Participation: Pre-school participation rate—Early childhood education

In recent years it has been widely acknowledged that the foundations of educational success are laid down before formal education begins. In response to this and other pressures, all governments in developed countries have invested to a greater or lesser degree in free or subsidized pre-school education.

For several decades, educational research has consistently pointed to the fact that the foundations for learning are constructed in the earliest months and years of life and that the effort to give every child the best possible start needs to begin well before the years of formal education. This growing realization, combined with other changes such as the rapidly increasing participation of women in the workforce and the steep rise in the number of single-parent families, has made child care into one of the biggest issues facing both families and governments.

The first indicator to be analysed is participation in early childhood education. Figure 13 reports the percentage of children between 3–6 years old who are enrolled in pre-school in the different counties (*qarks*) of Albania.

**Figure 13: Level of participation in early childhood education, by county, 2012**

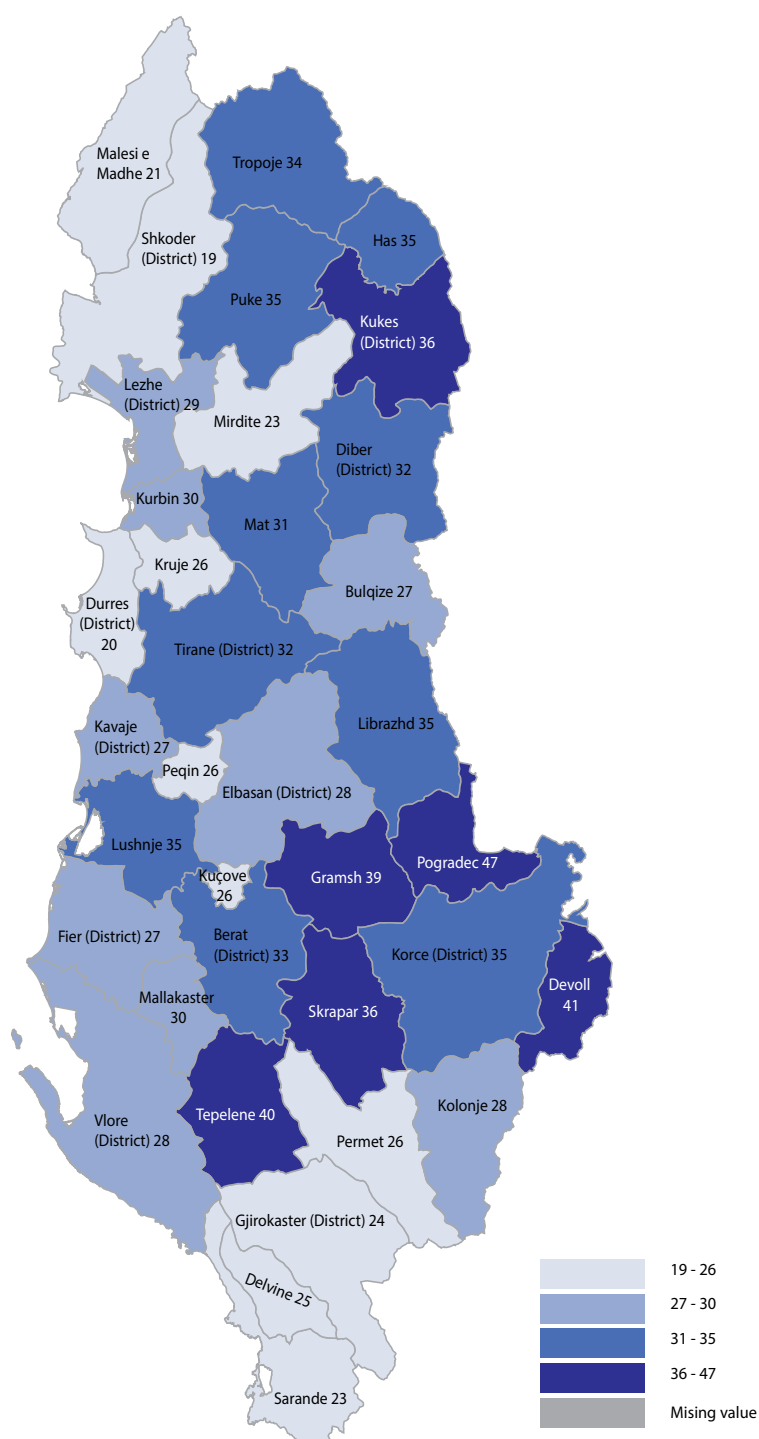


**Source:** Ministry of Education and Science (July 2013)

#### Findings:

- It is clearly seen that the enrolment rate in pre-school education in all regions of Albania is less than 50 percent.
- The highest level of enrolment is in Korça county—39 percent.
- The lowest level of enrolment is in Shkoder—21 percent.

Figure 14 shows the percentages of children between 3–6 years old enrolled in pre-school education in Albania's 36 districts.

**Figure 14: Level of participation in early childhood education, by district, 2012**

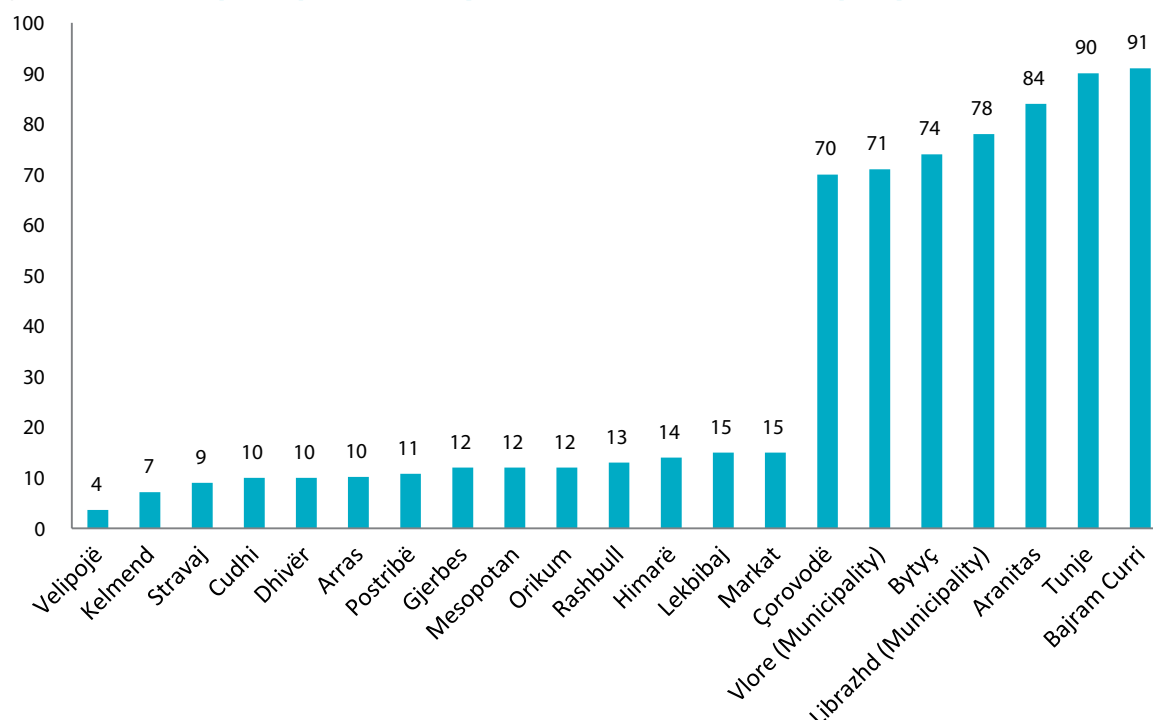
**Source:** Ministry of Education and Science (July 2013)

### Findings:

- The figures do not differ much between the level of district and the county. No district has an enrolment rate exceeding 50 percent.
- The highest value is in Pogradec (47%), followed by Devoll (41%) and Tepelene (40%).
- The lowest enrolment rate is in Shkoder (19%).

Figure 15 shows the enrolment rate in pre-school education at the first-tier level of Local government (communes and municipalities); the selected LGUs have the lowest and the highest levels of enrolment.

**Figure 15: Level of participation in early childhood education (municipality and commune), 2012**



**Source:** Regional Education Directorate (2011)

### Findings:

- The LGUs with enrolment levels of 70 percent or above are: Çorovodë (70%), Vlorë Municipality (71%), Bytyç (74%), Librazhd Municipality (78%), Aranitas (84%), Tunje (90%) and Bajram Curri Municipality (91%).
- The LGUs with an enrolment rate of 15 percent or less are: Velipoja (4%), Kelmend (7%), Stravaj (9%), Cudhi, Dhivër, Arras (10%), Postribë (11%), Gjërbes, Mesopotam, Orikum (12%), Rashbull (13%), Himara (14%), Lekbibaj and Markat (15%).

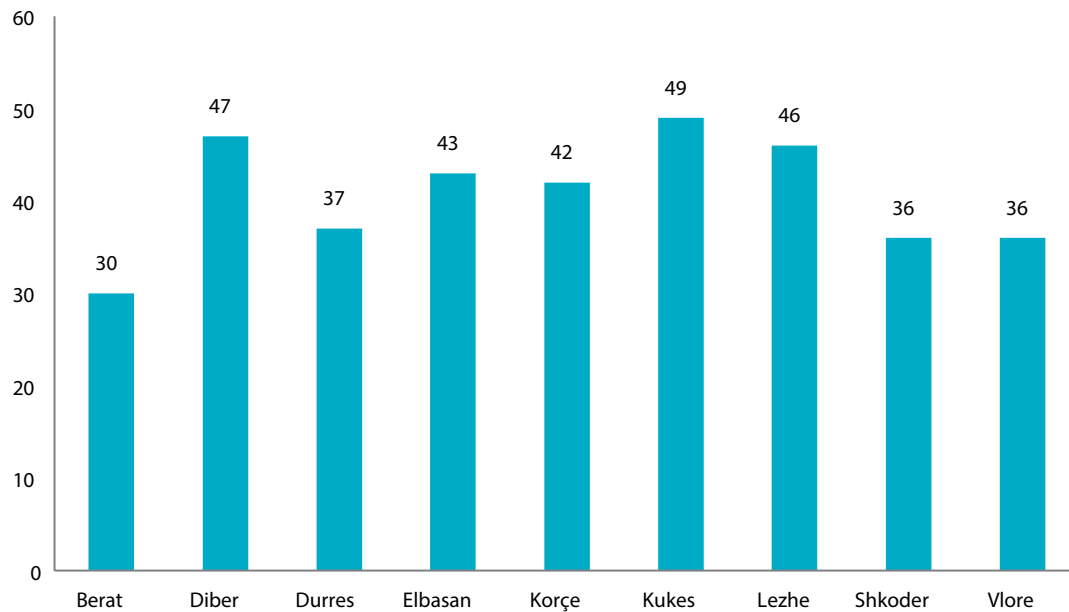
### 3.1.2 Further education

At the other end of the educational ladder is further or higher education, and participation rates show the percentage of young people of age 15–18 years who are enrolled in schools and colleges, though Innocenti Report Card No. 11 uses this indicator for the age group 15–19 years.

Participation in further education reflects 'educational well-being' in as much as it indicates successful passage through the years of compulsory schooling. It is also, of course, associated with a wider range of opportunities at the beginning of adult life.

Figure 16 shows the percentages of children of age 15–18 years enrolled in further education in the different counties of Albania.



**Figure 16: Level of participation in further education by county, 2010**

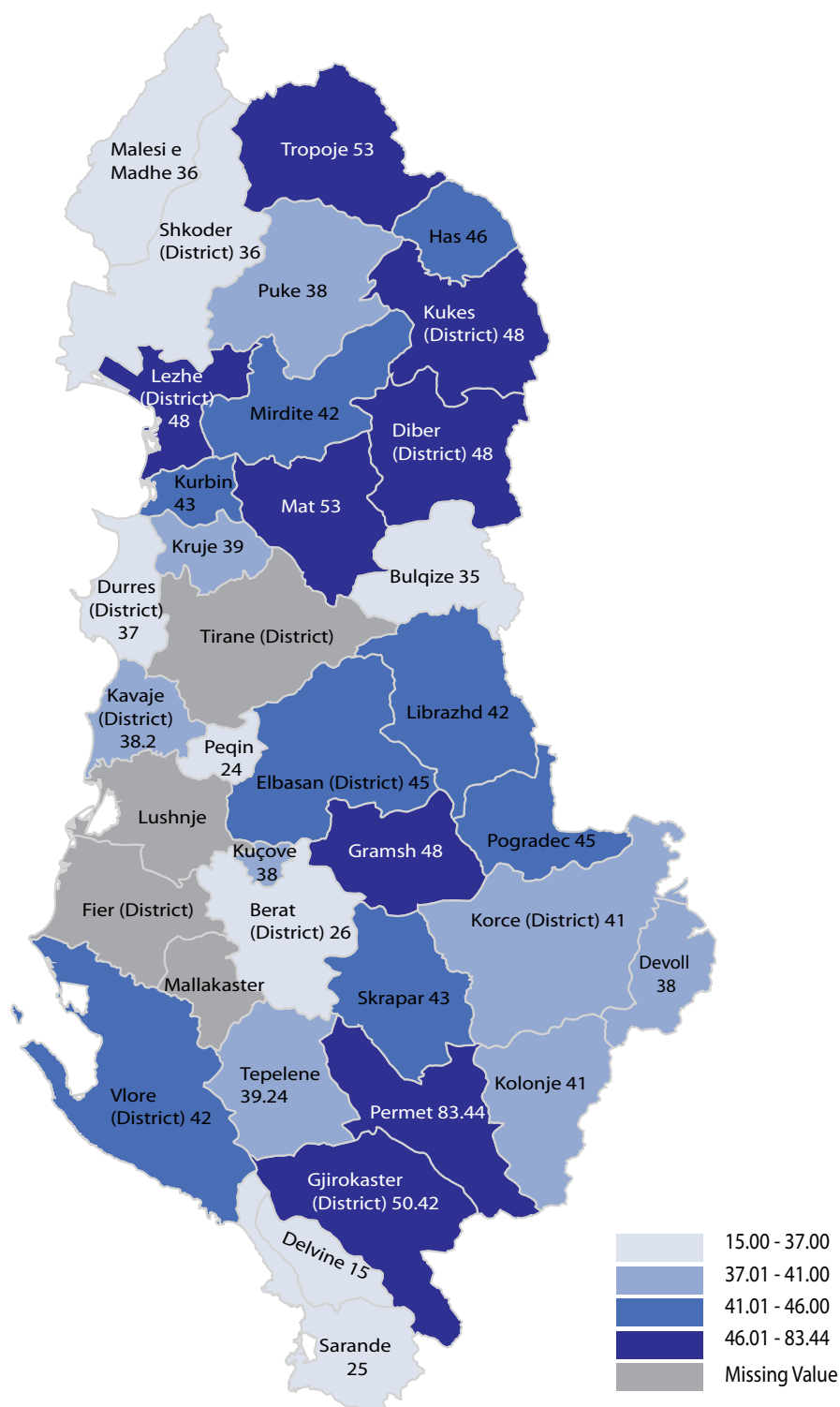
**Source:** Regional Education Directorate (2011)

#### Findings:

- As for pre-school enrolment, the enrolment levels in further education do not exceed 50 percent.
- The highest percentage of enrolment is in Kukës County—49 percent.
- The lowest percentage of enrolment rate is in Berat County—30 percent.

Figure 17 shows the percentages of children of age 15–18 years enrolled in further education in some of Albania's districts (where data are available).

Figure 17: Level of participation in further education by district, 2010



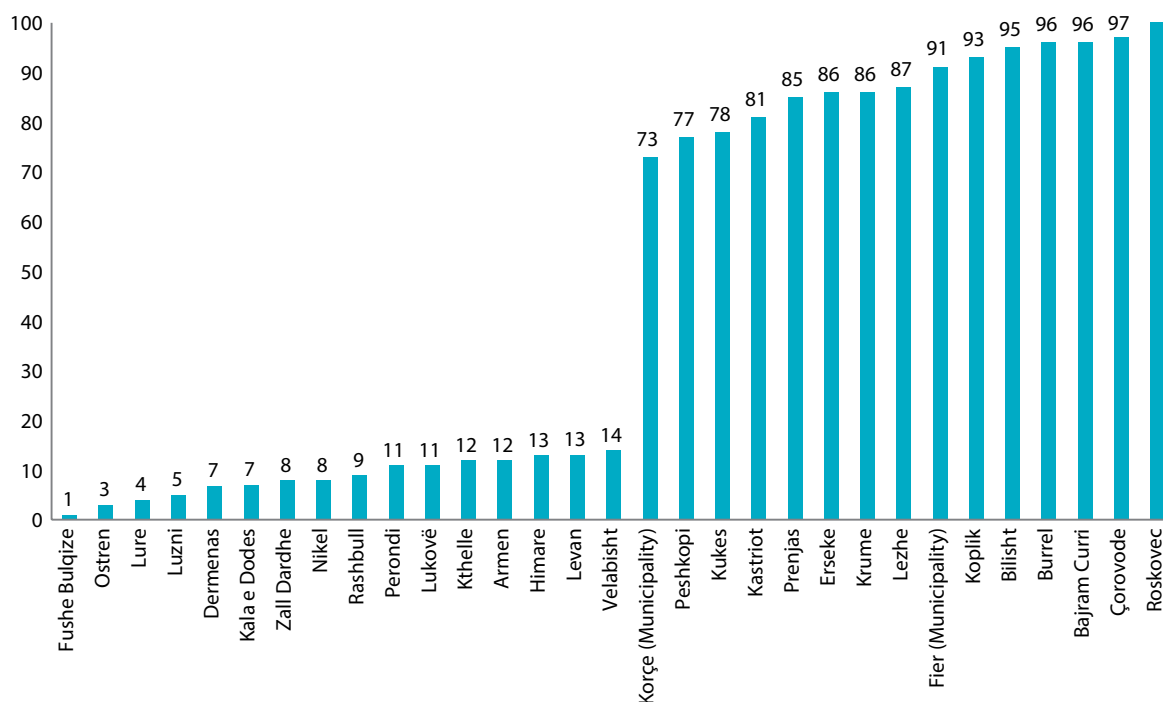
Source: Regional Education Directorate (2011)

#### Findings:

- Enrolment rates at the district level are 2–3 percentage points higher than the figures for the counties and LGUs, i.e. above 50 percent.
- The highest value is in Tropoja and in Mat—both with an enrolment rate of 53 percent.
- The lowest enrolment rate is in Delvinë—22 percent.

Figure 18 shows the enrolment rate in further education for the LGUs which have the lowest and the highest percentages of enrolment.

**Figure 18: Level of participation in further education, by LGU, 2010**



**Source:** Regional Education Directorate (2011)

The low level of school attendance is inevitably related to the economic level of the family. Of the children that do not regularly attend school, 65 percent belong to families with the lowest levels of expenses (IKU & QKSS, 2011).

### Findings:

- The LGUs with an enrolment rate above 90 percent are: Fier (91%), Koplik (93%), Bilisht (95%), Burrel (96%), Bajram Curri (96%), Corovode (97%) and Roskovec (100%).
- Those with an enrolment rate below 15 percent are: Fushë Bulqizë (1%), Ostren (3%), Lure (4%), Luzni (5%), Dermenas and Kala e Dodes (7%), Zall Dardhe and Nikel (8%), Rashbull (9%), Perondi and Lukovë (11%), Kthelle and Armen (12%), Himare and Levan (13%), Velabisht (14%).
- In some communes children attend high school in the nearest municipality and not within their administrative territory. This movement is not recorded in the schools they transfer to, so the phenomenon reduces the further the education enrolment rate in the communes they are transferred from.

### 3.1.3 NEET rate

The third indicator of educational well-being looks at participation from a different perspective: the percentage of young people of age 15–19 years who are not participating in education, employment or training (the so-called NEET rate). In all countries, NEET rates are affected by economic conditions and employment opportunities, as well as by the effectiveness of education systems in preparing young people for transition to work.

Equally obviously, a high NEET rate represents a threat to the present and future well-being of young adults, a disincentive to those still in the education system, and a waste of educational investment and human resources. Research in different countries has also shown associations between NEET status and mental health problems, drug abuse, involvement in crime, and long-term unemployment and welfare dependence.

In Albania, this indicator is measured at the national level. The study *by Ceni* (2011) measured the NEET rate for the age group 15–17 years. The percentage of children of this age group not participating in education, employment or training was 21.3 percent. This means that 21.3 percent of this age group is at risk of exclusion from society.

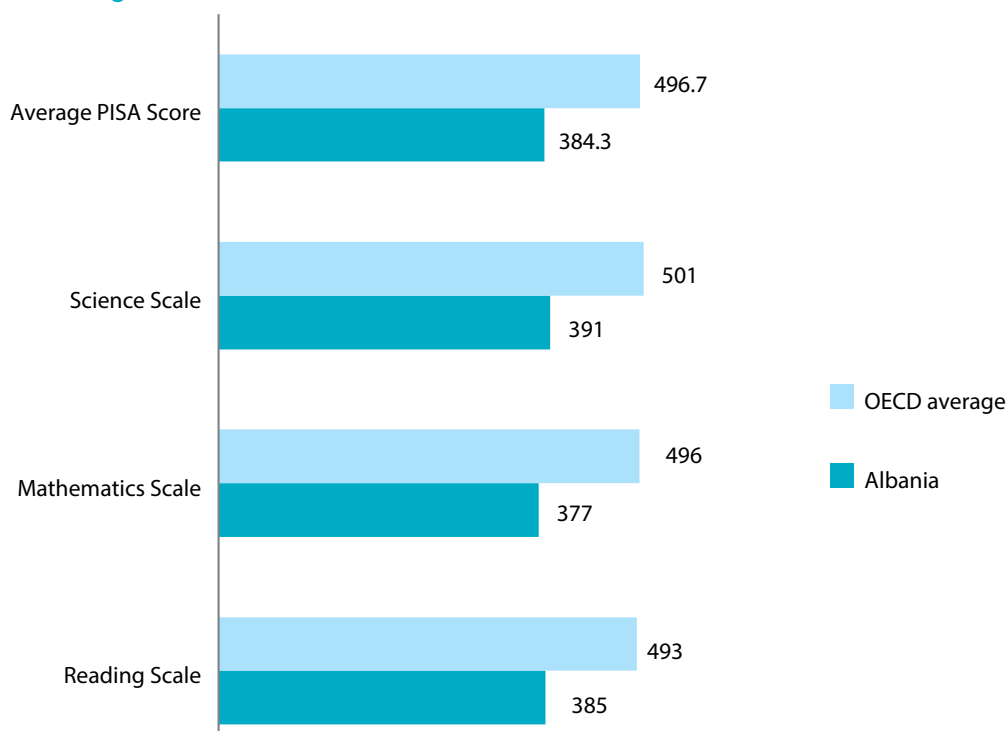
## 3.2 Achievement

### 3.2.1 Average PISA scores in reading, maths and science

The second component of educational well-being is the quality of the education received. This key element of child well-being is of course difficult to define and measure on an internationally comparable basis. Ideally, the concept of quality in education would embrace a broad range of factors, such as the development of social understanding and value formation (including education for citizenship), as well as the opportunity to develop the diverse abilities and potentials of young people. At present, the only practical measure of quality in education is provided by the OECD Programme of International Student Assessment (PISA), which measures pupils' abilities in three basic competences: reading, maths and science. Repeated every three years, the tests are administered to representative samples of 15-year-olds and are intended to measure knowledge and skills in relation to the demands of managing lives and careers in the modern world.

Figure 19 shows the PISA scores for Albania for the three basic competences alongside the OECD average.

**Figure 19: Average results of PISA, Albania**



**Source:** OECD (2010)

**Findings:**

- 15-year-old Albanian children have an average ability in science, maths and reading of 384.3 points, statistically significantly below the OECD average of 496.7 points.
- The best performance of Albanian students is in science (391 points) and the worst in maths (377 points); all the competences are below the OECD average.



## Chapter 4

### Dimension 4—Behaviours and Risks

Innocenti Report Card No. 11 (UNICEF, 2013) assesses children's behaviours and risks by three components: eating and exercise, risks and behaviours, and exposure to violence. Each of these components has its own indicators, and these are reported in Table 11.

**Table 11: Risks and behaviours**

Component	Indicator
<i>Eating and exercise—Health behaviours</i>	% overweight
	% eating breakfast daily
	% eating fruit daily
	% exercising
<i>Risk behaviours</i>	teenage fertility rate
	smoking
	alcohol
	cannabis
<i>Exposure to violence</i>	fighting
	being bullied

This table needs no adaptation to provide an overview of the Albanian situation.

The fourth dimension of child well-being is more difficult to pin down than material well-being or health or education. Therefore, it is difficult to incorporate data into the overall league table of child well-being. Yet the dimension here labelled behaviours and risks includes a range of habits and behaviours critical to the present and future well-being of children.

#### 4.1 Healthy life style

Three separate components are included in this dimension. The first component is the extent to which children are forming healthy well-informed habits of eating and exercise, and is measured by four individual indicators, as reported in Table 11, but in more detail as follows:

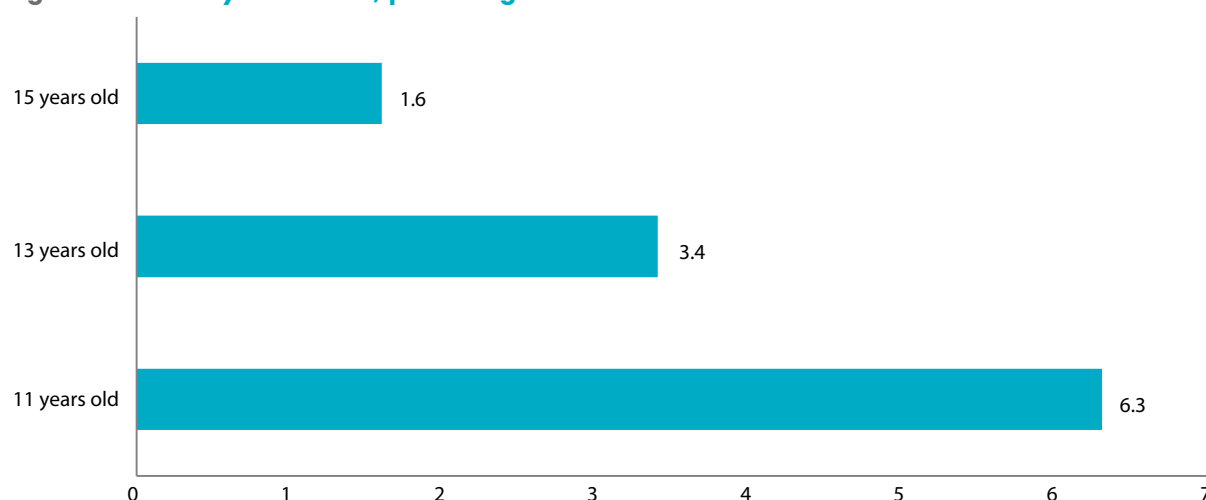
- the percentage who are overweight as measured by Body Mass Index (BMI) computed from self-reported height and weight
- the percentage who report eating breakfast
- the percentage who report eating fruit
- the percentage who report engaging in physical exercise for at least an hour every day.

All of these indicators, though of varying significance, are associated with long-term health and well-being. Regular exercise, for example, is linked to physical and mental health including the prevention and treatment of such specific problems such as asthma, obesity, anxiety and depression. Also, unhealthy eating patterns in early years have been shown to increase the risk of later-life health problems including diabetes, heart disease and cancer.

### 4.1.1 Obesity

Figure 20 reports the levels of obesity in Albanian schoolchildren of 11, 13 and 15 years of age.

**Figure 20: Obesity in children, percentage BMI<sup>13</sup>**



**Source:** IPH (2013)

### Findings:

- The percentage of obesity decreases as children get older.
- According to the same survey, the percentage of obesity in children of age 11–15 is higher in males (5.3%) than in females (2.4%).
- The phenomenon is more problematic in urban areas (4.2%) than in rural areas (3.3%).

### 4.1.2 Eating breakfast

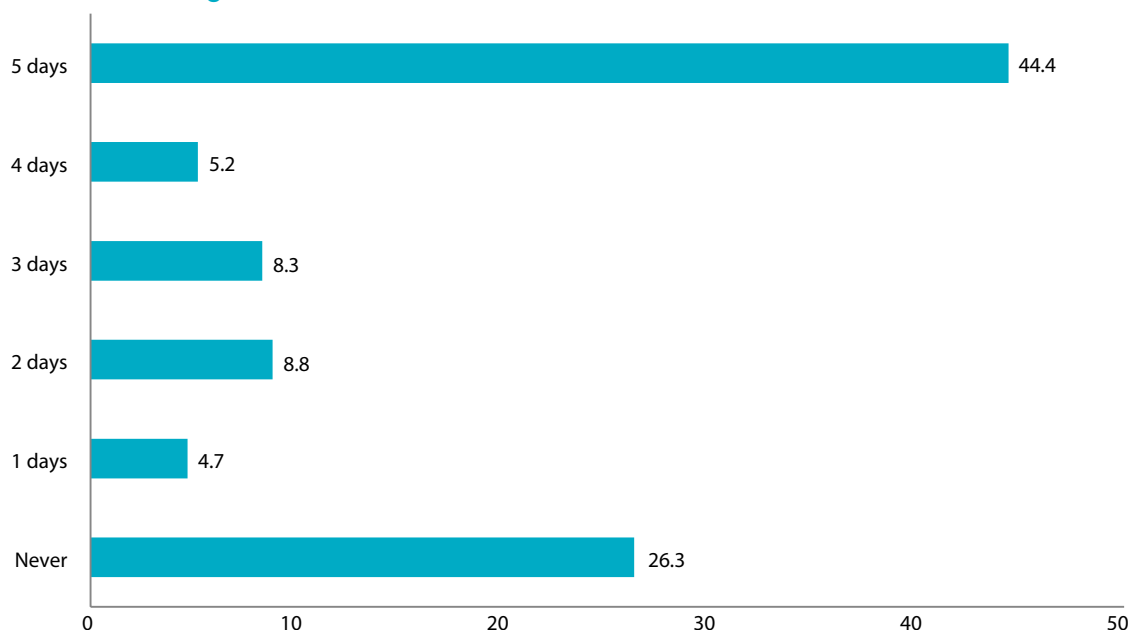
Like all of the indicators presented in this report, eating habits in childhood and adolescence are measures of both present and future well-being. Those who eat unhealthily during their early years are more likely to continue the pattern into adulthood and to be at increased risk from health problems, including diabetes, heart disease, and cancer (UNICEF, 2007).

<sup>13</sup> Body Mass Index for obesity: BMI > 2 standard deviations over the median of standard growth curves of World Health Organisation



Figure 21 shows the number of days Albanian children eat breakfast in the school week.

**Figure 21: Percentage of children who eat breakfast, 2013**



**Source:** IPH (2013)

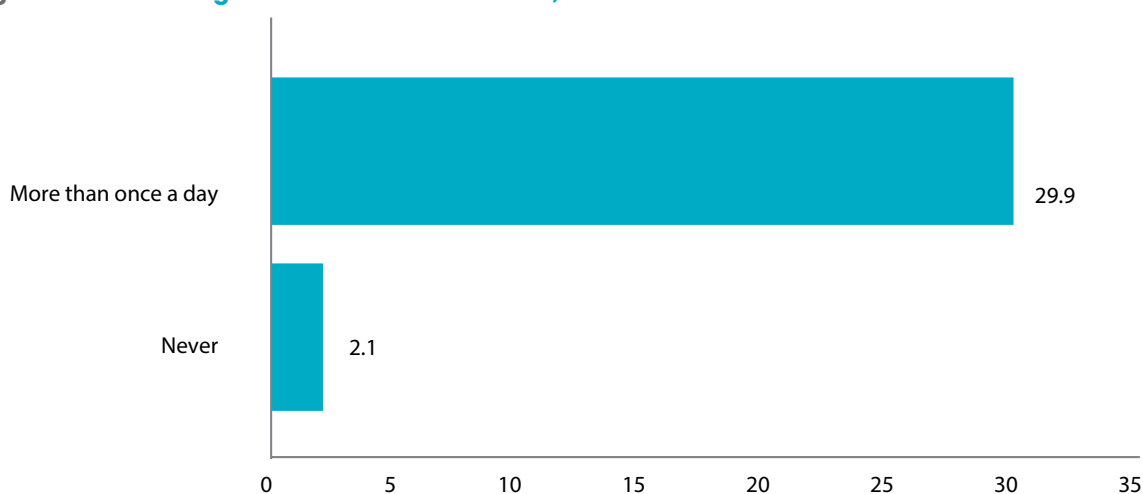
#### Findings:

- 44.4 percent of children eat breakfast five days a week, and the percentage of those having a regular breakfast is higher in boys (47.2%) than in girls (43.8%).
- The percentage of children who report never having breakfast is 26.3 percent, with the value higher in girls (29.6%), than in boys (23.8%).

#### 4.1.3 Eating fruit

Figure 22 shows the proportion of Albanian children who eat fruit, and those who do not.

**Figure 22: Percentage of children who eat fruit, 2013**



**Source:** IPH (2013)

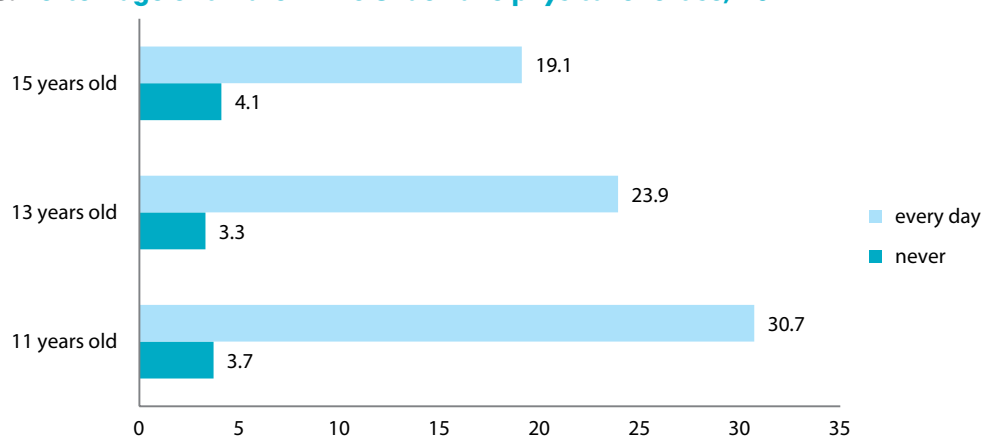
**Findings:**

- 29.9 percent of children of age 11, 13 and 15 years report eating fruit more than once a day, while 2.1 percent report never having fruit.
- Girls have a higher frequency than do boys of fruit consumption more than once a day.
- The percentage of children consuming fruit more than once a day decreases as age increases, more 11-year-old children eat fruit than do 15-year-olds.

**4.1.4 Physical exercise**

Figure 23 shows the proportion of Albanian children who take regular exercise.

**Figure 23: Percentage of children who undertake physical exercise, 2012**



**Source:** IPH (2013)

**Findings:**

- The percentage of children who report having daily physical activity is higher for 11-year-olds (30.7%) than for older children.
- The percentage of children who never have physical exercises is higher in 15-year-old children (4.1%).
- This study doesn't report gender-disaggregated data.

**4.2 Risk behaviours**

The second component reviewed under behaviours and risks is the prevalence of a set of behaviours that represent immediate dangers to children, as well as serious threats to their longer term well-being (see Table 11). Within the limitations of the available data, the four risk indicators chosen include:

- teenage fertility rate (annual number of births per 1,000 girls of age 15–19 years)
- cigarette smoking rate
- alcohol abuse rate
- cannabis use rate.

The behaviours and risks discussed in this section are presented not as a catalogue of social problems but as an attempt to measure an important and elusive dimension of child well-being. There may be many reasons why children and young people take drugs, live unhealthy lifestyles or become pregnant at too early an age; but those reasons often reflect circumstances, pressures and self-perceptions that undermine well-being. In ways that are not fully understood, they indicate problems and pressures facing a significant proportion of young people. The outcomes, reported below, reflect to some degree their unpreparedness and inability to cope with such pressure (UNICEF, 2013).

#### 4.2.1 Teenage fertility

According to ADHS 2008–2009, the teenage fertility rate for Albania is 17 births per 1000 girls of age 15–19 years. Giving birth at too young an age puts at risk the well-being of both mother and child: the mother is at greater risk of dropping out of school, of unemployment, of poverty, and welfare dependence—so helping to perpetuate disadvantage from one generation to the next—while the child is at greater risk of poverty, poor health and under-achievement at school.

The direction of causality in these relationships is not necessarily clear. However, teenage mothers tend to come from poorer backgrounds, are doing less well at school and have narrower career prospects. Having a baby may make all these problems worse, though not having a baby will not make them go away. Nonetheless, having a baby at too young an age is an indicator of much that may have gone wrong in the life of a teenager before she became pregnant. And it is for this reason that teenage birth rates are widely regarded as a particularly revealing indicator of many aspects of child well-being that are otherwise difficult to capture.

#### 4.2.2 Smoking

According to the IPH (2013) study *Assessment of healthy behaviours in school-age children*, the percentage of children (11, 13 and 15 years old) who report smoking is 4.6 percent. This percentage is higher in boys (7.5%) than in girls (2.1%).

#### 4.2.3 Alcohol

According to the same study the percentage of children reporting alcohol consumption is 0.8 percent. Not surprisingly, the frequency increases as the age increases. The frequency is higher in 15-year-old children and is more problematic those living in urban areas.

#### 4.2.4 Cannabis

A similar situation exists with cannabis consumption. The consumption rate of cannabis among 15-year-old children is 4.6 percent, and is higher in boys than in girls (IPH, 2013).

### 4.3 Exposure to violence

The final component of the behaviours and risks dimension of child well-being is the degree to which children and young people experience violence in their lives. Given the known dangers of growing up in a violent environment—from immediate suffering and injury to longer term problems of anxiety, depression, behaviour and propensity to use violence—it is unfortunate that few data are available to compare children's exposure to violence either as victims or as witnesses.

In Albania, during 2012, a programme addressing corporal punishment and psychological violence in schools was launched.<sup>14</sup>

Aggression and violence in all its forms—bullying, fighting and abuse—cast a shadow over the lives of many young people, making the time of life that adults like to think of as happy and carefree into a time of anxiety and misery. In particular, exposure to violence in the home—both directly through child abuse and indirectly through witnessing aggression and violence between adults—can be a cause of enduring distress and damage to children of all ages. Unfortunately, exposure to violence is difficult to define and the available indicators are inadequate to the task of reflecting either present misery or future consequence (UNICEF, 2007).

#### **4.3.1 Fighting**

According to the study *Reforming Economic Aid: from Survival to Investment in Poverty Reduction* (National Centre for Social Studies and Urban Research Institute, 2012) the percentage of children involved in fights in Albania is 12.5 percent.

#### **4.3.2 Being bullied**

Another problem in children's emotional well-being is bullying. Being bullied can make a misery of a child's life for weeks, months or even years. It can also contribute to emotional and behavioural problems, including anxiety and depression, impaired school performance, and increased absenteeism and truancy. But the monitoring of bullying in children's lives is made more difficult by the fact that bullying is difficult to define. According to the study of the National Centre for Social Studies and Urban Research Institute (2012) the percentage of children who are bullied by other children in Albania is 13.8 percent.

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<sup>14</sup> *Albania 2012 Progress Report*, Communication from the Commission to the European Parliament and the Council, Enlargement Strategy and Main Challenges, 2012–2013; Brussels, 10.10.2012, p. 19

## Chapter 5

### Dimension 5—Housing and Environment

Innocenti Report Card No. 11 (UNICEF, 2013) assesses children's environmental well-being by two components: housing—as measured by overcrowding and reported housing problems—and environmental safety—as measured by children's exposure to crime and pollution.

Each of these components has its own indicators, as reported in Table 12.

**Table 12: Environmental well being**

Component	Indicator
<i>Housing</i>	rooms per person
	% of households with children reporting more than one housing problem
<i>Environmental safety</i>	homicide rate: annual number of homicides per 100,000
	air pollution (annual PM10, µg/m3)

This table is adapted to provide an overview of the Albanian situation, as reported in Table 13.

**Table 13: Environmental well-being for Albania**

Components	Indicators
<i>Housing</i>	rooms per person
	% of children who report having ≥2 problems in their houses—broken window, floor or door, humidity or without an indoor toilet
<i>Environmental safety</i>	intentional homicides, per 100,000 people
	CO <sub>2</sub> emissions (metric tons per capita)

### 5.1 Housing

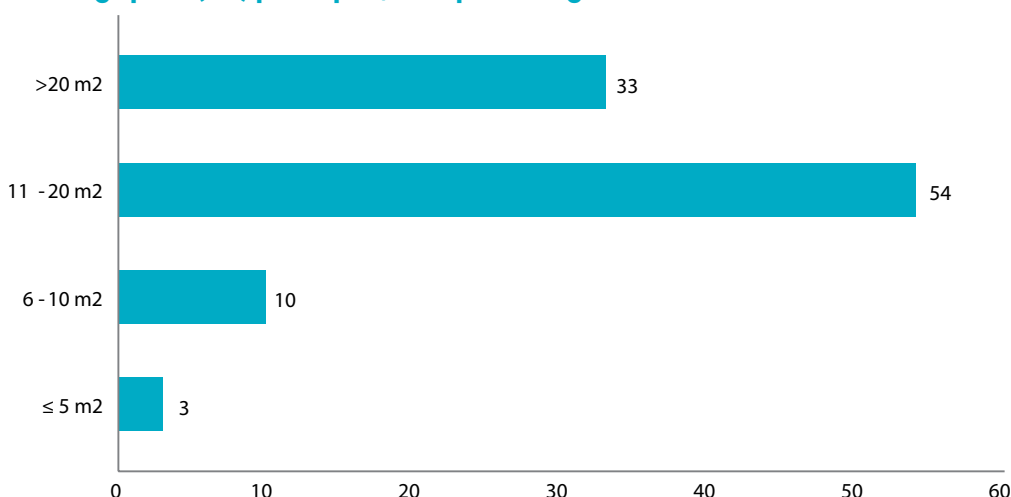
States Parties, in accordance with national conditions and within their means, shall take appropriate measures to assist parents and others responsible for the child to implement this right and shall in case of need provide material assistance and support programs, particularly with regard to nutrition, clothing and housing (UN Convention on the Rights of the Child, Article 4/ Point 3).

### 5.1.1 Rooms per person, overcrowding

In many families, the modern era has seen an emptying of children's lives and homes. Instead of having four or five siblings, today's child more commonly has one or none. At the same time, rising divorce and separation rates, changes in family structure, and the rise of out-of-home child care mean that many children live in homes that are significantly less crowded than in the past. Nonetheless, where overcrowding remains it is a significant factor in children's well-being. Apart from the loss of opportunity for privacy, and for quiet time and study, overcrowding has also been linked to adverse effects on parenting behaviours and on children's cognitive and emotional development, including increased risk of stress and behavioural difficulties. The most significant variable appears to be the number of rooms per person.

Figure 24 shows the different size of living space available to Albanian children living in different families.

**Figure 24: Living space (m<sup>2</sup>) per capita, as a percentage**

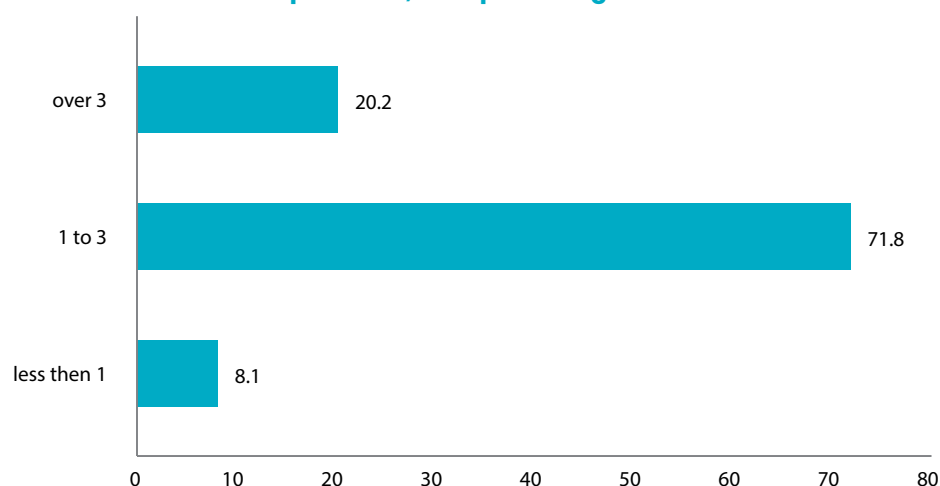


**Source:** National Centre for Social Studies and Urban Research Institute (2012)

#### Findings:

- More than half of Albanian families (54%) have a living space of 11–20 m<sup>2</sup> per person.
- Only three percent of families with children have a living space smaller than 5 m<sup>2</sup> per person.
- 33 percent of families live in houses where the living space per person is larger than 20 m<sup>2</sup>.

Figure 25 shows the number of people per room in Albanian families.

**Figure 25: Number of individuals per room, as a percentage**

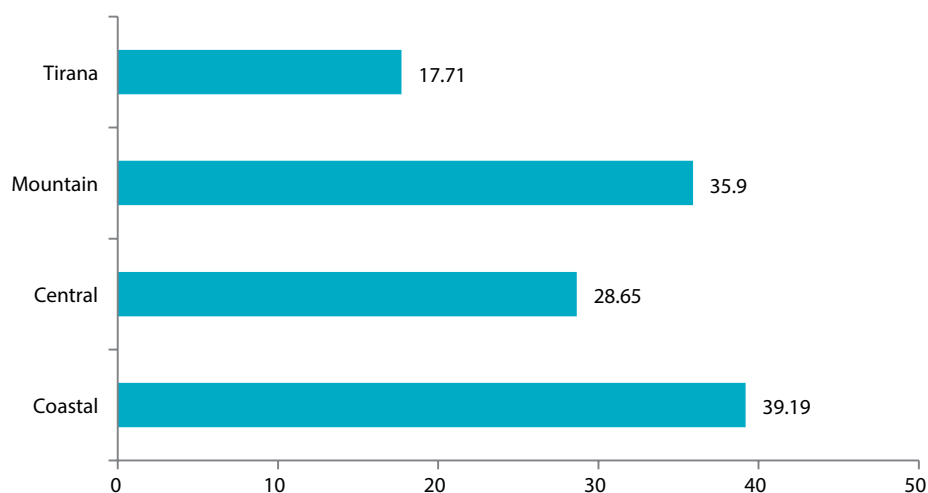
**Source:** INSTAT, Household Budget Survey, 2008

### Findings:

- 71.8 percent of Albanian families live in rooms with 1–2 other people.
- 20.2 percent live with more than three people in one room.

### 5.1.2 Multiple housing problems

Figure 26 complements the overcrowding indicator by attempting an assessment of the physical condition of the homes in which children live (INSTAT, 2008). Specifically, it shows what percentages of households with children report more than two problems in the homes they live in. The types of problems cover broken windows, floor or door, humidity in the house, and the absence of an indoor toilet.

**Figure 26: Percentage of children who report problems with housing**

**Source:** INSTAT (2008)

**Findings:**

- The proportion of children reporting more than one problem in their houses, exceeds 15 percent across the country.
- The highest percentage of children reporting physical problems with their houses live in the Coastal Area (39.2%), followed by the Mountain Area (35.9%) and the Central Area (28.65%).
- The area with the lowest percentage of children reporting problems with their houses is in Tirana (17.7%).

**5.2 Environmental safety**

The second component of children's environmental well-being is the safety of the environment as measured by two different indicators: the level of crime and the level of pollution.

**5.2.1 Crime**

Suffering violence, witnessing violence, or fearing violence should not be part of growing up. Although it seems that early exposure to violence affects some children more severely than others, the risk for all children is that an environment of violence may disrupt normal development and affect well-being in both the short and long term. Consequences may include behavioural disorders such as aggression and an inability to relate to others, emotional disorders such as depression and anxiety, and health-related disorders such as sleep disruption and nightmares.

Measuring and comparing violence in the child's environment is obviously problematical. Crime and victimization rates would be a possible measure. An approximate guide to the overall level of violence in the society is the homicide rate. According to WB Data, the intentional homicide rate (homicides per 100,000 people) has been rising in Albania. In 2008, the rate was three homicides per 100,000 people, but in 2009 and 2010 it rose to four homicides per 100,000 people.

**5.2.2 Pollution**

The second component of children's environmental well-being is the extent of environmental pollution, though this is difficult to measure and to compare.

In OECD countries air pollution is measured by annual PM10 ( $\mu\text{g}/\text{m}^3$ ). In Albania, according to WB Data, CO2 emissions are measured in metric tons per capita. According to these data air pollution fell slightly from 2008 to 2009, from 1.3 to 1 metric ton per capita.



# Part 3

## SUBJECTIVE CHILD WELL-BEING

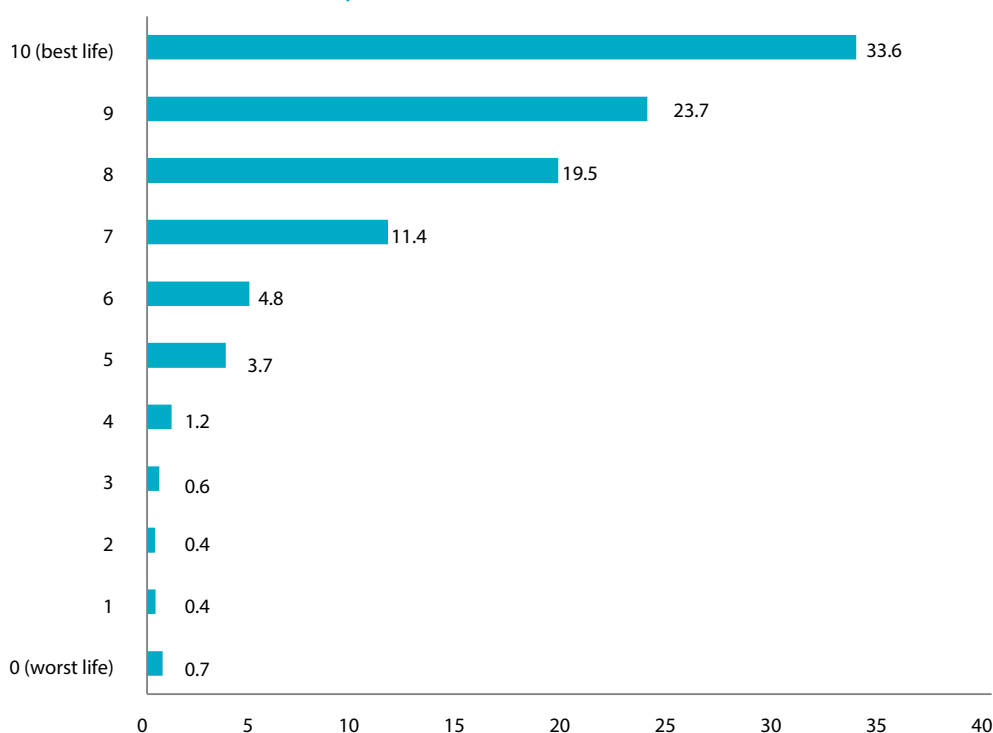
The overview of child well-being set out in Part 2, including the limitations of data, represents the currently available statistical snapshot of children's lives across the country. However, it is not the only overview available. In recent years it has also become possible to monitor some aspects of what children themselves have to say about their own lives. Part 3 of this report therefore looks at the issue of children's subjective well-being and at some of the arguments that surround it.

Subjective well-being is considered as a separate measure in its own right rather than as one component of an index. Figure 27 provides an overview of children's subjective well-being in Albania.

### Life satisfaction

In the study of IPH (2013) children were asked the question: *How satisfied are you with your life?* For this measure a visual analogue ladder was employed. The ladder of the Albanian Health Behaviour School-age Children (HBSC) was composed of eleven divisions: the most satisfied ranked with the highest points score and the least satisfied with the lowest points score. Children were asked at what level would they rate their own satisfaction with their life (0 to 10 points).

**Figure 27: Children's life satisfaction, 2013**

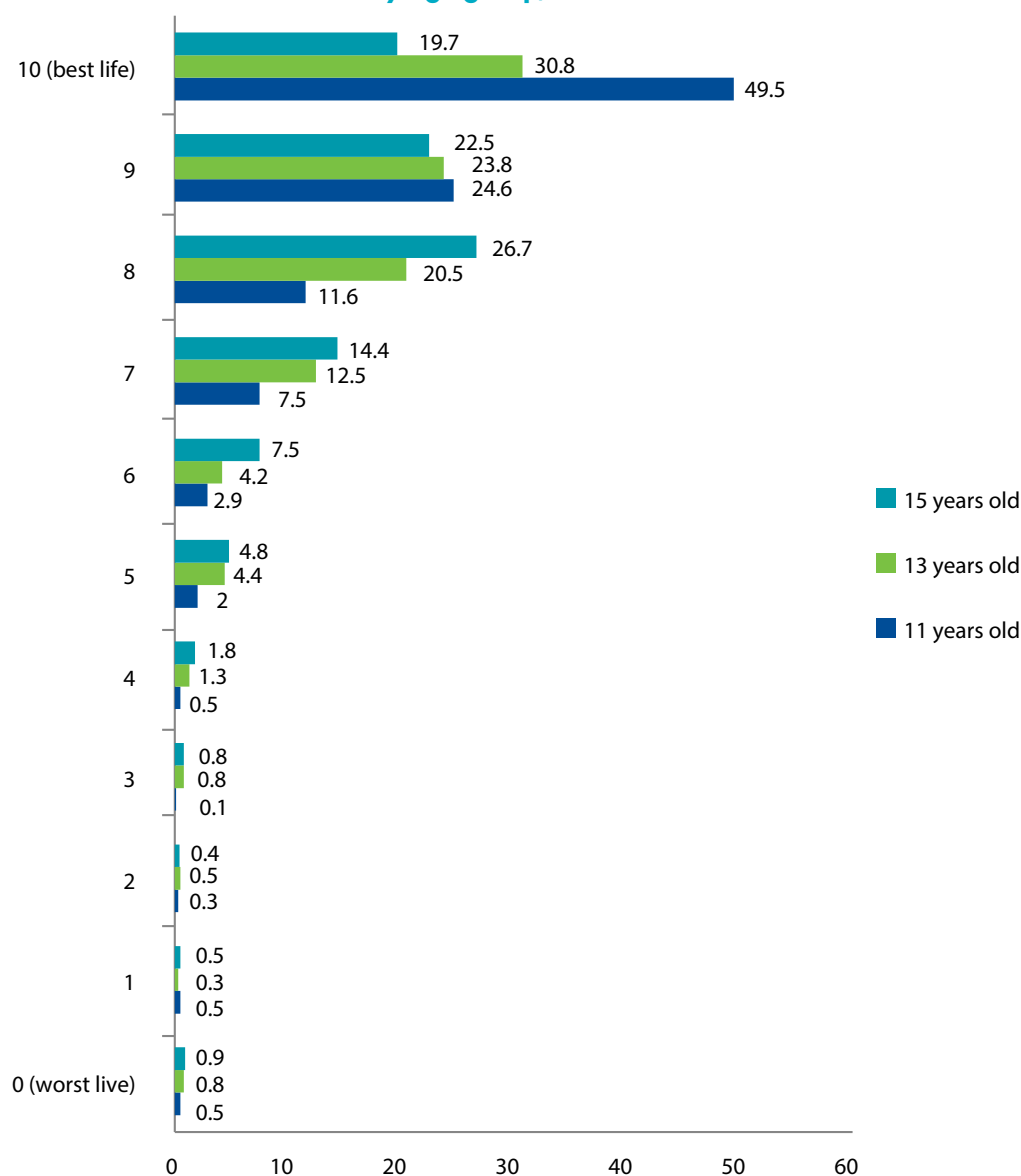


**Source:** IPH (2013)

### Findings:

- 33.6 percent of children of age 11, 13 and 15 think their life is the best possible, and 0.7 percent think that their life is the worst that it could be.
- According to the IPH study, a high satisfaction of life score is recorded when children report a level of life satisfaction above 6 points, and 93 percent of Albanian children surveyed report such a score.

**Figure 28: Children's life satisfaction by age group, 2013**



**Source:** IPH (2013)

### Findings:

- 49.5 percent of 11-year-old children rate their life with 10 points compared with 19.7 percent of 15-year-old children.
- The percentage of children who rate their life satisfaction with 0 points, are less than 1 percent.

## Relationships

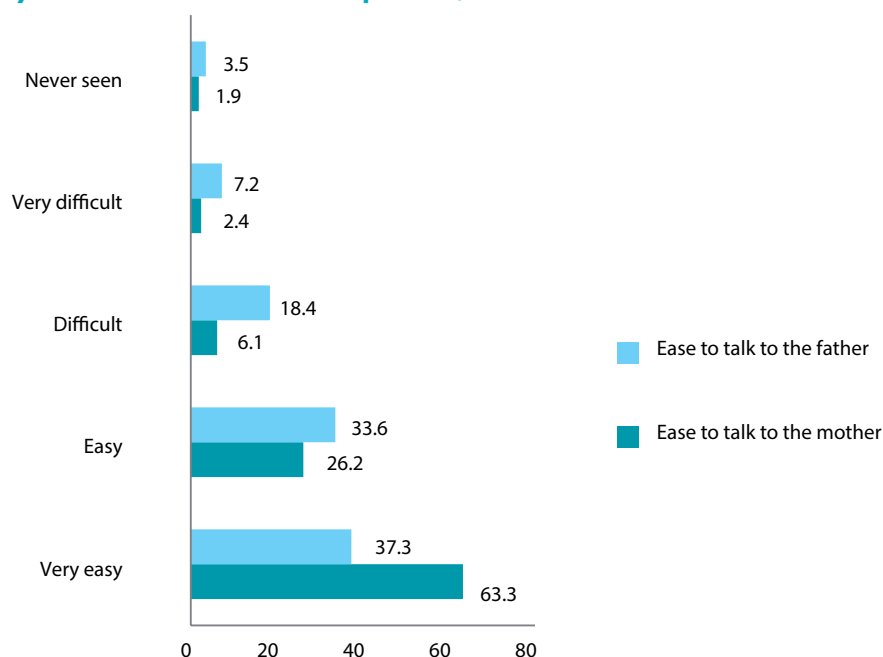
Children's own subjective assessments can also provide a guide to one of the most critical of all factors in assessing well-being: the quality of the close relationships in a child's life. From the earliest years, the child's sense of subjective well-being is intimately bound up with relationships, and particularly with parents and peers.

Studies have shown that relationships with peers can play an important role in both day-to-day well-being and long-term developmental progress. It is through relationships with peers that children experiment with social roles and learn and practice control of aggression, management of conflict, earning of respect and friendship, discussion of feelings, appreciation of diversity, and awareness of the needs and feelings of others.

No child grows up without experiencing some difficulty and tension in relationships with parents and peers, but for many children prolonged or more severe difficulties in these relationships can be a cause of stress, anxiety and depression. The quality and contribution of the child's closest relationships is obviously difficult to define and measure, and any indicator simple enough to be used for compilation of national statistics cannot hope to provide any more than an approximate guide. Nonetheless, some insight may be gained from such data.

Figures 29, 30 and 31 show the ease of 11-, 13- and 15-year-old children to talk to their parents and the relationship of these children with their friends.

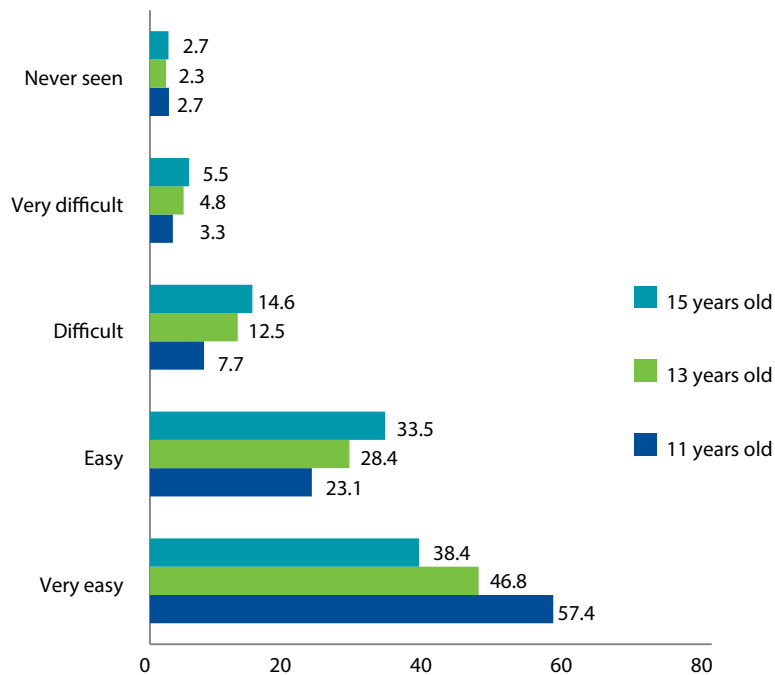
**Figure 29: Easy of children to talk to their parents, 2013**



**Source:** IPH (2013)

### Findings:

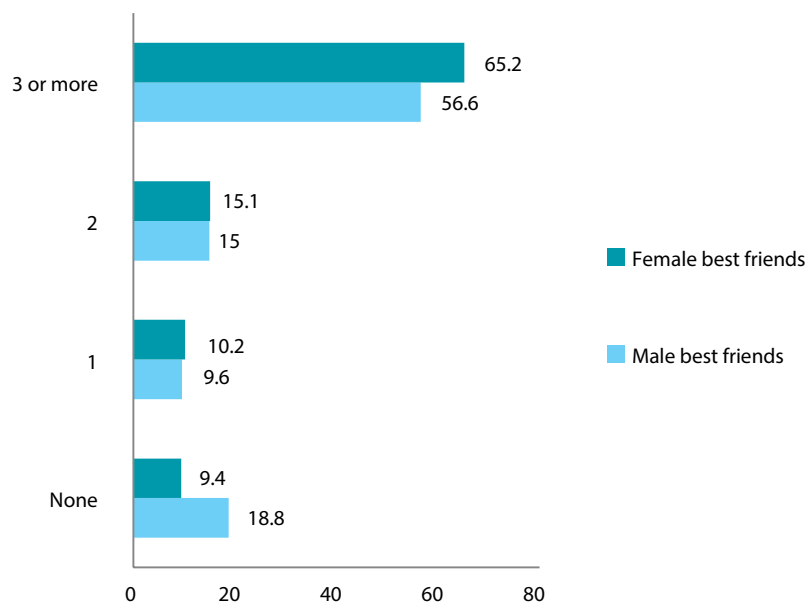
- Most children (63.3%) find it easier to talk to their mother about important issues than to their father (37.3%).
- Children find it approximately three times harder to talk to their fathers about their problems (7.2%) than to their mothers (2.4%).
- 3.5 percent of children have never seen their father and 1.9 percent, their mother.

**Figure 30: Easy of children to talk to their peers, by age group, 2013**

**Source:** IPH (2013)

#### Findings:

- 57.4 percent of 11-year-old children find it very easy to talk to their peers about their problems, with the score falling with age: to 46.8 percent by age 13 and 38.4 percent by age 15.
- 5.5 percent of 15-year-old children find it very difficult to communicate to their peers about their problems, nearly double the figure for 11-year-olds (3.3%).

**Figure 31: Socialization and friends, 2013**

**Source:** IPH (2013)

**Findings:**

- 18.8 percent and 9.4 percent, respectively, of children age 11–15 years report having no male or female best friends.
- 65.2 percent and 56.6 percent, respectively, report having three or more male or female best friends.

Self-reported well-being measures are the subject of much academic debate. Nevertheless, many experts argue that if the aim is to measure children's well-being then there can be no more direct or reliable method than asking children themselves to say what they think about their own lives. Self-reported measures have the advantage of allowing children themselves to decide what aspects of their lives are of most importance to them.

The overview of child well-being presented in Part 1 is based upon an index constructed by adults, circumscribed by the limitations of the available data. The data obtained for Figure 28 (Children's own assessment of life satisfaction) is based upon the opinions of young people, though in a less structured, but in an arguably less arbitrary and more subtle way, on what elements matter to their own well-being and what weight or importance they attach to each. The inclusion of children in the survey is a respect of their rights, and enables decision makers to listen to their voices and include them as far as possible in the process of measuring and promoting their well-being.

Sometimes subjective judgments of well-being are made in relation to the lives of others, making it difficult to get a clear overview. When asked to imagine 'the best possible life for me' and 'the worst possible life for me', for example, some children may take as their frame of reference the lives of family and friends, classroom and community; others may think less of the world around them and more of the virtual world as portrayed by different media. This might have a distorting influence on the levels of self-reported life satisfaction.

In sum, children, like adults, are likely to adapt their sense of life satisfaction both to their own reality and to the examples and norms set by the societies in which they live. Sometimes some deprived and disadvantaged children report that they are satisfied with their lives because they cannot realistically expect anything better, or because they have been taught not to complain. Conversely, some privileged children report dissatisfaction because they are constantly being invited to compare their possessions and opportunities, their looks and bodies and lifestyles, with the rich and famous in the virtual community of a globalized and commercialized media.

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