Monitoring the Situation of Children and Women

Albania
Multiple Indicator Cluster Survey 2005

FINAL REPORT

NATIONAL INSTITUTE OF STATISTICS

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Multiple Indicator Cluster Survey
2005

INSTAT
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The survey has been conducted as part of the third round of MICS surveys (MICS3), carried out around the world in more than 50 countries, in 2005-2006, following the first two rounds of MICS surveys that were conducted in 1995 and the year 2000. Survey tools are based on the models and standards developed by the global MICS project, designed to collect information on the situation of children and women in countries around the world. Additional information on the global MICS project may be obtained from www.childinfo.org.

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Summary Table of Findings

Multiple Indicator Cluster Surveys (MICS) and Millennium Development Goals (MDG) Indicators, Albania, 2005

Topic	MICS Indicator Number	MDG Indicator Number	Indicator	Value	
CHILD MORTALITY					
Child mortality	1	13	Under-five mortality rate	19	Per thousand
	2	14	Infant mortality rate	18	Per thousand
NUTRITION					
Nutritional status	6	4	Underweight prevalence	7.5	Percent
	7		Stunting prevalence	22.3	Percent
	8		Wasting prevalence	6.6	Percent
Breastfeeding	45		Timely initiation of breastfeeding	29.9	Percent
	15		Exclusive breastfeeding rate	2.3	Percent
			with plain water only	36.9	Percent
	16		Continued breastfeeding rate		
			at 12-15 months	57.8	Percent
			at 20-23 months	20.0	Percent
	17		Timely complementary feeding rate	38.4	Percent
	18		Frequency of complementary feeding	45.9	Percent
	19		Adequately fed infants	22.2	Percent
Vitamin A	42		Vitamin A supplementation (under-fives)	8.0	Percent
	43		Vitamin A supplementation (post-partum mothers)	26.1	Percent
Low birth weight	9		Low birth weight infants	6.9	Percent
	10		Infants weighed at birth	96.5	Percent
CHILD HEALTH					
Tetanus toxoid	32		Neonatal tetanus protection	52.2	Percent
Care of illness	33		Use of oral rehydration therapy (ORT)	89.1	Percent
	34		Home management of diarrhoea	8.6	Percent
	35		Received ORT or increased fluids, and continued feeding	50.3	Percent
	23		Care seeking for suspected pneumonia	45.3	Percent
	22		Antibiotic treatment of suspected pneumonia	37.5	Percent
Solid fuel use	24	29	Solid fuels	55.5	Percent
ENVIRONMENT					
Water and Sanitation	11	30	Use of improved drinking water sources	97.5	Percent
	13		Water treatment	9.3	Percent
	12	31	Use of improved sanitation facilities	98.9	Percent
	14		Disposal of child's faeces	38.5	Percent
REPRODUCTIVE HEALTH					
Contraception	21	19c	Contraceptive prevalence	60.1	Percent
Maternal and newborn health	20		Antenatal care	97.1	Percent
	44		Content of antenatal care		
			Blood sample taken	86.0	Percent
			Blood pressure measured	87.2	Percent
			Urine specimen taken	87.6	Percent
			Weight measured	78.9	Percent
	4	17	Skilled attendant at delivery	99.8	Percent
	5		Institutional deliveries	98.0	Percent

Topic	MICS Indicator Number	MDG Indicator Number	Indicator	Value	
CHILD DEVELOPMENT					
Child development	46		Support for learning	68.0	Percent
	47		Father's support for learning	46.3	Percent
	48		Support for learning: children's books	56.6	Percent
	49		Support for learning: non-children's books	32.3	Percent
	50		Support for learning: materials for play	16.6	Percent
	51		Non-adult care	12.9	Percent
EDUCATION					
Education	52		Pre-school attendance	39.8	Percent
	53		School readiness	70.2	Percent
	54		Net intake rate in primary education	82.4	Percent
	55	6	Net primary school attendance rate	91.9	Percent
	56		Net secondary school attendance rate	78.2	Percent
	57	7	Children reaching grade five	99.7	Percent
	58		Transition rate to secondary school	99.0	Percent
	59	7b	Primary completion rate	95.4	Percent
	61	9	Gender parity index		
			primary school	1.00	Ratio
			secondary school	0.97	Ratio
Literacy	60	8	Adult literacy rate	98.9	Percent
CHILD PROTECTION					
Birth registration	62		Birth registration	97.6	Percent
Child labour	71		Child labour	12.0	Percent
	72		Labourer students	92.3	Percent
	73		Student labourers	12.2	Percent
Child discipline	74		Child discipline		
			Any psychological/physical punishment	49.2	Percent
Early marriage	67		Marriage before age 15	0.6	Percent
			Marriage before age 18	7.8	Percent
	68		Young women aged 15-19 currently married/in union	5.0	Percent
	69		Spousal age difference (women aged 20-24)	19.9	Percent
Domestic violence	100		Attitudes towards domestic violence	29.8	Percent
Disability	101		Child disability	11.1	Percent
Orphaned children	75		Prevalence of orphans	2.1	Percent
	78		Children's living arrangements	0.4	Percent
HIV/AIDS, SEXUAL BEHAVIOUR, AND ORPHANED AND VULNERABLE CHILDREN					
HIV/AIDS knowledge and attitudes	82	19b	Comprehensive knowledge about HIV prevention among young people	5.5	Percent
	89		Knowledge of mother- to-child transmission of HIV	53.3	Percent
	86		Attitude towards people with HIV/AIDS	6.8	Percent
	87		Women who know where to be tested for HIV	27.9	Percent
	88		Women who have been tested for HIV	1.4	Percent
	90		Counselling coverage for the prevention of mother-to-child transmission of HIV	46.0	Percent

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List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
BCG	Bacillis-Cereus-Geuerin (Tuberculosis)
CDC	US Centers for Disease Control
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CRC	Committee on the Rights of the Child
CSPro	Census and Survey Processing System
DPT	Diphtheria Pertussis Tetanus
EPI	Expanded Programme on Immunization
FP	Family Planning
GPI	Gender Parity Index
HIV	Human Immunodeficiency Virus
IDD	Iodine Deficiency Disorders
IMR	Infant mortality rate
IUD	Intrauterine Device
INSTAT	National Institute of Statistics
LAM	Lactational Amenorrhea Method
MDG	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MoH	Ministry of Health
NAR	Net Attendance Rate
NCHS	US National Center for Health Statistics
NSDI	National Strategy for Development and Integration
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Therapy
PSU	Primary sampling unit
RHF	Recommended Home Fluid
RHS	Reproductive Health Survey
SAp	Stabilization and Association process
SPSS	Statistical Package for Social Sciences
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
U5MR	Under Five Mortality Rate
WFFC	World Fit for Children
WHO	World Health Organization

Acknowledgements

Based on international methodologies, the Multiple Indicator Cluster Survey (MICS3) provides an excellent chance to reveal a comprehensive picture of the lives of children and women in Albania, and to compare it with the situation in more than 50 countries also implementing MICS3. The survey supplements government statistical data on some issues, thus drawing the attention of the government and the public to new aspects. The survey results will provide one of the most important sources of alternative information to help monitor the progress towards achieving the Millennium Development Goals (MDGs).

The National Institute of Statistics (INSTAT), responsible for implementing MICS 2005 in Albania expresses its gratitude to the United Nations Children's Fund (UNICEF) for providing methodological and advisory assistance in conducting the survey.

We would particularly like to thank UNICEF for its generous financial and technical contributions. The UNICEF country and regional offices and the Global MICS team provided invaluable and ongoing support and we hope to continue to work in such a productive way in the future.

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The survey could not have been carried out without the dedication and professionalism of over one hundred people, involved in technical and field work. The survey teams, including coordinators, field staff and data entry staff, carried out the work diligently. We would also like to thank the 5,150 households which agreed to participate and be interviewed.

Executive Summary

The Albania Multiple Indicator Survey is a nationally representative sample survey of households, women and children. The primary objectives of the survey were to provide new information for assessing the situation of children and women in Albania and to furnish data needed for monitoring progress toward goals established by the Millennium Development Goals, the goals of A World Fit for Children (WFFC), and other internationally agreed upon goals, as a basis for future action. Interviews were completed with 5150 households, 5091 women aged 15-19 years and the mothers or caretakers of 1093 children under the age of five.

Child mortality

- The under five mortality rate (U5MR) has declined from a high of close to 50 per thousand live births in the early 1990s to a low of 19 per thousand around 2002.

Nutritional status

- Eight percent of children under the age of five are considered moderately underweight, 22 percent are moderately stunted or too short for their age and 7 percent are moderately wasted or too thin for their height.
- Twenty percent of children under five are considered moderately overweight.

Breastfeeding

- Thirty percent of children are breastfed within one hour of birth and 74 percent within the first day of life.
- Only two percent of children under the age of 6 months are exclusively breastfed, a level much lower than recommended. This figure rises to 37 percent for children who received breastfeeding and only plain water.
- Twenty two percent of children aged 0-11 months are considered appropriately fed, based on WHO/UNICEF recommendations.

Vitamin A supplementation

- Eight percent of children age 6-59 months received vitamin A supplementation within the six months prior to the survey.
- Twenty six percent of women who gave birth in the two years preceding the survey received vitamin A supplementation before the infant was 8 weeks old.

Low birth weight

- Ninety-seven percent of births were weighed at birth and seven percent of infants were estimated to weigh less than 2500 grams at birth.

Tetanus toxoid

- Fifty-two percent of women who had a birth in the past 2 years were protected against tetanus.

Oral rehydration treatment

- Seven percent of children under the age of five had diarrhoea in the two weeks preceding the survey. Diarrhoea prevalence is higher in the poorer households (9 percent) than the richer households (4 percent).

- Almost ninety percent of children with diarrhoea received one or more of the recommended home treatments (oral rehydration solution or recommended homemade fluids).
- Just 12 percent of under five children with diarrhoea drank more than usual while 86 percent drank the same or less.
- Only nine percent children received increased fluids and at the same time continued feeding.
- Overall, half of all children with diarrhoea either received oral rehydration therapy or fluid intake was increased, and at the same time, feeding was continued, as is the recommendation.

Care seeking and antibiotic treatment of pneumonia

- Four percent of children aged 0-59 months were reported to have had acute respiratory infection, symptoms of pneumonia, during the two weeks preceding the survey.
- Of these children, 45 percent were taken to an appropriate provider.
- Thirty eight percent of under-5 children with suspected pneumonia received an antibiotic during the two weeks prior to the survey.
- Thirty five percent of women know of the two danger signs of pneumonia – fast and difficult breathing.

Solid fuel use

- More than half (55 percent) of all households in Albania are using solid fuels for cooking, principally wood. This figure is very high in rural areas, where almost four out of five households (79 percent) are using solid fuels.

Water and sanitation

- Ninety-eight percent of the population are using an improved source of drinking water. In urban areas, 78 percent of the population uses drinking water that is piped into their dwelling, compared with 43 percent in the rural areas. Water piped into the yard (30 percent), or protected well (13 percent) are common in rural areas.
- Only nine percent of households treat their water, principally by boiling the water.
- For 87 percent of households, the drinking water source is on the premises. For those without water on the premises the average time to the source of drinking water is 18 minutes – longer in urban areas than rural areas.
- Ninety-nine percent of the population of Albania is living in households using improved sanitation facilities, although the type of facility varies between urban and rural areas. In rural areas less than two thirds of the population use a flush toilet connected to the sewer system, and 21 percent use a toilet connected to a septic tank and 15 percent use a pit latrine with a slab.

Contraception

- Current use of any method of contraception was reported by 60 percent of women currently married or in union.
- One in four married women uses withdrawal, while condoms and the pill are each used by around one in ten married women.
- Urban woman and women from richer households are twice as likely to use modern contraceptive methods than rural women or women from poorer households.

Antenatal care

- Ninety-seven percent of women received skilled antenatal care from a doctor, nurse, midwife, or auxiliary midwife at least once during the last pregnancy in the two years preceding the survey.
- Doctors provided antenatal care to 82 percent of urban women, compared with 62 percent of rural women, while nurses or midwifes provided the antenatal care to 14 percent of urban women and 33 percent of rural women.

Skilled attendance at delivery

- Virtually all births occurring in two years prior to the MICS survey were delivered by skilled personnel. Doctors assisted with the delivery of the births in 87 percent of cases.
- Overall, 98 percent of deliveries took place in a health facility.

Child development

- For more than two-thirds (68 percent) of under-five children, an adult engaged in more than four of the activities that promote learning and school readiness during the 3 days preceding the survey. The average number of activities that adults engaged in with children was 4.5.
- Father's involvement with just one or more activities was only 46 percent, with a mean number of activities of 1.0.
- Fifty-seven percent of children are living in households where at least three non-children's books are present. Only 32 percent of children aged 0-59 months have three or more children's books.
- Seventeen percent of children aged 0-59 months had 3 or more types of playthings to play with in their homes, while 8 percent had none of the types of playthings asked to the mothers/caretakers.
- Twelve percent of children aged 0-59 months were left in the care of other children, while 2 percent were left alone during the week preceding the interview.

Pre-school attendance and school readiness

- About 40 percent of the 36-59 month old children attend an early childhood education programme.
- Seventy percent of children who are currently age 6 or 7 and attending the first grade of primary school were attending pre-school the previous year.

Primary and secondary school participation

- Overall, 92 percent of primary school age children (6-9) are attending primary school and 96 percent of basic school age children (6-13) are attending basic schooling.
- Seventy eight percent of the children of secondary school age (10-17) are attending secondary or higher.
- After the compulsory years of education, secondary school attendance drops off consistently from 83 percent for 14 year olds to 58 percent for 17 year olds.
- Fifty-seven percent of children aged 14-17 are attending upper secondary education.
- Of all children starting grade one, virtually all of them (more than 99 percent) will eventually reach grade five.
- Ninety-five percent of the children of primary completion age were attending the last grade of primary education.
- Ninety-five percent of children of lower secondary completion age completed secondary, however a quarter of children did not continue to upper secondary education.

- Gender parity for primary school and lower secondary school is close to 1.00, indicating no difference in the attendance of girls and boys to primary and lower secondary school. However, the indicator drops to 0.96 for upper secondary education.

Adult literacy
- Literacy is almost universal for all women aged 15-24 at 99 percent.

Birth registration
- The births of 98 percent of the children aged less than five years in Albania have been registered.

Child labour
- Twelve percent of children are involved in child labour activities and gender disparity is evident as boys are more likely to be performing child labour than girls. This is mostly present in the rural areas; four times higher than in urban areas.
- Of the 12 percent of the children classified as child labourers, 92 percent of them are also attending school.

Child discipline
- Forty-nine percent of children aged 2-14 years have experienced some kind of psychological or physical punishment.
- Minor physical punishment is the most reported form of discipline (46 percent of children). Around 9 percent of children experience severe physical punishment.

Early marriage
- Five percent of women currently aged 15-19 years are married.
- Less than 1 percent of women aged 15-49 were married by age 15, but almost 8 percent of women aged 20-49 were married before age 18.
- About half of women aged 20–24 married men with a difference of 5-9 years of age, and around one in five married men more than 10 years older.

Domestic violence
- About 30 percent of women believe that a man is justified in hitting or beating his wife or partner in certain situations. Poorer women (39 percent) are twice as likely to hold these beliefs as richer women (17 percent).

Child disability
- Mothers or caretakers report that 11 percent of children 2-9 years old have at least one disability, most commonly not speaking or being understood in words, not understanding instructions, and not learning to things other children can do.

Orphaned children and children's living arrangements
- Ninety-five percent of children are living with both parents.
- Two percent of children are orphans (one or both parents are dead).
- Less than half a percent of children aged 0-15 years are not living with a biological parent – in virtually all cases because both parents are dead.

Knowledge of HIV transmission
- Ninety-four percent of the interviewed women have heard of AIDS.

- The percentage of women who know of all three main ways of preventing HIV transmission is only 41 percent. While 84 percent of women know at least one way, 16 percent of women do not know any of the three ways.
- Of the interviewed women, 7 percent reject the two most common misconceptions and know that a healthy-looking person can be infected with HIV.
- Overall, only six percent of women in Albania have comprehensive correct knowledge about HIV.
- Eighty-two percent of women know that HIV can be transmitted from mother to child.

Attitudes towards people with HIV

- The level of discrimination toward the people living with HIV/AIDS is very high, as only 7 percent of them seem to be accepting of people with HIV/AIDS.
- Attitudes vary from a low of four percent not accepting to care for family members with HIV/AIDS to a high of 81 percent that would not buy fresh vegetables from a person with HIV/AIDS.

HIV counselling and testing

- Ninety seven percent of women received antenatal care from a health care professional for the last pregnancy, but only 46 percent of them were provided information about HIV prevention.
- Only 28 percent of women know where to be tested, while just one percent has actually been tested.

I. Introduction

Background

This report is based on the Albanian Multiple Indicator Cluster Survey, conducted in 2005 by the National Institute of Statistics (INSTAT). The survey provides valuable information on the situation of children and women in Albania and was based, in large part, on the needs to monitor progress towards goals and targets emanating from recent international agreements: the Millennium Declaration, adopted by all 191 United Nations Member States in September 2000, and the Plan of Action of A World Fit For Children, adopted by 189 Member States at the United Nations Special Session on Children in May 2002. Both of these commitments build upon promises made by the international community at the 1990 World Summit for Children.

In signing these international agreements, governments committed themselves to improving conditions for their children and to monitoring progress towards that end. UNICEF was assigned a supporting role in this task (see table below).

A Commitment to Action: National and International Reporting Responsibilities

The governments that signed the Millennium Declaration and the World Fit for Children Declaration and Plan of Action also committed themselves to monitoring progress towards the goals and objectives they contained:

"We will monitor regularly at the national level and, where appropriate, at the regional level and assess progress towards the goals and targets of the present Plan of Action at the national, regional and global levels. Accordingly, we will strengthen our national statistical capacity to collect, analyse and disaggregate data, including by sex, age and other relevant factors that may lead to disparities, and support a wide range of child-focused research. We will enhance international cooperation to support statistical capacity-building efforts and build community capacity for monitoring, assessment and planning." (**A World Fit for Children**, paragraph 60)

"…We will conduct periodic reviews at the national and subnational levels of progress in order to address obstacles more effectively and accelerate actions.…" (**A World Fit for Children**, paragraph 61)

The Plan of Action (paragraph 61) also calls for the specific involvement of UNICEF in the preparation of periodic progress reports:

"… As the world's lead agency for children, the United Nations Children's Fund is requested to continue to prepare and disseminate, in close collaboration with Governments, relevant funds, programmes and the specialized agencies of the United Nations system, and all other relevant actors, as appropriate, information on the progress made in the implementation of the Declaration and the Plan of Action."

Similarly, the **Millennium Declaration** (paragraph 31) calls for periodic reporting on progress:

"…We request the General Assembly to review on a regular basis the progress made in implementing the provisions of this Declaration, and ask the Secretary-General to issue periodic reports for consideration by the General Assembly and as a basis for further action."

The government has developed the new central strategy, the National Strategy for Development and Integration (NSDI) and efforts are being made in order to achieve the successful adaptation and integration of the Millennium Development Goals (MDGs) into the NSDI, as well as further integration of the Stabilization and Association process (SAp). The NSDI, MDGs and SAp all require regular monitoring and evaluation. In this context MICS analysis can be used to support each framework, especially if common indicators are identified, shared and coordinated in all of them.

This final report presents the results of the indicators and topics covered in the survey.

Survey Objectives

The 2005 Albania Multiple Indicator Cluster Survey had as its primary objectives:

- To provide up-to-date information for assessing the situation of children and women in Albania

- To furnish data needed for monitoring progress toward goals established by the Millennium Development Goals, the goals of A World Fit For Children (WFFC), and other internationally agreed upon goals, as a basis for future action;

- To contribute to the improvement of data and monitoring systems in Albania and to strengthen technical expertise in the design, implementation, and analysis of such systems.

II. Sample and Survey Methodology

Sample Design

The sample for MICS Albania was designed to provide estimates of various indicators on the situation of children and women at the national level, and for urban and rural areas. The sample was selected in two stages. At the first stage, 387 Primary Sampling Units (PSU) were systematically selected from a total of 8974 PSU. At the second stage, households were selected systematically within each PSU. The total sample had 5418 households: 2800 of them in urban and 2618 in rural areas. The sample, stratified by urban and rural areas, is not self-weighting. For reporting national level results, sample weights are used. A more detailed description of the sample design can be found in Appendix A.

Questionnaires

Three sets of questionnaires were used in the survey: 1) a household questionnaire which was used to collect information on all *de jure* household members, the household, and the dwelling; 2) a women's questionnaire administered in each household to all women aged 15-49 years; and 3) an under-5 questionnaire, administered to mothers or caretakers of all children under 5 living in the household. The questionnaires included the following modules:

The Household Questionnaire included the following modules:

- Household Listing
- Education
- Water and Sanitation
- Child Labour
- Child Discipline
- Disability
- Salt Iodization

The Questionnaire for Individual Women was administered to all women aged 15-49 years living in the households, and included the following modules:

- Child Mortality
- Tetanus Toxoid
- Maternal and Newborn Health
- Marriage and Union
- Contraception
- Attitudes Towards Domestic Violence
- HIV knowledge

The Questionnaire for Children Under Five was administered to mothers or caretakers of children under 5 years of age[1] living in the households. Normally, the questionnaire was administered to mothers of under-5 children; in cases when the mother was not listed in the

[1] The terms "children under 5", "children age 0-4 years", and "children aged 0-59 months" are used interchangeably in this report.

household roster, a primary caretaker for the child was identified and interviewed. The questionnaire included the following modules:

- Birth Registration and Early Learning
- Child Development
- Vitamin A
- Breastfeeding
- Care of Illness
- Immunization
- Anthropometry

The questionnaires are based on the MICS3 model questionnaire[2]. From the MICS3 model English version, the questionnaires were translated into Albanian and were pre-tested in Tirana in September 2005. Based on the results of the pre-test, modifications were made to the wording and translation of the questionnaires. A copy of the Albania MICS questionnaires is provided in Appendix F.

In addition to the administration of questionnaires, fieldwork teams tested the salt used for cooking in the households for iodine content, and measured the weights and heights of children age under 5 years. Details and findings of these measurements are provided in the respective sections of the report.

Training and Fieldwork

The field staff, 19 regional supervisors plus controllers and interviewers of Tirana city, were trained for five days in early September 2005. After that it was realized the second stage of training of the field staff by each supervisor in its own region. The data were collected by 19 teams, which included 19 supervisors, 11 editors and 58 interviewers. Fieldwork began in October 2005 and finished in November 2005.

Training for the fieldwork was first conducted in Tirana for Tirana based interviewers, editors and all supervisors over a five day period in early September 2005. This was followed by the second stage of training of the field staff conducted over 4 days by each supervisor in their own region. Training included lectures on interviewing techniques and the contents of the questionnaires, and mock interviews between trainees to gain practice in asking questions. Most interviewers and supervisors were staff working in regional offices with prior experience with other national household surveys. Towards the end of the training period, trainees spent 7 days in practice interviewing during the pilot survey.

The data were collected by 19 teams, which included 19 supervisors, 11 editors and 58 interviewers. Fieldwork began in October 2005 and concluded in November 2005.

Data Processing

Data were entered using the CSPro software. The data were entered on 6 microcomputers and carried out by 10 data entry operators and 1 data entry supervisor. In order to ensure quality control, all questionnaires were double entered and internal consistency checks were performed. Procedures and standard programs developed under the global MICS3 project

[2] The model MICS3 questionnaire can be found at www.childinfo.org, or in UNICEF, 2006.

and adapted to the Albanian questionnaire were used throughout. Data processing began in November 2005 and was completed in February 2006. Data were analysed using the Statistical Package for Social Sciences (SPSS) software program, Version 14, and the model syntax and tabulation plans developed by UNICEF for this purpose.

III. Sample Coverage and the Characteristics of Households and Respondents

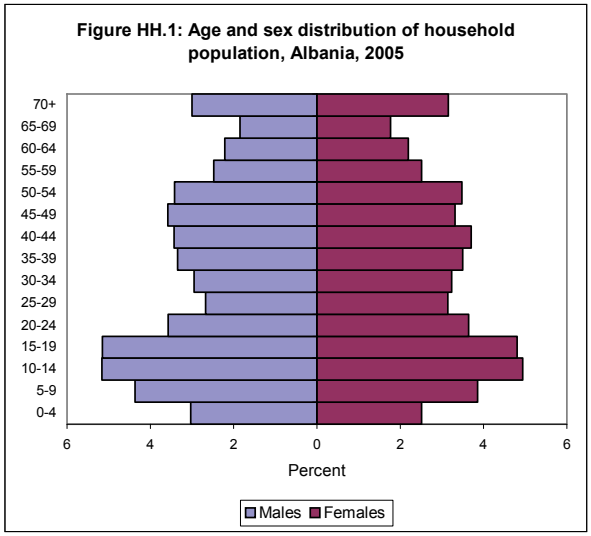
Sample Coverage

Of the 5,418 households selected for the sample, 5,347 were found to be occupied. Of these, 5,150 were successfully interviewed for a household response rate of 96.3 percent. In the interviewed households, 5,128 women (age 15-49) were identified. Of these, 5,091 were successfully interviewed, yielding a response rate of 99.3 percent. In addition, 1,100 children under age five were listed in the household questionnaire. Questionnaires were completed for 1,093 of them, which corresponds to a response rate of 99.4 percent. Overall response rates of 95.6 and 95.7 are calculated for the women's and under-5's interviews respectively (Table HH.1).

Characteristics of Households

The age and sex distribution of survey population is provided in Table HH.2. The distribution is also used to produce the population pyramid in Figure HH.1. In the 5,150 households successfully interviewed in the survey, 20,609 household members were listed. Of these, 10,353 were males, and 10,257 were females. These figures also indicate that the survey estimated the average household size at 4.

Figure HH.1: Age and sex distribution of household population, Albania, 2005



The population distribution from the survey closely resembles the pattern seen from the 2001 census. It is characterized by a declining child population due to lower recent fertility following relatively high fertility ten to twenty years before the survey. The population distribution also shows a deficit of people due to migration out of Albania in the age groups 20-44, and this is particularly noticeable in the age groups 25-34. From age 55 onwards, the population size steadily diminishes. The sex distribution shows a sex ratio of between 1.05 and 1.20 in the age groups between 0-19, but this is similar to the sex ratio reported in the statistical yearbook 2004. For older age groups the sex ratio is slightly below 1 in almost all

groups and is lowest (0.85) in the age group 25-29 consistent with the high levels of migration of these age groups, indicating that more men than women emigrated from Albania. Children age 0-17 make up 26 percent of the total population of Albania.

Table HH.3 provides basic background information on the households. Within households, the sex of the household head, urban/rural status, number of household members, and religion of the head of household are shown in the table. These background characteristics are also used in subsequent tables in this report; the figures in the table are also intended to show the numbers of observations by major categories of analysis in the report.

The weighted and unweighted numbers of households are equal, since sample weights were normalized (See Appendix A). The sample design over sampled urban compared to rural areas and the weighted distribution adjusts for the differences. The table also shows the proportions of households where at least one child under 18, at least one child under 5, and at least one eligible woman age 15-49 were found. The data from this table shows that only 12 percent of heads of the interviewed households are females.

Characteristics of Respondents

Tables HH.4 and HH.5 provide information on the background characteristics of female respondents 15-49 years of age and of children under age 5. In both tables, the total numbers of weighted and unweighted observations are equal, since sample weights have been normalized (standardized). In addition to providing useful information on the background characteristics of women and children, the tables are also intended to show the numbers of observations in each background category. These categories are used in the subsequent tabulations of this report.

Table HH.4 provides background characteristics of female respondents 15-49 years of age. The table includes information on the distribution of women according to region, urban-rural areas, age, marital status, motherhood status, education[3], wealth index quintiles[4], and ethnicity. Sixty percent of female respondents were from rural areas, two thirds were currently married or in union, sixty four percent had given birth to at least one child. Two percent of them had no education or only primary education. Fifty percent had lower secondary education, with the remainder having upper secondary or higher education.

[3] Unless otherwise stated, "education" refers to educational level attended by the respondent throughout this report when it is used as a background variable.

[4] Principal components analysis was performed by using information on the ownership of household goods and amenities (assets) to assign weights to each household asset, and obtain wealth scores for each household in the sample (The assets used in these calculations were as follows: Number of persons per sleeping room, type of floor, roof and wall material, type of cooking fuel, household ownership of television, mobile telephone, fixed line telephone, refrigerator, washing machine, watch, bicycle, motorbike, car, type of drinking water, type of sanitary facility,). Each household was then weighted by the number of household members, and the household population was divided into five groups of equal size, from the poorest quintile to the richest quintile, based on the wealth scores of households they were living in. The wealth index is assumed to capture the underlying long-term wealth through information on the household assets, and is intended to produce a ranking of households by wealth, from poorest to richest. The wealth index does not provide information on absolute poverty, current income or expenditure levels, and the wealth scores calculated are applicable for only the particular data set they are based on. Further information on the construction of the wealth index can be found in Rutstein and Johnson, 2004, and Filmer and Pritchett, 2001.

Some background characteristics of children under 5 are presented in Table HH.5. These include distribution of children by several attributes: sex, age in months, mother's or caretaker's education, and wealth. Fifty five percent of the children selected for interview were male and 45 percent female. The remaining characteristics reflect the roughly same distribution as for the female respondents.

IV. Child Mortality

One of the overarching goals of the Millennium Development Goals (MDGs) and the World Fit for Children (WFFC) is to reduce infant and under-five mortality. Specifically, the MDGs call for the reduction in under-five mortality by two-thirds between 1990 and 2015. Monitoring progress towards this goal is an important but difficult objective. Measuring childhood mortality may seem easy, but attempts using direct questions, such as "Has anyone in this household died in the last year?" give inaccurate results. Using direct measures of child mortality from birth histories is time consuming, more expensive, and requires greater attention to training and supervision. Alternatively, indirect methods developed to measure child mortality produce robust estimates that are comparable with the ones obtained from other sources. Indirect methods minimize the pitfalls of memory lapses, inexact or misinterpreted definitions, and poor interviewing technique.

The infant mortality rate (IMR) is the probability of dying before the first birthday. The under-five mortality rate (U5MR) is the probability of dying before the fifth birthday. In MICS surveys, infant and under five mortality rates are calculated based on an indirect estimation technique known as the Brass method (United Nations, 1983; 1990a; 1990b). The data used in the estimation are: the mean number of children ever born for five year age groups of women from age 15 to 49, and the proportion of these children who are dead, also for five-year age groups of women. The technique converts these data into probabilities of dying by taking into account both the mortality risks to which children are exposed and their length of exposure to the risk of dying, assuming a particular model age pattern of mortality. Based on previous information on mortality in Albania the East model life table was selected as most appropriate.

Table CM.1 provides estimates of child mortality by various background characteristics, while Table CM.2 provides the basic data used in the calculation of the mortality rates for the national total. The infant mortality rate is estimated at 18 per thousand, while the probability of dying under-5 mortality rate is around 19 per thousand. These estimates have been calculated by averaging mortality estimates obtained from women age 25-29 and 30-34, and refer to the beginning of 2002. The results agree with those reported by the Ministry of Health, where the under five mortality rate in 2002 was 21 per thousand and in 2005 was 18 per thousand (Ministry of Health, 2005).

There is some difference between the probabilities of dying among males and females, but no difference is seen between urban and rural areas. There are significant differences in mortality in terms of educational levels and wealth for both IMR and U5MR. Children of less educated mother's are twice as likely to die before age five (25 per thousand) than children of better educated mothers (12 per thousand). Child mortality is closely linked to poverty: the probability of dying among infants and under-5s living in the richest households (6 per thousand) is a third of the national average (19 per thousand), while the U5MR rates for the poorest household (26 per thousand) are four times that of the richest households. Improvements in public health services, including safe water and better sanitation, are of key importance as are improvements in education, especially for girls and mothers, and will save children's lives. Raising incomes can help, but little will be achieved unless a greater effort is made to ensure that services reach those who need them most. Differentials in under-5 mortality rates by background characteristics are also shown in Figure CM.1.

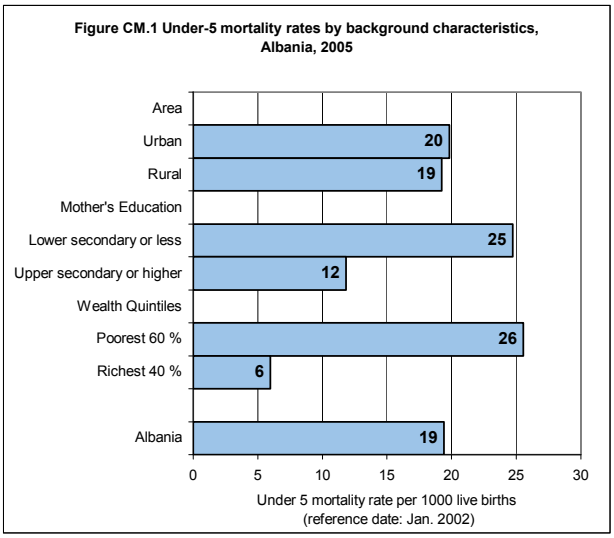
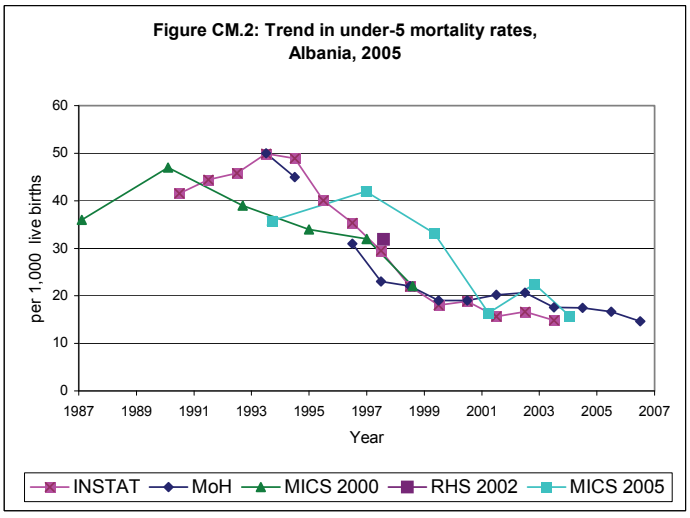


Figure CM.2 shows the series of U5MR estimates of the survey, based on responses of women in different age groups, and referring to various points in time, thus showing the estimated trend in U5MR based on the survey. The MICS estimates indicate a decline in mortality during the last 15 years. The most recent U5MR estimate (19 per thousand live births) from MICS is about 20 percent higher than the estimate from the vital registration data reported by INSTAT for the same year (INSTAT, 2006), but agrees well with the Ministry of Health estimates in recent years. The trend indicated by the survey results is in broad agreement with that estimated in the MICS survey in 2000 (INSTAT, 2002), but at a slightly higher level. The U5MR is also a little higher than the rate estimated from the 2002 Reproductive Health Survey (RHS) (Centers for Disease Control, 2002) around 1997. Overall the mortality trend depicted by all sources is of a decline from highs in the early 90s of around 50 per thousand live births to a low of around 15 per thousand recently.



V. Nutrition

Nutritional Status

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

Malnutrition is associated with more than half of all children deaths worldwide. Undernourished children are more likely to die from common childhood ailments, and for those who survive, have recurring sicknesses and faltering growth. Three-quarters of the children who die from causes related to malnutrition were only mildly or moderately malnourished – showing no outward sign of their vulnerability. The Millennium Development target is to reduce by half the proportion of people who suffer from hunger between 1990 and 2015. The World Fit for Children goal is to reduce the prevalence of malnutrition among children under five years of age by at least one-third (between 2000 and 2010), with special attention to children under 2 years of age. A reduction in the prevalence of malnutrition will assist in the goal to reduce child mortality.

In a well-nourished population, there is a reference distribution of height and weight for children under age five. Under-nourishment in a population can be gauged by comparing children to a reference population. The reference population used in this report is the WHO/CDC/NCHS reference, which was recommended for use by UNICEF and the World Health Organization at the time the survey was implemented. Each of the three nutritional status indicators can be expressed in standard deviation units (z-scores) from the median of the reference population.

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

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

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

In MICS, weights and heights of all children under 5 years of age were measured using anthropometric equipment recommended by UNICEF (UNICEF, 2006). Findings in this section are based on the results of these measurements. A preliminary review of the quality

of the heights and weights measurements indicates some issues in the recording of the measurements, with digit preference for digits 0 and 5 in the decimal places of the weight measurement and, particularly, the height measurement[5].

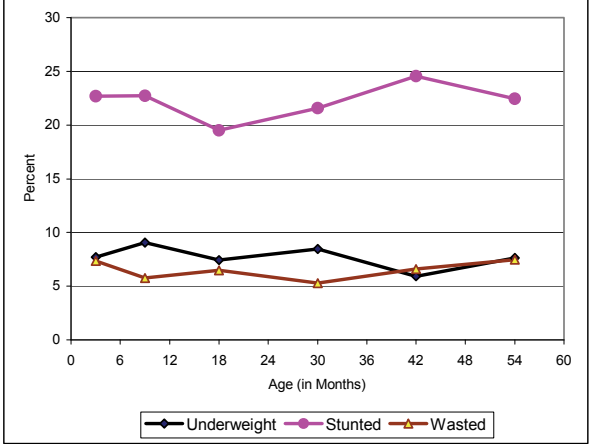
Table NU.1 shows percentages of children classified into each of these categories, based on the anthropometric measurements that were taken during fieldwork. Additionally, the table includes the percentage of children who are overweight, which takes into account those children whose weight for height is above 2 standard deviations from the median of the reference population.

In Table NU.1, children who were not weighed and measured (approximately 1 percent of children) and those whose measurements are outside a plausible range are excluded.

About one in twelve children under age five in Albania are underweight (8 percent) and just over 1 percent are classified as severely underweight (Table NU.1). Almost a quarter of children (22 percent) are stunted or too short for their age and 7 percent are wasted or too thin for their height. Each of these indicators is lower than the figure measured in MICS 2000, dropping from 14 percent for underweight, 32 percent for stunting and 11 percent for wasting (INSTAT 2002).

Children whose mothers have upper secondary or higher education are the least likely to be underweight compared to children of mothers with lesser education. Boys appear to be slightly more likely to be underweight and stunted than girls. Children from the poorer households are much more likely to be underweight or stunted than children from the richer households. The age pattern shows that the levels of under nourishment vary little by age according to all three indices (Figure NU.1). This pattern is unusual and may indicate that children are exposed to contamination in water, food, and environment from birth, and may not be getting the full protection provided by exclusive breastfeeding in the first 6 months of life. It is particularly unusual that stunting is high under 6 months of age and this finding warrants further analysis.

Figure NU.1: Percentage of children under-5 who are undernourished, Albania, 2005



[5] See data quality tables in Appendix D.

Around one in five children is overweight according to their weight for height, however this may be because many children are somewhat stunted, rather than that they weigh too much. In contrast, when looking at weight for age, 8 percent of children are more than 2 standard deviations above the median. With the exception of the richest group, children from richer households are more likely to be overweight for their age than children from poorer households.

Breastfeeding

Breastfeeding for the first few years of life protects children from infection, provides an ideal source of nutrients, and is economical and safe. However, many mothers stop breastfeeding too soon and there are often pressures to switch to infant formula, which can contribute to growth faltering and micronutrient malnutrition and is unsafe if clean water is not readily available. The World Fit for Children goal states that children should be exclusively breastfed for 6 months and continue to be breastfed with safe, appropriate and adequate complementary feeding for up to 2 years of age and beyond.

WHO/UNICEF have the following feeding recommendations:

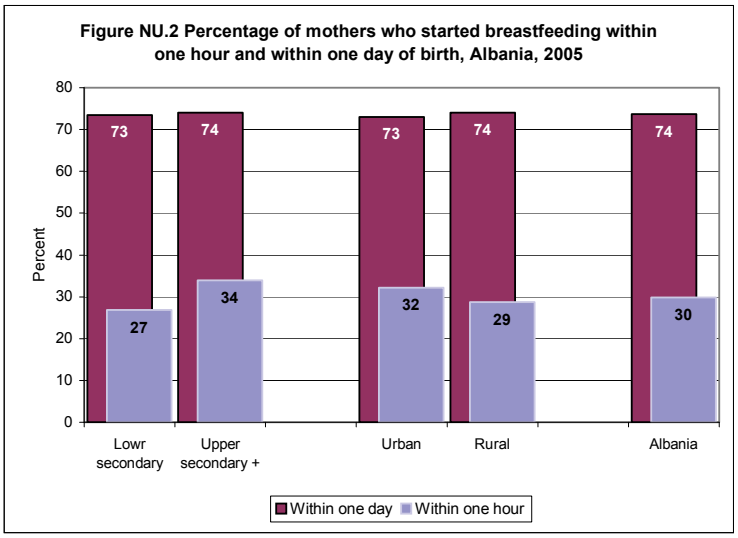
- Exclusive breastfeeding for first six months
- Continued breastfeeding for two years or more
- Safe, appropriate and adequate complementary foods beginning at 6 months
- Frequency of complementary feeding: 2 times per day for 6-8 month olds; 3 times per day for 9-11 month olds

It is also recommended that breastfeeding be initiated within one hour of birth.

The indicators of recommended child feeding practices are as follows:

- Exclusive breastfeeding rate (< 6 months & < 4 months)
- Timely complementary feeding rate (6-9 months)
- Continued breastfeeding rate (12-15 & 20-23 months)
- Timely initiation of breastfeeding (within 1 hour of birth)
- Frequency of complementary feeding (6-11 months)
- Adequately fed infants (0-11 months)

Table NU.2 provides the proportion of women who started breastfeeding their infants within one hour of birth, and women who started breastfeeding within one day of birth (which includes those who started within one hour). Thirty percent of children are breastfed within one hour of birth and 74 percent within the first day of life. There is little difference between the poorest and the richest mothers who start breastfeeding within one hour of birth and this can be related with the place and conditions where they give birth to their children. The same differential is noticed between urban and rural areas, and between children of less educated and better educated mothers.



Breastfeeding has been traditionally used in Albania, but "modern life" has brought changes and many mothers stop breastfeeding too soon and switch to industrial types of milk or infant formula.

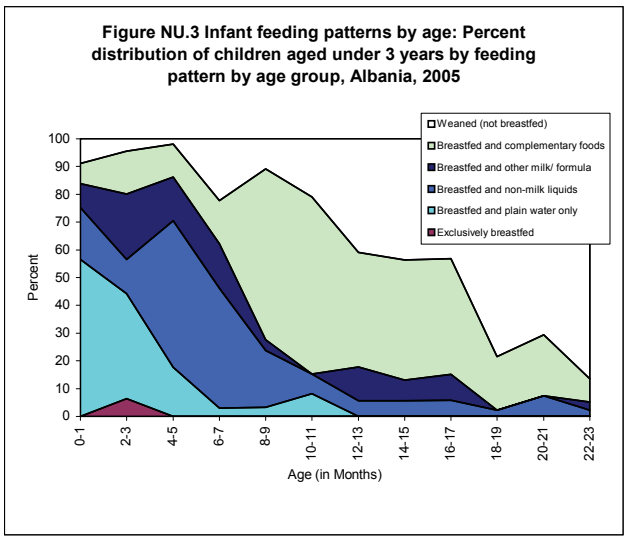
In Table NU.3, breastfeeding status is based on the reports of mothers/caretakers of children's consumption of food and fluids in the 24 hours prior to the interview. *Exclusively breastfed* refers to infants who received only breast milk and vitamins, mineral supplements, or medicine but excluding the water. The table shows exclusive breastfeeding of infants during the first six months of life (separately for 0-3 months and 0-5 months), as well as complementary feeding of children 6-9 months and continued breastfeeding of children at 12-15 and 20-23 months of age.

Approximately 2 percent of children aged less than six months are exclusively breastfed, a level considerably lower than recommended. In Albania, the use of small quantities of water given to the children aged less than six months is very common; if we refer to the cases of the children who received only water in addition to breast milk the percentage increases to 37 percent.[6]

At age 6-9 months, 38 percent of children are receiving breast milk and solid or semi-solid foods. By age 12-15 months, 58 percent of children are still being breastfed and by age 20-23 months, 20 percent are still breastfed.

Figure NU.3 shows the detailed pattern of breastfeeding by the child's age in months. Even at the earliest ages, the majority of children are receiving liquids or foods other than breast milk. By the end of the sixth month, the percentage of children exclusively breastfed or receiving only water is around 3 percent. Only about 5 percent of children are receiving breast milk after 2 years.

[6] This conclusion is based also on the comments of the Ministry of Health, which underlines that the cases when to the child was given limited quantity of water (a spoon of water very rarely) should be counted because exclusive breastfeeding does not definitely exclude the use of very limited quantity of water. As well the results coming from two studies carried out from UNICEF and Ministry of Health for monitoring breastfeeding in 2001 and 2006, shows that exclusive breastfeeding was over 23 percent.



The adequacy of infant feeding in children under 12 months is provided in Table NU.4. Different criteria of adequate feeding are used depending on the age of the child. For infants aged 0-5 months, exclusive breastfeeding is considered as adequate feeding. Infants aged 6-8 months are considered to be adequately fed if they are receiving breastmilk and complementary food at least two times per day, while infants aged 9-11 months are considered to be adequately fed if they are receiving breastmilk and eating complementary food at least three times a day. Roughly half of children aged 6-11 months are adequately fed, with 47 percent of children 6-8 months and 44 percent of children 9-11 months are adequately fed according to the above criteria. Overall only about a quarter of children 0-11 months are adequately fed. Allowing for the common practice of providing small quantities of water at young ages, this figure rises to 41 percent.

Salt Iodization

Iodine Deficiency Disorders (IDD) is the world's leading cause of preventable mental retardation and impaired psychomotor development in young children. In its most extreme form, iodine deficiency causes cretinism. It also increases the risks of stillbirth and miscarriage in pregnant women. Iodine deficiency is most commonly and visibly associated with goitre. IDD takes its greatest toll in impaired mental growth and development, contributing in turn to poor school performance, reduced intellectual ability, and impaired work performance. The international goal is to achieve sustainable elimination of iodine deficiency by 2005. The indicator is the percentage of households consuming adequately iodized salt ($\geq$15 parts per million).

The lack of national systematic data on the prevalence of **iodine disorders** in Albania before 1990 prompted an epidemiological study in 1993 by the Institute of Public Health in conjunction with UNICEF. This survey, by determining the levels of iodine in urine, showed that 63% of those surveyed suffered from severe forms of iodine deficiency. In 1997 a decision of the Council of Ministers stipulated that imported salt should also be iodized. Today the prevalence of Iodine on the children under 9 years old and on pregnant women is monitored periodically by Institute of Public Health and UNICEF programmes.

During the survey implementation in Albania, the salt was tested, however it was **only** tested for **potassium iodide** content and not for potassium iodate, and the neutraliser was not used. As salt in Albania is commonly iodized with potassium iodate the results do not represent the real situation concerning the iodisation of salt in Albania and are therefore not presented.

In the Salt Iodisation module, an additional question was included on the brand of salt. The results regarding the type/brand of salt used by the households (see Table NU.5) were almost the same as those that the Institute of Public Health reports from its monitoring system of salt iodization. So the fact that 77 percent of Albanians use Niki brand (iodized salt) matches up well with the results of the official monitoring system.

Vitamin A Supplements

Vitamin A is essential for eye health and proper functioning of the immune system. It is found in foods such as milk, liver, eggs, red and orange fruits, red palm oil and green leafy vegetables, although the amount of vitamin A readily available to the body from these sources varies widely. In developing areas of the world, where vitamin A is largely consumed in the form of fruits and vegetables, daily per capita intake is often insufficient to meet dietary requirements. Inadequate intakes are further compromised by increased requirements for the vitamin as children grow or during periods of illness, as well as increased losses during common childhood infections. As a result, vitamin A deficiency is quite prevalent in the developing world and particularly in countries with the highest burden of under-five deaths.

The 1990 World Summit for Children set the goal of virtual elimination of vitamin A deficiency and its consequences, including blindness, by the year 2000. This goal was also endorsed at the Policy Conference on Ending Hidden Hunger in 1991, the 1992 International Conference on Nutrition, and the UN General Assembly's Special Session on Children in 2002. The critical role of vitamin A for child health and immune function also makes control of deficiency a primary component of child survival efforts, and therefore critical to the achievement of the fourth Millennium Development Goal: a two-thirds reduction in under-five mortality by the year 2015.

For countries with vitamin A deficiency problems, current international recommendations call for high-dose vitamin A supplementation every four to six months, targeted to all children between the ages of six to 59 months living in affected areas. Providing young children with two high-dose vitamin A capsules a year is a safe, cost-effective, efficient strategy for eliminating vitamin A deficiency and improving child survival. Giving vitamin A to new mothers who are breastfeeding helps protect their children during the first months of life and helps to replenish the mother's stores of vitamin A, which are depleted during pregnancy and lactation. For countries with vitamin A supplementation programs, the definition of the indicator is the percent of children 6-59 months of age receiving at least one high dose vitamin A supplement in the last six months. It is also recommended that mothers take a Vitamin A supplement within eight weeks of giving birth due to increased Vitamin A requirements during pregnancy and lactation.

Albania is not considered to be a country with a Vitamin A problem and there is no vitamin A supplementation program in Albania, however, doctors may recommend and parents may decide to give their children Vitamin A supplementation.

Within the six months prior to the MICS, eight percent of children aged 6-59 months received a high dose Vitamin A supplement (Table NU.6). Approximately 12 percent did not receive the supplement in the last 6 months but did receive one prior to that time. Seven percent of children received a Vitamin A supplement at some time in the past but their mother/caretaker was unable to specify when.

The age pattern of Vitamin A supplementation shows that supplementation in the last six months is highest in the youngest age group at 23 percent among children aged 6-11 months and then declines with age to around six percent among the oldest children.

The mother's level of education is also related to the likelihood of Vitamin A supplementation. The percentage receiving a supplement in the last six months increases from six percent among children whose mothers have only lower secondary education to 11 percent of those whose mothers have upper secondary education.

About a quarter of mothers with a birth in the previous two years before the MICS received a Vitamin A supplement within eight weeks of the birth (Table NU.7). This percentage is highest in the urban areas at 38 percent compared with rural areas at 20 percent. Vitamin A coverage increases with the education of the mother from 20 percent among women with lower secondary education to 34 percent among mothers with upper secondary education.

Low Birth Weight

Weight at birth is a good indicator not only of a mother's health and nutritional status but also the newborn's chances for survival, growth, long-term health and psychosocial development. Low birth weight (less than 2,500 grams) carries a range of grave health risks for children. Babies who were undernourished in the womb face a greatly increased risk of dying during their early months and years. Those who survive have impaired immune function and increased risk of disease; they are likely to remain undernourished, with reduced muscle strength, throughout their lives, and suffer a higher incidence of diabetes and heart disease in later life. Children born underweight also tend to have a lower IQ and cognitive disabilities, affecting their performance in school and their job opportunities as adults.

In the developing world, low birth weight stems primarily from the mother's poor health and nutrition. Three factors have most impact: the mother's poor nutritional status before conception, short stature (due mostly to under nutrition and infections during her childhood), and poor nutrition during the pregnancy. Inadequate weight gain during pregnancy is particularly important since it accounts for a large proportion of foetal growth retardation. Moreover, diseases such as diarrhoea and malaria, which are common in many developing countries, can significantly impair foetal growth if the mother becomes infected while pregnant.

In the industrialized world, cigarette smoking during pregnancy is the leading cause of low birth weight. In developed and developing countries alike, teenagers who give birth when their own bodies have yet to finish growing run the risk of bearing underweight babies.

One of the major challenges in measuring the incidence of low birth weight is the fact that more than half of infants in the developing world are not weighed. In the past, most estimates of low birth weight for developing countries were based on data compiled from health facilities. However, these estimates are biased for most developing countries because the majority of newborns are not delivered in facilities, and those who are represent only a selected sample of all births.

Because many infants are not weighed at birth and those who are weighed may be a biased sample of all births, the reported birth weights usually cannot be used to estimate the prevalence of low birth weight among all children. Therefore, the percentage of births weighing below 2500 grams is estimated from two items in the questionnaire: the mother's assessment of the child's **size** at birth (i.e., very small, smaller than average, average, larger than average, very large) and the mother's recall of the child's **weight** or the weight as recorded on a health card if the child was weighed at birth[7] .

Overall, ninety-seven percent of births were weighed at birth and approximately seven percent of infants were estimated to weigh less than 2500 grams at birth (Table NU.8). The percentage of low birth weight varies little by urban and rural areas, mother's education, or wealth quintiles. The figure of seven percent is slightly higher than the figure from the 2002 RHS, but the difference is likely to be due to an improved definition of the estimation of low birth weight that results in higher estimates than previously available.

[7] For a detailed description of the methodology, see Boerma, Weinstein, Rutstein and Sommerfelt, 1996 and Blanc and Wardlaw, 2005.

VI. Child Health

Immunization

The Millennium Development Goal (MDG) 4 is to reduce child mortality by two thirds between 1990 and 2015. Immunization plays a key part in this goal. Immunizations have saved the lives of millions of children in the three decades since the launch of the Expanded Programme on Immunization (EPI) in 1974. Worldwide there are still 27 million children overlooked by routine immunization and as a result, vaccine-preventable diseases cause more than 2 million deaths every year.

A World Fit for Children goal is to ensure full immunization of children under one year of age at 90 percent nationally, with at least 80 percent coverage in every district or equivalent administrative unit.

According to UNICEF and WHO guidelines, a child should receive a BCG vaccination to protect against tuberculosis meningitis, three doses of DPT to protect against diphtheria, pertussis, and tetanus, three doses of polio vaccine, and measles vaccination by the age of 12 months and 5 years old. In Albania health providers should provide mothers with vaccination cards and child health notes and at the same time the immunization and vaccine shots are registered in health care registry.
Mothers were asked to show vaccination cards or Child Health Notes[8] for children under the age of five. Interviewers copied vaccination information from the cards onto the MICS questionnaire.

Overall, 58 percent of children of children aged 18 to 29 months had health cards or child health notes showing vaccinations (Table DQ.11). If the child did not have the card, the mother was asked to recall whether or not the child received the vaccinations in the past as well as the number of doses for DPT and Polio. During data collection and data analysis a number of problems were reported.

- Vaccination cards are not well kept by families among the population and health care workers face difficulties to assure them.
- In the child health notes the DPT and polio vaccinations are recorded together with only one line of information according to the date due vaccination schedule by age. As DPT and polio immunizations are generally implemented at the same time the results for these two antigens would be expected to be very similar.
- After recording all vaccinations from the health card or child health note, respondents were asked if the child had received other vaccines that were already not recorded however we could not find reasonable answers.
- When no vaccination card or child health note was available, mothers or caretakers were asked if the child received immunization and specifically the number of doses for Polio and DPT. It appears that the mother's reporting of immunizations was not very reliable and would underestimate immunization coverage. This is particularly the case concerning the number of DPT and polio immunizations. Additionally there

[8] The "Child Health Note" is kept in the house to record data about the development of the child from birth to six years of age.

was a high proportion of "Don't know" responses in the mother's reporting, particularly for DPT.

The information from the administrative records of the Institute of Public Health based on immunization registries of every health care center, show high rates of vaccination at the national level – 98 percent for BCG and DPT, and 97 percent for Polio and Measles (WHO/UNICEF, 2007).
Due to the problems identified in the data, the immunization results are not presented in this report. It is clear that in future surveys it would be advisable to have a special training of interviewers and visit the primary health care units to record the immunization information of children rather than relying on vaccination cards held at home or the mother or caretaker's reporting.

Oral Rehydration Treatment

Diarrhoea is the second leading cause of death among children under five worldwide. Most diarrhoea-related deaths in children are due to dehydration from loss of large quantities of water and electrolytes from the body in liquid stools. Management of diarrhoea – either through oral rehydration salts (ORS) or a recommended home fluid (RHF) - can prevent many of these deaths. Preventing dehydration and malnutrition by increasing fluid intake and continuing to feed the child are also important strategies for managing diarrhoea.

The goals are to: 1) reduce by one half death due to diarrhoea among children under five by 2010 compared to 2000 (A World Fit for Children); and 2) reduce by two thirds the mortality rate among children under five by 2015 compared to 1990 (Millennium Development Goals). In addition, the World Fit for Children calls for a reduction in the incidence of diarrhoea by 25 percent.

The indicators are:

- Prevalence of diarrhoea
- Oral rehydration therapy (ORT)
- Home management of diarrhoea
- (ORT or increased fluids) ***AND*** continued feeding

In the MICS questionnaire, mothers (or caretakers) were asked to report whether their child had had diarrhoea in the two weeks prior to the survey. If so, the mother was asked a series of questions about what the child had to drink and eat during the episode and whether this was more or less than the child usually ate and drank.

Overall, seven percent of children under the age of five had diarrhoea in the two weeks preceding the survey (Table CH.2). Diarrhoea prevalence was slightly higher in rural areas and among boys (both 8 percent), compared with urban areas and girls (both 5 percent). The peak of diarrhoea prevalence occurs in the weaning period, among children age 6-23 months. Diarrhoea prevalence is also higher in the poorer households (9 percent) than the richer households (4 percent).

Table CH.2 also shows the percentage of children receiving various types of recommended liquids during the episode of diarrhoea. Since mothers were able to name more than one type of liquid, the percentages do not necessarily add to 100. About 52 percent received

fluids from ORS packets; 8 percent received pre-packaged ORS fluids, and 76 percent received recommended homemade fluids (RHF). Almost ninety percent of children with diarrhoea received one or more of the recommended home treatments (i.e., were treated with ORS or RHF), while 11 percent received no treatment.

Only 12 percent of under five children with diarrhoea drank more than usual while 86 percent drank the same or less (Table CH.3). Half of children with diarrhoea ate somewhat less, the same or more (continued feeding), but forty-seven percent ate much less or ate almost none. Given these figures, only nine percent children received increased fluids and at the same time continued feeding (an indicator known as home management of diarrhoea). Combining the information in Table CH.3 with those in Table CH.2 on oral rehydration therapy, it is observed that half of all children with diarrhoea either received ORT or fluid intake was increased, and at the same time, feeding was continued, as is the recommendation.

Care Seeking and Antibiotic Treatment of Suspected Pneumonia

Pneumonia is the leading cause of death in children and the use of antibiotics in under-5s with suspected pneumonia is a key intervention. A World Fit for Children goal is to reduce by one-third the deaths due to acute respiratory infections.

Children with suspected pneumonia (acute respiratory infection) are those who had an illness with a cough accompanied by rapid or difficult breathing and whose symptoms were NOT due to a problem in the chest and a blocked nose. The indicators are:

- Prevalence of suspected pneumonia
- Care seeking for suspected pneumonia
- Antibiotic treatment for suspected pneumonia
- Knowledge of the danger signs of pneumonia

Table CH.4 presents the prevalence of suspected pneumonia (or acute respiratory infection) and, if care was sought outside the home, the site of care. Four percent of children aged 0-59 months were reported to have had acute respiratory infection, symptoms of pneumonia, during the two weeks preceding the survey. Children from poorer households were more likely to show these symptoms than richer children. Of these children, 45 percent were taken to an appropriate provider, principally government hospitals and health centres.

Table CH.5 presents the use of antibiotics for the treatment of suspected pneumonia in under-5s by sex, age, region, residence, age, and socioeconomic factors. Thirty eight percent of under-5 children with suspected pneumonia had received an antibiotic during the two weeks prior to the survey.

Issues related to knowledge of danger signs of pneumonia are presented in Table CH.6. Obviously, mothers' knowledge of the danger signs is an important determinant of care-seeking behaviour. Overall, 35 percent of women know of the two danger signs of pneumonia – fast and difficult breathing. The most commonly identified symptom for taking a child to a health facility is when a child develops a fever (89 percent). Fifty-five percent of mothers identified fast breathing and 59 percent of mothers identified difficult breathing as symptoms for taking children immediately to a health care provider. There are

few differences between groups according to the background characteristics in their knowledge of the danger signs of pneumonia.

Solid Fuel Use

More than 3 billion people around the world rely on solid fuels (biomass and coal) for their basic energy needs, including cooking and heating. Cooking and heating with solid fuels leads to high levels of indoor smoke, a complex mix of health-damaging pollutants. The main problem with the use of solid fuels is products of incomplete combustion, including CO, polyaromatic hydrocarbons, SO_2, and other toxic elements. Use of solid fuels increases the risks of acute respiratory illness, pneumonia, chronic obstructive lung disease, cancer, and possibly tuberculosis, low birth weight, cataracts, and asthma. The primary indicator is the proportion of the population using solid fuels as the primary source of domestic energy for cooking.

Overall, more than half (55 percent) of all households in Albania are using solid fuels for cooking (Table CH.7). Use of solid fuels is lower in urban areas (26 percent), but very high in rural areas, where almost four out of five households (79 percent) are using solid fuels. Differentials with respect to household wealth and the educational level of the household head are also significant. The findings show that use of solid fuels is very uncommon among the richest households. The table also clearly shows that the overall percentage is high due to high level of use wood for cooking purposes.

Solid fuel use alone is a poor proxy for indoor air pollution, since the concentration of the pollutants is different when the same fuel is burnt in different stoves or fires. Use of closed stoves with chimneys minimizes indoor pollution, while open stove or fire with no chimney or hood means that there is no protection from the harmful effects of solid fuels. Unfortunately, data on the type of stove and chimney was not collected in this survey.

VII. Environment

Water and Sanitation

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

The MDG goal is to reduce by half, between 1990 and 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation. The World Fit for Children goal calls for a reduction in the proportion of households without access to hygienic sanitation facilities and affordable and safe drinking water by at least one-third.

The indicators used in MICS are as follows:

Water

- Use of improved drinking water sources
- Use of adequate water treatment method
- Time to source of drinking water
- Person collecting drinking water

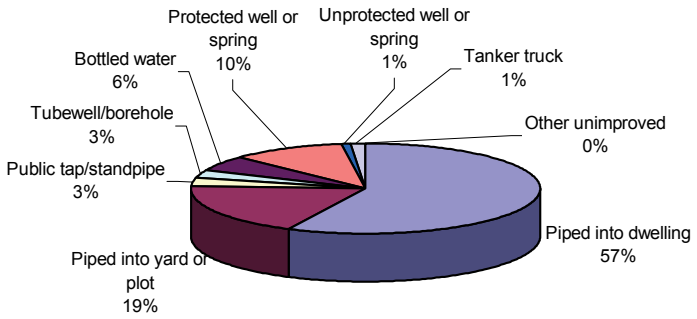
Sanitation

- Use of improved sanitation facilities
- Sanitary disposal of child's faeces

The distribution of the population by source of drinking water is shown in Table EN.1 and Figure EN.1. The population using *improved sources* of drinking water are those using any of the following types of supply: piped water (into dwelling, yard or plot), public tap/standpipe, tubewell/borehole, protected well, protected spring, and rainwater collection. Bottled water is considered as an improved water source only if the household is using an improved water source for other purposes, such as hand washing and cooking.

Overall, 98 percent of the population are using an improved source of drinking water. The main important sources of drinking water in Albania are water piped into dwelling, used by 57 percent of the population; water piped into yard or plot (19 percent) and protected well (8 percent).

Figure EN.1 Percentage distribution of household members by source of drinking water, Albania, 2005



Sources of drinking water for the population vary between urban and rural areas. In urban areas, 78 percent of the population uses drinking water that is piped into their dwelling, compared with 43 percent in the rural areas. In the rural areas other important sources of drinking water are also available, including water piped into the yard (30 percent), or protected well (13 percent) which is historically the most widespread among the rural population in Albania.

However, it should be mentioned that this data does not estimate the real access of the population to safe drinking water due to a rapidly deteriorating infrastructure and insufficient investments in this area. The conditions of the protected well and protected spring sources in Albania are not assured to provide access to safe drinking water. In this context, the fact that nearly 90 percent of population doesn't use any method of treatment for water reduces the population percentage using safe drinking water.

Use of in-house water treatment is presented in Table EN.2. Households were asked of ways they may be treating water at home to make it safer to drink – boiling, adding bleach or chlorine, using a water filter, and using solar disinfection were considered as proper treatment of drinking water. The table shows the percentages of household members using appropriate water treatment methods, separately for all households, for households using improved and unimproved drinking water sources. Only nine percent of households treat their water. Urban households (12 percent) are more likely to treat the water than rural households (7 percent). Treatment of water is also more likely in better educated households and in the richer households. The most common form of treatment of water is boiling (7 percent), while other forms of treatment are used in less than two percent of households.

The amount of time it takes to obtain water is presented in Table EN.3 and the person who usually collected the water in Table EN.4. Note that these results refer to one roundtrip from home to drinking water source. Information on the number of trips made in one day was not collected.

Table EN.3 shows that for 87 percent of households, the drinking water source is on the premises. For nine percent of all households, it takes less than 15 minutes to get to the water source and bring water, while less than two percent of households spend more than 1 hour

for this purpose. Excluding those households with water on the premises, the average time to the source of drinking water is 18 minutes. The time spent in urban areas in collecting water is slightly higher than in rural areas.

Table EN.4 shows that for two thirds of households, an adult female is usually the person collecting the water, when the source of drinking water is not on the premises. Adult men collect water in only 29 percent of cases, while for the rest of the households, female or male children under age 15 collect water (less than 4 percent). A higher proportion of women collect the water in the poorer households than in the richer households.

Inadequate disposal of human excreta and personal hygiene are associated with a range of diseases including diarrhoeal diseases and polio. Improved sanitation facilities for excreta disposal include: flush or pour flush to a piped sewer system, septic tank, or latrine; ventilated improved pit latrine, pit latrine with slab, and composting toilet.

Ninety-nine percent of the population of Albania is living in households using improved sanitation facilities (Table EN.5), although the type of facility varies between urban and rural areas. In urban areas, almost all households (97 percent of the population) use a flush toilet piped to the sewer system. In rural areas less than two thirds of the population (61 percent) use this type of facility, while 21 percent use a toilet connected to a septic tank and 15 percent use a pit latrine with a slab. There are strong differentials between the poorest and richest households with all of the richest households having access to a flush toilet piped to the sewer system, while only 14 percent of the poorest households use this type of toilet, and 31 percent use a pit latrine with a slab.

An appreciable change has happened during the last five years according to type of toilet facility used by households. Only one percent of the population use an unimproved sanitation facility (open pit) compared to 14 percent in MICS 2000.

Safe disposal of a child's faeces is defines as whether the last stool by the child was disposed of by use of a toilet or rinsed into a toilet or latrine. Disposal of faeces of children 0-2 years of age is presented in Table EN.6. Overall, for 39 percent of children, their faeces were disposed of safely. For 46 percent of children the faeces were thrown in the garbage, presumably because most of these children are using disposable diapers. This would only be considered safe disposal if the garbage is safely disposed of and not just left outside the house. This method of disposal is mostly likely to be used in richer households (64 percent) than in poorer households (35 percent) and is also more common in urban areas and among better educated households.

An overview of the percentage of households with improved sources of drinking water and sanitary means of excreta disposal is presented in Table EN.7. Overall 96 percent of households have access to an improved source of water and a sanitary means of excreta disposal. Only in the poorest households does this figure drop to 93 percent.

VIII. Reproductive Health

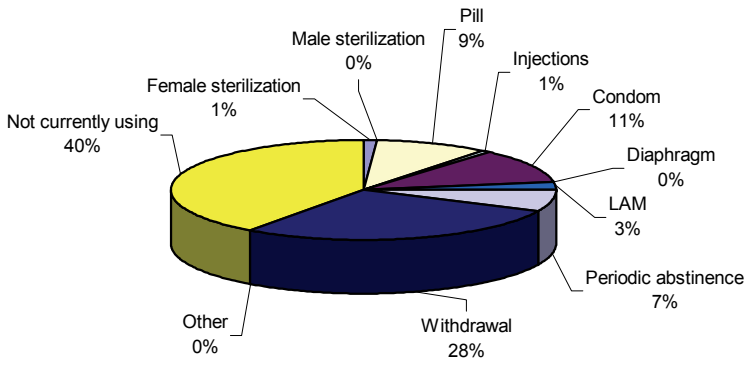
Contraception

Appropriate family planning is important to the health of women and children by: 1) preventing pregnancies that are too early or too late; 2) extending the period between births; and 3) limiting the number of children. A World Fit for Children goal is access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many.

Family planning services in Albania started after 1993, when they were legally approved by the government. The aim of these activities was and remains the improvement of maternal and child health. After their approval the Ministry of Health (MOH) developed policies and strategies for family planning services, which were implemented all over the country. Protocols and guidelines about contraception were prepared and used by all clinics. Starting in January 1996 all contraceptives in Albania were provided free of charge in all of the public health services. During the same year the social marketing of contraceptives throughout the country also started.

Current use of contraception was reported by 60 percent of women currently married or in union (Table RH.1). The most popular method is withdrawal which is used by one in four married women in Albania. The next most popular methods are the condom and the pill, which account for 11 percent and 10 percent of married women, respectively. Seven percent of women use periodic abstinence, and one and three percent of women reported use of female sterilization and lactational amenorrhea method (LAM). Less than one percent use male sterilization, injections, diaphragm, or other methods.

Figure RH.1 Percentage of women aged 15-49 years currently married or in union who are using (or whose partner is using) a contraceptive method, Albania, 2005



Comparing the results with the results from the 2002 RHS, the contraceptive prevalence rate is lower than the figure from 2002 (75 percent for married women), however, the prevalence of modern methods has increased from eight percent in 2002 to 22 percent in 2005, with significant increases in the use of condoms and the pill. Use of withdrawal, which

accounted for most of the prevalence estimate from 2002, has declined from 67 percent to 28 percent.

Overall contraceptive prevalence is similar between urban and rural areas and between poorer and richer women, but the mix of methods varies between these groups, with the prevalence of modern methods being almost twice as high in urban areas (32 percent) and richer households (34 percent) than in rural areas (17 percent) and poorer households (18 percent). This is compensated for by higher use of traditional methods, principally withdrawal, by rural women and women from poorer households.

Adolescents are far less likely to use contraception than older women. Around 40 percent of married or in union women aged 15-24 currently use a method of contraception compared to more than 60 percent of 30-44 year old women.

Women's education level is strongly associated with modern contraceptive prevalence. The percentage of women using a modern method of contraception rises from 11 percent among those with no education to 16 percent among women with lower secondary education, and to 31 percent among women with upper secondary or higher education.

Antenatal Care

The antenatal period presents important opportunities for reaching pregnant women with a number of interventions that may be vital to their health and well-being and that of their infants. Better understanding of foetal growth and development and its relationship to the mother's health has resulted in increased attention to the potential of antenatal care as an intervention to improve both maternal and newborn health. For example, if the antenatal period is used to inform women and families about the danger signs and symptoms and about the risks of labour and delivery, it may provide the route for ensuring that pregnant women do, in practice, deliver with the assistance of a skilled health care provider. The antenatal period also provides an opportunity to supply information on birth spacing, which is recognized as an important factor in improving infant survival. Tetanus immunization during pregnancy can be life-saving for both the mother and infant. The management of anaemia during pregnancy and treatment of STIs can significantly improve foetal outcomes and improve maternal health. Adverse outcomes such as low birth weight can be reduced through a combination of interventions to improve women's nutritional status and prevent infections during pregnancy. More recently, the potential of the antenatal period as an entry point for HIV prevention and care, in particular for the prevention of HIV transmission from mother to child, has led to renewed interest in access to and use of antenatal services.

WHO recommends a minimum of four antenatal visits based on a review of the effectiveness of different models of antenatal care. WHO guidelines are specific on the content on antenatal care visits, which include:

- Blood pressure measurement
- Urine testing for bateriuria and proteinuria
- Blood testing to detect syphilis and severe anaemia
- Weight/height measurement (optional)

Coverage of antenatal care is high in Albania with 97 percent of women receiving skilled antenatal care from a doctor, nurse, midwife, or auxiliary midwife at least once during the pregnancy, and differs little across background characteristics.

The type of personnel providing antenatal care to women aged 15-49 years who gave birth in the two years preceding is presented in Table RH.2. Doctors provided antenatal care to 82 percent of urban women, compared with 62 percent of rural women, while nurses or midwifes provided the antenatal care to 14 percent of urban women and 33 percent of rural women. A similar pattern is noticed between women with upper secondary or higher education, compared with women with lower secondary education. This pattern is more exaggerated when comparing the poorest and richest households, where 45 percent of poor households received antenatal care from a doctor compared with 92 percent of the richer households.

The types of services pregnant women received are shown in Table RH.3. Eighty six percent of women who had a live birth in the two years preceding the survey had a blood test taken, 87 percent had their blood pressure measured, 88 percent had a urine specimen taken and 79 percent were weighed. There are small differences in the content of the antenatal care received according to type of place of residence and level of education, but the largest differences are seen according to wealth quintiles, where each of the measures of the content of antenatal care are about twenty points higher for the richest women at around 95 percent for each measure than for the poorest where the measures range from 63 to 77 percent. Comparing the results with the available data from the 2002 RHS shows close agreement with the estimates for the three recommended elements – blood testing, urine testing and blood pressure – with no significant change in the estimates.

Assistance at Delivery

Three quarters of all maternal deaths occur during delivery and the immediate post-partum period. The single most critical intervention for safe motherhood is to ensure a competent health worker with midwifery skills is present at every birth, and transport is available to a referral facility for obstetric care in case of emergency. A World Fit for Children goal is to ensure that women have ready and affordable access to skilled attendance at delivery. The indicators are the proportion of births with a skilled attendant and proportion of institutional deliveries. The skilled attendant at delivery indicator is also used to track progress toward the Millennium Development target of reducing the maternal mortality ratio by three quarters between 1990 and 2015.

The MICS included a number of questions to assess the proportion of births attended by a skilled attendant. A s*killed attendant* includes a doctor, nurse, midwife or auxiliary midwife.

Virtually all births occurring in two years prior to the MICS survey were delivered by skilled personnel (Table RH.4). Doctors assisted with the delivery of the greater part of the births (87 percent). About one in eight births (13 percent) in the two years prior to the MICS survey were delivered with assistance by a nurse, midwife or auxiliary midwife. In rural areas the percentage of births delivered by nurse, midwife or auxiliary midwife are higher than in urban areas. The administrative figures reported by INSTAT also show that in 2005 approximately 99 percent of births were assisted by skilled personnel (UNICEF, 2007a).

In urban areas 95 percent of births were assisted by a doctor, while only 83 percent of births in rural areas were assisted by a doctor. The poorest women were assisted by a doctor in 80 percent of cases, while 97 percent of the richest women received assistance from a doctor. Overall, 98 percent of deliveries took place in a health facility, representing a small increase from the 94 percent reported in the 2002 RHS.

IX. Child Development

It is well recognized that a period of rapid brain development occurs in the first 3-4 years of life, and the quality of home care is the major determinant of the child's development during this period. In this context, adult activities with children, presence of books in the home, for the child, and the conditions of care are important indicators of quality of home care. A World Fit for Children goal is that "children should be physically healthy, mentally alert, emotionally secure, socially competent and ready to learn."

Information on a number of activities that support early learning was collected in the survey. These included the involvement of adults with children in the following activities: reading books or looking at picture books, telling stories, singing songs, taking children outside the home, compound or yard, playing with children, and spending time with children naming, counting, or drawing things.

For more than two-thirds (68 percent) of under-five children, an adult engaged in more than four of the activities that promote learning and school readiness during the 3 days preceding the survey (Table CD.1). The average number of activities that adults engaged in with children was 4.5. The table also indicates that the father's involvement in such activities was somewhat limited. Father's involvement with just one or more activities was 46 percent and the mean number of activities the father engaged in was 1.0. Only four percent of children were living in a household without their fathers.

There are no gender differences in terms of adults engaging in activities with children; about half of fathers are engaged in activities with male and female children (respectively 46 and 47 percent). However, there is a larger number of adults engaged in learning and school readiness activities with children in urban areas (76 percent) than in rural areas (64 percent). Strong differences by socio-economic status are also observed: Adult engagement in activities with children was 82 percent for children living in the richest households, as opposed to 53 percent for those living in the poorest households. Father's involvement showed a similar pattern in terms of household wealth. More educated mothers and fathers were also more engaged in the activities with children.

Exposure to books in early years not only provides the child with greater understanding of the nature of print, but may also give the child opportunities to see others reading, such as older siblings doing schoolwork. Presence of books is important for later school performance and IQ scores.

In Albania, around 57 percent of children are living in households where at least three non-children's books are present (Table CD.2). The median number of non-children's books is five. However, only 32 percent of children aged 0-59 months have three or more children's books and slight gender differences are observed between girls and boys (35 percent and 30 percent respectively). The median number of children's books is zero -- this means that more than half of all children have no children's books. While no gender differentials are observed, urban children appear to have more access to both types of books than those living in rural households. Sixty two percent of under-5 children living in urban areas live in households with more than 3 non-children's books, while the figure is 54 percent in rural households. The proportion of under-5 children who have 3 or more children's books is 43

percent in urban areas, compared to 26 percent in rural areas. The presence of both non-children's and children's books is positively correlated with the child's age; in the homes of 63 percent of children aged 24-59 months there are 3 or more non-children's books, while the figure is 44 percent for children aged 0-23 months. Not surprisingly, similar but larger differentials exist in terms of children's books. The table also shows large differences according to household wealth, with only 16 percent of children in the poorest households having three or more children's books compared with 52 percent of children in the richest households.

Table CD.2 also shows that 17 percent of children aged 0-59 months had 3 or more types of playthings to play with in their homes, while 8 percent had none of the types of playthings asked to the mothers/caretakers (Table CD.2). The playthings in MICS included household objects, homemade toys, toys that came from a store, and objects and materials found outside the home. It is interesting to note that 74 percent of children play with toys that come from a store; however, the percentages for other types of toys is 44 percent for household objects and below 25 percent for homemade toys and for objects and materials found outside the home. Slight urban-rural differentials are observed in this respect mainly referring to the objects and materials found outside home which is more common in rural areas. Differentials are small by socioeconomic status of the households. The only background variable which appears to have a strong correlation with the number of playthings children have is the age of the child, a somewhat expected result.

Leaving children alone or in the presence of other young children is known to increase the risk of accidents. In MICS, two questions were asked to find out whether children aged 0-59 months were left alone during the week preceding the interview, and whether children were left in the care of other children under 10 years of age.

Table CD.3 shows that 12 percent of children aged 0-59 months were left in the care of other children, while 2 percent were left alone during the week preceding the interview. Combining the two care indicators, it is calculated that 13 percent of children were left with inadequate care during the week preceding the survey. There is a slight difference observed by the sex of the child or between urban and rural areas. Children aged 24-59 months were left with inadequate care more (15 percent) than those who were aged 0-23 months (9 percent).

X. Education

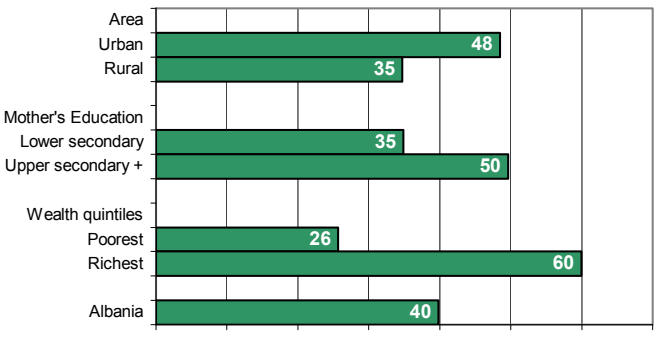
Pre-School Attendance and School Readiness

Attendance to pre-school education in an organized learning or child education programme is important for the readiness of children to go to school. One of the World Fit for Children goals is the promotion of early childhood education.

About 40 percent of the 36-59 month old children attend an early childhood education programme (Table ED.1). This indicator closely matches the administrative reporting of pre-primary enrolment of children 3-5 years old, which is 38 percent in 2005 (UNICEF, 2007b).

Urban, rural and regional differences are significant – this figure is as high as 49 percent in urban areas, compared to 35 percent in rural areas. There are no significant gender differences: 42 percent of the girls aged 36-59 months attend kindergarten compared to 39 percent of the same aged boys. There are, however, significant differences regarding the classification by wealth status of the household: 60 percent of children living in the richest households attended an early childhood education programme, while the figure for children in the poorest households drops to 26 percent. As foreseen pre-school attendance depends on the mother's education: 50 percent of 36-59 month aged children of mothers with upper secondary or higher education attend kindergarten compared to 35 percent of the children whose mothers have only lower secondary education. The proportions of children attending pre-school increases with age from 33 percent at ages 36-47 months to 45 percent at 48-59 months.

Figure ED.1 Percentage of children aged 36-59 months who are attending some form of organized early childhood education programme, Albania, 2005



The table also shows the proportion of children in the first grade of primary school who attended pre-school the previous year (Table ED.1), an important indicator of school readiness. Overall, 70 percent of children who are currently age 6 or 7 and attending the first grade of primary school were attending pre-school the previous year. Seventy-four percent of children in urban areas had attended pre-school the previous year compared to 68 percent among children living in rural areas. Socioeconomic status appears to have a positive

correlation with school readiness – while the indicator is 66 percent among the poorest households, it increases to 75 percent among those children living in the richest households.

Primary and Secondary School Participation

Universal access to basic education and the achievement of primary education by the world's children is one of the most important goals of the Millennium Development Goals and A World Fit for Children. Education is a vital prerequisite for combating poverty, empowering women, protecting children from hazardous and exploitative labour and sexual exploitation, promoting human rights and democracy, protecting the environment, and influencing population growth.

The indicators for primary and secondary school attendance include:

- Net intake rate in primary education
- Net primary school attendance rate
- Net secondary school attendance rate
- Net primary school attendance rate of children of secondary school age
- Female to male education ratio (GPI)

The indicators of school progression include:

- Survival rate to grade five
- Transition rate to secondary school
- Net primary completion rate

Of children who are of primary school entry age (typically age 6 or 7) in Albania, 82 percent are attending the first grade of primary school (ED.2). Sex differentials do not exist, nor between urban and rural areas. A positive correlation with mother's education and socioeconomic status is observed; for children ages 6 and 7 whose mothers have at least upper secondary school education, 86 percent were attending the first grade. In rich households, the proportion is also around 86 percent, while it is 77 percent among children living in the poorest households.

Overall, in Albania about 92 percent of primary school age children (6-9) are attending primary school (Table ED.3A) and 96 percent of basic school age children (6-13) are attending basic schooling (Table ED.3B). The low rate for children 6 years old is related with the fact that children often start school at 7 years old. With the exception of this group of young children who are starting school late, primary schooling is virtually universal.

Classification of education system in Albania
Age 6-9 – Primary school
Age 10-13 – Lower secondary
Age 14-17 – Upper secondary

Compulsory basic schooling is 8 years, covering 4 years of primary and 4 years of lower secondary education

There are no significant differences between urban and rural areas. A positive association with mother's education and household wealth is observed. The percentage of children attending primary school increases from 91 percent to 94 percent as the mother's education

increases from lower secondary to upper secondary & higher education. A similar pattern is seen for household wealth with 90 percent of the poorest children attending primary school and 94 percent of the richest attending (Table ED.3A).

The secondary school net attendance ratio is presented in Table ED.4A. Overall 78 percent of the children of secondary school age (10-17) are attending secondary or higher, but 22 percent of the children are not attending secondary school. Of these children some of them are either out of school or still attending primary school (see below). Almost half of all 10 year olds are not yet in secondary school. At ages 11-13 (the last 3 years of compulsory education) between 94 and 99 percent of children are attending secondary school. After the compulsory years of education, secondary school attendance drops off consistently from 83 percent for 14 year olds to 58 percent for 17 year olds.

Eighty four percent of urban children aged 10-17 are attending secondary school, compared with 75 percent of rural children. The secondary school net attendance ratio is strongly associated with socio-economic status, with only two thirds of children from the poorest households attending secondary school, but 9 out of 10 from the richest households attending secondary school. Education of the mother has a strong effect on secondary school attendance with 91 percent of children whose mothers attended upper secondary or higher currently attending upper secondary, but only 52 percent of children whose mothers had only primary or less education.

Table ED.4B presents the net upper secondary school attendance ratio for children aged 14-17. Fifty-seven percent of children aged 14-17 are attending upper secondary education. The same disparities seen for the eight year secondary school net attendance ratio are seen for the upper secondary net attendance ratio, with urban children (69 percent) more likely to attend upper secondary than rural children (51 percent). Similarly, 78 percent of children from the richest households are attending upper secondary school but only 35 percent of children from the poorest households. Attendance at upper secondary school is also strongly associated with the mother's education level – 69 percent of children of mother's with upper secondary or higher education compared with 43 percent of children of mother's with lower secondary education.

The primary school net attendance ratio of children of secondary school age is presented in Table ED.5A. Six percent of the children of secondary school age are attending primary school when they should be attending secondary school. Virtually all of these are age 10 and are probably because they started school at age 7 rather than at age 6 or were held back a year. The lower secondary attendance rate of upper secondary school age children is presented in Table ED.5B. Thirteen percent of children of upper school age are still attending lower secondary school, with the majority of these being 14 years old.

The percentage of children entering first grade who eventually reach grade 5 is presented in Table ED.6. Of all children starting grade one, virtually all of them (more than 99 percent) will eventually reach grade five. Notice that this number includes children that repeat grades and that eventually move up to reach grade five.

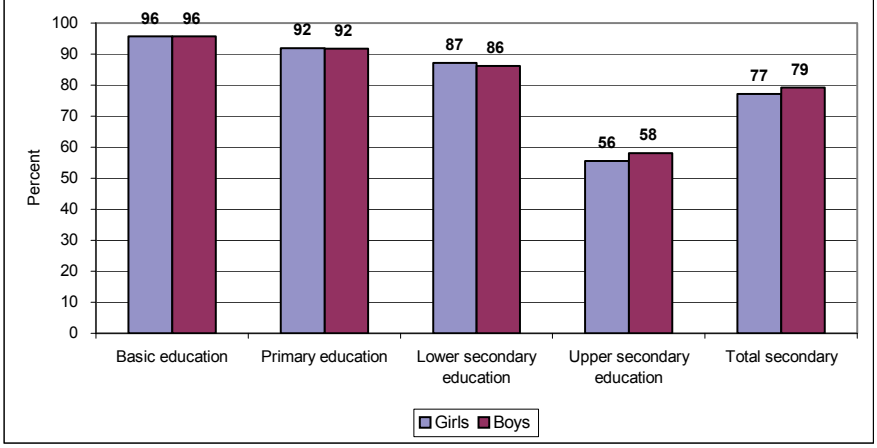
The net primary school completion rate and transition rate to lower secondary education is presented in Table ED.7A. At the time of the survey, only 95 percent of the children of primary completion age (10 years[9]) were attending the last grade of primary education. This

[9] As it is common for children to start school at ages 6 or 7, allowing for 4 years of primary school, age 10 was

value should be distinguished from the gross primary completion ratio which includes children of any age attending the last grade of primary. There are no significant differentials between groups. Almost all children (99 percent) that completed successfully the last grade of primary school were found at the time of the survey to be attending the first grade of secondary school.

In Table ED.7B, the completion rate of lower secondary education and the transition rate to upper secondary education are presented. Ninety-five percent of children of lower secondary completion age (14 years) completed secondary, however a quarter of children did not continue to upper secondary education. There are slight differentials in the completion of lower secondary by wealth quintile where virtually all the richest group completed lower secondary, but only 92 percent of the poorest group completed lower secondary. The transition rate to upper secondary shows bigger differentials between urban and rural areas (89 percent versus 68 percent). Children of mother's with upper secondary education were much more likely to continue to upper secondary (93 percent) than children whose mothers only had lower secondary or lesser education (67 percent). As with the lower secondary completion rate, the wealth quintiles also show significant differences between children from the poorest (62 percent) and the richest (91 percent) households.

Figure ED.2 Net attendance ratios for basic, primary, lower secondary, upper secondary and total secondary education by sex of the child, Albania, 2005



The ratio of girls to boys attending primary and secondary education is provided in Table ED.8. These ratios are better known as the Gender Parity Index (GPI). Notice that the ratios included here are obtained from net attendance ratios (NAR) rather than gross attendance ratios. The gross attendance ratios provide an erroneous description of the GPI mainly because the majority of over-aged children attending primary education tend to be boys. The table shows that gender parity for primary school and lower secondary school is close to 1.00, indicating no difference in the attendance of girls and boys to primary school. However, the indicator drops to 0.96 for upper secondary education.

Gender disparity which is more evident at the upper secondary level is driven by the patterns of school attendance in rural and urban areas and household wealth. The disadvantage of girls is particularly pronounced in the poorest households. While poor families prefer to send their boys to upper secondary school (the NAR of boys is 10

selected for the calculation of the primary completion rate.

percentage points higher than the NAR of girls), this figure is different in the richest families (the NAR of girl is 6 percentage points higher than the NAR of boys). Poor families are more likely to send boys to school when they cannot afford education for all their children. In urban areas the NAR of girl is 4 percentage points higher than the NAR of boys, and in rural areas the NAR of boys is 6 points higher than the NAR of girls. To reach the Millennium Development Goal of gender parity, policy makers have to focus their efforts on rural Albania and on households that suffer from poverty.

Adult Literacy

One of the World Fit for Children goals is to assure adult literacy. Adult literacy is also an MDG indicator, relating to both men and women. In MICS, since only a women's questionnaire was administered, the results are based only on females age 15-24. Literacy was assessed on the ability of women to read a short simple statement or on school attendance. The percent literate is presented in Table ED.9. Literacy is almost universal for all women aged 15-24 at almost 99 percent, but only about a third of women with no education or only primary education are literate.

XI. Child Protection

Birth Registration

The Convention on the Rights of the Child states that every child has the right to a name and a nationality and the right to protection from being deprived of his or her identity. Birth registration is a fundamental means of securing these rights for children. The World Fit for Children states the goal to develop systems to ensure the registration of every child at or shortly after birth, and fulfil his or her right to acquire a name and a nationality, in accordance with national laws and relevant international instruments. The indicator is the percentage of children under 5 years of age whose birth is registered.

The births of 98 percent of the children aged less than five years in Albania have been registered (Table CP.1). There are no significant variations in birth registration across sex, or education categories. The youngest children are the least likely to be registered (93 percent of children aged 0-11 months), but by five years of age 99 percent of children are registered.

Child Labour

Article 32 of the Convention on the Rights of the Child states: "States Parties recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development..." The World Fit for Children mentions nine strategies to combat child labour and the MDGs call for the protection of children against exploitation. In the MICS questionnaire, a number of questions addressed the issue of child labour, that is, children 5-14 years of age involved in labour activities. A child is considered to be involved in child labour activities at the moment of the survey if during the week preceding the survey:

- Ages 5-11: at least one hour of economic work or 28 hours of domestic work per week.
- Ages 12-14: at least 14 hours of economic work or 28 hours of domestic work per week.

This definition allows differentiating child labour from child work to identify the type of work that should be eliminated. As such, the estimate provided here is a minimum of the prevalence of child labour since some children may be involved in hazardous labour activities for a number of hours that could be less than the numbers specified in the criteria explained before. Table CP.2 presents the results of child labour by the type of work. Twelve percent of children are involved in child labour activities and gender disparity is evident as boys are more likely to be performing child labour than girls. This is mostly present in the rural areas; four times higher than in urban areas. The tendency decreases from 19 percent in the poorest quintile to less than 2 percent in the richest quintile.

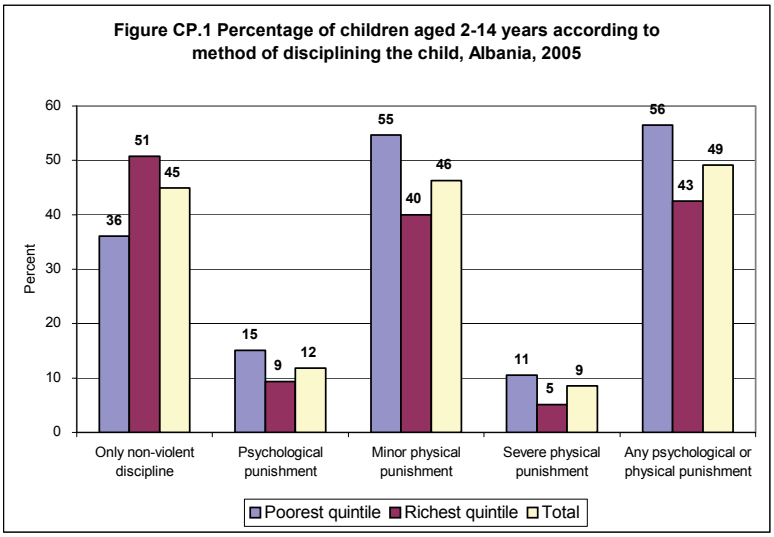
Table CP.3 presents the percentage of children classified as student labourers or as labourer students. Student labourers are the children attending school that were involved in child labour activities at the moment of the surveys. More specifically, of the 91 percent of the children 5-14 years of age attending school, 12 percent are also involved in child labour

activities. On the other hand, out of the 12 percent of the children classified as child labourers, the majority of them are also attending school (92 percent). The proportion of children involved in child labour attending school declines from 98 percent in age group 5-9 to 78 percent in age group 10-14, indicating that children involved in child labour are dropping out of school in the older ages.

Child Discipline

As stated in A World Fit for Children, "children must be protected against any acts of violence …" and the Millennium Declaration calls for the protection of children against abuse, exploitation and violence. In the Albania MICS survey, mothers/caretakers of children age 2-14 years were asked a series of questions on the ways parents use to discipline their children when they misbehave. Note that for the child discipline module, one child aged 2-14 per household was selected randomly during fieldwork. Out of these questions, the two indicators used to describe aspects of child discipline are: 1) the proportion of children 2-14 years that experience psychological aggression as punishment ***or*** minor physical punishment ***or*** severe physical punishment; and 2) the proportion of parents/caretakers of children 2-14 years of age that believe that in order to raise their children properly, they need to physically punish them.

Figure CP.1 Percentage of children aged 2-14 years according to method of disciplining the child, Albania, 2005



Parents react with anger to a child's misbehaviour. A consequence of such a reaction is scolding the child, but what is said in anger may have a lasting impact on the child's development, particularly if certain messages are repeated over a period of time. In MICS, almost half of children (45 percent) are reported to have experienced non-violent behaviour as a means of discipline or punishment, while 49 percent of children have experienced some kind of psychological or physical punishment (Table CP.4). Twelve percent of children were reported as having been subjected to psychological punishment[10]. Minor physical punishment is the most reported form of discipline (46 percent of children). Around 9 percent of children experience severe physical punishment - higher in rural areas, among parents with lower levels of education, and in poorer households.

[10] Due to a printing error in the questionnaire, the proportion reported as subjected to psychological punishment may be under-reported.

It looks unusual that only 6 percent of mothers believe that punishment is a suitable means to control child discipline when in reality they apply some forms of punishment. Often influenced by culture and tradition, the mothers behave in a contradictory way. On balance it is probably fair to adopt one of the conclusions of the Human Development Centre report (Tamo and Karaj, 2005) that: *"even though it is commonly held that violence should be used where necessary, in day-to-day practice physical and psychological violence are the chief means of ensuring discipline… at home"*.

Male children are subjected more to both minor and severe physical discipline (50 and 9 percent) than female children (42 and 7 percent). It is also interesting that differences with respect to many of the background variables were relatively small.

Early Marriage

Marriage before the age of 18 is a reality for many young girls. According to UNICEF's worldwide estimates, over 60 million women aged 20-24 were married/in union before the age of 18. Factors that influence child marriage rates include: the state of the country's civil registration system, which provides proof of age for children; the existence of an adequate legislative framework with an accompanying enforcement mechanism to address cases of child marriage; and the existence of customary or religious laws that condone the practice.

In many parts of the world parents encourage the marriage of their daughters while they are still children in hopes that the marriage will benefit them both financially and socially, while also relieving financial burdens on the family. In actual fact, child marriage is a violation of human rights, compromising the development of girls and often resulting in early pregnancy and social isolation, with little education and poor vocational training reinforcing the gendered nature of poverty. The right to 'free and full' consent to a marriage is recognized in the Universal Declaration of Human Rights - with the recognition that consent cannot be 'free and full' when one of the parties involved is not sufficiently mature to make an informed decision about a life partner. The Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) mentions the right to protection from child marriage in article 16, which states: "The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage..." While marriage is not considered directly in the Convention on the Rights of the Child, child marriage is linked to other rights - such as the right to express their views freely, the right to protection from all forms of abuse, and the right to be protected from harmful traditional practices - and is frequently addressed by the Committee on the Rights of the Child (CRC). Other international agreements related to child marriage include the Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages.

Young married girls are a unique, though often invisible, group. Required to perform heavy amounts of domestic work, under pressure to demonstrate fertility, and responsible for raising children while still children themselves, married girls and child mothers face constrained decision-making and reduced life choices. Boys are also affected by child marriage but the issue impacts girls in far larger numbers and with more intensity. Cohabitation - when a couple lives together as if married - raises the same human rights concerns as marriage. Where a girl lives with a man and takes on the role of caregiver for him, the assumption is often that she has become an adult woman, even if she has not yet

reached the age of 18. Additional concerns due to the informality of the relationship - for example, inheritance, citizenship and social recognition - might make girls in informal unions vulnerable in different ways than those who are in formally recognized marriages.

Research suggests that many factors interact to place a child at risk of marriage. Poverty, protection of girls, family honour and the provision of stability during unstable social periods are considered as significant factors in determining a girl's risk of becoming married while still a child. Women who married at younger ages were more likely to believe that it is sometimes acceptable for a husband to beat his wife and were more likely to experience domestic violence themselves. The age gap between partners is thought to contribute to these abusive power dynamics and to increase the risk of untimely widowhood.

Closely related to the issue of child marriage is the age at which girls become sexually active. Women who are married before the age of 18 tend to have more children than those who marry later in life. Pregnancy related deaths are known to be a leading cause of mortality for both married and unmarried girls between the ages of 15 and 19, particularly among the youngest of this cohort. There is evidence to suggest that girls who marry at young ages are more likely to marry older men which puts them at increased risk of HIV infection. Parents seek to marry off their girls to protect their honour, and men often seek younger women as wives as a means to avoid choosing a wife who might already be infected. The demand for this young wife to reproduce and the power imbalance resulting from the age differential lead to very low condom use among such couples.

Two of the indicators are to estimate the percentage of women married before 15 years of age and percentage married before 18 years of age. The percentage of women married at various ages is provided in Table CP.5. Less than 1 percent of women aged 15-49 were married by age 15, but almost 8 percent of women aged 20-49 were married before age 18. Consulting this table we find that there is no great difference in wealth index for women in marriage or union before their 18th birthday. So the main reasons to marry at an early age is not the economic situation of families but reasons that have to do with religion, as well as the education level of the woman. The greatest proportion of women married before age 15 or age 18 is among families where the woman has a low level of education. Thus the choice to be married or not at a very young age is very often driven by the social attitudes of certain groups of the population which have inherited strong beliefs of the importance of creating a family rather than attending school or further developing skills for greater involvement in society.

The proportion of women aged 15-19 who are married or living in union provides a more recent view of practices in age at marriage. Five percent of women currently aged 15-19 years are married. While there are only small differences between most background characteristics, level of education is correlated with delaying marriage.

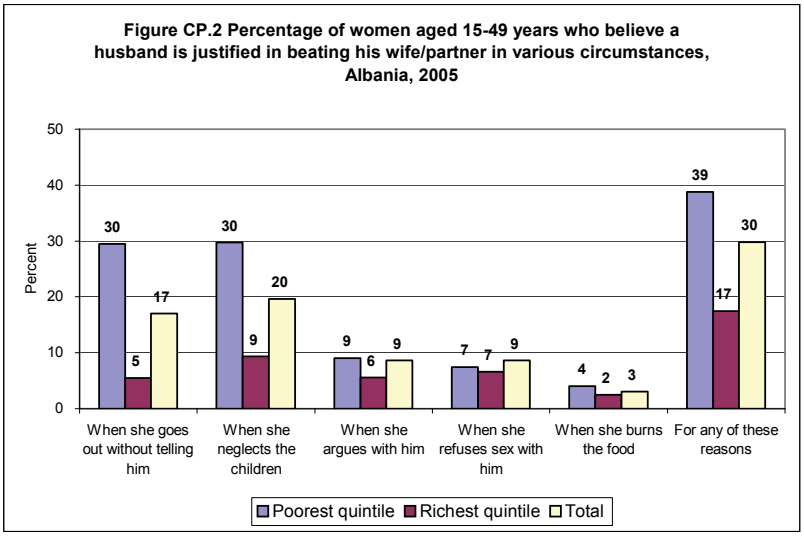
Another component is the spousal age difference with an indicator being the percentage of married/in union women with a difference of 10 or more years of age compared to their current spouse. Table CP.6 presents the results of the age difference between husbands and wives. About half of women aged 20–24 married men with a difference of 5-9 years of age, and around one in five married men more than 10 years older. Among the group of women with a difference of 5-9 years there is no major difference in the distribution according to the wealth status or urban/rural area. The situation is quite different for the woman of the same age group currently married or in union with a man 10 or more years older. This

phenomenon is more frequent in the wealthiest households and among those living in urban areas.

Domestic Violence

A number of questions were asked of women age 15-49 years to assess their attitudes towards whether husbands are justified to hit or beat their wives/partners for a variety of scenarios. These questions were asked to have an indication of cultural beliefs that tend to be associated with the prevalence of violence against women by their husbands/partners. The main assumption here is that women that agree with the statements indicating that husbands/partners are justified to beat their wives/partners under the situations described in reality a more likely to be abused by their own husbands/partners. The responses to these questions can be found in Table CP.7. About 30 percent of women believe that a man is justified in hitting or beating his wife if the woman is not respecting some of those so-called "family rules" such as going out without telling the husband, neglecting the child, burning the food or refusing to have sex with him. Less educated women are more accepting of these beliefs towards men's behaviour - 41 percent of primary educated woman compared to 22 percent of upper secondary educated women. Poorer women are also twice as likely to hold these beliefs as richer women. Older women are also more likely to hold these beliefs.

Figure CP.2 Percentage of women aged 15-49 years who believe a husband is justified in beating his wife/partner in various circumstances, Albania, 2005



Child Disability

One of the World Fit for Children goals is to protect children against abuse, exploitation, and violence, including the elimination of discrimination against children with disabilities. For children age 2 through 9 years, a series of questions were asked to assess a number of disabilities/impairments, such as sight impairment, deafness, and difficulties with speech. This approach rests in the concept of functional disability developed by WHO and aims to identify the implications of any impairment or disability for the development of the child (e.g. health, nutrition, education, etc.). The questions do not seek to provide an objective measure of disability, but rather a subjective measure based on the assessment of the mother or caretaker. Table CP.8 presents the results of these questions.

Mothers or caretakers report that 11 percent of children 2-9 years old have at least one disability. The most commonly reported disabilities are not speaking/not being understood in words (5 percent), not understanding instructions (4 percent), and not learning to do things other children can do (4 percent). The figures vary only slightly according to age, and there is no real difference according to the other background characteristics.

Orphaned Children and Children's Living Arrangements

Children growing up without one or more of their parents often have different physical, emotional and intellectual outcomes than those that live with both parents. The frequency of children living with neither parent, mother only, and father only is presented in Table CP.9[11]. Results are presented only for children aged 0-15 as this information was not collected for children aged 16 and 17. Less than half a percent of children are not living with a biological parent – in virtually all cases because both parents are dead. Four percent live with their mother only and around half a percent live with their father only. Ninety-five percent of children are living with both parents. Two percent of children are orphans (one or both parents are dead). Not surprisingly, the prevalence of orphans increases with the age of the child, and is highest among the poorest households.

[11] As MICS is a household survey, the results do not include any children living in institutions, however, the number of children living in institutions in Albania is very small and they would have a negligible effect on the results presented here.

XII. HIV/AIDS

Knowledge of HIV Transmission

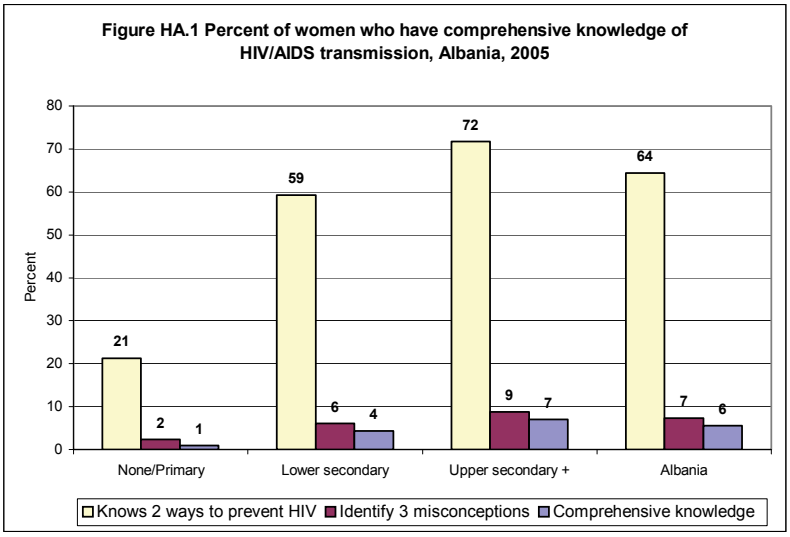
One of the most important prerequisites for reducing the rate of HIV infection is accurate knowledge of how HIV is transmitted and strategies for preventing transmission. Correct information is the first step toward raising awareness and giving young people the tools to protect themselves from infection. Misconceptions about HIV are common and can confuse young people and hinder prevention efforts. Different regions are likely to have variations in misconceptions although some appear to be universal (for example that sharing food can transmit HIV or mosquito bites can transmit HIV). The UN General Assembly Special Session on HIV/AIDS (UNGASS) called on governments to improve the knowledge and skills of young people to protect themselves from HIV. The indicators to measure this goal as well as the MDG of reducing HIV infections by half include improving the level of knowledge of HIV and its prevention, and changing behaviours to prevent further spread of the disease. The HIV module was administered to women 15-49 years of age.

One indicator which is both an MDG and UNGASS indicator is the percent of young women who have comprehensive and correct knowledge of HIV prevention and transmission. Women were asked whether they knew of the three main ways of HIV transmission – having only one faithful uninfected partner, using a condom every time, and abstaining from sex. The results are presented in Table HA.1. In Albania, 94 percent of the interviewed women have heard of AIDS. However, the percentage of women who know of all three main ways of preventing HIV transmission is only 41 percent. Seventy six percent of women know of having one faithful uninfected sex partner, 70 percent now of using a condom every time, and 50 percent know of abstaining from sex as main ways of preventing HIV transmission. While 84 percent of women know at least one way, 16 percent of women do not know any of the three ways. Both the level of education of the woman and household wealth are positively correlated with the level of comprehensive and correct knowledge of HIV prevention and transmission.

Table HA.2 presents the percent of women who can correctly identify misconceptions concerning HIV. The table provides information on whether women know that HIV cannot be transmitted by sharing food or by mosquito bites. Fifty two percent of women know that sharing food cannot transmit HIV, and 32 percent of women know that mosquito bites cannot transmit HIV, while 32 percent of women know that a healthy-looking person can be infected. Of the interviewed women, seven percent reject the two most common misconceptions and know that a healthy-looking person can be infected. As expected, the ability of the woman to correctly identify the misconceptions concerning HIV is mostly related with of her level of education and the type of area she lives in (urban/rural). The percentages tend to be higher when the woman has completed upper secondary education or is living in an urban area.

A key indicator used to measure countries' responses to the HIV epidemic is the proportion of young people 15-24 years who know two methods of preventing HIV (having one faithful uninfected sex partner and using a condom every time), reject two misconceptions and know that a healthy looking person can have HIV. Table HA.3 presents the percentage of women 15-49 years with comprehensive correct knowledge about HIV. Only six percent of

all women and the same percentage of women aged 15-24 in Albania have comprehensive correct knowledge about HIV. While two thirds of women know two ways of preventing HIV transmission, only seven percent of women do not have misconceptions concerning HIV. Comprehensive correct knowledge of HIV is three times higher in the richest households than the poorest households, but still only around nine percent of women in those households have comprehensive knowledge. As expected, the percent of women with comprehensive correct knowledge of HIV increases with the woman's education level.

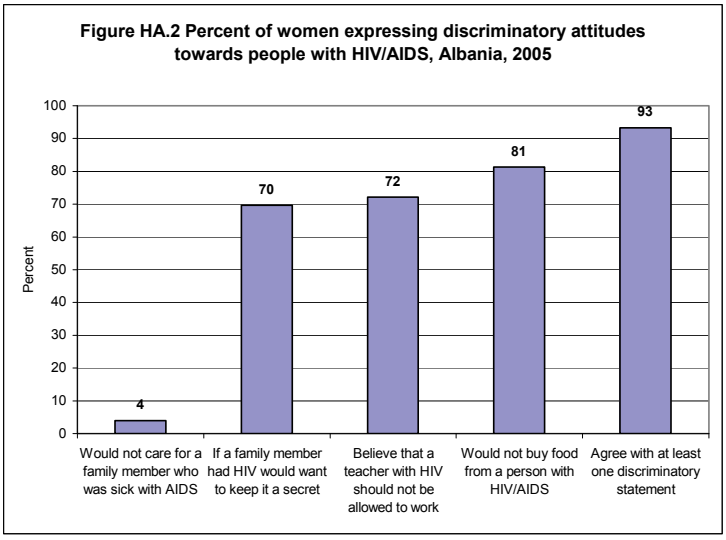


Knowledge of mother-to-child transmission of HIV is also an important first step for women to seek HIV testing when they are pregnant to avoid infection in the baby. Women should know that HIV can be transmitted during pregnancy, delivery, and through breastfeeding. The level of knowledge among women age 15-49 years concerning mother-to-child transmission is presented in Table HA.4. Overall, 82 percent of women know that HIV can be transmitted from mother to child. The percentage of women who know all three ways of mother-to-child transmission is 53 percent, while 12 percent of women did not know of any specific way. Knowledge of all three ways of mother-to-child transmission varies little by age, but varies considerably between urban and rural areas (60 percent versus 49 percent), by wealth (63 percent of the richest women compared with 37 percent of the poorest women) and particularly by education (62 percent of women with upper secondary education compared with 17 percent of women with no more than primary education).

Attitudes Towards People with HIV

The indicators on attitudes towards people living with HIV measure stigma and discrimination in the community. Stigma and discrimination are low if respondents report an accepting attitude on the following four questions: 1) would care for family member sick with AIDS; 2) would ***not*** want to keep HIV status of a family member a secret; 3) thinks that a female teacher who is HIV positive should be allowed to teach in school; and 4) would buy fresh vegetables from a vendor who was HIV positive. Table HA.5 presents the attitudes of women towards people living with HIV/AIDS. This table shows that the level of discrimination toward the people living with HIV/AIDS is very high, as only 7 percent of them seem to be accepting of people with HIV/AIDS based on the above mentioned attitudes. The attitudes vary from a low of four percent not accepting to care for family

members with HIV/AIDS to a high of 81 percent that would not buy fresh vegetables from a person with HIV/AIDS. The discriminatory attitudes vary little according to age, level of education, wealth, or type of place of residence.



HIV Counselling and Testing

Another important indicator is the knowledge of where to be tested for HIV and use of such services. Questions related to knowledge among women of a facility for HIV testing and whether they have ever been tested is presented in Table HA.6. Only 28 percent of women know where to be tested, while just one percent has actually been tested. Women who live in good economic conditions, urban areas and have a better level of education have greater knowledge of places where they can get an HIV test. Of the small number of women who have been tested, two thirds of them have been told the result, but one third have not been told the result.

Among women who had given birth within the two years preceding the survey, the percent who received HIV counselling during antenatal care is presented in Table HA.7. Ninety seven percent of women received antenatal care from a health care professional for the last pregnancy, but only 46 percent of them were provided information about HIV prevention. Wealthier, better educated women were more likely to receive information about HIV than poorer, less educated women.

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Tables

Table HH.1: Results of household and individual interviews

Number of households, women, and children under 5 by results of the household, women's and under-five's interviews, and household, women's and under-five's response rates, Albania, 2005

	Residence		
	Urban	Rural	Total
Number of households			
Sampled	2800	2618	5418
Occupied	2770	2577	5347
Interviewed	2658	2492	5150
Response rate	96.0	96.7	96.3
Number of women			
Eligible	2423	2705	5128
Interviewed	2414	2677	5091
Response rate	99.6	99.0	99.3
Overall response rate	95.6	95.7	95.6
Number of children under 5			
Eligible	473	627	1100
Mother/Caretaker interviewed	471	622	1093
Response rate	99.6	99.2	99.4
Overall response rate	95.6	95.9	95.7

Table HH.2: Household age distribution by sex

Percent distribution of the household population by five-year age groups and dependency age groups, and number of children aged 0-17 years, by sex, Albania, 2005

	Males		Females		Total	
	Number	Percent	Number	Percent	Number	Percent
Age						
0-4	625	6.0	517	5.0	1142	5.5
5-9	900	8.7	794	7.7	1694	8.2
10-14	1065	10.3	1017	9.9	2082	10.1
15-19	1061	10.3	990	9.7	2052	10.0
20-24	735	7.1	751	7.3	1487	7.2
25-29	552	5.3	647	6.3	1199	5.8
30-34	608	5.9	667	6.5	1275	6.2
35-39	690	6.7	721	7.0	1411	6.8
40-44	706	6.8	764	7.5	1470	7.1
45-49	737	7.1	682	6.7	1419	6.9
50-54	704	6.8	717	7.0	1421	6.9
55-59	512	4.9	517	5.0	1029	5.0
60-64	457	4.4	453	4.4	909	4.4
65-69	381	3.7	364	3.6	745	3.6
70+	618	6.0	650	6.3	1268	6.2
Missing/DK	1	0.0	5	0.0	6	0.0
Dependency age groups						
< 15	2590	25.0	2328	22.7	4918	23.9
15-64	6762	65.3	6910	67.4	13673	66.3
65 +	999	9.7	1014	9.9	2013	9.8
Missing/DK	1	0.0	5	0.0	6	0.0
Children aged 0-17	3280	31.7	2946	28.7	6226	30.2
Adults 18+/Missing/ DK	7073	68.3	7311	71.3	14384	69.8
Total	10353	100.0	10257	100.0	20609	100.0

Table HH.3: Household composition

Percent distribution of households by selected characteristics, Albania, 2005

		Number of households	
	Weighted percent	Weighted	Unweighted
Sex of household head			
Male	88.1	4536	4502
Female	11.9	614	648
Residence			
Urban	44.2	2275	2658
Rural	55.8	2875	2492
Number of household members			
1	5.0	260	280
2-3	32.4	1667	1720
4-5	45.4	2337	2330
6-7	14.9	769	714
8-9	1.7	85	80
10+	0.6	32	26
Religion			
Muslim	79.9	4117	4150
Orthodox/Catholic/Other	20.1	1033	1000
Total	100.0	5150	5150
At least one child aged < 18 years	61.2	-	-
At least one child aged < 5 years	18.8	-	-
At least one woman aged 15-49 years	74.6	-	-

Table HH.4: Women's background characteristics

Percent distribution of women aged 15-49 years by background characteristics, Albania, 2005

		Number of women	
	Weighted percent	Weighted	Unweighted
Residence			
Urban	39.8	2028	2414
Rural	60.2	3063	2677
Age			
15-19	18.9	961	927
20-24	14.4	731	736
25-29	12.3	625	636
30-34	12.9	655	656
35-39	13.9	706	700
40-44	14.7	749	767
45-49	13.0	664	669
Marital/Union status			
Currently married/in union	65.5	3333	3335
Formerly married/in union	1.9	95	103
Never married/in union	32.7	1663	1653
Motherhood status			
Ever gave birth	63.5	3235	3237
Never gave birth	36.5	1856	1854
Education			
None/Primary	2.0	103	98
Lower secondary	50.5	2570	2401
Upper Secondary +	47.5	2418	2592
Wealth index quintiles			
Poorest	20.3	1033	894
Second	20.4	1041	941
Middle	19.3	981	964
Fourth	20.0	1018	1077
Richest	20.0	1018	1215
Religion			
Muslim	82.3	4189	4226
Orthodox/Catholic/Other	17.7	902	865
Total	100.0	5091	5091

Table HH.5: Children's background characteristics

Percent distribution of children under five years of age by background characteristics, Albania, 2005

		Number of under-5 children	
	Weighted percent	Weighted	Unweighted
Sex			
Male	54.8	599	596
Female	45.2	494	497
Residence			
Urban	35.4	387	471
Rural	64.6	706	622
Age			
< 6 months	8.9	97	99
6-11 months	7.4	81	74
12-23 months	17.5	191	199
24-35 months	19.3	211	212
36-47 months	20.7	226	224
48-59 months	26.2	286	285
Mother's education			
None/Primary	3.4	38	32
Lower secondary	54.4	594	573
Upper Secondary +	42.2	461	488
Wealth index quintiles			
Poorest	22.7	248	218
Second	21.3	233	212
Middle	18.1	197	199
Fourth	21.0	230	240
Richest	16.9	185	224
Religion			
Muslim	85.4	933	942
Orthodox/Catholic/Other	14.6	160	151
Total	100.0	1093	1093

Table CM.1: Child mortality

Infant and under-five mortality rates, Albania, 2005

	Infant mortality rate*	Under-five mortality rate**
Sex		
Male	24	27
Female	11	12
Residence		
Urban	18	20
Rural	18	19
Women's education		
None/Primary/Lower secondary	22	25
Upper secondary +	11	12
Wealth index quintiles		
Poorest 60%	23	26
Richest 40%	6	6
Total	18	19

*** MICS indicator 2; MDG indicator 14**

**** MICS indicator 1; MDG indicator 13**

Mortality rates are based on indirect estimation using East model. Reference date is January 2002.

Table CM.2: Children ever born and proportion dead

Mean number of children ever born, children surviving and proportion dead by age of women, Albania, 2005

	Mean number of children ever born	Mean number of children surviving	Proportion dead	Number of women
Age				
15-19	0.012	0.000	0.000	961
20-24	0.165	0.002	0.013	731
25-29	0.666	0.019	0.028	625
30-34	1.083	0.022	0.021	655
35-39	1.321	0.048	0.037	706
40-44	1.431	0.067	0.047	749
45-49	1.573	0.069	0.044	664
Total	0.846	0.031	0.037	5091

Table NU.1: Child malnourishment

Percentage of children aged 0-59 months who are severely or moderately malnourished, Albania, 2005

	Weight for age			Height for age		Weight for height			children aged 0-59
	% below - 2 SD*	% below - 3 SD	% above + 2 SD	% below - 2 SD**	% below - 3 SD	% below - 2 SD***	% below - 3 SD	% above + 2 SD	
Sex									
Male	8.1	1.3	6.9	23.6	9.3	6.4	2.1	19.5	592
Female	6.8	1.1	9.1	20.7	8.2	6.7	1.2	21.1	486
Residence									
Urban	4.9	0.5	11.9	22.6	9.3	4.8	0.7	24.1	383
Rural	9.0	1.5	5.7	22.1	8.5	7.5	2.2	18.1	694
Age									
< 6 months	7.7	0.8	6.9	22.7	3.8	7.3	1.2	20.8	92
6-11 months	9.0	0.9	2.3	22.7	12.1	5.8	0.0	19.6	80
12-23 months	7.4	1.5	9.6	19.5	7.8	6.5	0.9	16.3	190
24-35 months	8.5	1.9	10.7	21.6	10.1	5.3	2.6	17.4	208
36-47 months	5.9	0.0	7.7	24.6	6.8	6.6	1.9	19.6	226
48-59 months	7.6	1.5	6.8	22.5	10.8	7.5	2.0	25.5	282
Mother's education									
None/Primary	(7.4)	(0.0)	(6.4)	(28.2)	(13.3)	(12.8)	(0.0)	(9.4)	36
Lower secondary	8.8	1.8	6.5	22.3	6.9	6.9	2.1	20.2	584
Upper secondary +	5.8	0.5	9.8	21.7	10.9	5.7	1.3	21.2	458
Wealth index quintiles									
Poorest	12.9	2.0	5.4	30.1	12.8	5.3	2.0	18.7	244
Second	9.2	1.6	5.9	22.9	5.9	12.1	1.8	16.4	229
Middle	8.0	1.4	6.5	24.1	14.1	2.4	0.4	20.9	193
Fourth	3.2	0.6	11.8	18.4	5.6	6.4	2.3	26.5	229
Richest	3.0	0.0	10.6	13.9	5.5	5.9	1.7	18.5	183
Religion									
Muslim	7.9	1.2	7.4	23.2	9.4	6.7	1.8	19.7	918
Orthodox/Catholic/ Other	5.5	1.0	10.9	16.8	5.5	5.6	1.2	23.0	160
Total	7.5	1.2	7.9	22.3	8.8	6.6	1.7	20.2	1078

*** MICS indicator 6; MDG indicator 4**

**** MICS indicator 7**

***** MICS indicator 8**

(…) – Figures are based on 25-49 unweighted cases.

Table NU.2: Initial breastfeeding

Percentage of women aged 15-49 years with a birth in the two years preceding the survey who breastfed their baby within one hour of birth and within one day of birth, Albania, 2005

	Percentage who started breastfeeding within one hour of birth*	Percentage who started breastfeeding within one day of birth	Number of women with a live birth in the two years preceding the survey
Residence			
Urban	32.2	73.0	136
Rural	28.7	74.0	264
Months since birth			
< 6 months	31.6	75.8	104
6-11 months	28.3	68.8	80
12-23 months	30.8	75.7	200
Mother's education			
None/Primary	(*)	(*)	11
Lower secondary	26.9	73.5	224
Upper secondary +	34.0	74.0	164
Wealth index quintiles			
Poorest	29.6	75.7	102
Second	34.1	73.2	72
Middle	18.3	72.6	78
Fourth	32.5	72.2	84
Richest	36.3	74.0	64
Religion			
Muslim	28.2	70.2	331
Orthodox/Catholic/ Other	38.3	90.5	68
Total	29.9	73.7	399

*** MICS indicator 45**

(*) – Figures are based on less than 25 unweighted cases.

Table NU.3: Breastfeeding

Percentage of living children according to breastfeeding status at each age group, Albania, 2005

	Children 0-3 months			Children 0-5 months			Children 6-9 months		Children 12-15 months		Children 20-23 months	
	Percent exclusively breastfed	Breastfed and only given plain water	Number of children	Percent exclusively breastfed*	Breastfed and only given plain water	Number of children	Percent receiving breastmilk and solid/ mushy food**	Number of children	Percent breastfed ***	Number of children	Percent breastfed ***	Number of children
Sex												
Male	(8.4)	(51.6)	26	4.2	35.7	53	43.8	36	(57.3)	48	(16.9)	32
Female	(0.0)	(47.3)	32	(0.0)	38.3	44	(*)	24	(58.6)	34	(*)	21
Residence												
Urban	(3.7)	(54.1)	26	(2.9)	(45.7)	33	(*)	16	(52.6)	23	(37.2)	19
Rural	(3.8)	(45.5)	33	2.0	32.3	63	(39.4)	43	59.9	58	(10.2)	34
Mother's education												
None/Primary	(*)	(*)	0	(*)	(*)	0	(*)	4	(*)	5	(*)	2
Lower secondary	(6.4)	(44.1)	35	4.0	31.1	56	(49.8)	28	(60.1)	49	(28.9)	29
Upper secondary +	(0.0)	(56.6)	24	(0.0)	(44.7)	41	(26.4)	28	(50.9)	28	(10.2)	22
Religion												
Muslim	4.3	51.3	52	2.7	35.4	83	(34.0)	44	54.9	68	(19.9)	44
Orthodox/Catholic/ Other	(*)	(*)	7	(*)	(*)	14	(*)	16	(*)	14	(*)	10
Total	3.8	49.2	59	2.3	36.9	97	38.4	59	57.8	82	20.0	54

*** MICS indicator 15**

**** MICS indicator 17**

***** MICS indicator 16**

(*) – Figures are based on less than 25 unweighted cases.

(…) – Figures are based on 25-49 unweighted cases.

Table NU.4: Adequately fed infants

Percentage of infants under 6 months of age exclusively breastfed, percentage of infants 6-11 months who are breastfed and who ate solid/semi-solid food at least the minimum recommended number of times yesterday and percentage of infants adequately fed, Albania, 2005

	Percent of infants							
	0-5 months exclusively breastfed	0-5 months breastfed and receiving plain water only	6-8 months who received breastmilk and comple-mentary food at least 2 times in prior 24 hours	9-11 months who received breastmilk and comple-mentary food at least 3 times in prior 24 hours	6-11 months who received breastmilk and comple-mentary food at least the minimum recomm-ended number of times per day*	0-11 months who were appro-priately fed**	0-11 months who were appro-priately fed***	Number of infants aged 0-11 months
Sex								
Male	4.2	35.7	(*)	(*)	(46.6)	24.3	40.9	100
Female	(0.0)	(38.3)	(*)	(*)	(44.8)	19.4	41.1	78
Residence								
Urban	(2.9)	(45.7)	(*)	(*)	(39.8)	18.1	43.3	57
Rural	2.0	32.3	(50.8)	(*)	(48.3)	24.1	39.9	121
Mother's education								
None/Primary	(*)	(*)	(*)	(*)	(*)	(*)	(*)	4
Lower secondary	4.0	31.1	(*)	(41.1)	(44.3)	21.4	36.8	98
Upper secondary +	(0.0)	(44.7)	(*)	(*)	(41.9)	19.3	43.4	76
Wealth index quintiles								
Poorest	(*)	(*)	(*)	(*)	(*)	(23.2)	(28.4)	50
Second	(*)	(*)	(*)	(*)	(*)	(26.0)	(50.6)	34
Middle	(*)	(*)	(*)	(*)	(*)	(17.1)	(38.4)	37
Fourth	(*)	(*)	(*)	(*)	(*)	(27.7)	(46.8)	29
Richest	(*)	(*)	(*)	(*)	(*)	(16.8)	(49.1)	28
Religion								
Muslim	2.7	35.4	39.0	52.4	45.1	20.6	39.5	143
Orthodox/Catholic/ Other	(*)	(*)	(*)	(*)	(*)	(28.7)	(47.0)	35
Total	2.3	36.9	(47.2)	(44.2)	45.9	22.2	41.0	178

*** MICS indicator 18**

**** MICS indicator 19**

***** alternative definition - children 0-5 months receiving plain water only in addition to breastmilk**

(*) – Figures are based on less than 25 unweighted cases.

(…) – Figures are based on 25-49 unweighted cases.

Table NU.5: Brand of salt

Percent distribution households according to brand of salt used, Albania, 2005

	Salt brand						
	Niki	Vlore (E Bardhe)	Elka	Nelson	Other	Total	Number of households
Residence							
Urban	81.2	3.5	9.5	2.2	3.5	100.0	2275
Rural	73.7	11.6	5.2	4.2	5.2	100.0	2875
Wealth index quintiles							
Poorest	60.2	23.8	3.7	4.4	7.9	100.0	963
Second	77.5	8.7	4.8	4.2	4.7	100.0	967
Middle	82.8	5.2	5.7	3.4	2.9	100.0	1021
Fourth	81.7	2.5	8.8	2.4	4.5	100.0	1074
Richest	81.2	2.0	11.8	2.4	2.7	100.0	1125
Total	77.0	8.1	7.1	3.3	4.5	100.0	5150

Table NU.6: Children's vitamin A supplementation

Percent distribution of children aged 6-59 months by whether they have received a high dose vitamin A supplement in the last 6 months, Albania, 2005

	Percent of children who received vitamin A:			Not sure if received vitamin A	Never received vitamin A	Total	Number of children aged 6-59 months
	Within last 6 months*	Prior to last 6 months	Not sure when				
Sex							
Male	9.0	11.2	6.5	17.9	55.5	100.0	547
Female	6.8	13.2	8.3	12.4	59.3	100.0	450
Residence							
Urban	8.9	12.3	11.2	12.8	54.8	100.0	354
Rural	7.5	12.0	5.1	16.9	58.5	100.0	642
Age							
6-11 months	23.4	0.0	1.9	11.4	63.3	100.0	81
12-23 months	8.7	12.9	5.2	15.8	57.5	100.0	191
24-35 months	6.0	15.5	4.7	12.9	60.9	100.0	211
36-47 months	7.0	12.6	10.4	17.3	52.8	100.0	226
48-59 months	5.5	12.2	9.6	16.8	55.9	100.0	286
Mother's education							
None/Primary	(7.9)	(13.7)	(3.2)	(24.1)	(51.1)	(100.0)	38
Lower secondary	6.1	10.6	6.0	18.2	59.1	100.0	539
Upper secondary +	10.5	13.9	9.3	11.1	55.3	100.0	420
Wealth index quintiles							
Poorest	4.9	16.6	4.9	23.1	50.5	100.0	224
Second	8.4	9.1	3.3	15.7	63.5	100.0	214
Middle	9.7	8.4	10.1	15.4	56.5	100.0	178
Fourth	7.2	13.7	8.5	11.5	59.2	100.0	214
Richest	11.1	11.8	11.1	9.8	56.2	100.0	166
Religion							
Muslim	6.9	10.9	6.8	14.8	60.6	100.0	850
Orthodox/Catholic/ Other	14.4	19.4	9.9	19.2	37.1	100.0	146
Total	8.0	12.1	7.3	15.4	57.2	100.0	996

*** MICS indicator 42**

(…) – Figures are based on 25-49 unweighted cases.

Table NU.7: Post-partum mothers' vitamin A supplementation

Percentage of women aged 15-49 years with a live birth in the 2 years preceding the survey by whether they received a high dose vitamin A supplement before the infant was 8 weeks old, Albania, 2005

	Received vitamin A supplement*	Not sure if received vitamin A	Number of women aged 15-49 years
Residence			
Urban	38.0	4.0	136
Rural	19.9	8.0	264
Education			
None/Primary	(*)	(*)	11
Lower secondary	20.2	7.7	224
Upper secondary +	34.0	4.3	164
Wealth index quintiles			
Poorest	17.7	9.5	102
Second	13.5	9.3	72
Middle	32.3	4.6	78
Fourth	31.9	3.3	84
Richest	38.3	6.1	64
Religion			
Muslim	22.2	7.3	331
Orthodox/Catholic/Other	44.8	3.7	68
Total	26.1	6.7	399

***MICS indicator 43**

(*) – Figures are based on less than 25 unweighted cases.

Table NU.8: Low birth weight infants

Percentage of live births in the 2 years preceding the survey that weighed below 2500 grams at birth, Albania, 2005

	Percent of live births:		
	Below 2500 grams*	Weighed at birth**	Number of live births
Residence			
Urban	7.0	95.1	136
Rural	6.8	97.2	264
Mother's education			
None/Primary	(*)	(*)	11
Lower secondary	7.3	95.8	224
Upper secondary +	6.4	97.2	164
Wealth index quintiles			
Poorest	6.8	97.6	102
Second	6.5	97.3	72
Middle	5.5	100.0	78
Fourth	6.9	91.6	84
Richest	8.9	96.1	64
Religion			
Muslim	7.0	95.8	331
Orthodox/Catholic/Other	6.4	100.0	68
Total	6.9	96.5	399

*** MICS indicator 9**

**** MICS indicator 10**

(*) – Figures are based on less than 25 unweighted cases.

Table CH.1: Neonatal tetanus protection

Percentage of mothers with a birth in the last 2 years protected against neonatal tetanus, Albania, 2005

	Percent of mothers with a birth in the last 2 years who:			
	Received at least 2 doses during last pregnancy	Received at least 2 doses, the last within prior 3 years	Protected against tetanus*	Number of mothers
Residence				
Urban	37.2	6.3	43.5	136
Rural	51.9	4.8	56.7	264
Age				
15-19	(*)	(*)	(*)	17
20-24	44.2	4.4	48.6	112
25-29	48.7	9.4	58.0	139
30-34	45.2	2.5	47.7	85
35+	(44.4)	(2.5)	(46.9)	47
Education				
None/Primary	(*)	(*)	(*)	11
Lower secondary	46.5	5.3	51.8	224
Upper secondary +	47.9	5.8	53.7	164
Wealth index quintiles				
Poorest	42.4	7.6	50.0	102
Second	52.2	4.2	56.4	72
Middle	55.3	2.1	57.4	78
Fourth	43.5	6.4	49.9	84
Richest	42.4	5.4	47.7	64
Religion				
Muslim	45.4	3.8	49.2	331
Orthodox/Catholic/ Other	54.2	12.9	67.1	68
Total	46.9	5.3	52.2	399

*** MICS indicator 32**

(*) – Figures are based on less than 25 unweighted cases.

(…) – Figures are based on 25-49 unweighted cases.

Table CH.2: Oral rehydration treatment

Percentage of children aged 0-59 months with diarrhoea in the last two weeks and treatment with oral rehydration solution (ORS) or other oral rehydration treatment (ORT), Albania, 2005

	Had diarrhoea in last two weeks	Number of children aged 0-59 months	Children with diarrhoea who received: Fluid from ORS packet	Recommended homemade fluid	Pre-packaged ORS fluid	No treatment	ORT Use Rate *	Number of children aged 0-59 months with diarrhoea
Sex								
Male	8.1	599	(55.2)	(83.8)	(5.4)	(7.4)	(92.6)	49
Female	5.4	494	(*)	(*)	(*)	(*)	(*)	27
Residence								
Urban	5.1	387	(*)	(*)	(*)	(*)	(*)	20
Rural	7.8	706	(47.3)	(76.0)	(6.4)	(12.0)	(88.0)	55
Age								
0-5 months	7.7	97	(*)	(*)	(*)	(*)	(*)	7
6-11 months	8.4	81	(*)	(*)	(*)	(*)	(*)	7
12-23 months	11.6	191	(*)	(*)	(*)	(*)	(*)	22
24-35 months	7.3	211	(*)	(*)	(*)	(*)	(*)	15
36-47 months	5.6	226	(*)	(*)	(*)	(*)	(*)	13
48-59 months	3.7	286	(*)	(*)	(*)	(*)	(*)	11
Mother's education								
None/Primary	(2.2)	38	(*)	(*)	(*)	(*)	(*)	1
Lower secondary	7.0	594	(35.9)	(81.3)	(8.4)	(11.0)	(89.0)	42
Upper secondary +	7.0	461	(73.7)	(71.7)	(8.7)	(8.5)	(91.5)	32
Wealth index quintiles								
Poorest	9.0	248	(*)	(*)	(*)	(*)	(*)	22
Second	8.6	233	(*)	(*)	(*)	(*)	(*)	20
Middle	7.8	197	(*)	(*)	(*)	(*)	(*)	15
Fourth	4.6	230	(*)	(*)	(*)	(*)	(*)	10
Richest	3.7	185	(*)	(*)	(*)	(*)	(*)	7
Religion								
Muslim	7.1	933	49.8	76.5	8.3	11.0	89.0	66
Orthodox/Catholic/ Other	5.5	160	(*)	(*)	(*)	(*)	(*)	9
Total	6.9	1093	51.8	76.2	8.4	10.9	89.1	75

*** MICS indicator 33**

* Percent under fives with diarrhoea in previous 2 weeks who received oral rehydration salts or an appropriate household solution (ORT)

(*) – Figures are based on less than 25 unweighted cases.

(…) – Figures are based on 25-49 unweighted cases.

Table CH.3: Home management of diarrhoea

Percentage of children aged 0-59 months with diarrhoea in the last two weeks who took increased fluids and continued to feed during the episode, Albania, 2005

	Had diarrhoea in last two weeks	Number of children aged 0-59 months	Children with diarrhoea who: Drank more	Drank the same or less	Ate somewhat less, same or more	Ate much less or none	Home manage-ment of diarrhoea*	Received ORT or increased fluids AND continued feeding**	Number of children aged 0-59 months with diarrhoea
Sex									
Male	8.1	599	(12.6)	(83.9)	(50.3)	(49.7)	(7.7)	(46.5)	49
Female	5.4	494	(*)	(*)	(*)	(*)	(*)	(*)	27
Residence									
Urban	5.1	387	(*)	(*)	(*)	(*)	(*)	(*)	20
Rural	7.8	706	(10.7)	(86.2)	(51.3)	(48.7)	(7.3)	(48.0)	55
Age									
0-11 months	8.1	178	(*)	(*)	(*)	(*)	(*)	(*)	14
18-29 months	11.6	191	(*)	(*)	(*)	(*)	(*)	(*)	22
24-35 months	7.3	211	(*)	(*)	(*)	(*)	(*)	(*)	15
36-47 months	5.6	226	(*)	(*)	(*)	(*)	(*)	(*)	13
48-59 months	3.7	286	(*)	(*)	(*)	(*)	(*)	(*)	11
Mother's education									
None/Primary	(2.2)	38	(*)	(*)	(*)	(*)	(*)	(*)	1
Lower secondary	7.0	594	(13.5)	(86.5)	(55.7)	(44.3)	(11.2)	(55.7)	42
Upper secondary +	7.0	461	(9.9)	(84.8)	(50.4)	(49.6)	(5.6)	(44.8)	32
Wealth index quintiles									
Poorest	9.0	248	(*)	(*)	(*)	(*)	(*)	(*)	22
Second	8.6	233	(*)	(*)	(*)	(*)	(*)	(*)	20
Middle	7.8	197	(*)	(*)	(*)	(*)	(*)	(*)	15
Fourth	4.6	230	(*)	(*)	(*)	(*)	(*)	(*)	10
Richest	3.7	185	(*)	(*)	(*)	(*)	(*)	(*)	7
Religion									
Muslim	7.1	933	7.7	89.7	54.2	45.8	5.5	52.8	66
Orthodox/Catholic/ Other	5.5	160	(*)	(*)	(*)	(*)	(*)	(*)	9
Total	6.9	1093	11.8	85.9	52.8	47.2	8.6	50.3	75

*** MICS indicator 34**

***** Home management of diarrhoea - Percent of under fives with diarrhoea in previous 2 weeks who took "more" fluids AND continued eating somewhat less, the same or more food.

**** MICS indicator 35**

****** Received ORT or increased fluids and continued feeding - Percent of under fives with diarrhoea in previous 2 weeks who received [ORS and/or an appropriate household solution (ORT) or took "more" fluids] AND who continued eating somewhat less, the same or more food.

(*) – Figures are based on less than 25 unweighted cases.

(…) – Figures are based on 25-49 unweighted cases.

Table CH.4: Care seeking for suspected pneumonia

Percentage of children aged 0-59 months with suspected pneumonia in the last two weeks taken to a health provider, Albania, 2005

	Had acute respiratory infection	Number of children aged 0-59 months	Children with suspected pneumonia who were taken to: Govt. Hospital	Govt. health centre	Village health worker	Private physician	Pharmacy	Any appropriate provider*	Number of children aged 0-59 months with suspected pneumonia
Sex									
Male	4.4	599	(12.9)	(25.1)	(2.5)	0.0	(4.4)	(31.7)	26
Female	4.5	494	(22.9)	(35.5)	(3.2)	(6.9)	(3.2)	(61.3)	22
Residence									
Urban	3.9	387	(*)	(*)	(*)	(*)	(*)	(*)	15
Rural	4.8	706	(25.3)	(30.9)	(4.1)	(2.5)	(5.6)	(53.2)	34
Age									
0-11 months	3.4	178	(*)	(*)	(*)	(*)	(*)	(*)	6
18-29 months	5.4	191	(*)	(*)	(*)	(*)	(*)	(*)	10
24-35 months	5.9	211	(*)	(*)	(*)	(*)	(*)	(*)	13
36-47 months	3.6	226	(*)	(*)	(*)	(*)	(*)	(*)	8
48-59 months	4.0	286	(*)	(*)	(*)	(*)	(*)	(*)	12
Mother's education									
None/Primary	(3.0)	38	(*)	(*)	(*)	(*)	(*)	(*)	1
Lower secondary	4.5	594	(24.0)	(37.8)	(5.2)	(3.1)	(7.1)	(61.4)	26
Upper secondary +	4.6	461	(10.2)	(21.5)	0.0	(3.4)	0.0	(27.5)	21
Wealth index quintiles									
Poorest	6.3	248	(*)	(*)	(*)	(*)	(*)	(*)	16
Second	5.6	233	(*)	(*)	(*)	(*)	(*)	(*)	13
Middle	3.3	197	(*)	(*)	(*)	(*)	(*)	(*)	6
Fourth	2.9	230	(*)	(*)	(*)	(*)	(*)	(*)	7
Richest	3.7	185	(*)	(*)	(*)	(*)	(*)	(*)	7
Ethnicity/ Language/ Religion									
Muslim	5.0	933	18.4	31.4	3.0	3.3	4.0	47.6	46
Orthodox/Catholic/ Other	1.5	160	(*)	(*)	(*)	(*)	(*)	(*)	2
Total	4.4	1093	17.5	29.9	2.8	3.2	3.8	45.3	49

*** MICS indicator 23**

(*) – Figures are based on less than 25 unweighted cases.

(…) – Figures are based on 25-49 unweighted cases.

Table CH.5: Antibiotic treatment of pneumonia

Percentage of children aged 0-59 months with suspected pneumonia who received antibiotic treatment, Albania, 2005

	Percentage of children aged 0-59 months with suspected pneumonia who received antibiotics in the last two weeks*	Number of children aged 0-59 months with suspected pneumonia in the two weeks prior to the survey
Sex		
Male	(31.7)	26
Female	(44.3)	22
Residence		
Urban	(*)	15
Rural	(48.2)	34
Mother's education		
None/Primary	(*)	1
Lower secondary	(50.0)	26
Upper secondary +	(23.8)	21
Religion		
Muslim	(39.4)	46
Orthodox/Catholic/Other	(*)	2
Total	37.5	49

*** MICS indicator 22**

(*) – Figures are based on less than 25 unweighted cases.

(…) – Figures are based on 25-49 unweighted cases.

Table CH.6: Knowledge of the two danger signs of pneumonia

Percentage of mothers/caretakers of children aged 0-59 months by knowledge of types of symptoms for taking a child immediately to a health facility, and percentage of mothers/caretakers who recognize fast and difficult breathing as signs for seeking care immediately, Albania, 2005

	Percentage of mothers/caretakers of children aged 0-59 months who think that a child should be taken immediately to a health facility if the child:								Mothers/ caretakers who recognize the two danger signs of pneumonia	Number of mothers/ caretakers of children aged 0-59 months
	Is not able to drink or breastfeed	Becomes sicker	Develops a fever	Has fast breathing	Has difficult breathing	Has blood in stool	Is drinking poorly	Has other symptoms		
Residence										
Urban	19.1	42.2	91.1	48.2	63.6	60.2	7.2	1.3	32.2	387
Rural	24.1	47.9	88.3	58.8	56.2	54.8	3.3	1.6	36.9	706
Mother's education										
None/Primary	(10.5)	(35.4)	(86.0)	(55.2)	(36.8)	(54.6)	0.0	0.0	(24.8)	38
Lower secondary	23.4	46.5	87.0	54.2	58.0	53.3	3.7	1.0	34.9	594
Upper secondary +	21.9	45.9	92.4	56.1	61.6	61.2	6.4	2.2	36.5	461
Wealth index quintiles										
Poorest	23.0	37.7	92.0	48.8	51.6	53.5	3.6	0.4	26.2	248
Second	23.9	55.7	86.0	59.5	57.5	46.6	3.4	3.7	40.2	233
Middle	25.6	44.3	87.3	61.0	57.9	60.4	4.7	0.7	39.8	197
Fourth	20.7	45.9	88.0	57.6	64.9	60.8	5.5	0.6	38.2	230
Richest	17.9	45.9	93.3	48.2	63.5	64.8	6.9	2.0	32.4	185
Religion										
Muslim	21.9	47.2	89.8	53.9	59.0	55.7	3.8	1.5	34.6	933
Orthodox/Catholic/ Other	24.6	37.9	86.4	61.8	57.4	62.7	10.1	1.3	38.6	160
Total	22.3	45.8	89.3	55.0	58.8	56.7	4.7	1.5	35.2	1093

In this table, the percentages will not add to 100 since some mothers/caretakers may have indicated more than one symptom.
(…) – Figures are based on 25-49 unweighted cases.

Table CH.7: Solid fuel use

Percent distribution of households according to type of cooking fuel, and percentage of households using solid fuels for cooking, Albania, 2005

	Percentage of households using:									
	Electricity	Liquified Petroleum Gas (LPG)	Kero-sene	Coal, lignite	Wood	Agri-cultural crop residue	Other source	Total	Solid fuels for cooking*	Number of households
Residence										
Urban	22.5	50.1	0.1	0.0	26.1	0.2	0.9	100.0	26.3	2275
Rural	1.9	19.3	0.0	0.1	78.2	0.3	0.2	100.0	78.6	2875
Education of household head										
None/Primary	9.4	19.7	0.1	0.2	69.8	0.2	0.6	100.0	70.2	881
Lower secondary	7.7	26.1	0.0	0.0	65.6	0.2	0.5	100.0	65.8	2113
Upper secondary +	15.0	45.0	0.1	0.0	39.1	0.3	0.5	100.0	39.4	2156
Wealth index quintiles										
Poorest	0.8	2.1	0.0	0.0	96.6	0.1	0.4	100.0	96.8	963
Second	2.7	11.4	0.0	0.2	84.5	0.4	0.8	100.0	85.1	967
Middle	5.0	23.1	0.1	0.0	71.3	0.1	0.4	100.0	71.4	1021
Fourth	14.6	50.5	0.2	0.0	33.7	0.3	0.8	100.0	33.9	1074
Richest	29.0	69.9	0.0	0.0	0.6	0.3	0.2	100.0	0.9	1125
Religion										
Muslim	11.0	31.1	0.1	0.0	57.0	0.2	0.5	100.0	57.3	4117
Orthodox/Catholic/Other	11.1	39.9	0.1	0.0	48.1	0.3	0.5	100.0	48.3	1033
Total	11.0	32.9	0.1	0.0	55.2	0.2	0.5	100.0	55.5	5150

*** MICS indicator 24; MDG indicator 29**

Table EN.1: Use of improved water sources

Percent distribution of household population according to main source of drinking water and percentage of household population using improved drinking water sources, Albania, 2005

	Main source of drinking water														
	Improved sources							Unimproved sources							
	Piped into dwelling	Piped into yard/ plot	Public tap/ stand-pipe	Tube-well/ bore-hole	Pro-tected well	Pro-tected spring	Bottled water[1]	Unpro-tected well	Unpro-tected spring	Tanker truck	Bottled water[1]	Other	Total	Improved source of drinking water*	Number of household members
Residence															
Urban	78.3	2.0	1.9	0.5	1.2	1.1	12.2	0.0	0.0	2.4	0.2	0.1	100.0	97.2	8269
Rural	43.0	29.6	3.9	4.4	12.7	3.2	0.9	0.6	0.9	0.7	0.1	0.0	100.0	97.8	12340
Education of household head															
None/Primary	50.6	24.1	2.7	3.4	10.1	3.2	2.1	0.8	1.7	1.2	0.0	0.0	100.0	96.3	3323
Lower secondary	51.8	23.4	3.9	3.8	10.0	2.7	2.6	0.3	0.3	0.9	0.1	0.1	100.0	98.3	8829
Upper secondary +	65.4	11.3	2.3	1.6	5.3	1.6	9.7	0.3	0.3	2.0	0.2	0.0	100.0	97.2	8458
Wealth index quintiles															
Poorest	8.6	61.1	5.9	2.0	15.7	3.2	0.4	1.0	1.6	0.5	0.0	0.0	100.0	97.0	4124
Second	45.2	23.7	4.8	6.2	13.2	3.6	0.5	0.7	0.8	1.2	0.0	0.1	100.0	97.2	4116
Middle	72.3	6.9	2.7	4.6	7.5	2.0	2.1	0.1	0.2	1.2	0.2	0.2	100.0	98.1	4128
Fourth	77.1	1.0	1.7	1.2	3.5	2.1	10.7	0.0	0.0	2.5	0.2	0.0	100.0	97.3	4119
Richest	82.8	0.0	0.2	0.2	0.6	0.7	13.6	0.0	0.0	1.6	0.3	0.0	100.0	98.1	4123
Religion															
Muslim	56.7	19.9	2.8	2.0	8.5	2.7	4.7	0.4	0.6	1.4	0.1	0.1	100.0	97.4	16838
Orthodox/Catholic/ Other	59.2	12.4	4.3	6.8	6.1	0.7	8.6	0.4	0.0	1.4	0.2	0.0	100.0	98.1	3772
Total	57.2	18.5	3.1	2.9	8.1	2.3	5.5	0.4	0.5	1.4	0.1	0.1	100.0	97.5	20609

*** MICS indicator 11; MDG indicator 30**

[1] For households using bottled water as the main source of drinking water, the source used for other purposes such as cooking and handwashing is used to determine whether to classify the source as improved.

Table EN.2: Household water treatment

Percent distribution of household population according to drinking water treatment method used in the household, and percentage of household population that applied an appropriate water treatment method, Albania, 2005

	Water treatment method used in the household									All drinking water sources		Improved drinking water sources		Unimproved drinking water sources	
	None	Boil	Add bleach/ chlorine	Strain through a cloth	Use water filter	Solar disinf-ection	Let it stand and settle	Other	Don't know	Appropriate water treatment method*	Number of household members	Appropriate water treatment method	Number of household members	Appropriate water treatment method	Number of household members
Residence															
Urban	87.1	11.3	0.0	0.3	0.9	0.0	0.2	0.4	0.1	12.2	8269	12.5	8041	0.0	228
Rural	89.5	4.3	2.7	2.3	0.2	0.1	0.5	0.6	0.1	7.3	12340	7.3	12062	10.5	278
Education of household head															
None/Primary	89.2	4.6	3.3	1.7	0.2	0.2	0.8	0.2	0.0	8.3	3323	8.1	3200	14.6	123
Lower secondary	90.2	6.1	1.4	1.7	0.2	0.0	0.5	0.2	0.0	7.6	8829	7.7	8679	2.3	150
Upper secondary +	86.5	9.1	1.3	1.2	0.9	0.0	0.1	1.0	0.2	11.3	8458	11.5	8225	3.4	233
Wealth index quintiles															
Poorest	90.6	2.5	4.3	2.7	0.1	0.0	0.1	0.0	0.0	6.8	4124	6.5	4000	17.1	124
Second	89.8	4.2	2.4	2.7	0.0	0.2	1.2	0.1	0.0	6.8	4116	6.8	4000	6.9	115
Middle	88.5	7.5	1.0	1.2	0.3	0.0	0.5	1.0	0.2	8.8	4128	9.0	4050	0.0	78
Fourth	84.7	12.4	0.4	0.6	1.2	0.0	0.0	1.0	0.0	13.8	4119	14.2	4010	0.0	110
Richest	89.0	9.0	0.2	0.3	0.8	0.0	0.1	0.6	0.1	10.0	4123	10.2	4044	0.0	78
Religion															
Muslim	89.6	6.3	1.9	1.4	0.5	0.0	0.3	0.2	0.0	8.7	16838	8.8	16405	6.7	433
Orthodox/Catholic/ Other	83.9	10.6	0.7	1.9	0.2	0.2	0.8	1.9	0.4	11.7	3772	12.0	3699	0.0	73
Total	88.5	7.1	1.7	1.5	0.5	0.0	0.4	0.5	0.1	9.3	20609	9.3	20104	5.8	505

*** MICS indicator 13**

* Drinking water is considered treated if one the following methods of treatment are used: boiling; adding bleach or chlorine; using a water filter; or using solar disinfection

Note that multiple response categories may be used and responses may total to more than 100 percent.

Table EN.3: Time to source of water

Percent distribution of households according to time to go to source of drinking water, get water and return, and mean time to source of drinking water, Albania, 2005

	Time to source of drinking water								
	Water on premises	Less than 15 minutes	15 minutes to less than 30 minutes	30 minutes to less than 1 hour	1 hour or more	Don't know	Total	Mean time to source of drinking water*	Number of households
Residence									
Urban	93.0	3.4	1.2	1.4	0.8	0.1	100.0	21.7	2275
Rural	82.1	12.5	1.9	1.8	1.8	0.0	100.0	16.6	2875
Education of household head									
None/Primary	84.6	10.1	1.4	2.5	1.3	0.1	100.0	16.3	881
Lower secondary	85.0	10.1	1.6	1.5	1.7	0.0	100.0	18.6	2113
Upper secondary +	89.1	6.8	1.6	1.3	1.0	0.1	100.0	17.2	2156
Wealth index quintiles									
Poorest	78.7	14.6	2.3	2.3	2.1	0.0	100.0	17.7	963
Second	78.1	15.0	2.4	2.6	1.9	0.0	100.0	15.8	967
Middle	89.0	7.0	1.0	1.6	1.3	0.1	100.0	18.6	1021
Fourth	90.4	5.2	1.5	1.3	1.4	0.1	100.0	22.7	1074
Richest	96.4	2.2	0.8	0.4	0.1	0.1	100.0	13.7	1125
Religion									
Muslim	86.9	8.3	1.5	1.6	1.6	0.0	100.0	19.6	4117
Orthodox/Catholic/ Other	85.3	10.6	1.8	1.9	0.3	0.1	100.0	10.5	1033
Total	86.6	8.8	1.6	1.6	1.4	0.0	100.0	17.7	5150

* The mean time to source of drinking water is calculated based on those households that do not have water on the premises.

Table EN.4: Person collecting water

Percent distribution of households according to the person collecting drinking water used in the household, Albania, 2005

	Person collecting drinking water						
	Adult woman	Adult man	Female child under age 15	Male child under age 15	Don't know	Total	Number of households
Residence							
Urban	55.6	40.3	2.2	1.8	0.0	100.0	140
Rural	70.4	25.8	1.6	2.1	0.2	100.0	511
Education of household head							
None/Primary	69.2	28.9	1.0	0.9	0.0	100.0	134
Lower secondary	70.2	26.8	0.9	1.8	0.4	100.0	307
Upper secondary +	61.5	31.9	3.3	3.2	0.0	100.0	210
Wealth index quintiles							
Poorest	74.0	23.1	1.0	1.8	0.0	100.0	204
Second	69.5	25.5	3.1	1.9	0.0	100.0	211
Middle	62.0	32.8	0.7	3.4	1.0	100.0	110
Fourth	59.2	39.8	0.0	1.1	0.0	100.0	91
Richest	(50.5)	(42.4)	(4.8)	(2.3)	(0.0)	(100.0)	35
Religion							
Muslim	64.2	31.6	1.4	2.6	0.2	100.0	513
Orthodox/Catholic/ Other	78.5	18.8	2.7	0.0	0.0	100.0	138
Total	67.2	28.9	1.7	2.1	0.2	100.0	651

(…) – Figures are based on 25-49 unweighted cases.

Table EN.5: Use of sanitary means of excreta disposal

Percent distribution of household population according to type of toilet facility used by the household, and the percentage of household population using sanitary means of excreta disposal, Albania, 2005

	Type of toilet facility used by household									
	Improved sanitation facility					Unimproved sanitation facility				
	Flush/pour flush to:									
	Piped sewer system	Septic tank	Pit latrine	Ventilated improved pit latrine	Pit latrine with slab	Pit latrine without slab/ open pit	Other	Total	Percentage of population using sanitary means of excreta disposal*	Number of household members
Residence										
Urban	97.2	1.6	0.0	0.0	0.6	0.4	0.2	100.0	99.4	8269
Rural	61.2	21.3	0.3	0.3	15.4	1.0	0.5	100.0	98.5	12340
Education of household head										
None/Primary	68.2	17.8	0.1	0.1	12.2	1.5	0.2	100.0	98.3	3323
Lower secondary	68.5	17.1	0.2	0.1	12.5	1.0	0.6	100.0	98.4	8829
Upper secondary +	86.0	7.9	0.2	0.3	5.1	0.3	0.1	100.0	99.6	8458
Wealth index quintiles										
Poorest	13.7	50.2	0.3	0.4	31.4	3.6	0.5	100.0	95.9	4124
Second	68.6	14.8	0.4	0.2	14.6	0.2	1.2	100.0	98.6	4116
Middle	96.3	1.8	0.1	0.3	1.2	0.2	0.1	100.0	99.8	4128
Fourth	99.6	0.4	0.0	0.0	0.0	0.0	0.0	100.0	100.0	4119
Richest	100.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	100.0	4123
Religion										
Muslim	74.5	14.8	0.2	0.2	9.1	0.9	0.3	100.0	98.8	16838
Orthodox/Catholic/ Other	80.8	7.2	0.1	0.2	10.8	0.5	0.6	100.0	99.0	3772
Total	75.7	13.4	0.2	0.2	9.4	0.8	0.3	100.0	98.9	20609

*** MICS indicator 12; MDG indicator 31**

Table EN.6: Disposal of child's faeces

Percent distribution of children aged 0-2 years according to place of disposal of child's faeces, and the percentage of children aged 0-2 years whose stools are disposed of safely, Albania, 2005

	Place of disposal of child's faeces									
	Child used toilet	Put/rinsed into toilet or latrine	Put/rinsed into drain or ditch	Thrown into garbage	Buried	Other	Don't know	Total	Proportion of children whose stools are disposed of safely*	Number of children aged 0-2 years
Residence										
Urban	18.5	20.8	0.4	55.2	0.0	0.8	4.3	100.0	39.3	198
Rural	14.7	23.4	5.6	42.0	2.7	5.2	6.4	100.0	38.2	387
Mother's education										
None/Primary	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	21
Lower secondary	12.7	27.0	5.9	41.7	2.9	4.9	4.8	100.0	39.7	315
Upper secondary +	20.3	15.1	1.6	53.6	0.5	2.1	6.7	100.0	35.4	249
Wealth index quintiles										
Poorest	11.3	31.3	8.7	34.6	2.8	3.0	8.3	100.0	42.5	146
Second	17.4	22.8	0.0	44.2	4.8	7.1	3.6	100.0	40.3	104
Middle	21.6	23.8	2.5	45.6	0.0	1.6	4.9	100.0	45.4	109
Fourth	14.0	20.1	4.4	49.4	1.2	4.3	6.7	100.0	34.1	130
Richest	18.1	10.7	1.3	63.8	0.0	2.7	3.4	100.0	28.8	96
Religion										
Muslim	15.1	23.7	2.8	46.4	1.3	4.3	6.4	100.0	38.8	486
Orthodox/Catholic/ Other	20.3	16.7	9.2	46.6	4.2	0.8	2.3	100.0	37.0	98
Total	16.0	22.5	3.8	46.4	1.8	3.7	5.7	100.0	38.5	585

*** MICS indicator 14**

(…) – Figures are based on 25-49 unweighted cases.

Table EN.7: Use of improved water sources and improved sanitation

Percentage of household population using both improved drinking water sources and sanitary means of excreta disposal, Albania, 2005

	Percentage of household population:			
	Using improved sources of drinking water*	Using sanitary means of excreta disposal**	Using improved sources of drinking water and using sanitary means of excreta disposal	Number of household members
Residence				
Urban	97.2	99.4	96.7	8269
Rural	97.8	98.5	96.3	12340
Education of household head				
None/Primary	96.3	98.3	94.6	3323
Lower secondary	98.3	98.4	96.8	8829
Upper secondary +	97.2	99.6	96.8	8458
Wealth index quintiles				
Poorest	97.0	95.9	93.0	4124
Second	97.2	98.6	95.9	4116
Middle	98.1	99.8	97.9	4128
Fourth	97.3	100.0	97.3	4119
Richest	98.1	100.0	98.1	4123
Religion				
Muslim	97.4	98.8	96.3	16838
Orthodox/Catholic/ Other	98.1	99.0	97.0	3772
Total	97.5	98.9	96.4	20609

*** MICS indicator 11; MDG indicator 30**

**** MICS indicator 12; MDG indicator 31**

Table RH.1: Use of contraception

Percentage of women aged 15-49 years currently married or in union who are using (or whose partner is using) a contraceptive method, Albania, 2005

	Percent of women (currently married or in union) who are using:															Number of women currently married or in union
	Not using any method	Female sterili-zation	Male sterili-zation	Pill	Injections	Condom	Diaph-ragm	LAM	Periodic abstin-ence	With-drawal	Other	Total	Any modern method	Any tradi-tional method	Any method*	
Residence																
Urban	37.2	0.8	0.1	11.6	1.5	17.7	0.1	2.0	7.1	21.8	0.2	100.0	31.7	31.1	62.8	1309
Rural	41.6	1.4	0.1	8.1	0.3	6.6	0.0	2.9	6.8	32.1	0.1	100.0	16.5	41.9	58.4	2024
Age																
15-19	(65.0)	(0.0)	(0.0)	(3.3)	(0.0)	(13.0)	(0.0)	(5.2)	(3.4)	(10.1)	(0.0)	(100.0)	(16.3)	(18.7)	(35.0)	48
20-24	57.8	0.0	0.0	7.7	0.0	10.5	0.0	9.1	3.0	11.5	0.3	100.0	18.3	24.0	42.2	259
25-29	41.3	0.9	0.0	11.4	0.6	13.9	0.0	6.5	6.9	18.3	0.2	100.0	26.7	32.0	58.7	466
30-34	36.6	0.6	0.0	13.2	1.3	13.7	0.0	3.1	6.7	24.7	0.1	100.0	28.8	34.6	63.4	583
35-39	32.9	1.8	0.0	9.2	1.6	12.0	0.0	1.1	8.7	32.4	0.3	100.0	24.7	42.4	67.1	652
40-44	31.8	1.3	0.1	9.1	0.5	9.8	0.2	0.2	8.5	38.3	0.1	100.0	21.0	47.2	68.2	705
45-49	49.0	1.6	0.2	6.3	0.2	6.3	0.0	0.4	5.3	30.6	0.0	100.0	14.7	36.3	51.0	620
Number of living children																
0	87.1	0.0	0.0	4.2	0.0	7.4	0.0	0.0	0.0	1.2	0.0	100.0	11.6	1.2	12.9	198
1	52.2	0.4	0.0	7.8	1.0	11.0	0.3	6.1	5.9	15.4	0.0	100.0	20.5	27.3	47.8	446
2	33.2	1.3	0.1	11.8	0.9	14.3	0.0	1.9	8.1	28.3	0.2	100.0	28.3	38.5	66.8	1462
3	31.5	1.6	0.0	8.7	0.7	9.3	0.0	3.0	7.2	37.9	0.1	100.0	20.3	48.3	68.5	821
4+	44.5	1.2	0.3	7.0	0.7	3.8	0.0	1.3	6.4	34.6	0.2	100.0	13.1	42.4	55.5	406
Education																
None/Primary	60.6	2.3	0.0	9.1	0.0	0.0	0.0	0.0	1.4	26.6	0.0	100.0	11.4	28.0	39.4	53
Lower secondary	41.7	0.9	0.1	7.4	0.4	7.5	0.0	2.8	7.2	32.2	0.0	100.0	16.2	42.1	58.3	1810
Upper secondary +	36.9	1.5	0.1	12.1	1.2	15.6	0.1	2.4	6.8	23.1	0.3	100.0	30.6	32.6	63.1	1470
Wealth index quintiles																
Poorest	39.1	1.0	0.0	11.4	0.3	5.3	0.0	3.3	6.1	33.6	0.0	100.0	17.9	42.9	60.9	654
Second	45.0	1.8	0.0	6.1	0.9	4.0	0.0	2.8	6.6	32.5	0.3	100.0	12.8	42.2	55.0	664
Middle	42.8	1.3	0.2	8.5	0.4	10.9	0.0	2.1	5.8	27.9	0.0	100.0	21.3	35.9	57.2	669
Fourth	37.9	0.8	0.0	9.1	0.5	15.7	0.0	2.1	7.6	25.9	0.2	100.0	26.2	35.9	62.1	686
Richest	34.5	0.9	0.1	12.3	1.7	18.7	0.2	2.4	8.4	20.5	0.2	100.0	33.9	31.5	65.5	660
Religion																
Muslim	39.0	1.0	0.0	8.9	0.7	10.7	0.0	2.4	6.6	30.4	0.2	100.0	21.4	39.6	61.0	2765
Orthodox/Catholic/Other	44.1	1.9	0.4	12.0	1.2	12.1	0.0	3.2	8.3	16.8	0.0	100.0	27.6	28.3	55.9	569
Total	39.9	1.2	0.1	9.5	0.8	10.9	0.0	2.6	6.9	28.1	0.2	100.0	22.4	37.7	60.1	3333

*** MICS indicator 21; MDG indicator 19C**

Modern methods of contraception include: female and male sterilization, pill, IUD, injection, implant, male and female condom, and diaphragm.

Traditional methods include: LAM (lactational amenorrhea method), periodic abstinence, withdrawal, and other methods.

(…) – Figures are based on 25-49 unweighted cases.

Table RH.2: Antenatal care provider

Percent distribution of women aged 15-49 who gave birth in the two years preceding the survey by type of personnel providing antenatal care, Albania, 2005

	Person providing antenatal care**			No antenatal care received	Total	Any skilled personnel*	Number of women who gave birth in the preceding two years
	Medical doctor	Nurse/ midwife	Auxiliary midwife				
Residence							
Urban	81.9	14.4	1.8	1.9	100.0	98.1	136
Rural	62.3	33.4	0.9	3.4	100.0	96.6	264
Age							
15-19	(*)	(*)	(*)	(*)	(*)	(*)	17
20-24	70.3	26.5	0.0	3.3	100.0	96.7	112
25-29	70.8	24.2	2.7	2.3	100.0	97.7	139
30-34	66.0	30.8	0.0	3.1	100.0	96.9	85
35+	(66.5)	(29.1)	(0.0)	(4.4)	(100.0)	(95.6)	47
Education							
None/Primary	(*)	(*)	(*)	(*)	(*)	(*)	11
Lower secondary	61.8	33.5	1.0	3.7	100.0	96.3	224
Upper secondary +	81.4	17.1	0.9	0.7	100.0	99.3	164
Wealth index quintiles							
Poorest	45.2	49.8	0.9	4.1	100.0	95.9	102
Second	68.1	24.0	0.0	7.9	100.0	92.1	72
Middle	65.8	32.3	1.9	0.0	100.0	100.0	78
Fourth	84.1	11.0	2.9	2.0	100.0	98.0	84
Richest	92.0	8.0	0.0	0.0	100.0	100.0	64
Religion							
Muslim	68.4	26.7	1.5	3.5	100.0	96.5	331
Orthodox/Catholic/ Other	71.9	28.1	0.0	0.0	100.0	100.0	68
Total	69.0	26.9	1.2	2.9	100.0	97.1	399

*** MICS indicator 20**

* Skilled health personnel includes doctors, nurses, midwives, and auxiliary midwives.

** If the respondent mentioned more than one provider, only the most qualified provider is considered

(*) – Figures are based on less than 25 unweighted cases.

(…) – Figures are based on 25-49 unweighted cases.

Table RH.3: Antenatal care

Percentage of pregnant women receiving antenatal care among women aged 15-49 years who gave birth in two years preceding the survey and percentage of pregnant women receiving specific care as part of the antenatal care received, Albania, 2005

	Percent of pregnant women receiving ANC one or more times during pregnancy	Percent of pregnant women who had:				Number of women who gave birth in two years preceding survey
		Blood sample taken*	Blood pressure measured*	Urine specimen taken*	Weight measured*	
Residence						
Urban	98.1	91.7	93.3	92.8	88.3	136
Rural	96.6	83.1	84.1	84.9	74.2	264
Age						
15-19	(*)	(*)	(*)	(*)	(*)	17
20-24	96.7	88.9	89.7	88.8	84.4	112
25-29	97.7	89.5	89.7	92.3	80.6	139
30-34	96.9	79.2	80.7	81.9	70.7	85
35+	(95.6)	(79.6)	(81.3)	(79.6)	(71.6)	47
Education						
None/Primary	(*)	(*)	(*)	(*)	(*)	11
Lower secondary	96.3	84.3	85.0	87.3	74.4	224
Upper secondary +	99.3	89.8	91.6	89.3	86.6	164
Wealth index quintiles						
Poorest	95.9	71.9	74.8	76.5	63.6	102
Second	92.1	80.4	79.4	83.4	71.1	72
Middle	100.0	89.4	94.1	89.4	78.2	78
Fourth	98.0	97.6	97.1	98.4	91.3	84
Richest	100.0	95.6	94.5	93.2	96.9	64
Religion						
Muslim	96.5	84.8	85.6	86.7	76.3	331
Orthodox/Catholic/ Other	100.0	91.9	95.1	91.9	92.0	68
Total	97.1	86.0	87.2	87.6	78.9	399

*** MICS indicator 44**

(*) – Figures are based on less than 25 unweighted cases.

(…) – Figures are based on 25-49 unweighted cases.

Table RH.4: Assistance during delivery

Percent distribution of women aged 15-49 with a birth in two years preceding the survey by type of personnel assisting at delivery, Albania, 2005

	Person assisting at delivery							
	Medical doctor	Nurse/ midwife	Auxiliary midwife	Relative/ friend	Total	Any skilled personnel*	Delivered in health facility**	Number of women who gave birth in preceding two years
Residence								
Urban	94.9	4.4	0.7	0.0	100.0	100.0	99.0	136
Rural	83.1	16.2	0.3	0.4	100.0	99.6	97.4	264
Age								
15-19	(*)	(*)	(*)	(*)	(*)	(*)	(*)	17
20-24	93.1	6.9	0.0	0.0	100.0	100.0	99.0	112
25-29	82.9	16.5	0.6	0.0	100.0	100.0	97.7	139
30-34	85.7	12.3	0.9	1.2	100.0	98.8	98.8	85
35+	(85.6)	(14.4)	(0.0)	(0.0)	(100.0)	(100.0)	(93.8)	47
Education								
None/Primary	(*)	(*)	(*)	(*)	(*)	(*)	(*)	11
Lower secondary	84.8	14.5	0.3	0.4	100.0	99.6	99.0	224
Upper secondary +	92.9	6.5	0.5	0.0	100.0	100.0	97.0	164
Wealth index quintiles								
Poorest	79.5	19.5	0.0	1.0	100.0	99.0	95.7	102
Second	83.7	15.3	1.0	0.0	100.0	100.0	98.3	72
Middle	85.7	14.3	0.0	0.0	100.0	100.0	100.0	78
Fourth	93.1	5.8	1.0	0.0	100.0	100.0	100.0	84
Richest	97.0	3.0	0.0	0.0	100.0	100.0	95.9	64
Religion								
Muslim	87.7	11.6	0.5	0.3	100.0	99.7	99.3	331
Orthodox/Catholic/ Other	84.6	15.4	0.0	0.0	100.0	100.0	91.2	68
Total	87.1	12.2	0.4	0.2	100.0	99.8	98.0	399

*** MICS indicator 4; MDG indicator 17**

* Skilled health personnel includes doctors, nurses, midwives, and auxiliary midwives.

**** MICS indicator 5**

(*) – Figures are based on less than 25 unweighted cases.

(…) – Figures are based on 25-49 unweighted cases.

Table CD.1: Family support for learning

Percentage of children aged 0-59 months for whom household members are engaged in activities that promote learning and school readiness, Albania, 2005

	Percentage of children aged 0-59 months					
	For whom household members engaged in four or more activities that promote learning and school readiness*	Mean number of activities household members engage in with the child	For whom the father engaged in one or more activities that promote learning and school readiness**	Mean number of activities the father engaged in with the child	Living in a household without their natural father	Number of children aged 0-59 months
Sex						
Male	67.8	4.5	45.6	0.9	4.4	599
Female	68.2	4.5	47.1	1.0	3.4	494
Residence						
Urban	76.1	4.9	56.8	1.3	2.1	387
Rural	63.6	4.3	40.5	0.8	5.0	706
Age						
0-23 months	39.8	3.4	35.8	0.6	4.4	369
24-59 months	82.4	5.1	51.6	1.2	3.7	724
Mother's education						
None/Primary	(34.7)	(3.0)	(29.3)	(0.4)	(10.3)	38
Lower secondary	62.4	4.3	42.1	0.8	5.6	594
Upper secondary +	78.0	4.9	53.0	1.2	1.3	461
Father's education						
None/Primary	(56.1)	(3.9)	(62.5)	(0.9)	na	35
Lower secondary	63.4	4.4	41.8	0.8	na	491
Upper secondary +	74.0	4.7	52.6	1.2	na	524
Father not in HH	(56.8)	(4.2)	(7.2)	na	na	43
Wealth index quintiles						
Poorest	53.2	3.9	38.1	0.7	6.2	248
Second	64.7	4.3	35.7	0.6	5.2	233
Middle	67.9	4.5	45.3	0.8	1.5	197
Fourth	76.0	4.8	53.7	1.2	4.6	230
Richest	82.2	5.1	62.3	1.7	1.2	185
Religion						
Muslim	67.1	4.5	47.0	1.0	4.3	933
Orthodox/Catholic/ Other	73.2	4.6	42.3	0.8	1.9	160
Total	68.0	4.5	46.3	1.0	3.9	1093

*** MICS indicator 46**

**** MICS Indicator 47**

(…) – Figures are based on 25-49 unweighted cases.

Table CD.2: Learning materials

Percentage of children aged 0-59 months living in households containing learning materials, Albania, 2005

	Children living in households with:		Child has:		Child plays with:						
	3 or more non-children's books*	Median number of non-children's books	3 or more children's books**	Median number of children's books	Household objects	Objects and materials found outside the home	Home-made toys	Toys that came from a store	No playthings mentioned	3 or more types of playthings ***	Number of children aged 0-59 months
Sex											
Male	58.0	5	29.8	0	46.1	22.7	23.8	72.2	8.4	17.5	599
Female	54.9	5	35.3	0	41.3	24.2	25.2	76.2	7.9	15.4	494
Residence											
Urban	61.7	6	43.4	2	37.4	14.8	21.0	80.6	8.4	10.9	387
Rural	53.8	4	26.2	0	47.4	28.1	26.4	70.4	8.0	19.7	706
Age											
0-23 months	44.3	0	17.2	0	25.7	6.5	14.0	65.1	23.1	6.8	369
24-59 months	62.9	6	40.0	2	53.2	32.0	29.8	78.5	0.5	21.5	724
Mother's education											
None/Primary	(45.2)	0	(16.2)	0	(69.3)	(31.1)	(16.8)	(29.5)	(5.8)	(5.5)	38
Lower secondary	50.7	3	20.2	0	45.2	26.8	26.4	71.1	9.0	18.2	594
Upper secondary +	65.2	6	49.1	2	40.2	18.3	22.6	81.3	7.3	15.4	461
Wealth index quintiles											
Poorest	44.1	0	15.5	0	51.3	29.2	25.5	60.1	9.7	16.4	248
Second	59.3	5	28.0	0	48.3	34.8	33.6	65.1	8.1	23.3	233
Middle	54.1	5	27.0	0	29.6	16.6	18.7	80.9	10.8	11.4	197
Fourth	63.9	6	43.2	2	50.8	19.9	20.4	84.1	5.8	18.2	230
Richest	63.6	6	52.3	3	35.0	12.5	22.8	83.8	6.4	11.6	185
Religion											
Muslim	56.5	5	31.2	0	46.0	25.9	24.6	73.1	8.4	18.3	933
Orthodox/Catholic/ Other	57.3	6	38.6	2	31.8	8.8	23.4	79.3	6.5	6.5	160
Total	56.6	5	32.3	0	43.9	23.4	24.5	74.0	8.2	16.6	1093

*** MICS indicator 49**

**** MICS indicator 48**

***** MICS indicator 50**

(…) – Figures are based on 25-49 unweighted cases.

Table CD.3: Children left alone or with other children

Percentage of children aged 0-59 months left in the care of other children under the age of 10 years or left alone in the past week, Albania, 2005

	Percentage of children aged 0-59 months			
	Left in the care of children under the age of 10 years in past week	Left alone in the past week	Left with inadequate care in past week*	Number of children aged 0-59 months
Sex				
Male	13.6	2.3	14.3	599
Female	10.8	2.0	11.2	494
Residence				
Urban	16.5	3.3	17.1	387
Rural	10.1	1.6	10.5	706
Age				
0-23 months	8.0	1.4	8.6	369
24-59 months	14.6	2.5	15.0	724
Mother's education				
None/Primary	(11.1)	(10.7)	(15.5)	38
Lower secondary	11.8	2.2	12.3	594
Upper secondary +	13.1	1.4	13.3	461
Wealth index quintiles				
Poorest	8.1	2.7	8.8	248
Second	16.3	1.6	16.3	233
Middle	8.6	1.8	9.1	197
Fourth	14.4	2.2	14.7	230
Richest	14.6	2.8	15.7	185
Religion				
Muslim	12.3	1.8	12.8	933
Orthodox/Catholic/Other	12.6	4.4	13.0	160
Total	12.3	2.2	12.9	1093

*** MICS indicator 51**

* Inadequate care is defined as children left in the care of other children under the age of 10 years or left alone in the past week.
(…) – Figures are based on 25-49 unweighted cases.

Table ED.1: Early childhood education

Percentage of children aged 36-59 months who are attending some form of organized early childhood education programme and percentage of first graders who attended pre-school, Albania, 2005

	Percentage of children aged 36-59 months currently attending early childhood education*	Number of children aged 36-59 months	Percentage of children attending first grade who attended preschool program in previous year**	Number of children attending first grade
Sex				
Male	38.6	287	71.3	175
Female	41.5	225	68.9	154
Residence				
Urban	48.5	190	74.0	130
Rural	34.7	322	67.7	199
Age of child				
36-47 months	33.4	225	na	na
48-59 months	44.9	286	na	na
6 years	na	na	75.1	213
7 years	na	na	61.2	116
Mother's education				
None/Primary	(*)	17	(*)	9
Lower secondary	34.9	282	68.9	168
Upper secondary +	49.6	212	73.1	153
Wealth index quintiles				
Poorest	25.7	102	66.3	61
Second	33.5	130	67.4	76
Middle	41.5	89	65.7	64
Fourth	42.9	102	76.7	78
Richest	60.0	90	74.7	51
Religion				
Muslim	38.4	447	67.5	278
Orthodox/Catholic/Other	50.0	64	(84.9)	52
Total	39.8	512	70.2	329

*** MICS indicator 52**

**** MICS indicator 53**

(*) – Figures are based on less than 25 unweighted cases.

(…) – Figures are based on 25-49 unweighted cases.

Table ED.2: Primary school entry

Percentage of children of primary school entry age attending grade 1, Albania, 2005

	Percentage of children of primary school entry age currently attending grade 1*	Number of children of primary school entry age
Sex		
Male	82.1	348
Female	82.7	289
Residence		
Urban	81.7	236
Rural	82.8	401
Age of child**		
6	68.3	317
7	96.3	320
Mother's education		
None/Primary	(*)	13
Lower secondary	79.7	339
Upper secondary +	85.9	285
Wealth index quintiles		
Poorest	76.5	136
Second	81.4	138
Middle	86.9	131
Fourth	82.6	131
Richest	85.5	101
Religion		
Muslim	81.3	539
Orthodox/Catholic/Other	88.3	98
Total	82.4	637

*** MICS indicator 54**

(*) – Figures are based on less than 25 unweighted cases.

Table ED.3A: Primary school net attendance ratio (ISCED)

Percentage of children of primary school age attending primary or secondary school (NAR), Albania, 2005

	Male		Female		Total	
	Net attendance ratio	Number of children	Net attendance ratio	Number of children	Net attendance ratio*	Number of children
Residence						
Urban	91.7	280	92.2	244	91.9	524
Rural	91.8	455	91.9	403	91.9	857
Age						
6	66.7	167	70.2	150	68.3	317
7	98.0	181	96.9	139	97.5	320
8	99.5	189	98.5	193	99.0	382
9	100.0	197	100.0	165	100.0	361
Mother's education						
None/Primary	(*)	12	(*)	14	(*)	26
Lower secondary	90.7	375	90.3	358	90.5	733
Upper secondary +	93.6	347	93.8	275	93.7	622
Wealth index quintiles						
Poorest	91.4	164	89.2	143	90.3	307
Second	89.1	144	90.5	134	89.8	278
Middle	96.0	147	90.7	133	93.5	280
Fourth	89.4	152	96.2	126	92.5	278
Richest	93.5	127	94.2	110	93.8	238
Religion						
Muslim	90.9	615	91.8	559	91.3	1174
Orthodox/Catholic/Other	96.4	120	93.0	87	94.9	207
Total	91.8	734	92.0	646	91.9	1381

*** MICS indicator 55; MDG indicator 6**

* The primary school net attendance ratio (NAR) is the percentage of children of primary school age that are attending primary or secondary school. Children of primary school age (6-9) currently attending primary or secondary school are included in the numerator. All children of primary school age are included in the denominator.

(*) – Figures are based on less than 25 unweighted cases.

Table ED.3B: Basic education net attendance ratio

Percentage of children of basic education age attending basic education (NAR), Albania, 2005

	Male		Female		Total	
	Net attendance ratio	Number of children	Net attendance ratio	Number of children	Net attendance ratio*	Number of children
Residence						
Urban	95.7	581	96.0	533	95.8	1114
Rural	95.7	1031	95.6	912	95.7	1944
Age						
6	66.7	167	70.2	150	68.3	317
7	98.0	181	96.9	139	97.5	320
8	99.5	189	98.5	193	99.0	382
9	100.0	197	100.0	165	100.0	361
10	100.0	232	99.0	210	99.5	441
11	98.6	186	99.2	176	98.9	362
12	99.5	239	100.0	200	99.7	439
13	97.6	219	97.3	214	97.4	433
Mother's education						
None/Primary	(83.2)	35	(96.5)	30	89.4	65
Lower secondary	95.3	857	95.0	834	95.1	1691
Upper secondary +	96.8	720	96.9	581	96.8	1301
Wealth index quintiles						
Poorest	95.7	364	93.4	324	94.6	688
Second	94.2	352	95.0	306	94.6	658
Middle	97.8	328	95.9	300	96.9	628
Fourth	94.2	311	98.3	285	96.2	596
Richest	96.8	257	96.9	231	96.8	488
Religion						
Muslim	95.2	1350	95.6	1237	95.4	2587
Orthodox/Catholic/Other	98.3	261	97.1	209	97.8	470
Total	95.7	1612	95.8	1445	95.7	3057

* The basic education net attendance ratio (NAR) is the percentage of children of basic education age that are attending primary or lower secondary school. Children of basic education age (6-13) currently attending primary or lower secondary school are included in the numerator. All children of basic education age are included in the denominator.

(…) – Figures are based on 25-49 unweighted cases.

Table ED.4A: Secondary school net attendance ratio (ISCED)

Percentage of children of secondary school age attending secondary school or higher (NAR), Albania, 2005

	Male		Female		Total	
	Net attendance ratio	Number of children	Net attendance ratio	Number of children	Net attendance ratio*	Number of children
Residence						
Urban	83.4	600	84.8	569	84.1	1169
Rural	77.0	1155	73.0	1066	75.0	2221
Age						
10	57.6	232	60.5	210	59.0	441
11	93.0	186	95.4	176	94.2	362
12	99.0	239	98.8	200	98.9	439
13	96.8	219	95.6	214	96.2	433
14	88.4	187	78.8	218	83.3	405
15	73.4	234	71.6	223	72.5	457
16	68.2	240	62.9	192	65.8	432
17	61.0	216	55.1	202	58.2	419
Mother's education						
None/Primary	(55.5)	36	(48.3)	33	52.0	68
Lower secondary	80.4	732	79.6	723	80.0	1455
Upper secondary +	91.4	523	90.3	469	90.9	992
Mother not at home	(*)	8	(*)	16	(*)	24
Wealth index quintiles						
Poorest	68.3	413	64.0	378	66.2	791
Second	77.0	392	69.8	371	73.5	763
Middle	83.9	337	81.0	314	82.5	651
Fourth	81.7	332	86.9	321	84.3	654
Richest	89.5	281	90.2	251	89.9	532
Religion						
Muslim	78.2	1473	75.9	1367	77.1	2840
Orthodox/Catholic/Other	84.1	282	83.2	268	83.7	550
Total	79.2	1755	77.1	1635	78.2	3390

*** MICS indicator 56**

* The secondary school net attendance ratio (NAR) is the percentage of children of secondary school age that are attending secondary school or higher. Children of secondary school age (10-17) currently attending secondary school or higher are included in the numerator. All children of secondary school age are included in the denominator.

(*) – Figures are based on less than 25 unweighted cases.

(…) – Figures are based on 25-49 unweighted cases.

Table ED.4B: Upper secondary school net attendance ratio

Percentage of children of upper secondary school age attending upper secondary school or higher (NAR), Albania, 2005

	Male		Female		Total	
	Net attendance ratio	Number of children	Net attendance ratio	Number of children	Net attendance ratio*	Number of children
Residence						
Urban	67.1	299	71.5	280	69.2	579
Rural	53.4	578	47.5	556	50.5	1135
Age						
14	35.6	187	38.2	218	37.0	405
15	63.7	234	67.0	223	65.3	457
16	67.5	240	62.3	192	65.1	432
17	61.0	216	55.1	202	58.2	419
Mother's education						
None/Primary	(*)	13	(*)	16	(23.1)	29
Lower secondary	43.7	250	41.7	247	42.7	497
Upper secondary +	66.1	151	70.7	162	68.5	313
Mother not at home	(*)	8	(*)	16	(*)	24
Wealth index quintiles						
Poorest	40.1	212	30.1	198	35.3	410
Second	51.5	185	44.3	199	47.7	383
Middle	61.1	156	62.1	147	61.6	303
Fourth	69.3	173	73.9	162	71.6	335
Richest	75.4	152	81.0	130	78.0	282
Religion						
Muslim	55.9	737	53.7	690	54.8	1427
Orthodox/Catholic/Other	69.8	140	64.1	146	66.9	286
Total	58.1	878	55.5	836	56.8	1713

* The upper secondary school net attendance ratio (NAR) is the percentage of children of upper secondary school age that are attending upper secondary school or higher. Children of upper secondary school age (14-17) currently attending upper secondary school or higher are included in the numerator. All children of upper secondary school age are included in the denominator.

(*) – Figures are based on less than 25 unweighted cases.

(…) – Figures are based on 25-49 unweighted cases.

Table ED.5A: Secondary school age children attending primary school (ISCED)

Percentage of children of secondary school age attending primary school, Albania, 2005

	Male		Female		Total	
	Percent attending primary school	Number of children	Percent attending primary school	Number of children	Percent attending primary school	Number of children
Residence						
Urban	6.9	600	6.6	569	6.8	1169
Rural	6.1	1155	5.3	1066	5.7	2221
Age						
10	42.4	232	38.6	210	40.6	441
11	5.6	186	3.8	176	4.7	362
12	0.5	239	1.2	200	0.8	439
13	0.8	219	1.7	214	1.2	433
14	0.0	187	0.0	218	0.0	405
15	0.0	234	0.0	223	0.0	457
16	0.0	240	0.0	192	0.0	432
17	0.0	216	0.0	202	0.0	419
Mother's education						
None/Primary	(18.5)	36	(16.1)	33	17.4	68
Lower secondary	9.4	732	8.1	723	8.7	1455
Upper secondary +	6.9	523	6.4	469	6.7	992
Mother not at home	(*)	8	(*)	16	(*)	24
Wealth index quintiles						
Poorest	8.4	413	6.2	378	7.4	791
Second	5.7	392	5.9	371	5.8	763
Middle	5.2	337	6.0	314	5.6	651
Fourth	7.5	332	5.3	321	6.4	654
Richest	4.3	281	4.9	251	4.6	532
Religion						
Muslim	6.6	1473	5.6	1367	6.1	2840
Orthodox/Catholic/Other	5.3	282	6.2	268	5.7	550
Total	6.4	1755	5.7	1635	6.1	3390

* Children of secondary school age (10-17) currently attending primary school are included in the numerator. All children of secondary school age are included in the denominator.

(*) – Figures are based on less than 25 unweighted cases.

(…) – Figures are based on 25-49 unweighted cases.

Table ED.5B: Upper secondary school age children attending primary/lower secondary school

Percentage of children of upper secondary school age attending primary/lower secondary school, Albania, 2005

	Male		Female		Total	
	Percent attending primary/lower secondary school	Number of children	Percent attending primary/lower secondary school	Number of children	Percent attending primary/lower secondary school	Number of children
Residence						
Urban	14.3	299	11.7	280	13.0	579
Rural	13.9	578	12.1	556	13.0	1135
Age						
14	52.8	187	40.6	218	46.3	405
15	9.7	234	4.6	223	7.2	457
16	0.7	240	0.6	192	0.7	432
17	0.0	216	0.0	202	0.0	419
Mother's education						
None/Primary	(*)	13	(*)	16	(17.5)	29
Lower secondary	28.8	250	25.1	247	26.9	497
Upper secondary +	28.5	151	20.6	162	24.4	313
Mother not at home	(*)	8	(*)	16	(*)	24
Wealth index quintiles						
Poorest	15.3	212	15.8	198	15.5	410
Second	14.4	185	11.9	199	13.1	383
Middle	16.1	156	10.0	147	13.1	303
Fourth	11.1	173	10.7	162	10.9	335
Richest	13.1	152	10.1	130	11.7	282
Religion						
Muslim	15.0	737	11.0	690	13.1	1427
Orthodox/Catholic/Other	8.9	140	16.5	146	12.8	286
Total	14.0	878	12.0	836	13.0	1713

* Children of upper secondary school age (14-17) currently attending primary/lower secondary school are included in the numerator. All children of upper secondary school age are included in the denominator.

(*) – Figures are based on less than 25 unweighted cases.

(…) – Figures are based on 25-49 unweighted cases.

Table ED.6: Children reaching grade 5

Percentage of children entering first grade of primary school who eventually reach grade 5, Albania, 2005

	Percent attending 2nd grade who were in 1st grade last year	Percent attending 3rd grade who were in 2nd grade last year	Percent attending 4th grade who were in 3rd grade last year	Percent attending 5th grade who were in 4th grade last year	Percent who reach grade 5 of those who enter 1st grade*
Sex					
Male	100.0	100.0	100.0	100.0	100.0
Female	100.0	99.5	100.0	100.0	99.5
Residence					
Urban	100.0	100.0	100.0	100.0	100.0
Rural	100.0	99.6	100.0	100.0	99.6
Mother's education					
None/Primary	100.0	100.0	100.0	100.0	100.0
Lower secondary	100.0	99.5	100.0	100.0	99.5
Upper secondary +	100.0	100.0	100.0	100.0	100.0
Wealth index quintiles					
Poorest	100.0	100.0	100.0	100.0	100.0
Second	100.0	100.0	100.0	100.0	100.0
Middle	100.0	98.7	100.0	100.0	98.7
Fourth	100.0	100.0	100.0	100.0	100.0
Richest	100.0	100.0	100.0	100.0	100.0
Religion					
Muslim	100.0	99.7	100.0	100.0	99.7
Orthodox/Catholic/Other	100.0	100.0	100.0	100.0	100.0
Total	100.0	99.7	100.0	100.0	99.7

*** MICS indicator 57; MDG indicator 7**

Table ED.7A: Primary school completion and transition to secondary education (ISCED)

Primary school completion rate and transition rate to secondary education, Albania, 2005

	Net primary school completion rate*	Number of children of primary school completion age	Transition rate to secondary education**	Number of children who were in the last grade of primary school the previous year
Sex				
Male	95.1	232	98.5	230
Female	95.7	210	99.5	202
Residence				
Urban	95.7	174	98.9	162
Rural	95.1	267	99.0	270
Mother's education				
None/Primary	(*)	10	(*)	6
Lower secondary	95.3	258	99.6	249
Upper secondary +	96.8	174	99.0	177
Wealth index quintiles				
Poorest	94.2	108	97.3	105
Second	90.9	96	98.8	84
Middle	98.9	82	99.3	91
Fourth	98.9	84	100.0	81
Richest	95.1	71	100.0	71
Religion				
Muslim	95.7	376	98.8	375
Orthodox/Catholic/Other	93.8	65	100.0	57
Total	95.4	441	99.0	432

*** MICS indicator 59; MDG indicator 7b**

* The net primary completion rate is the total number of students of primary graduation age who are completing the final year of primary education, expressed as a percentage of the population of the official primary school graduation age. It is calculated as: Primary completion rate = 100 * (number of children of primary graduation age in last primary grade - repeaters) / (number of children of primary school graduation age).

**** MICS indicator 58**

** The transition rate to secondary education is the percentage of children in the last grade of primary school who attend the first grade of secondary school the following year. It is calculated as: Transition rate to secondary education = 100* (number of children in first secondary grade who were in last primary grade the previous year) / (number of children in the last primary grade the previous year).

(*) – Figures are based on less than 25 unweighted cases.

Table ED.7B: Lower secondary school completion and transition to upper secondary education

Lower secondary school completion rate and transition rate to upper secondary education, Albania, 2005

	Net lower secondary school completion rate*	Number of children of lower secondary school completion age	Transition rate to upper secondary education**	Number of children who were in the last grade of lower secondary school the previous year
Sex				
Male	96.0	219	77.1	235
Female	94.5	214	72.5	229
Residence				
Urban	96.6	143	89.3	143
Rural	94.6	290	68.4	321
Mother's education				
None/Primary	(*)	11	(*)	8
Lower secondary	96.2	243	66.9	232
Upper secondary +	95.9	179	92.8	158
Mother not at home	(*)	0	(*)	8
Wealth index quintiles				
Poorest	92.4	97	62.1	107
Second	95.9	104	68.4	103
Middle	94.7	90	71.8	87
Fourth	95.1	85	86.5	92
Richest	100.0	58	91.1	75
Religion				
Muslim	94.3	363	72.3	389
Orthodox/Catholic/Other	100.0	71	87.9	75
Total	95.2	433	74.8	464

* The net lower secondary completion rate is the total number of students of lower secondary graduation age who are completing the final year of lower secondary education, expressed as a percentage of the population of the official lower secondary school graduation age. It is calculated as: Lower secondary completion rate = 100 * (number of children of lower secondary graduation age in last lower secondary grade - repeaters) / (number of children of lower secondary school graduation age).

** The transition rate to upper secondary education is the percentage of children in the last grade of lower secondary school who attend the first grade of upper secondary school the following year. It is calculated as: Transition rate to upper secondary education = 100* (number of children in first upper secondary grade who were in last lower secondary grade the previous year) / (number of children in the last lower secondary grade the previous year).

(*) – Figures are based on less than 25 unweighted cases.

Table ED.8: Education gender parity

Ratio of girls to boys attending basic education, primary education, lower secondary education, upper secondary education, and total secondary education, Albania, 2005

	Basic schooling net attend-ance ratio (NAR), girls	Basic schooling net attend-ance ratio (NAR), boys	Gender parity index (GPI) for basic schooling NAR*	Primary school net attend-ance ratio (NAR), girls	Primary school net attend-ance ratio (NAR), boys	Gender parity index (GPI) for primary school NAR*	Lower secondary school net attend-ance ratio (NAR), girls	Lower secondary school net attend-ance ratio (NAR), boys	Gender parity index (GPI) for lower secondary school NAR*	Upper secondary school net attend-ance ratio (NAR), girls	Upper secondary school net attend-ance ratio (NAR), boys	Gender parity index (GPI) for upper secondary school NAR*	Secondary school net attend-ance ratio (NAR), girls	Secondary school net attend-ance ratio (NAR), boys	Gender parity index (GPI) for Secondary school NAR*
Residence															
Urban	96.0	95.7	1.00	92.2	91.7	1.00	86.4	85.5	1.01	71.5	67.1	1.07	84.8	83.4	1.02
Rural	95.6	95.7	1.00	91.9	91.8	1.00	87.6	86.6	1.01	47.5	53.4	0.89	73.0	77.0	0.95
Mother's education															
None/Primary	(96.5)	(83.2)	(1.16)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(48.3)	(55.5)	(0.87)
Lower secondary	95.0	95.3	1.00	90.3	90.7	1.00	86.3	84.5	1.02	41.7	43.7	0.95	79.6	80.4	0.99
Upper secondary +	96.9	96.8	1.00	93.8	93.6	1.00	89.9	90.1	1.00	70.7	66.1	1.07	90.3	91.4	0.99
Wealth index quintiles															
Poorest	93.4	95.7	0.98	89.2	91.4	0.98	83.7	82.0	1.02	30.1	40.1	0.75	64.0	68.3	0.94
Second	95.0	94.2	1.01	90.5	89.1	1.02	85.6	86.9	0.99	44.3	51.5	0.86	69.8	77.0	0.91
Middle	95.9	97.8	0.98	90.7	96.0	0.94	88.8	89.7	0.99	62.1	61.1	1.02	81.0	83.9	0.97
Fourth	98.3	94.2	1.04	96.2	89.4	1.08	89.3	83.2	1.07	73.9	69.3	1.07	86.9	81.7	1.06
Richest	96.9	96.8	1.00	94.2	93.5	1.01	89.3	90.7	0.98	81.0	75.4	1.07	90.2	89.5	1.01
Religion															
Muslim	95.6	95.2	1.00	91.8	90.9	1.01	87.3	85.6	1.02	53.7	55.9	0.96	75.9	78.2	0.97
Orthodox/Catholic/ Other	97.1	98.3	0.99	93.0	96.4	0.96	86.4	89.5	0.96	64.1	69.8	0.92	83.2	84.1	0.99
Total	95.8	95.7	1.00	92.0	91.8	1.00	87.1	86.2	1.01	55.5	58.1	0.96	77.1	79.2	0.97

*** MICS indicator 61; MDG indicator 9**

* The gender parity index (GPI) is the ratio of female to male net attendance ratios (primary or secondary). The primary and secondary net attendance ratios are presented in tables ED.3A and ED.4A.

(*) – Figures are based on less than 25 unweighted cases.

(…) – Figures are based on 25-49 unweighted cases.

Table ED.9: Adult literacy

Percentage of women aged 15-24 years that are literate*, Albania, 2005

	Percentage literate*	Number of women aged 15-24 years
Residence		
Urban	99.2	617
Rural	98.7	1074
Education		
None/Primary	(34.2)	29
Lower secondary	100.0	836
Upper secondary +	100.0	826
Age		
15-19	99.0	961
20-24	98.6	731
Wealth index quintiles		
Poorest	97.0	372
Second	99.0	370
Middle	98.9	319
Fourth	99.8	314
Richest	100.0	316
Religion		
Muslim	98.8	1392
Orthodox/Catholic/Other	99.1	300
Total	98.9	1692

*** MICS indicator 60; MDG indicator 8**

(…) – Figures are based on 25-49 unweighted cases.

Table CP.1: Birth registration

Percent distribution of children aged 0-59 months by whether birth is registered, Albania, 2005

	Birth is registered*	Don't know if birth is registered	Number of children aged 0-59 months
Sex			
Male	98.0	0.2	599
Female	97.1	0.2	494
Residence			
Urban	97.3	0.5	387
Rural	97.8	0.0	706
Age			
0-11 months	92.9	0.5	178
12-23 months	97.8	0.5	191
24-35 months	98.4	0.0	211
36-47 months	98.4	0.0	226
48-59 months	99.1	0.0	286
Mother's education			
None/Primary	(95.0)	(0.0)	38
Lower secondary	97.6	0.0	594
Upper secondary +	97.8	0.4	461
Wealth index quintiles			
Poorest	97.1	0.0	248
Second	98.0	0.0	233
Middle	97.2	0.0	197
Fourth	97.9	0.8	230
Richest	98.0	0.0	185
Religion			
Muslim	97.3	0.2	933
Orthodox/Catholic/Other	99.1	0.0	160
Total	97.6	0.2	1093

*** MICS indicator 62**

(…) – Figures are based on 25-49 unweighted cases.

Table CP.2: Child labour

Percentage of children aged 5-14 years who are involved in child labour activities by type of work, Albania, 2005

	Working outside household		Household chores for 28+ hours/ week	Working for family business	Total child labour*	Number of children aged 5-14 years
	Paid work	Unpaid work				
Sex						
Male	0.5	1.7	0.0	12.6	14.4	1964
Female	0.3	1.7	0.2	7.4	9.4	1811
Residence						
Urban	0.3	2.7	0.2	1.1	3.9	1378
Rural	0.5	1.1	0.1	15.3	16.7	2397
Age						
5-11 years	0.3	2.2	0.0	10.6	12.8	2497
12-14 years	0.6	0.7	0.4	9.0	10.5	1278
School participation						
Yes	0.3	1.7	0.0	10.4	12.2	3435
No	1.7	1.5	1.1	7.4	10.2	341
Mother's education						
None/Primary	3.8	4.0	0.0	22.8	30.8	82
Lower secondary	0.5	1.4	0.2	12.9	14.7	2096
Upper secondary +	0.1	1.9	0.0	5.7	7.5	1597
Wealth index quintiles						
Poorest	0.5	1.0	0.3	17.6	19.0	858
Second	0.7	0.4	0.2	15.6	16.6	809
Middle	0.3	3.1	0.1	9.1	12.1	768
Fourth	0.4	2.7	0.0	4.2	7.2	728
Richest	0.0	1.4	0.0	0.7	1.7	613
Religion						
Muslim	0.5	1.7	0.1	10.5	12.5	3183
Orthodox/Catholic/Other	0.2	1.7	0.3	7.8	9.2	592
Total	0.4	1.7	0.1	10.1	12.0	3775

*** MICS indicator 71**

* Total child labour is defined as (a) children 5-11 years of age that during the week preceding the survey did at least one hour of economic activity or at least 28 hours of domestic chores , and (b) children 12-14 years of age that during the week preceding the survey did at least 14 hours of economic activity or at least 28 hours of domestic chores.

Table CP.3: Labourer students and student labourers

Percentage of children aged 5-14 years who are labourer students and student labourers, Albania, 2005

	Percentage of children in child labour*	Percentage of children attending school	Number of children 5-14 years of age	Percentage of child labourers who are also attending school**	Number of child labourers aged 5-14	Percentage of students who are also involved in child labour***	Number of students aged 5-14
Sex							
Male	14.4	91.4	1964	93.6	284	14.8	1795
Female	9.4	90.6	1811	90.1	170	9.3	1640
Residence							
Urban	3.9	92.0	1378	86.1	53	3.6	1268
Rural	16.7	90.4	2397	93.1	400	17.2	2166
Age							
5-9 years	12.8	89.6	2497	98.2	319	14.0	2237
10-14 years	10.5	93.7	1278	78.1	134	8.7	1198
Mother's education							
None/Primary	30.8	79.0	82	(*)	25	33.5	65
Lower secondary	14.7	89.2	2096	90.9	308	15.0	1869
Upper secondary +	7.5	94.0	1597	97.2	119	7.7	1501
Wealth index quintiles							
Poorest	19.0	88.5	858	91.7	163	19.7	759
Second	16.6	89.1	809	91.9	134	17.1	721
Middle	12.1	92.2	768	92.1	93	12.1	708
Fourth	7.2	92.6	728	(95.4)	52	7.4	674
Richest	1.7	93.5	613	(*)	11	1.7	573
Religion							
Muslim	12.5	90.5	3183	92.4	399	12.8	2881
Orthodox/Catholic/ Other	9.2	93.4	592	(91.4)	55	9.0	554
Total	12.0	91.0	3775	92.3	453	12.2	3435

* Child labour is defined as: (a) children 5-11 years of age that during the week preceding the survey did at least one hour of economic activity or at least 28 hours of domestic chores, and (b) children 12-14 years of age that during the week preceding the survey did at least 14 hours of economic activity or at least 28 hours of domestic chores.

**** MICS indicator 72**

** Labourer students: Number of children 5-14 years of age invoved in child labour activities that are also attending school divided by the total number of children 5-14 years of age involved in child labour activities.

***** MICS indicator 73**

*** Student labourers: Number of children 5-14 years of age attending school that are also invoved in child labour activities divided by the total number of children 5-14 attending school.

(*) – Figures are based on less than 25 unweighted cases.

(…) – Figures are based on 25-49 unweighted cases.

Table CP.4: Child discipline

Percentage of children aged 2-14 years according to method of disciplining the child, Albania, 2005

	Percentage of children 2-14 years of age who experience:								
	Only non-violent discipline	Psycho-logical punish-ment	Minor physical punish-ment	Severe physical punish-ment	Any psycho-logical or physical punish-ment*	No discipline or punish-ment	Missing	Mother/ caretaker believes that the child needs to be physically punished	Number of children aged 2-14 years**
Sex									
Male	41.7	11.7	49.6	9.5	52.4	6.0	0.0	6.7	1357
Female	48.7	11.8	42.5	7.4	45.5	5.5	0.3	5.2	1175
Residence									
Urban	46.6	11.0	42.6	6.5	45.7	7.5	0.1	3.7	978
Rural	43.9	12.3	48.6	9.8	51.3	4.6	0.1	7.4	1554
Age									
2-4 years	45.1	6.8	43.0	6.2	43.9	10.9	0.0	3.8	421
5-9 years	40.8	12.7	52.5	9.6	55.1	4.2	0.0	4.4	901
10-14 years	48.0	12.9	42.8	8.5	46.6	5.2	0.3	8.0	1210
Mother's education									
None/Primary	35.3	19.5	51.1	14.2	51.1	13.6	0.0	11.0	57
Lower secondary	41.0	13.3	50.5	9.8	53.6	5.4	0.0	7.1	1360
Upper secondary +	50.3	9.5	40.9	6.6	43.6	5.8	0.3	4.4	1115
Wealth index quintiles									
Poorest	36.1	15.0	54.6	10.6	56.5	7.2	0.2	9.8	538
Second	42.6	14.5	48.3	9.4	52.3	5.1	0.0	7.5	519
Middle	45.2	10.1	47.8	10.9	50.2	4.5	0.2	5.2	498
Fourth	51.2	9.4	39.9	6.3	43.3	5.5	0.0	4.3	514
Richest	50.7	9.4	39.9	5.1	42.5	6.5	0.3	2.6	464
Religion									
Muslim	44.0	11.6	47.1	8.3	49.7	6.2	0.1	5.5	2122
Orthodox/Catholic/ Other	50.0	12.7	42.3	9.9	46.4	3.7	0.0	8.5	410
Total	44.9	11.8	46.3	8.5	49.2	5.8	0.1	6.0	2532

*** MICS indicator 74**

** Table is based on children aged 2-14 years randomly selected during fieldwork (one child selected per household, if any children in the age range) for whom the questions on child discipline were administered.

Table CP.5: Early marriage

Percentage of women aged 15-49 years in marriage or union before their 15th birthday, percentage of women aged 20-49 years in marriage or union before their 18th birthday, and the percentage of women aged 15-19 years currently married or in union, Albania, 2005

	Percentage married before age 15*	Number of women aged 15-49 years	Percentage married before age 18*	Number of women aged 20-49 years	Percentage of women 15-19 married/in union**	Number of women aged 15-19 years
Residence						
Urban	0.8	2028	7.7	1697	4.1	331
Rural	0.4	3063	7.9	2434	5.4	630
Age						
15-19	0.3	961	na	na	5.0	961
20-24	0.7	731	7.5	731	na	na
25-29	1.1	625	11.8	625	na	na
30-34	0.6	655	7.2	655	na	na
35-39	0.5	706	6.2	706	na	na
40-44	0.2	749	7.7	749	na	na
45-49	0.7	664	6.8	664	na	na
Education						
None/Primary	4.3	103	13.1	90	(*)	13
Lower secondary	0.7	2570	10.7	2102	7.5	468
Upper secondary +	0.2	2418	4.4	1938	2.1	480
Wealth index quintiles						
Poorest	0.5	1033	7.5	808	2.9	225
Second	0.7	1041	8.7	831	2.4	210
Middle	0.8	981	9.6	804	11.7	177
Fourth	0.5	1018	7.7	831	3.3	187
Richest	0.3	1018	5.7	856	5.6	162
Religion						
Muslim	0.6	4189	8.4	3399	5.3	791
Orthodox/Catholic/ Other	0.3	902	5.1	732	3.3	170
Total	0.6	5091	7.8	4130	5.0	961

*** MICS indicator 67**

**** MICS indicator 68**

(*) – Figures are based on less than 25 unweighted cases.

Table CP.6: Spousal age difference

Percent distribution of currently married/in union women aged 20-24 years according to the age difference with their husband or partner, Albania, 2005

	Percentage of currently married/in union women aged 20-24 years whose husband or partner is:						Number of women aged 20-24 years currently married/ in union
	Younger	0-4 years older	5-9 years older	10+ years older*	Husband/partner's age unknown	Total	
Residence							
Urban	1.3	27.2	44.7	24.5	2.3	100.0	85
Rural	0.0	31.0	50.6	17.7	0.8	100.0	174
Education							
None/Primary	(*)	(*)	(*)	(*)	(*)	(*)	6
Lower secondary	0.0	30.4	51.8	17.8	0.0	100.0	166
Upper secondary +	1.3	27.8	44.9	22.3	3.8	100.0	87
Wealth index quintiles							
Poorest	(0.0)	(36.6)	(48.7)	(14.7)	(0.0)	(100.0)	56
Second	0.0	40.5	51.3	8.2	0.0	100.0	59
Middle	0.0	23.4	46.6	27.5	2.4	100.0	54
Fourth	(0.0)	(19.8)	(50.5)	(29.7)	(0.0)	(100.0)	44
Richest	2.4	24.7	46.1	22.6	4.2	100.0	47
Religion							
Muslim	0.5	30.5	47.7	19.8	1.5	100.0	213
Orthodox/Catholic/Other	(0.0)	(26.3)	(53.3)	(20.4)	(0.0)	(100.0)	46
Total aged 20-24	0.4	29.7	48.7	19.9	1.3	100.0	259

*** MICS indicator 69**

(*) – Figures are based on less than 25 unweighted cases.

(…) – Figures are based on 25-49 unweighted cases.

Table CP.7: Attitudes toward domestic violence

Percentage of women aged 15-49 years who believe a husband is justified in beating his wife/partner in various circumstances, Albania, 2005

	Percentage of women aged 15-49 years who believe a husband is justified in beating his wife/partner:						
	When she goes out without telling him	When she neglects the children	When she argues with him	When she refuses sex with him	When she burns the food	For any of these reasons*	Number of women aged 15-49 years
Residence							
Urban	9.9	13.0	7.6	7.7	3.2	22.8	2028
Rural	21.7	24.0	9.3	9.3	3.1	34.5	3063
Age							
15-19	8.9	9.3	4.3	3.6	1.4	17.1	961
20-24	13.5	16.1	7.2	6.1	2.5	24.8	731
25-29	18.4	22.4	8.2	8.1	3.3	30.8	625
30-34	16.8	21.9	7.8	8.9	2.1	29.6	655
35-39	20.0	23.4	8.9	10.6	3.1	35.3	706
40-44	22.8	25.6	13.0	13.4	5.3	40.6	749
45-49	21.8	22.6	12.5	11.6	4.5	35.0	664
Marital/Union status							
Currently married/in union	21.3	24.6	10.7	11.3	3.8	36.2	3333
Formerly married/in union	16.8	12.5	8.4	7.6	2.6	25.4	95
Never married/in union	8.5	9.9	4.7	3.5	1.7	17.3	1663
Education							
None/Primary	31.9	27.2	20.8	16.9	11.5	40.5	103
Lower secondary	23.5	24.7	10.8	9.9	3.6	37.1	2570
Upper secondary +	9.4	13.9	5.9	7.0	2.2	21.6	2418
Wealth index quintiles							
Poorest	29.5	29.7	9.1	7.4	4.1	38.8	1033
Second	22.1	23.3	11.7	10.2	3.3	36.0	1041
Middle	17.3	21.5	8.9	9.7	2.8	32.3	981
Fourth	10.3	14.0	8.0	9.4	2.8	24.5	1018
Richest	5.5	9.4	5.6	6.6	2.5	17.4	1018
Religion							
Muslim	17.8	20.0	8.5	8.4	3.0	29.8	4189
Orthodox/Catholic/Other	13.4	17.6	9.1	10.1	3.7	30.0	902
Total	17.0	19.6	8.7	8.7	3.1	29.8	5091

*** MICS indicator 100**

Table CP.8: Child disability

Percentage of children aged 2-9 years with disability reported by their mother or caretaker according to the type of disability, Albania, 2005

	Percentage of children aged 2-9 years with reported disability by type of disability									Percentage of children aged 2-9 years with at least one reported disability*	Number of children aged 2-9 years	3-9 years		2 years	
	Delay in sitting, standing or walking	Difficulty seeing, either in the daytime or at night	Appears to have difficulty hearing	No under-standing of instr-uctions	Difficulty in walking, moving arms, weakness or stiffness	Have fits, become rigid, lose concious-ness	Not learning to do things like other children his/her age	No speak-ing / cannot be under-stood in words	Appears mentally backward, dull, or slow			Speech is not normal	Number of children aged 3-9 years	Cannot name at least one object	Number of children aged 2 years
Residence															
Urban	0.8	2.2	0.8	4.8	0.8	0.9	4.6	5.5	1.6	12.3	925	7.1	847	13.2	78
Rural	0.7	0.8	0.1	3.3	1.0	1.3	3.2	5.1	1.2	10.3	1520	4.2	1374	19.6	146
Age of child															
2-4	0.8	0.7	0.8	3.0	1.1	1.1	2.7	4.3	2.5	10.7	751	5.7 [1]	527	17.4 [2]	224
5-6	0.7	1.8	0.2	2.7	1.1	1.4	3.6	4.9	0.7	9.4	630	5.8	630	na	na
7-9	0.7	1.5	0.2	5.2	0.7	1.0	4.7	6.2	1.0	12.3	1064	4.8	1064	na	na
Mother's education															
None/Primary	(0.0)	(1.7)	(0.0)	(4.7)	(0.0)	(0.0)	(5.8)	(6.4)	(1.9)	(13.4)	58	(2.2)	50	(*)	8
Lower secondary	0.7	1.0	0.4	3.3	1.0	1.4	3.5	5.2	1.5	10.4	1308	4.7	1191	16.5	117
Upper secondary +	0.8	1.7	0.4	4.5	0.9	0.9	4.0	5.3	1.2	11.7	1079	6.2	979	18.7	99
Wealth index quintiles															
Poorest	0.9	1.3	0.2	4.2	1.1	1.7	4.0	6.6	2.2	12.4	541	4.0	484	(18.8)	57
Second	0.7	1.3	0.2	1.8	1.1	1.2	2.8	3.0	1.0	8.8	497	4.5	459	(18.7)	39
Middle	0.2	2.0	0.7	4.0	0.8	1.4	3.5	6.1	0.6	11.9	479	4.9	443	(7.6)	36
Fourth	0.6	0.9	0.2	4.6	1.2	0.7	3.2	4.4	1.4	10.1	501	5.7	445	22.9	55
Richest	1.4	1.2	0.7	4.8	0.3	0.6	5.6	6.3	1.6	12.3	427	7.9	389	(14.9)	38
Religion															
Muslim	0.7	1.1	0.3	3.8	0.9	1.1	3.8	5.5	1.3	10.7	2086	4.9	1896	17.2	190
Orthodox/Catholic/ Other	0.9	2.7	0.8	4.2	1.3	1.5	3.7	4.1	1.6	13.1	358	7.4	325	(18.2)	34
Total	0.7	1.3	0.4	3.9	0.9	1.2	3.8	5.3	1.4	11.1	2445	5.3	2221	17.4	224

*** MICS indicator 101**

[1] Percent is based on children 3-4 years of age

[2] Percent is based on children 2 years of age only

(*) – Figures are based on less than 25 unweighted cases.

(…) – Figures are based on 25-49 unweighted cases.

Table CP.9: Children's living arrangements and orphanhood

Percent distribution of children aged 0-15 years according to living arrangements, percentage of children aged 0-15 years in households not living with a biological parent and percentage of children who are orphans, Albania, 2005

	Living with both parents	Living with neither parent		Living with mother only		Living with father only		Impossible to determine	Total	Not living with a biological parent*	One or both parents dead**	Number of children
		Both are alive	Both are dead	Father alive	Father dead	Mother alive	Mother dead					
Sex												
Male	94.4	0.0	0.2	2.7	1.8	0.4	0.4	0.1	100.0	0.2	2.4	2824
Female	95.0	0.0	0.6	2.8	1.0	0.1	0.2	0.2	100.0	0.6	1.8	2551
Residence												
Urban	94.8	0.1	0.4	3.2	1.0	0.5	0.0	0.1	100.0	0.4	1.4	1929
Rural	94.7	0.0	0.4	2.5	1.7	0.1	0.4	0.2	100.0	0.4	2.5	3446
Age												
0-4 years	95.8	0.0	0.1	3.2	0.6	0.2	0.0	0.0	100.0	0.1	0.7	1142
5-9 years	95.6	0.1	0.0	2.8	1.0	0.2	0.3	0.0	100.0	0.1	1.3	1694
10-14 years	94.3	0.0	0.0	2.6	2.4	0.3	0.4	0.1	100.0	0.0	2.7	2082
15 years	90.6	0.0	4.1	2.4	1.1	0.2	0.5	1.0	100.0	4.1	5.8	457
Wealth index quintiles												
Poorest	93.9	0.0	0.2	2.4	2.6	0.1	0.7	0.2	100.0	0.2	3.5	1224
Second	93.8	0.0	0.6	3.2	1.3	0.6	0.3	0.1	100.0	0.6	2.2	1151
Middle	94.5	0.0	0.3	3.0	1.3	0.3	0.3	0.3	100.0	0.3	1.9	1064
Fourth	95.7	0.0	0.4	3.2	0.6	0.0	0.1	0.0	100.0	0.4	1.1	1056
Richest	96.1	0.1	0.3	1.8	1.3	0.3	0.0	0.1	100.0	0.4	1.6	880
Religion												
Muslim	94.5	0.0	0.4	2.9	1.5	0.3	0.2	0.1	100.0	0.4	2.1	4542
Orthodox/Catholic/Other	96.0	0.0	0.4	1.8	1.0	0.1	0.6	0.1	100.0	0.4	2.0	833
Total	94.7	0.0	0.4	2.8	1.4	0.3	0.3	0.1	100.0	0.4	2.1	5375

*** MICS indicator 78**

**** MICS indicator 75**

Table HA.1: Knowledge of preventing HIV transmission

Percentage of women aged 15-49 years who know the main ways of preventing HIV transmission, Albania, 2005

		Percentage who know transmission can be prevented by:						
	Heard of AIDS	Having only one faithful uninfected sex partner	Using a condom every time	Abstaining from sex	Knows all three ways	Knows at least one way	Doesn't know any way	Number of women
Residence								
Urban	96.4	76.5	73.1	45.6	36.9	85.9	14.1	2028
Rural	92.1	75.2	68.5	52.5	43.4	82.8	17.2	3063
Age								
15-19	94.9	72.2	68.1	47.9	39.6	82.3	17.7	961
20-24	95.4	76.7	72.2	48.6	40.0	85.5	14.5	731
25-29	94.6	79.6	74.1	47.4	38.6	87.0	13.0	625
30-34	95.6	78.3	74.4	52.5	43.1	87.1	12.9	655
35-39	92.5	76.6	69.4	51.2	41.9	83.5	16.5	706
40-44	93.6	75.6	69.9	51.8	43.7	83.4	16.6	749
45-49	89.6	72.6	65.2	49.4	38.7	80.5	19.5	664
Education								
None/Primary	46.5	25.1	29.5	22.5	15.2	36.3	63.7	103
Lower secondary	91.0	72.1	65.1	50.3	39.0	80.9	19.1	2570
Upper secondary +	98.8	81.7	77.6	50.4	43.7	89.5	10.5	2418
Wealth index quintiles								
Poorest	87.9	71.3	62.8	47.9	37.3	78.2	21.8	1033
Second	91.2	72.5	67.5	51.8	42.1	81.9	18.1	1041
Middle	94.5	77.1	72.7	53.6	44.4	86.2	13.8	981
Fourth	96.7	75.2	71.2	49.3	40.6	85.0	15.0	1018
Richest	98.9	82.6	77.6	46.4	39.7	89.2	10.8	1018
Religion								
Muslim	93.4	75.1	69.4	47.9	39.3	83.3	16.7	4189
Orthodox/Catholic/ Other	95.7	78.7	74.4	58.6	47.8	87.8	12.2	902
Total	93.8	75.7	70.3	49.8	40.8	84.1	15.9	5091

Table HA.2: Identifying misconceptions about HIV/AIDS

Percentage of women aged 15-49 years who correctly identify misconceptions about HIV/AIDS, Albania, 2005

	Percent who know that:				
	HIV cannot be transmitted by:		A healthy looking person can be infected	Reject two most common misconceptions and know a healthy-looking person can be infected	Number of women
	Sharing food	Mosquito bites			
Residence					
Urban	54.0	28.4	46.5	8.6	2028
Rural	50.9	35.0	22.6	6.5	3063
Age					
15-19	55.1	30.1	30.2	7.0	961
20-24	58.2	37.0	35.4	8.5	731
25-29	50.3	30.0	35.5	7.4	625
30-34	54.4	35.3	32.0	8.6	655
35-39	49.1	33.1	27.5	7.0	706
40-44	49.5	30.7	32.2	5.9	749
45-49	46.8	31.0	33.0	7.0	664
Education					
None/Primary	15.3	10.9	10.9	2.4	103
Lower secondary	48.0	31.5	24.9	6.1	2570
Upper secondary +	58.0	34.2	40.7	8.8	2418
Wealth index quintiles					
Poorest	46.1	29.4	19.0	3.7	1033
Second	51.1	32.1	23.4	6.4	1041
Middle	52.4	36.1	29.7	7.3	981
Fourth	57.3	33.8	37.1	8.7	1018
Richest	53.9	30.8	51.6	10.6	1018
Religion					
Muslim	50.8	30.5	30.4	6.2	4189
Orthodox/Catholic/ Other	58.2	41.2	40.0	12.4	902
Total	52.1	32.4	32.1	7.3	5091

Table HA.3: Comprehensive knowledge of HIV/AIDS transmission

Percentage of women aged 15-49 years who have comprehensive knowledge of HIV/AIDS transmission, Albania, 2005

	Know 2 ways to prevent HIV transmission	Correctly identify 3 misconceptions about HIV transmission	Have comprehensive knowledge (identify 2 prevention methods and 3 misconceptions)*	Number of women
Residence				
Urban	66.2	8.6	6.4	2028
Rural	63.2	6.5	5.0	3063
Age				
15-19	60.6	7.0	4.7	961
20-24	65.8	8.5	6.8	731
15-24	62.9	7.7	5.6	1692
25-29	68.3	7.4	6.4	625
30-34	67.1	8.6	6.5	655
35-39	65.7	7.0	5.8	706
40-44	63.8	5.9	4.5	749
45-49	61.3	7.0	4.6	664
Education				
None/Primary	21.3	2.4	0.9	103
Lower secondary	59.2	6.1	4.4	2570
Upper secondary +	71.7	8.8	7.0	2418
Wealth index quintiles				
Poorest	58.7	3.7	2.8	1033
Second	60.6	6.4	5.2	1041
Middle	66.3	7.3	5.1	981
Fourth	63.8	8.7	5.7	1018
Richest	72.8	10.6	9.0	1018
Religion				
Muslim	63.6	6.2	4.5	4189
Orthodox/Catholic/ Other	68.2	12.4	10.5	902
Total	64.4	7.3	5.5	5091

*** MICS indicator 82; MDG indicator 19b**

* This table combines information from two previous tables. The numerator of the third column includes women who know the 2 ways to prevent HIV transmission (having one faithful unifected partner and using a condom every time) AND correctly identify 3 misconceptions about HIV transmission (rejecting the two most common misconceptions and accepting that a healthy looking person can have AIDS).

Table HA.4: Knowledge of mother-to-child HIV transmission

Percentage of women aged 15-49 years who correctly identify means of HIV transmission from mother to child, Albania, 2005

	Know AIDS can be transmitted from mother to child	Percent who know AIDS can be transmitted:				Did not know any specific way	Number of women
		During pregnancy	At delivery	Through breastmilk	All three ways*		
Residence							
Urban	89.4	84.0	79.3	65.6	59.9	7.0	2028
Rural	76.8	72.1	66.4	53.7	48.8	15.4	3063
Age							
15-19	75.1	70.4	65.7	51.8	47.6	19.8	961
20-24	82.2	77.9	71.6	60.6	54.4	13.2	731
25-29	83.7	77.4	74.9	57.8	52.2	10.9	625
30-34	87.2	81.3	75.9	61.1	55.8	8.3	655
35-39	82.0	77.3	71.0	57.8	51.9	10.6	706
40-44	84.8	80.3	73.6	63.8	58.9	8.9	749
45-49	80.2	75.5	71.0	58.3	53.7	9.3	664
Education							
None/Primary	39.3	34.3	26.1	23.4	17.3	7.2	103
Lower secondary	75.7	70.3	63.9	51.6	46.2	15.3	2570
Upper secondary +	90.1	85.6	81.7	67.2	62.2	8.7	2418
Wealth index quintiles							
Poorest	67.5	61.1	56.4	41.3	36.5	20.4	1033
Second	78.4	73.7	66.5	56.9	50.7	12.8	1041
Middle	84.9	81.0	75.0	60.9	56.2	9.7	981
Fourth	87.5	82.4	78.1	65.8	60.5	9.3	1018
Richest	91.0	86.4	82.3	67.7	62.8	7.9	1018
Religion							
Muslim	81.0	76.0	71.0	58.0	52.9	12.4	4189
Orthodox/Catholic/ Other	85.3	80.8	74.3	60.6	55.1	10.5	902
Total	81.8	76.8	71.6	58.4	53.3	12.0	5091

*** MICS indicator 89**

Table HA.5: Attitudes toward people living with HIV/AIDS

Percentage of women aged 15-49 years who have heard of AIDS who express a discriminatory attitude towards people living with HIV/AIDS, Albania, 2005

	Percent of women who:						
	Would not care for a family member who was sick with AIDS	If a family member had HIV would want to keep it a secret	Believe that a female teacher with HIV should not be allowed to work	Would not buy fresh vegetables from a person with HIV/AIDS	Agree with at least one discriminatory statement	Agree with none of the discriminatory statements*	Number of women who have heard of AIDS
Residence							
Urban	4.4	66.3	71.6	84.7	92.7	7.3	1954
Rural	3.7	71.9	72.5	79.0	93.6	6.4	2823
Age							
15-19	5.6	68.3	64.4	76.9	91.7	8.3	912
20-24	4.5	71.8	68.5	77.8	93.3	6.7	698
25-29	3.6	69.9	75.3	83.0	93.8	6.2	592
30-34	3.9	71.9	75.9	84.6	92.7	7.3	626
35-39	3.7	70.4	76.8	85.1	94.3	5.7	654
40-44	3.7	68.2	73.3	83.1	93.5	6.5	702
45-49	2.2	67.4	74.7	80.9	93.8	6.2	594
Education							
None/Primary	(10.0)	(78.3)	(80.0)	(85.2)	(94.0)	(6.0)	48
Lower secondary	4.3	70.3	76.4	82.2	94.3	5.7	2339
Upper secondary +	3.6	68.8	67.8	80.4	92.2	7.8	2390
Wealth index quintiles							
Poorest	3.5	73.0	74.5	79.0	93.4	6.6	908
Second	4.3	71.3	72.9	78.2	92.6	7.4	950
Middle	4.2	70.0	70.9	82.1	94.7	5.3	928
Fourth	4.0	68.3	66.8	81.5	92.5	7.5	985
Richest	4.0	66.0	75.8	85.5	93.1	6.9	1007
Religion							
Muslim	3.5	69.0	74.1	82.0	93.3	6.7	3914
Orthodox/Catholic/ Other	6.3	72.6	63.2	78.4	93.1	6.9	863
Total	4.0	69.6	72.1	81.3	93.2	6.8	4777

*** MICS indicator 86**

(…) – Figures are based on 25-49 unweighted cases.

Table HA.6: Knowledge of a facility for HIV testing

Percentage of women aged 15-49 years who know where to get an HIV test, percentage of women who have been tested and, of those tested the percentage who have been told the result, Albania, 2005

	Know a place to get tested*	Have been tested**	Number of women	If tested, have been told result	Number of women who have been tested for HIV
Residence					
Urban	41.0	1.8	2028	(62.7)	36
Rural	19.2	1.2	3063	(66.6)	36
Age					
15-19	28.9	1.0	961	(*)	10
20-24	33.4	3.0	731	(*)	22
25-29	30.9	0.9	625	(*)	6
30-34	27.5	1.6	655	(*)	11
35-39	23.9	1.1	706	(*)	8
40-44	25.1	1.5	749	(*)	12
45-49	25.3	0.7	664	(*)	5
Education					
None/Primary	3.9	1.1	103	(*)	1
Lower secondary	15.3	0.8	2570	(*)	19
Upper secondary +	42.3	2.1	2418	61.6	52
Wealth index quintiles					
Poorest	16.9	0.7	1033	(*)	7
Second	17.1	0.3	1041	(*)	3
Middle	24.2	1.6	981	(*)	15
Fourth	34.1	1.9	1018	(*)	19
Richest	47.5	2.6	1018	(80.0)	27
Religion					
Muslim	24.3	1.5	4189	61.5	62
Orthodox/Catholic/ Other	44.5	1.1	902	(*)	10
Total	27.9	1.4	5091	64.7	72

*** MICS indicator 87**

**** MICS indicator 88**

(*) – Figures are based on less than 25 unweighted cases.

(…) – Figures are based on 25-49 unweighted cases.

Table HA.7: HIV counselling coverage during antenatal care

Percentage of women aged 15-49 years who gave birth in the two years preceding the survey who were offered HIV counseling with their antenatal care, Albania, 2005

	Percent of women who:		
	Received antenatal care from a health care professional for last pregnancy	Were provided information about HIV prevention during ANC visit*	Number of women who gave birth in the 2 years preceding the survey
Residence			
Urban	98.1	51.9	136
Rural	96.6	42.9	264
Age			
15-19	(*)	(*)	17
20-24	96.7	47.3	112
25-29	97.7	47.1	139
30-34	96.9	45.0	85
35-49	95.6	44.7	47
Education			
None/Primary	(*)	(*)	11
Lower secondary	96.3	37.2	224
Upper secondary +	99.3	59.9	164
Wealth index quintiles			
Poorest	95.9	39.3	102
Second	92.1	30.7	72
Middle	100.0	38.8	78
Fourth	98.0	59.9	84
Richest	100.0	64.4	64
Religion			
Muslim	96.5	41.0	331
Orthodox/Catholic/ Other	100.0	70.3	68
Total	97.1	46.0	399

*** MICS indicator 90**

(*) – Figures are based on less than 25 unweighted cases.

Appendix A. Sample Design

The major features of sample design are described in this appendix. Sample design features include target sample size, sample allocation, sample frame and listing, choice of domains, sampling stages, stratification, and the calculation of sample weights.

The primary objective of the sample design for the Albania Multiple Indicator Cluster Survey was to produce statistically reliable estimates of most indicators, at the national level, and for urban and rural areas of the country. Urban and rural areas in each of 19 regions were defined as the sampling domains.

A multi-stage, stratified cluster sampling approach was used for the selection of the survey sample.

Sample Size and Sample Allocation

The target sample size for the Albania MICS was calculated as 5418 households. For the calculation of the sample size, the key indicator used was the polio vaccination coverage (taken from MICS 2000) among children aged 12-23 months. The following formula was used to estimate the required sample size for these indicators:

$$n = \frac{[\ 1.96^2\ (r)\ (1\text{-}r)\ (f)\ (\mathrm{nr})\ ]}{[\ (0.12r)^2\ (p)\ (n_h)\ ]}$$

where

- n is the required sample size, expressed as number of households
- 1.96^2 is a factor to achieve the 95 per cent level of confidence
- r is the predicted or anticipated prevalence (coverage rate) of the indicator.
- nr is the factor necessary to raise the sample size by 25 per cent for non-response.
- f is the shortened symbol for *deff* (design effect).
- $0.12r$ is the margin of error to be tolerated at the 95 per cent level of confidence, defined as 12 per cent of r (relative sampling error of r)
- p is the proportion of the total population upon which the indicator, r, is based.
- n_h is the average household size.

For the calculation, r (underweight prevalence) was assumed to be 57 percent. The value of *deff* (design effect) was taken as 1.5 based on estimates from previous surveys, p (percentage of children aged 12-23 months in the total population) was taken as 1.7percent, and n_h (average household size) was taken as 4.1 households.

The resulting number of households from this exercise was 5414 households in total. The average cluster size in the Albania MICS was determined as 14 households, based on a number of considerations, including the budget available, and the time that would be needed per team to complete one cluster. Dividing the total number of households by the number of households per cluster, it was calculated that the selection of a total number of 387 clusters would be needed.

The clusters (primary sampling units) were distributed to the urban and rural domains, proportional to the size of urban and rural populations in that region. The table below shows the allocation of clusters to the sampling domains.

Table SD.1: Allocation of Sample Clusters (Primary Sampling Units) to Sampling Domains

Region	Population (2001 Census)			Number of Clusters		
	Total	Urban	Rural	Urban	Rural	Total
01 Berat	116,153	76,867	193,020	11	8	19
02 Diber	104,663	24,004	128,667	9	2	11
03 Durres	68,197	113,465	181,662	9	20	29
04 Elbasan	176,995	113,354	290,349	17	15	32
05 Fier	153,291	85,320	238,611	17	13	30
06 Gjirokaster	68,818	44,013	112,831	5	5	10
07 Kavaje	50,030	28,149	78,179	7	5	12
08 Korçe	121,581	73,130	194,711	12	11	23
09 Kruje	44,145	19,372	63,517	6	3	9
10 Kukes	84,075	27,318	111,393	6	2	8
11 Kurbin	30,937	23,455	54,392	4	4	8
12 Lezhe	78,958	25,832	104,790	7	3	10
13 Librazhd	60,837	11,550	72,387	7	2	9
14 Lushnje	105,597	38,336	143,933	13	6	19
15 Mat	47,239	13,948	61,187	6	2	8
16 Pogradec	46,709	23,762	70,471	6	4	10
17 Shkoder	160,566	95,907	256,473	14	16	30
18 Tirane	167,139	352,581	519,720	21	63	84
19 Vlore	89,149	103,833	192,982	10	16	26
Total	1,775,079	1,294,196	3,069,275	187	200	387

Sampling Frame and Selection of Clusters

The 2001 census frame was used for the selection of clusters. Census enumeration areas were defined as primary sampling units (PSUs), and were selected from each of the sampling domains by using equal probability sampling (EPS) procedures within the domain. The first stage of sampling was thus completed by selecting the required number of enumeration areas from each of the 19 regions by urban and rural areas separately.

Listing Activities

Although the sample frame (the 2001 Population Census – INSTAT, 2003) was not up to date, household lists in the selected enumeration areas were not updated prior to the selection of households as the sample enumeration areas were not expected to have changed significantly since the census.

Selection of Households

Lists of households were prepared for each selected enumeration area. These lists were compiled from the population and household census of 2001. The households were then sequentially numbered from 1 to n (the total number of households in each enumeration area) at INSTAT, where selection of 14 households in each enumeration area was carried out using a systematic selection procedure with a random.

Calculation of Sample Weights

The Albania Multiple Indicator Cluster Survey sample is not self-weighted as the probability of selection of a cluster was not proportional to its size. For this reason, sample weights were calculated and these were used in the subsequent analyses of the survey data.

The major component of the weight is the reciprocal of the sampling fraction employed in selecting the number of sample households in that particular sampling domain:

$$W_h = 1 / f_h$$

The term *fh*, the sampling fraction at the *h-th* stratum, is the product of probabilities of selection at every stage in each sampling domain:

$$f_h = P_{1h} * P_{2hi}$$

where P_{1h} is the probability of selection of the primary sampling unit, and P_{2h} is the probability of selection of a household in the *i-th* cluster for the *h-th* sampling domain.

Since the probability of selection of each cluster varied individual sampling fractions for households in each enumeration area (cluster) were calculated. The sampling fractions for households in each enumeration area (cluster) therefore included the probability of selection of the enumeration area in that particular sampling domain and the probability of selection of a household in the sample enumeration area (cluster).

A second component which has to be taken into account in the calculation of sample weights is the level of non-response for the household and individual interviews. The adjustment for household non-response is equal to the inverse value of:

RR = Number of interviewed households / Number of occupied households listed

After the completion of fieldwork, response rates were calculated for each sampling domain. These were used to adjust the sample weights calculated for each cluster. Response rates in the Albania Multiple Indicator Cluster Survey are shown in Table HH.1 in this report.

Similarly, the adjustment for non-response at the individual level (women and under-5 children) is equal to the inverse value of:

RR = Completed women's or under-5's questionnaires / Eligible women or under-5s

Numbers of eligible women and under-5 children were obtained from the household listing in the household questionnaire in households where interviews were completed.

The unadjusted weights for the households were calculated by multiplying the above factors for each enumeration area. These weights were then standardized (or normalized), one purpose of which is to make the sum of the interviewed sample units equal the total sample size at the national level. Normalization is performed by multiplying the aforementioned unadjusted weights by the ratio of the number of completed households to the total unadjusted weighted number of households. A similar standardization procedure was followed in obtaining standardized weights for the women's and under-5's questionnaires. Adjusted (normalized) weights varied between 0.504 and 2.460 in the 387 enumeration areas (clusters).

Sample weights were appended to all data sets and analyses were performed by weighting each household, woman or under-5 with these sample weights.

Appendix B. List of Personnel Involved in the Survey

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Carrie Auer
UNICEF Representative

Arlinda Ymeraj
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Technical Coordinator and Field Coordinator
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Data processing/Programming
Odeta Lena - INSTAT

MICS Consultants for Writing Preliminary Report
Lantona Sado - SRC, INSTAT
Nedime Ceka - Ministry of Health
Ilda Bozo - Ministry of Labour and Social Affairs
Pranvera Kamani - Ministry of Education
Elizana Petrela - Institute of Public Health
Pranvera Kamani - Ministry of Education
Deanada Dibra - Social State Service

Fieldwork Supervisors
Eleni Petri - Tirane
Rezarta Pelingu - Tirane
Fatbardha Malo - Kavaje
Fatbardha Bejko - Berat
Dallendyshe Kallaverja - Diber
Abaz Kurti - Mat
Elida Prifti - Durres
Kujtim Halili - Kruje
Gazmend Dylgjeri - Elbasan
Hekuran Qosja - Librazhd
Vasilika Mengjesi - Fier
Barjam Dingozi - Lushnje
Elca Bezhani - Vlore
Luiza Hoxha - Gjirokaster
Kozeta Kereku - Korce
Virgjinush Koleci - Pogradec
Dave Coba - Kurbin
Lindita Kurbina - Lezhe
Adem Zhabjkaku - Shkoder
Bukurije Ahmetaj - Kukes

Appendix C. Estimates of Sampling Errors

The sample of respondents selected in the Albania Multiple Indicator Cluster Survey is only one of the samples that could have been selected from the same population, using the same design and size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. The extent of variability is not known exactly, but can be estimated statistically from the survey results.

The following sampling error measures are presented in this appendix for each of the selected indicators:

- Standard error (*se*): Sampling errors are usually measured in terms of standard errors for particular indicators (means, proportions etc). Standard error is the square root of the variance. The Taylor linearization method is used for the estimation of standard errors.
- Coefficient of variation (*se*/*r*) is the ratio of the standard error to the value of the indicator
- Design effect (*deff*) is the ratio of the actual variance of an indicator, under the sampling method used in the survey, to the variance calculated under the assumption of simple random sampling. The square root of the design effect (*deft*) is used to show the efficiency of the sample design. A *deft* value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a *deft* value above 1.0 indicates the increase in the standard error due to the use of a more complex sample design.
- Confidence limits are calculated to show the interval within which the true value for the population can be reasonably assumed to fall. For any given statistic calculated from the survey, the value of that statistics will fall within a range of plus or minus two times the standard error (p + 2.*se* or p – 2.*se*) of the statistic in 95 percent of all possible samples of identical size and design.

For the calculation of sampling errors from MICS data, SPSS Version 14 Complex Samples module has been used. The results are shown in the tables that follow. In addition to the sampling error measures described above, the tables also include weighted and unweighted counts of denominators for each indicator.

Sampling errors are calculated for indicators of primary interest, for the national total, and for urban and rural areas. Eight of the selected indicators are based on household members, nine are based on women, and seven are based on children under 5. All indicators presented here are in the form of proportions. Table SE.1 shows the list of indicators for which sampling errors are calculated, including the base population (denominator) for each indicator. Tables SE.2 to SE.4 show the calculated sampling errors.

Table SE.1: Indicators selected for sampling error calculations

List of indicators selected for sampling error calculations, and base populations (denominators) for each indicator, Albania, 2005

MICS Indicator		Base Population
	HOUSEHOLD MEMBERS	
11	Use of improved drinking water sources	All household members
12	Use of improved sanitation facilities	All household members
55	Net primary school attendance rate	Children of primary school age
56	Net secondary school attendance rate	Children of secondary school age
59	Primary completion rate	Children of primary school completion age
71	Child labour	Children aged 5-14 years
74	Child discipline	Children aged 2-14 years selected
75	Prevalence of orphans	Children aged under 18
	WOMEN	
4	Skilled attendant at delivery	Women aged 15-49 years with a live birth in the last 2 years
20	Antenatal care	Women aged 15-49 years with a live birth in the last 2 years
21	Contraceptive prevalence	Women aged 15-49 currently married/in union
60	Adult literacy	Women aged 15-24 years
67	Marriage before age 18	Women aged 20-49 years
82	Comprehensive knowledge about HIV prevention among young people	Women aged 15-24 years
86	Attitude towards people with HIV/AIDS	Women aged 15-49 years
88	Women who have been tested for HIV	Women aged 15-49 years
89	Knowledge of mother- to-child transmission of HIV	Women aged 15-49 years
	UNDER-5s	
6	Underweight prevalence	Children under age 5
-	Acute respiratory infection in last two weeks	Children under age 5
22	Antibiotic treatment of suspected pneumonia	Children under age 5 with suspected pneumonia in the last 2 weeks
-	Diarrhoea in last two weeks	Children under age 5
35	Received ORT or increased fluids and continued feeding	Children under age 5 with diarrhoea in the last 2 weeks
46	Support for learning	Children under age 5
62	Birth registration	Children under age 5

Table SE.2: Sampling errors: Total sample

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators, Albania, 2005

	Table	Value (*r*)	Standard error (*se*)	Coeff-icient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Un-weighted count	Confidence limits *r-2se*	Confidence limits *r+2se*
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.975	0.005	0.005	5.043	2.246	20609	5150	0.966	0.985
Use of improved sanitation facilities	EN.5	0.989	0.002	0.002	1.612	1.270	20609	5150	0.985	0.992
Net primary school attendance rate	ED.3	0.919	0.008	0.009	1.249	1.117	1381	1326	0.902	0.936
Net secondary school attendance rate	ED.4	0.782	0.009	0.011	1.537	1.240	3390	3267	0.764	0.800
Primary completion rate	ED.6	0.954	0.009	0.009	0.714	0.845	441	432	0.937	0.971
Child labour	CP.2	0.120	0.008	0.068	2.292	1.514	3775	3646	0.104	0.136
Child discipline	CP.4	0.492	0.014	0.028	1.864	1.365	2532	2481	0.464	0.519
Prevalence of orphans	CP.11	0.021	0.003	0.152	2.579	1.606	5375	5184	0.015	0.028
WOMEN										
Skilled attendant at delivery	RH.5	0.998	0.000	0.000	0.001	0.026	399	395	0.997	0.998
Antenatal care	RH.3	0.971	0.021	0.021	5.943	2.438	399	395	0.930	1.000
Contraceptive prevalence	RH.1	0.601	0.015	0.025	3.203	1.790	3333	3335	0.571	0.632
Adult literacy	ED.8	0.989	0.003	0.003	1.349	1.162	1692	1663	0.983	0.995
Marriage before age 18	CP.5	0.078	0.005	0.061	1.330	1.153	4130	4164	0.068	0.088
Comprehensive knowledge about HIV prevention among young people	HA.3	0.056	0.009	0.161	2.544	1.595	1692	1663	0.038	0.074
Attitude towards people with HIV/AIDS	HA.5	0.068	0.006	0.092	2.955	1.719	4777	4814	0.055	0.080
Women who have been tested for HIV	HA.6	0.014	0.002	0.174	2.208	1.486	5091	5091	0.009	0.019
Knowledge of mother-to-child transmission of HIV	HA.4	0.533	0.015	0.028	4.654	2.157	5091	5091	0.502	0.563
UNDER-5s										
Underweight prevalence	NU.1	0.075	0.009	0.116	1.172	1.083	1078	1077	0.058	0.093
Acute respiratory infection in last two weeks	CH.6	0.044	0.008	0.185	1.738	1.318	1093	1093	0.028	0.061
Antibiotic treatment of suspected pneumonia	CH.7	0.375	0.009	0.025	0.019	0.137	49	53	0.356	0.393
Diarrhoea in last two weeks	CH.4	0.069	0.008	0.112	1.016	1.008	1093	1093	0.053	0.084
Received ORT or increased fluids and continued feeding	CH.5	0.503	0.021	0.041	0.123	0.351	75	72	0.462	0.545
Support for learning	CD.1	0.680	0.016	0.024	1.327	1.152	1093	1093	0.648	0.713
Birth registration	CP.1	0.976	0.004	0.005	0.924	0.961	1093	1093	0.967	0.985

Table SE.3: Sampling errors: Urban areas

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators, Albania, 2005

	Table	Value (*r*)	Standard error (*se*)	Coeff-icient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Un-weighted count	Confidence limits *r-2se*	Confidence limits *r+2se*
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.972	0.008	0.009	6.869	2.621	8269	2658	0.956	0.989
Use of improved sanitation facilities	EN.5	0.994	0.002	0.002	2.072	1.440	8269	2658	0.990	0.998
Net primary school attendance rate	ED.3	0.919	0.011	0.012	0.936	0.967	524	595	0.898	0.941
Net secondary school attendance rate	ED.4	0.841	0.012	0.015	1.578	1.256	1169	1357	0.816	0.866
Primary completion rate	ED.6	0.957	0.011	0.011	0.558	0.747	174	202	0.936	0.979
Child labour	CP.2	0.039	0.007	0.186	2.196	1.482	1378	1588	0.024	0.053
Child discipline	CP.4	0.457	0.022	0.048	2.210	1.487	978	1137	0.413	0.501
Prevalence of orphans	CP.11	0.014	0.003	0.225	1.624	1.274	1929	2231	0.008	0.021
WOMEN										
Skilled attendant at delivery	RH.5	1.000	0.000	0.000	na	na	136	165	1.000	1.000
Antenatal care	RH.3	0.981	0.004	0.004	0.157	0.397	136	165	0.973	0.990
Contraceptive prevalence	RH.1	0.628	0.022	0.035	3.209	1.791	1309	1559	0.584	0.672
Adult literacy	ED.8	0.992	0.003	0.003	1.030	1.015	617	732	0.985	0.999
Marriage before age 18	CP.5	0.077	0.007	0.095	1.509	1.228	1697	2028	0.062	0.091
Comprehensive knowledge about HIV prevention among young people	HA.3	0.059	0.012	0.207	1.974	1.405	617	732	0.035	0.084
Attitude towards people with HIV/AIDS	HA.5	0.073	0.010	0.140	3.589	1.894	1954	2332	0.052	0.093
Women who have been tested for HIV	HA.6	0.018	0.003	0.186	1.504	1.226	2028	2414	0.011	0.024
Knowledge of mother-to-child transmission of HIV	HA.4	0.599	0.022	0.037	5.059	2.249	2028	2414	0.554	0.644
UNDER-5s										
Underweight prevalence	NU.1	0.049	0.012	0.252	1.524	1.234	383	466	0.024	0.074
Acute respiratory infection in last two weeks	CH.6	0.039	0.009	0.226	0.971	0.985	387	471	0.021	0.056
Antibiotic treatment of suspected pneumonia	CH.7	(*)	(*)	(*)	(*)	(*)	15	20	(*)	(*)
Diarrhoea in last two weeks	CH.4	0.051	0.011	0.221	1.240	1.113	387	471	0.029	0.074
Received ORT or increased fluids and continued feeding	CH.5	(*)	(*)	(*)	(*)	(*)	20	23	(*)	(*)
Support for learning	CD.1	0.761	0.023	0.030	1.330	1.153	387	471	0.716	0.807
Birth registration	CP.1	0.973	0.009	0.009	1.343	1.159	387	471	0.956	0.990

Table SE.4: Sampling errors: Rural areas

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators, Albania, 2005

	Table	Value (*r*)	Standard error (*se*)	Coeff-icient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Un-weighted count	Confidence limits *r-2se*	Confidence limits *r+2se*
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.978	0.006	0.006	3.873	1.968	12340	2492	0.966	0.989
Use of improved sanitation facilities	EN.5	0.985	0.003	0.003	1.312	1.146	12340	2492	0.979	0.991
Net primary school attendance rate	ED.3	0.919	0.012	0.013	1.354	1.164	857	731	0.895	0.942
Net secondary school attendance rate	ED.4	0.750	0.012	0.016	1.481	1.217	2221	1910	0.726	0.775
Primary completion rate	ED.6	0.951	0.012	0.013	0.749	0.865	267	230	0.927	0.976
Child labour	CP.2	0.167	0.012	0.073	2.184	1.478	2397	2058	0.143	0.191
Child discipline	CP.4	0.513	0.018	0.034	1.658	1.288	1554	1344	0.478	0.548
Prevalence of orphans	CP.11	0.025	0.005	0.187	2.636	1.624	3446	2953	0.016	0.034
WOMEN										
Skilled attendant at delivery	RH.5	0.996	0.000	0.000	0.001	0.034	264	230	0.996	0.997
Antenatal care	RH.3	0.966	0.031	0.032	6.694	2.587	264	230	0.904	1.000
Contraceptive prevalence	RH.1	0.584	0.020	0.035	3.058	1.749	2024	1776	0.543	0.625
Adult literacy	ED.8	0.987	0.004	0.004	1.351	1.163	1074	931	0.978	0.996
Marriage before age 18	CP.5	0.079	0.006	0.081	1.191	1.091	2434	2136	0.066	0.092
Comprehensive knowledge about HIV prevention among young people	HA.3	0.054	0.012	0.228	2.744	1.656	1074	931	0.029	0.078
Attitude towards people with HIV/AIDS	HA.5	0.064	0.008	0.122	2.537	1.593	2823	2482	0.049	0.080
Women who have been tested for HIV	HA.6	0.012	0.003	0.291	2.729	1.652	3063	2677	0.005	0.019
Knowledge of mother-to-child transmission of HIV	HA.4	0.488	0.020	0.042	4.461	2.112	3063	2677	0.448	0.529
UNDER-5s										
Underweight prevalence	NU.1	0.090	0.012	0.131	1.028	1.014	694	611	0.066	0.113
Acute respiratory infection in last two weeks	CH.6	0.048	0.012	0.248	1.911	1.382	706	622	0.024	0.071
Antibiotic treatment of suspected pneumonia	CH.7	(*)	(*)	(*)	(*)	(*)	34	33	(*)	(*)
Diarrhoea in last two weeks	CH.4	0.078	0.010	0.131	0.898	0.948	706	622	0.058	0.099
Received ORT or increased fluids and continued feeding	CH.5	(*)	(*)	(*)	(*)	(*)	55	49	(*)	(*)
Support for learning	CD.1	0.636	0.022	0.034	1.241	1.114	706	622	0.593	0.679
Birth registration	CP.1	0.978	0.005	0.005	0.705	0.839	706	622	0.968	0.988

Appendix D. Data Quality Tables

Table DQ.1: Age distribution of household population

Single-year age distribution of household population by sex (weighted), Albania, 2005

	Males		Females			Males		Females	
Age	Number	Percent	Number	Percent	Age	Number	Percent	Number	Percent
0	109	1.1	82	0.8	42	156	1.5	163	1.6
1	114	1.1	87	0.8	43	145	1.4	162	1.6
2	102	1.0	122	1.2	44	142	1.4	146	1.4
3	129	1.3	103	1.0	45	181	1.7	178	1.7
4	171	1.6	123	1.2	46	141	1.4	140	1.4
5	165	1.6	148	1.4	47	138	1.3	144	1.4
6	167	1.6	150	1.5	48	132	1.3	155	1.5
7	181	1.8	139	1.4	49	145	1.4	65	0.6
8	189	1.8	193	1.9	50	182	1.8	223	2.2
9	197	1.9	165	1.6	51	126	1.2	118	1.1
10	232	2.2	210	2.0	52	135	1.3	126	1.2
11	186	1.8	176	1.7	53	137	1.3	142	1.4
12	239	2.3	200	1.9	54	125	1.2	109	1.1
13	219	2.1	214	2.1	55	118	1.1	134	1.3
14	187	1.8	218	2.1	56	85	0.8	114	1.1
15	234	2.3	223	2.2	57	102	1.0	96	0.9
16	240	2.3	192	1.9	58	112	1.1	105	1.0
17	216	2.1	202	2.0	59	95	0.9	68	0.7
18	198	1.9	211	2.1	60	98	1.0	116	1.1
19	173	1.7	161	1.6	61	71	0.7	57	0.6
20	181	1.7	212	2.1	62	106	1.0	103	1.0
21	128	1.2	143	1.4	63	96	0.9	103	1.0
22	160	1.5	131	1.3	64	86	0.8	73	0.7
23	138	1.3	122	1.2	65	104	1.0	124	1.2
24	128	1.2	144	1.4	66	56	0.5	58	0.6
25	129	1.2	119	1.2	67	104	1.0	71	0.7
26	99	1.0	147	1.4	68	72	0.7	66	0.6
27	135	1.3	135	1.3	69	44	0.4	45	0.4
28	100	1.0	124	1.2	70	91	0.9	114	1.1
29	88	0.9	122	1.2	71	50	0.5	41	0.4
30	142	1.4	171	1.7	72	63	0.6	60	0.6
31	101	1.0	102	1.0	73	49	0.5	50	0.5
32	110	1.1	120	1.2	74	37	0.4	55	0.5
33	131	1.3	121	1.2	75	64	0.6	56	0.5
34	124	1.2	153	1.5	76	38	0.4	34	0.3
35	149	1.4	169	1.6	77	34	0.3	23	0.2
36	126	1.2	123	1.2	78	50	0.5	44	0.4
37	150	1.4	154	1.5	79	19	0.2	16	0.2
38	143	1.4	155	1.5	80+	123	1.2	156	1.5
39	121	1.2	120	1.2	DK/Missing	1	0.0	5	0.0
40	155	1.5	162	1.6					
41	108	1.0	132	1.3	Total	10353	100.0	10257	100.0

Table DQ.2: Age distribution of eligible and interviewed women

Household population of women age 10-54, interviewed women age 15-49, and percentage of eligible women who were interviewed (weighted), by five-year age group, Albania, 2005

	Household population of women age 10-54	Interviewed women age 15-49		Percentage of eligible women interviewed
	Number	Number	Percent	
Age				
10-14	1017	na	na	na
15-19	990	977	18.9	98.6
20-24	751	743	14.4	98.9
25-29	647	636	12.3	98.3
30-34	667	666	12.9	99.9
35-39	721	719	13.9	99.7
40-44	764	761	14.7	99.6
45-49	682	676	13.1	99.1
50-54	717	na	na	na
15-49	5224	5179	100.0	99.1

Table DQ.3: Age distribution of eligible and interviewed under-5s

Household population of children age 0-4, children whose mothers/caretakers were interviewed, and percentage of under-5 children whose mothers/caretakers were interviewed (weighted), by five-year age group, Albania, 2005

	Household population of children age 0-7	Interviewed children age 0-4		Percentage of eligible children interviewed
	Number	Number	Percent	
Age				
0	191	189	16.7	98.9
1	201	197	17.4	98.3
2	224	222	19.6	99.1
3	233	233	20.6	100.0
4	294	290	25.7	98.7
5	313	na	na	na
6	317	na	na	na
7	320	na	na	na
0-4	1142	1131	100.0	99.0

Table DQ.4: Age distribution of under-5 children

Age distribution of under-5 children by 3-month groups (weighted), Albania, 2005

	Males		Females		Total	
	Number	Percent	Number	Percent	Number	Percent
Age in months						
0-2	19	3.1	25	5.1	44	4.0
3-5	34	5.7	19	3.8	53	4.9
6-8	28	4.6	17	3.5	45	4.1
9-11	20	3.3	16	3.3	36	3.3
12-14	36	6.0	22	4.5	58	5.3
15-17	30	5.0	25	5.0	55	5.0
18-20	20	3.3	17	3.4	37	3.4
21-23	25	4.2	16	3.3	41	3.8
24-26	26	4.3	26	5.3	52	4.8
27-29	28	4.6	35	7.0	62	5.7
30-32	14	2.4	32	6.5	46	4.2
33-35	32	5.3	18	3.7	50	4.6
36-38	38	6.4	32	6.6	71	6.5
39-41	24	4.0	25	5.1	49	4.5
42-44	31	5.1	22	4.4	53	4.8
45-47	29	4.8	25	5.1	54	4.9
48-50	37	6.2	34	6.8	71	6.5
51-53	50	8.3	33	6.7	83	7.6
54-56	44	7.4	31	6.2	75	6.9
57-59	35	5.8	23	4.6	57	5.2
Total	599	100.0	494	100.0	1093	100.0

Table DQ.5: Heaping on ages and periods

Age and period ratios at boundaries of eligibility by type of information collected (weighted), Albania, 2005

	Age and period ratios*			Eligibility boundary (lower-upper)	Module or questionnaire
	Males	Females	Total		
Age in household questionnaire					
1	1.05	0.89	0.98		
2	0.89	1.17	1.02	Lower	Child discipline and child disability
3	0.97	0.89	0.93		
4	1.10	0.99	1.05	Upper	Under-5 questionnaire
5	0.99	1.05	1.02	Lower	Child labour and education
6	0.98	1.03	1.00		
	.	.	.		
8	1.00	1.17	1.08		
9	0.96	0.87	0.91	Upper	Child disability
10	1.13	1.14	1.14		
	.	.	.		
13	1.02	1.02	1.02		
14	0.88	1.00	0.94	Upper	Child labour and child discipline
15	1.06	1.06	1.06	Lower	Women's questionnaire
16	1.04	0.93	0.99		
17	0.99	1.00	1.00	Upper	Orphaned and vulnerable children
18	1.11	1.06	1.08		
	.	.	.		
23	0.97	0.92	0.95		
24	0.97	1.12	1.05	Upper	Education
25	1.09	0.87	0.97		
	.	.	.		
48	0.96	1.27	1.11		
49	0.95	0.44	0.70	Upper	Women's questionnaire
50	1.20	1.65	1.41		
Age in women's questionnaire					
23	na	0.91	na		
24	na	1.14	na	Upper	Sexual behaviour
25	na	0.86	na		
Months since last birth in women's questionnaire					
6-11	na	0.80	na		
12-17	na	1.28	na		
18-23	na	0.76	na	Upper	Tetanus toxoid and maternal and child health
24-29	na	1.21	na		
30-35	na	0.84	na		

* Age or period ratios are calculated as $x / ((x_{n-1} + x_n + x_{n+1}) / 3)$, where x is age or period.

Table DQ.6: Completeness of reporting

Percentage of observations missing information for selected questions and indicators (weighted), Albania, 2005

Questionnaire and Subject	Reference group	Percent with missing information*	Number of cases
Household			
Salt testing	All households surveyed	0.0	5150
Women			
Date of Birth	All women age 15-49		
Month only		0.3	5091
Month and year missing		0.0	5091
Date of first birth	All women age 15-49 with at least one live birth		
Month only		0.5	3235
Month and year missing		0.0	3235
Completed years since first birth	All women age 15-49 with at least one live birth	0.0	3235
Date of last birth	All women age 15-49 with at least one live birth		
Month only		0.3	3235
Month and year missing		0.1	3235
Date of first marriage/union	All ever married women age 15-49		
Month only		1.0	3428
Month and year missing		0.5	3428
Age at first marriage/union	All ever married women age 15-49	0.3	3428
Under-5			
Date of Birth	All under five children surveyed		
Month only		0.0	1093
Month and year missing		0.0	1093
Anthropometry	All under five children surveyed		
Height		0.3	1093
Weight		0.3	1093
Height or Weight		0.3	1093

* Includes "Don't know" responses

Table DQ.7: Presence of mother in the household and the person interviewed for the under-5 questionnaire

Distribution of children under five by whether the mother lives in the same household, and the person interviewed for the under-5 questionnaire (weighted), Albania, 2005

	Mother in the household		Mother not in the household				
	Mother interviewed	Father interviewed	Father interviewed	Other adult female interviewed	Other adult male interviewed	Total	Number of children aged 0-4 years
Age							
0	100.0	0.0	0.0	0.0	0.0	100.0	191
1	99.5	0.5	0.0	0.0	0.0	100.0	201
2	99.6	0.0	0.0	0.4	0.0	100.0	224
3	99.4	0.4	0.0	0.3	0.0	100.0	233
4	98.7	0.6	0.3	0.0	0.4	100.0	294
Total	99.4	0.3	0.1	0.1	0.1	100.0	1142

Table DQ.8: School attendance by single age

Distribution of household population age 5-24 by educational level and grade attended in the current year (weighted), Albania, 2005

		Primary school					Lower secondary school				Upper secondary school						Not attending school	Total	Number
	Preschool	Grade 0	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Higher			
Age																			
5	37.1	0.6	2.7	0.3	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	59.0	100.0	313
6	13.0	0.0	67.3	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	18.6	100.0	317
7	0.3	0.0	36.2	60.0	1.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.1	100.0	320
8	0.0	0.0	2.4	44.1	49.7	2.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	100.0	382
9	0.0	0.0	0.2	5.2	46.2	46.6	1.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	361
10	0.0	0.0	0.0	0.4	3.6	36.6	55.8	3.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.5	100.0	441
11	0.0	0.0	0.3	0.4	0.3	3.7	42.4	48.7	3.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.1	100.0	362
12	0.0	0.0	0.0	0.0	0.5	0.4	3.9	43.9	49.9	1.2	0.0	0.0	0.0	0.0	0.0	0.0	0.3	100.0	439
13	0.0	0.0	0.0	0.3	0.3	0.6	0.8	3.6	44.6	46.6	0.6	0.0	0.0	0.0	0.0	0.0	2.6	100.0	433
14	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.4	3.4	42.2	36.6	0.4	0.0	0.0	0.0	0.0	16.7	100.0	405
15	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.5	0.6	5.8	35.5	27.6	2.3	0.0	0.0	0.0	27.5	100.0	457
16	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.4	7.7	32.2	25.2	0.0	0.0	0.0	34.2	100.0	432
17	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.4	4.3	29.1	23.3	0.0	0.0	41.8	100.0	419
18	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.5	4.0	23.5	1.1	8.8	61.0	100.0	409
19	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6	0.5	2.3	4.7	1.2	17.6	73.2	100.0	335
20	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.3	0.3	1.1	0.0	19.3	78.8	100.0	393
21	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.0	0.0	0.0	0.0	0.4	0.5	20.2	78.6	100.0	271
22	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.0	13.9	85.7	100.0	290
23	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	9.2	90.8	100.0	261
24	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	2.3	97.5	100.0	272
Total	2.2	0.0	4.8	5.3	5.2	4.9	5.9	5.5	6.0	5.6	4.8	4.0	3.6	3.0	0.1	4.0	35.0	100.0	7314

Note: Levels and grades refer to the most recent school year if data collection was completed between schiool years

Table DQ.9: Sex ratio at birth among children ever born and living

Sex ratio at birth among children ever born, children living, and deceased children, by age of women (weighted), Albania, 2005

	Children Ever Born			Children Living			Children deceased			
	Number of sons ever born	Number of daughters ever born	Sex ratio	Number of sons living	Number of daughters living	Sex ratio	Number of deceased sons	Number of deceased daughters	Sex ratio	Number of women
Age										
15-19	11.4	9.1	1.25	11.4	9.1	1.25	0.0	0.0	-	961
20-24	120.8	123.8	0.98	119.3	122.1	0.98	1.5	1.7	0.89	731
25-29	416.3	398.0	1.05	404.6	393.2	1.03	11.7	4.8	2.41	625
30-34	709.4	606.1	1.17	694.8	600.4	1.16	14.6	5.7	2.57	655
35-39	933.1	825.8	1.13	898.9	803.1	1.12	34.1	22.7	1.50	706
40-44	1072.4	978.6	1.10	1021.8	939.3	1.09	50.6	39.3	1.29	749
45-49	1043.9	942.3	1.11	998.1	907.0	1.10	45.8	35.3	1.30	664
Total	4307.3	3883.6	1.11	4149.1	3774.1	1.10	158.2	109.5	1.45	5091

Table DQ.10: Distribution of women by time since last birth

Distribution of women aged 15-49 with at least one live birth, by months since last birth (weighted), Albania, 2005

	Months since last birth				
Months	Number	Percent	**Months**	Number	Percent
0	13	2.3	18	15	2.7
1	13	2.3	19	11	1.9
2	20	3.6	20	11	2.0
3	17	3.1	21	9	1.6
4	19	3.5	22	15	2.7
5	22	3.9	23	14	2.5
6	16	2.8	24	12	2.2
7	11	1.9	25	18	3.2
8	14	2.5	26	18	3.2
9	14	2.6	27	17	3.0
10	14	2.6	28	23	4.2
11	10	1.8	29	18	3.1
12	16	2.9	30	10	1.7
13	27	4.9	31	12	2.2
14	15	2.7	32	15	2.6
15	24	4.3	33	12	2.1
16	12	2.1	34	13	2.2
17	20	3.6	35	20	3.6
			Total	561	100.0

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Table DQ.12: Digit preference in height and weight measurements

Percent distribution of decimal digit of height and weight measurement for children under the age of five (weighted), Albania, 2005

	Anthropometric measurement	
	Height	Weight
Decimal digit		
xx.0	67.0	32.3
xx.1	0.6	5.0
xx.2	4.9	10.6
xx.3	3.9	7.3
xx.4	2.2	4.3
xx.5	14.8	19.6
xx.6	1.9	5.7
xx.7	1.7	5.1
xx.8	1.6	6.8
xx.9	1.1	3.0
Not measured	0.3	0.3
Total	100.0	100.0
Number of children	1093	1093

Figure 1. Scatterplot of weight (Y-axis) by height (x-axis) (unweighted), Albania, 2005

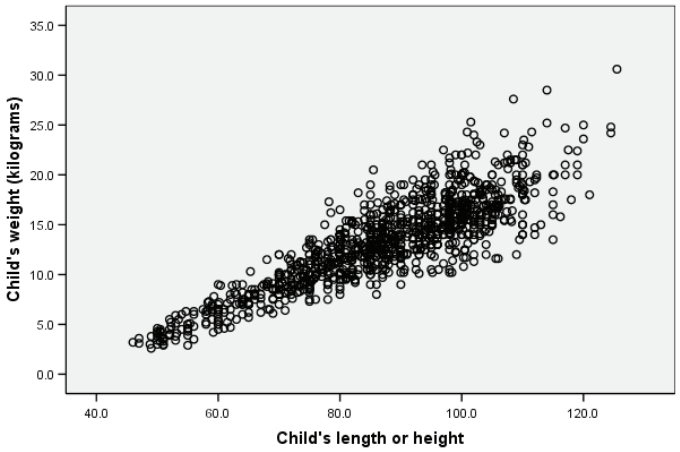


Figure 2. Scatterplot of weights of children by age in months (unweighted), Albania, 2005

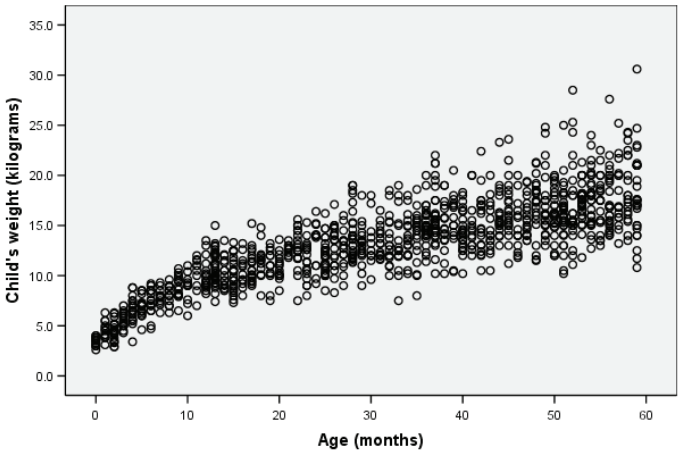


Figure 3. Scatterplot of heights of children by age in months (unweighted), Albania, 2005

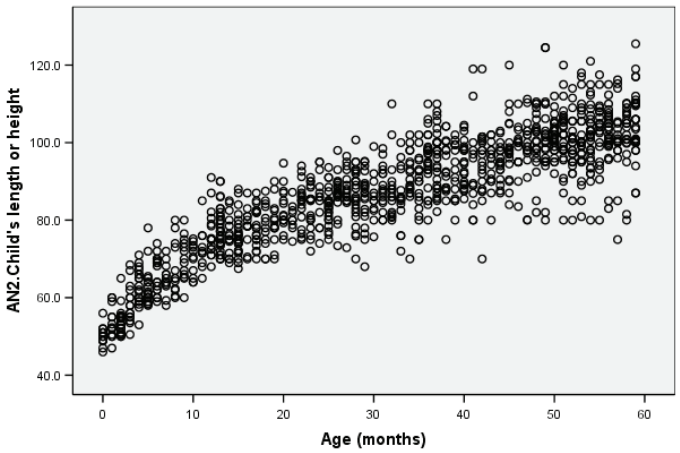


Figure 4. Number of male household population (Y-axis) by single ages (X-axis) (unweighted), Albania, 2005

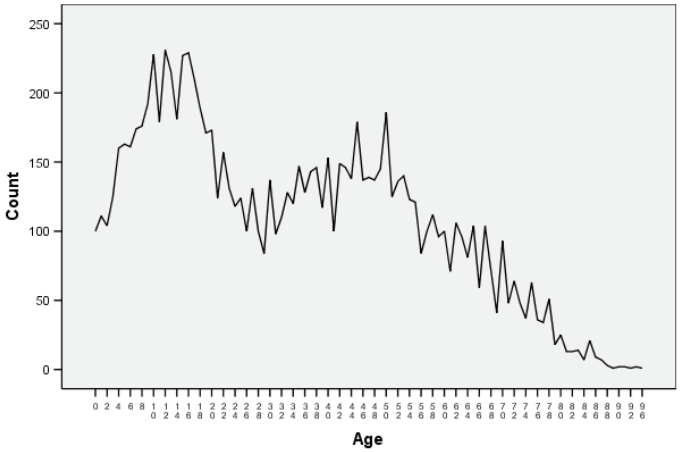


Figure 5. Number of female household population (Y-axis) by single ages (X-axis) (unweighted), Albania, 2005

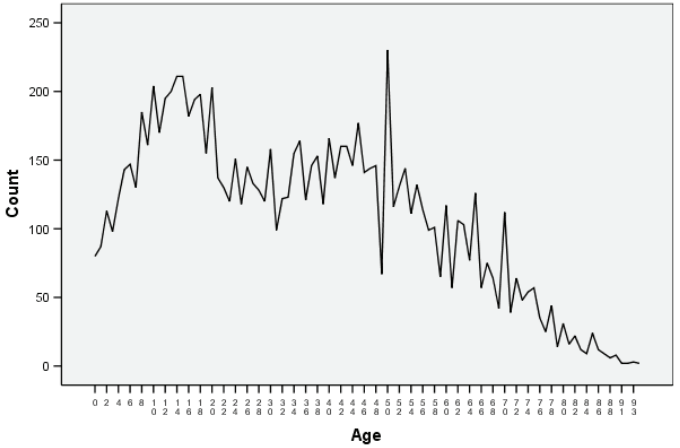


Figure 6. Number of male household population (Y-axis) by single ages (X-axis) (weighted), Albania, 2005

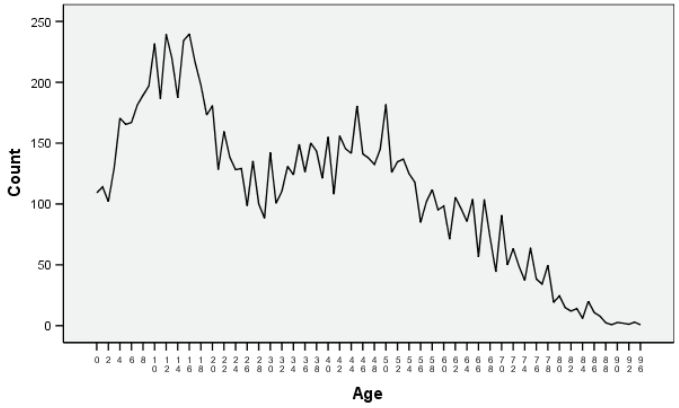
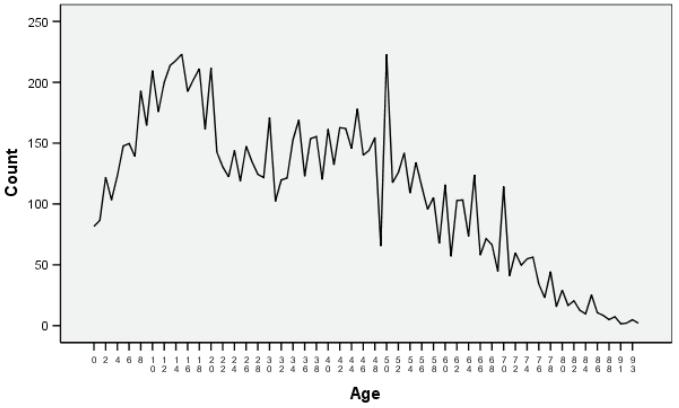


Figure 7. Number of female household population (Y-axis) by single ages (X-axis) (weighted), Albania, 2005



Appendix E. MICS Indicators: Numerators and Denominators

The list below is a complete list of the global MICS3 indicators. Indicators marked in italics and shaded were not included in the Albania MICS 2005 because the data was not required, the indicator related to an issue not of importance in Albania or the sample size requirements were too great for the survey.

INDICATOR		NUMERATOR	DENOMINATOR
1	Under-five mortality rate	Probability of dying by exact age 5 years	
2	Infant mortality rate	Probability of dying by exact age 1 year	
3	*Maternal mortality ratio*	*Number of deaths of women from pregnancy-related causes in a given year*	*Number of live births in the year (expressed per 100,000 births)*
4	Skilled attendant at delivery	Number of women aged 15-49 years with a birth in the 2 years preceding the survey that were attended during childbirth by skilled health personnel	Total number of women surveyed aged 15-49 years with a birth in the 2 years preceding the survey
5	Institutional deliveries	Number of women aged 15-49 years with a birth in the 2 years preceding the survey that delivered in a health facility	Total number of women surveyed aged 15-49 years with a birth in 2 years preceding the survey
6	Underweight prevalence	Number of children under age five that fall below minus two standard deviations from the median weight for age of the NCHS/WHO standard (moderate and severe); number that fall below minus three standard deviations (severe)	Total number of children under age five that were weighed
7	Stunting prevalence	Number of children under age five that fall below minus two standard deviations from the median height for age of the NCHS/WHO standard (moderate and severe); number that fall below minus three standard deviations (severe)	Total number of children under age five measured
8	Wasting prevalence	Number of children under age five that fall below minus two standard deviations from the median weight for height of the NCHS/WHO standard (moderate and severe); number that fall below minus three standard deviations (severe)	Total number of children under age five weighed and measured
9	Low-birthweight infants	Number of last live births in the 2 years preceding the survey weighing below 2,500 grams	Total number of last live births in the 2 years preceding the survey
10	Infants weighed at birth	Number of last live births in the 2 years preceding the survey that were weighed at birth	Total number of last live births in the 2 years preceding the survey
11	Use of improved drinking water sources	Number of household members living in households using improved sources of drinking water	Total number of household members in households surveyed
12	Use of improved sanitation facilities	Number of household members using improved sanitation facilities	Total number of household members in households surveyed
13	Water treatment	Number of household members using water that has been treated	Total number of household members in households surveyed
14	Disposal of child's faeces	Number of children under age three whose (last) stools were disposed of safely	Total number of children under age three surveyed
15	Exclusive breastfeeding rate	Number of infants aged 0-5 months that are exclusively breastfed	Total number of infants aged 0-5 months surveyed
16	Continued breastfeeding rate	Number of infants aged 12-15 months, and 20-23 months, that are currently breastfeeding	Total number of children aged 12-15 months and 20-23 months surveyed
17	Timely complementary feeding rate	Number of infants aged 6-9 months that are receiving breastmilk and complementary foods	Total number of infants aged 6-9 months surveyed
18	Frequency of complementary feeding	Number of infants aged 6-11 months that receive breastmilk and complementary food at least the minimum recommended number of times per day (two times per day for infants aged 6-8 months, three times per day for infants aged 9-11 months)	Total number of infants aged 6-11 months surveyed

INDICATOR		NUMERATOR	DENOMINATOR
19	Adequately fed infants	Number of infants aged 0-11 months that are appropriately fed: infants aged 0-5 months that are exclusively breastfed and infants aged 6-11 months that are breastfed and ate solid or semi-solid foods the appropriate number of times (see above) yesterday	Total number of infants aged 0-11 months surveyed
20	Antenatal care	Number of women aged 15-49 years that were attended at least once during pregnancy in the 2 years preceding the survey by skilled health personnel	Total number of women surveyed aged 15-49 years with a birth in the 2 years preceding the survey
21	Contraceptive prevalence	Number of women currently married or in union aged 15-49 years that are using (or whose partner is using) a contraceptive method (either modern or traditional)	Total number of women aged 15-49 years that are currently married or in union
22	Antibiotic treatment of suspected pneumonia	Number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks receiving antibiotics	Total number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks
23	Care-seeking for suspected pneumonia	Number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks that are taken to an appropriate health provider	Total number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks
24	Solid fuels	Number of residents in households that use solid fuels (wood, charcoal, crop residues and dung) as the primary source of domestic energy to cook	Total number of residents in households surveyed
25	*Tuberculosis immunization coverage*	*Number of children aged 12-23 months receiving BCG vaccine before their first birthday*	*Total number of children aged 12-23 months surveyed*
26	*Polio immunization coverage*	*Number of children aged 12-23 months receiving OPV3 vaccine before their first birthday*	*Total number of children aged 12-23 months surveyed*
27	*Immunization coverage for diphtheria, pertussis and tetanus (DPT)*	*Number of children aged 12-23 months receiving DPT3 vaccine before their first birthday*	*Total number of children aged 12-23 months surveyed*
28	*Measles immunization coverage*	*Number of children aged 12-23 months receiving measles vaccine before their first birthday*	*Total number of children aged 12-23 months surveyed*
29	*Hepatitis B immunization coverage*	*Number of children aged 12-23 months immunized against hepatitis before their first birthday*	*Total number of children aged 12-23 months surveyed*
30	*Yellow fever immunization coverage*	*Number of children aged 12-23 months immunized against yellow fever before their first birthday*	*Total number of children aged 12-23 months surveyed*
31	Fully immunized children	Number of children aged 12-23 months receiving DPT1-3, OPV-1-3, BCG and measles vaccines before their first birthday	Total number of children aged 12-23 months surveyed
32	Neonatal tetanus protection	Number of mothers with live births in the previous year that were given at least two doses of tetanus toxoid (TT) vaccine within the appropriate interval prior to giving birth	Total number of women surveyed aged 15-49 years with a birth in the year preceding the survey
33	Use of oral rehydration therapy (ORT)	Number of children aged 0-59 months with diarrhoea in the previous 2 weeks that received oral rehydration salts and/or an appropriate household solution	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
34	Home management of diarrhoea	Number of children aged 0-59 months with diarrhoea in the previous 2 weeks that received more fluids AND continued eating somewhat less, the same or more food	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
35	Received ORT or increased fluids and continued feeding	Number of children aged 0-59 months with diarrhoea that received ORT (oral rehydration salts or an appropriate household solution) or received more fluids AND continued eating somewhat less, the same or more food	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
36	*Household availability of insecticide-treated nets (ITNs)*	*Number of households with at least one mosquito net, either permanently treated or treated within the previous year*	*Total number of households surveyed*
37	*Under-fives sleeping under insecticide-treated nets*	*Number of children aged 0-59 months that slept under an insecticide-treated mosquito net the previous night*	*Total number of children aged 0-59 months surveyed*

INDICATOR		NUMERATOR	DENOMINATOR
38	*Under-fives sleeping under mosquito nets*	*Number of children aged 0-59 months that slept under a mosquito net the previous night*	*Total number of children aged 0-59 months surveyed*
39	*Antimalarial treatment (under- fives)*	*Number of children aged 0-59 months reported to have had fever in the previous 2 weeks that were treated with an appropriate antimalarial within 24 hours of onset*	*Total number of children aged 0-59 months reported to have had fever in the previous 2 weeks*
40	*Intermittent preventive malaria treatment (pregnant women)*	*Number of women receiving appropriate intermittent medication to prevent malaria (defined as at least 2 doses of SP/Fansidar) during the last pregnancy, leading to a live birth within the 2 years preceding the survey*	*Total number of women that have had a live birth within the 2 years preceding the survey*
41	*Iodized salt consumption*	*Number of households with salt testing 15 parts per million or more of iodine/iodate*	*Total number of households surveyed*
42	Vitamin A supplementation (under-fives)	Number of children aged 6-59 months receiving at least one high-dose vitamin A supplement in the previous 6 months	Total number of children aged 6-59 months surveyed
43	Vitamin A supplementation (post-partum mothers)	Number of women with a live birth in the 2 years preceding the survey that received a high-dose vitamin A supplement within 8 weeks after birth	Total number of women that had a live birth in the 2 years preceding the survey
44	Content of antenatal care	Number of women with a live birth in the 2 years preceding the survey that received antenatal care during the last pregnancy	Total number of women with a live birth in the 2 years preceding the survey
45	Timely initiation of breastfeeding	Number of women with a live birth in the 2 years preceding the survey that put the newborn infant to the breast within 1 hour of birth	Total number of women with a live birth in the 2 years preceding the survey
46	Support for learning	Number of children aged 0-59 months living in households in which an adult has engaged in four or more activities to promote learning and school readiness in the past 3 days	Total number of children aged 0-59 months surveyed
47	Father's support for learning	Number of children aged 0-59 months whose father has engaged in one or more activities to promote learning and school readiness in the past 3 days	Total number of children aged 0-59 months
48	Support for learning: children's books	Number of households with three or more children's books	Total number of households surveyed
49	Support for learning: non-children's books	Number of households with three or more non-children's books	Total number of households surveyed
50	Support for learning: materials for play	Number of households with three or more materials intended for play	Total number of households surveyed
51	Non-adult care	Number of children aged 0-59 months left alone or in the care of another child younger than 10 years of age in the past week	Total number of children aged 0-59 months surveyed
52	Pre-school attendance	Number of children aged 36-59 months that attend some form of early childhood education programme	Total number of children aged 36-59 months surveyed
53	School readiness	Number of children in first grade that attended some form of pre-school the previous year	Total number of children in the first grade surveyed
54	Net intake rate in primary education	Number of children of school-entry age that are currently attending first grade	Total number of children of primary-school entry age surveyed
55	Net primary school attendance rate	Number of children of primary-school age currently attending primary or secondary school	Total number of children of primary-school age surveyed
56	Net secondary school attendance rate	Number of children of secondary-school age currently attending secondary school or higher	Total number of children of secondary-school age surveyed
57	Children reaching grade five	Proportion of children entering the first grade of primary school that eventually reach grade five	
58	Transition rate to secondary school	Number of children that were in the last grade of primary school during the previous school year that attend secondary school	Total number of children that were in the last grade of primary school during the previous school year surveyed
59	Primary completion rate	Number of children (of any age) attending the last grade of primary school (excluding repeaters)	Total number of children of primary school completion age (age appropriate to final grade of primary school) surveyed
60	Adult literacy rate	Number of women aged 15-24 years that are able to read a short simple statement about everyday life	Total number of women aged 15-24 years surveyed

INDICATOR		NUMERATOR	DENOMINATOR
61	Gender parity index	Proportion of girls in primary and secondary education	Proportion of boys in primary and secondary education
62	Birth registration	Number of children aged 0-59 months whose births are reported registered	Total number of children aged 0-59 months surveyed
63	*Prevalence of female genital mutilation/cutting (FGM/C)*	*Number of women aged 15-49 years that reported undergoing <u>any</u> form of genital mutilation/cutting*	*Total number of women aged 15-49 years surveyed*
64	*Prevalence of extreme form of FGM/C*	*Number of women aged 15-49 years that reported undergoing an extreme form of genital mutilation/cutting (such as infibulation)*	*Total number of women aged 15-49 years surveyed*
65	*Prevalence of FGM/C among daughters*	*Number of women aged 15-49 years that reported that at least one daughter had undergone female genital mutilation/cutting*	*Total number of women aged 15-49 years surveyed that have at least one living daughter*
66	*Approval for FGM/C*	*Number of women aged 15-49 years favouring the continuation of female genital mutilation/cutting*	*Total number of women aged 15-49 years surveyed*
67	Marriage before age 15 and age 18	Number of women that were first married or in union by the exact age of 15 and the exact age of 18, by age groups	Total number of women aged 15-49 years and 20-49 years surveyed, by age groups
68	Young women aged 15-19 years currently married or in union	Number of women aged 15-19 years currently married or in union	Total number of women aged 15-19 years surveyed
69	Spousal age difference	Number of women married/in union aged 15-19 years and 20-24 years with a difference in age of 10 or more years between them and their current spouse	Total number of women aged 15-19 and 20-24 years surveyed that are currently married or in union
70	*Polygyny*	*Number of women in a polygynous union*	*Total number of women aged 15-49 years surveyed that are currently married or in union*
71	Child labour	Number of children aged 5-14 years that are involved in child labour	Total number of children aged 5-14 years surveyed
72	Labourer students	Number of children aged 5-14 years involved in child labour activities that attend school	Total number of children aged 5-14 years involved in child labour activities
73	Student labourers	Number of children aged 5-14 years attending school that are involved in child labour activities	Total number of children aged 5-14 years attending school
74	Child discipline	Number of children aged 2-14 years that (1) experience only non-violent aggression, (2) experience psychological aggression as punishment, (3) experience minor physical punishment, (4) experience severe physical punishment	Total number of children aged 2-14 years selected and surveyed
75	Prevalence of orphans	Number of children under age 18[12] with at least one dead parent	Total number of children under age 18[12] surveyed
76	*Prevalence of vulnerable children*	*Number of children under age 18 that have a chronically ill parent, that live in a household where an adult aged 18-59 years has died in the past year, or that live in a household where an adult aged 18-59 years has been chronically ill in the past year*	*Total number of children under age 18 surveyed*
77	*School attendance of orphans versus non-orphans*	*Proportion of double orphans (both mother and father dead) aged 10-14 years attending school*	*Proportion of children aged 10-14 years, both of whose parents are alive, that are living with at least one parent and are attending school*
78	Children's living arrangements	Number of children aged 0-17[12] years not living with a biological parent	Total number of children aged 0-17[12] years surveyed
79	*Malnutrition among children orphaned and made vulnerable by HIV/AIDS*	*Proportion of orphaned or vulnerable children under age five that are moderately or severely underweight, of all orphaned and vulnerable children under age five that are weighed*	*Proportion of children not classified as orphaned or vulnerable under age five that are moderately or severely underweight, of all children not classified as orphaned or vulnerable under age five that are weighed*

[12] Data were collected only for children aged under 16 in Albania

INDICATOR		NUMERATOR	DENOMINATOR
80	*Early sex among children orphaned and made vulnerable by HIV/AIDS*	*Proportion of orphaned and vulnerable children aged 15-17 years that had sex before age 15, of all orphaned and vulnerable children aged 15-17 years surveyed*	*Proportion of children not classified as orphaned or vulnerable aged 15-17 years that had sex before age 15, of all children not classified as orphaned or vulnerable aged 15-17 years surveyed*
81	*External support to children orphaned and made vulnerable by HIV/AIDS*	*Number of orphaned and vulnerable children under age 18 whose households received free basic external support in caring for the child*	*Number of orphaned and vulnerable children under age 18 surveyed*
82	Comprehensive knowledge about HIV prevention among young people	Number of women aged 15-24 years that correctly identify two ways of avoiding HIV infection and reject three common misconceptions about HIV transmission	Total number of women aged 15-24 years surveyed
83	*Condom use with non-regular partners*	*Number of women aged 15-24 years reporting the use of a condom during sexual intercourse with their last non-marital, non-cohabiting sex partner in the previous 12 months*	*Total number of women aged 15-24 years surveyed that had a non-marital, non-cohabiting partner in the previous 12 months*
84	*Age at first sex among young people*	*Number of women aged 15-24 years that have had sex before age 15*	*Total number of women aged 15-24 surveyed*
85	*Higher risk sex in the last year*	*Number of sexually active women aged 15-24 years that have had sex with a non-marital, non-cohabitating partner in the previous 12 months*	*Total number of women aged 15-24 that were sexually active in the previous 12 months*
86	Attitude towards people with HIV/AIDS	Number of women expressing acceptance on all four questions about people with HIV or AIDS	Total number of women surveyed
87	Women who know where to be tested for HIV	Number of women that state knowledge of a place to be tested	Total number of women surveyed
88	Women who have been tested for HIV	Number of women that report being tested for HIV	Total number of women surveyed
89	Knowledge of mother-to-child transmission of HIV	Number of women that correctly identify all three means of vertical transmission	Total number of women surveyed
90	Counselling coverage for the prevention of mother-to-child transmission of HIV	Number of women that gave birth in the previous 24 months and received antenatal care reporting that they received counselling on HIV/AIDS during this care	Total number of women that gave birth in the previous 24 months surveyed
91	*Testing coverage for the prevention of mother-to-child transmission of HIV*	*Number of women that gave birth in the previous 24months and received antenatal care reporting that they received the results of an HIV test during this care*	*Total number of women that gave birth in the previous 24 months surveyed*
92	*Age-mixing among sexual partners*	*Number of women aged 15-24 years that had sex in the past 12 months with a partner who was 10 or more years older than they were*	*Total number of sexually active women aged 15-24 years surveyed*
93	*Security of tenure*	*Number of household members living in urban households that lack formal documentation for their residence or that feel at risk of eviction*	*Number of urban household members in households surveyed*
94	*Durability of housing*	*Number of household members living in urban dwellings that are not considered durable*	*Number of urban household members in households surveyed*
95	*Slum household*	*Number of household members living in urban slums*	*Number of household members in urban households surveyed*
96	*Source of supplies*	*Number of children (or households) for whom supplies were obtained from public providers, presented separately for each type of supply: insecticide-treated mosquito nets, oral rehydration salts, antibiotics and antimalarials*	*Total number of children (or households) for whom supplies were obtained*
97	*Cost of supplies*	*Median cost of supplies obtained, presented separately for each type of supply and whether sourced from public or private providers: insecticide-treated mosquito nets, oral rehydration salts, antibiotics and antimalarials.*	*Total number of children (or households) for whom supplies were obtained*
98	*Unmet need for family planning*	*Number of women that are currently married or in union that are fecund and want to space their births or limit the number of children they have and that are not currently using contraception*	*Total number of women interviewed that are currently married or in union*

INDICATOR	NUMERATOR	DENOMINATOR
99 Demand satisfied for family planning	*Number of women currently married or in union that are currently using contraception*	*Number of women currently married or in union that have an unmet need for contraception or that are currently using contraception*
100 Attitudes towards domestic violence	Number of women that consider that a husband/partner is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses sex with him, (5) she burns the food	Total number of women surveyed
101 Child disability	Number of children aged 2-9 years with at least one of nine reported disabilities: (1) delay in sitting, standing or walking, (2) difficulty seeing, either in the daytime or at night, (3) appears to have difficulty hearing, (4) difficulty in understanding instructions, (5) difficulty walking or moving arms or has weakness or stiffness of limbs, (6) has fits, becomes rigid, loses consciousness, (7) does not learn to do things like other children his/her age, (8) cannot speak or cannot be understood in words, (9) appears mentally backward, dull or slow	Total number of children aged 2-9 surveyed

Appendix F. Questionnaires