



EMPOWERED WOMEN EMPOWERED CHILDREN

Mixed method design to examine the relationship between women's empowerment and the well-being of children in structured families in Albania



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Women's empowerment and the well-being of children in
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World Vision Middle East and Eastern Europe

World Vision Albania

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MIDDLE EAST AND EASTERN EUROPE REGION RESEARCH DESIGN AND MANAGEMENT TEAM:
Juliana Breidy – Programme Effectiveness Advisor | Middle East and Eastern Europe Region, World Vision International
Ketevan Kobaidze – Sponsorship, Gender and Safeguarding Leader | Middle East and Eastern Europe Region, World Vision International

Lead author:

Juliana Breidy – Programme Effectiveness Advisor | Middle East and Eastern Europe Region, World Vision International

With the contribution of:

Ketevan Kobaidze – Sponsorship, Gender and Safeguarding Leader | Middle East and Eastern Europe Region, World Vision International

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Supervising of the research:

Brasena Çapani – Monitoring, Evaluation, Accountability and Learning Manager
Irma Semini – Monitoring, Evaluation, Accountability and Learning Officer

Programmatic review:

Ariola Kallçiu – Program and Partnerships Development Director
Arvenola Bekteshi – Faith and Development Advisor
Brisida Jahaj – Education and Children & Adolescent Advisor
Diana Kanaj – Child Protection Advisor
Majlinda Hoxha – Economic Development Advisor

Data collection process:

Ardita Zefi – Development Facilitator | Lezha AP
Artur Pocesti – Development Facilitator | Durres AP
Besim Hasani – Development Facilitator | Shkodra AP
Ermal Tirollari – Development Facilitator | Librazhd AP
Isiona Disho – Development Facilitator | Korca AP
Marketa Jella – Development Facilitator | Dibra AP
Marsilda Prenga – Development Facilitator | Kurbin AP
Orjola Xhaholli – Development Facilitator | Tirana AP

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World Vision is a Christian relief, development, and advocacy organisation dedicated to working with children, families, and communities to overcome poverty and injustice. Inspired by our Christian values, we are dedicated to working with the world's most vulnerable people. We serve all people regardless of religion, race, ethnicity, or gender

CHILD AND ADULT SAFEGUARDING CONSIDERATIONS

World Vision ensured the safe and ethical participation of girls, boys and women, adhering to World Vision's Safeguarding policy and protocols on data collection and World Vision's Code of Conduct. Data collectors were trained on Psychological First Aid (PFA) and interviews' ethical and safe management. Names of participants have been anonymised and changed to ensure confidentiality. Children and women were oriented on the possibility of withdrawing from the interview process at any moment. Identified cases of child and adult abuse and violence were referred to specialized agencies for case management.

"I think to myself that I am an empowered woman, but I am sorry that I do not have the opportunity to show it" Marie, 40

"If I had a daughter, I would make her feel free, I would support her education, and ask her to do less housework. The key to gender equality is women's education" Aurora, 34

"Gender equality can be achieved when we realize how important women are and make men aware of their role" Adela, 14

"I believe that equality will be achieved when girls and boys do the things they want without hurting each other" Uendi, 11

Acronyms

COVID-19	Coronavirus Disease-19
CYRM-R	Child and Youth Resilience Measure
CWB	Child Well-Being
DHS	Demographic Health Survey
EWB	Existential Well-being
GBV	Gender Based Violence
GESI	Gender Equality and Social Inclusion
HH	Household
HHDS	Household Diet Diversity Scale
IDP	Internally Displaced Person
IPV	Intimate Partner Violence
KII	Key Informant Interview
MEAL	Monitoring, Evaluation, Accountability and Learning
MEER	Middle East and Eastern Europe
MEERO	Middle East and Eastern Europe Regional Office
PDQA	Programme Development and Quality Assurance
PTSD	Post-Traumatic Stress Disorder
PFA	Psychological First Aid
RSES	Rosenberg Self-Esteem Scale
RWB	Religious Well-Being
SAS	Statistical Analysis System
SDG	Sustainable Development Goal
SPSS	Statistical Package for Social Sciences
SRQ	Social Role Questionnaire
SWBS	Spiritual Well-Being Scale
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization.
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund.
WCMWBS	Warwick-Edinburgh Mental Well-Being Scale
WVA	World Vision Albania

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I. Executive summary

Gender inequality is recognized as one of the most powerful drivers of children's vulnerability in all contexts. As part of its mandate to help the most vulnerable children experience the fullness of life, World Vision focuses on child well-being programmes, and capitalizes on child well-being outcomes. With intention to increase the focus on gender-responsive programmes that respond to the strategic needs of women, World Vision Albania conducted the following research, to better understand the connection between mother's and children's well-being and holistically address both.

Accordingly, this research explores women empowerment and children well-being factors in Albania and looks at how women's socio-demographic factors and empowerment components are associated with children's well-being. For this purpose, a cross-sectional observation design was developed with the application of a proportional random sampling approach. The research targeted 464 World Vision beneficiary children, aged 11-17 living in structured families and their respective mothers. The survey results are complemented with 20 KIIs with mothers, 10 KIIs with girls and 10 KIIs with boys.

Findings on Women's empowerment factors

Empowerment at the **relational** level takes place in the relationships and power relations within the woman's surrounding network. It is the most challenging to achieve, due to the fact that women's immediate environment, such as family and community is responsible for it, which usually benefits from those unequal relations. Research found, that only 1% of surveyed Albanian women are empowered through all relational factors. Women's decision-making power in the household (HH) is limited (56%) due to prevailing patriarchal norms, where the husband's opinion often dominates especially on financial decisions. Women's control over household assets especially on lands and houses is relatively limited (61%), since traditionally, men as the head of household have access and control over the family resources, including money and other assets. The majority of the surveyed women do not have control over time (68%) and cannot delegate or redistribute caregiving activities. GBV and especially domestic violence is still prevalent in Albania, with 22% of women experience some type of violence, even though Albania's legal framework on violence against women and girls has undergone significant changes over the past two years.

Empowerment at the **personal** level takes place within the person. This refers to the perception of the woman in relation to herself, her well-being, how she considers her role in society and that of other women. It speaks to women's overall resilience and the ability to manage daily stress. Approximately 41% of Albanian women are empowered through personal factors. Overall, the majority of surveyed women have moderate self-esteem and good mental/emotional well-being. However, the challenges encountered in the society make it difficult for Albanian women to break out of the traditional gender roles and hold non-sexist attitudes. Even though acceptability of GBV is only prevalent in 14% of surveyed women, but harmful social norms and traditions sustain sexism among 52% of women.

Empowerment through **environmental** factors looks at the broader context, which consists of informal components, such as equitable social norms, attitudes and the beliefs of wider society, and formal aspects, such as the gender-responsive political and legislative framework. Only 1% of the surveyed women are empowered through environmental factors, which does make sense, as relational and environmental factors are closely related and reinforcing one another. Even though freedom of movement is relatively high (56%), only 12% of women live in communities with low restrictive gender norms and 9% are able to access their civic rights, while 22% are able to access legal assistance. This indicates that, while the country is having a comprehensive legislative framework in place, women have low or no knowledge about own rights, as well as available services.

Findings on Child Well-Being Outcomes

Children's well-being was measured by looking at physical outcomes, such as education, nutrition and health, protection, as well as mental and psycho-social indicators. Only 6% of the surveyed children achieved well-being through all factors. With regards to education the self-perceived functional literacy is relatively low among surveyed children, with only 26% of children considering themselves as functionally literate. With 99% school enrolment, 70% of children have positive attitude towards learning and willingness to pursue their education. Only 1% is out of school due to the distance between the school and their home. With regards to nutrition and health, the vast majority of surveyed children

have good or moderate diverse and adequate nutrition. Only 3% have poor nutritional outcomes, while positive health-related behavior is developed in 58% of surveyed children.

When it comes to child violence, 58% of surveyed Albanian children are highly exposed to violence and abuse, especially from other family members and friends, with boys more likely to be physically abused. 24% of children have heard about sexual violence in their community and 26% have heard about the online harm.

Self-esteem, mental and spiritual wellbeing, resilience and empathy feed into mental and psycho-social dimension of child well-being. The majority of surveyed children have moderate self-esteem and high resilience capacity, especially through the relation with their caregivers, as well as high empathy (with girls more likely to be empathetic) and all of them are spiritually empowered. Only 7% of children have probable or possible signs of depression.

Findings on the connection between women's socio-economic and demographic characteristics, their empowerment and the well-being of their children

According to research findings, Albanian women's education leads to their children's well-being. More specifically, children of literate women in comparison to children of illiterate women are well-nourished and have better self-esteem. On the other hand, literate women are less sexist, have better access to legal aid and assistance, exercise more decision-making in the household and have more control over HH assets.

Women's economic activity is positively associated with their mental well-being, but employed women less control over own time, due to the triple gender role (combination of productive and reproductive roles) they have to accommodate.

Findings on the connection between women's empowerment and the well-being of their children

Research found that mothers with the satisfactory mental well-being have children with positive self-esteem, better attitudes towards learning and high overall resilience. Children's resilience is also affected by women's sexism – mothers with sexist attitudes have children with lower resilience.

Women who can take decisions at the HH level also have children with positive attitudes towards learning. Most importantly, mothers with the decision-making power and control over HH assets, who do not accept GBV and are free from GBV themselves also protect their children from violence. Women's exposure to GBV also affects their children's mental well-being. Finally, women's mental well-being is strongly associated with their children's mental well-being, and their spiritual well-being is connected with their children's spiritual state.

Key Recommendations for programmes

- Address IPV, through mainstreaming GBV across all sectors. Both, GBV prevention and response to be included in the project designs and implemented/measured accordingly;
- Address harmful social and community norms through awareness raising and advocacy, while liaising with local faith leaders and power holders, for them to become allies in harmful norms transformation;
- Adopt project models/approaches that are gender-responsive and provide explicit opportunity to address gender norms and relations, as part of the project implementation;
- Adopt gender-transformative indicators that measure changes in gender norms and relations;
- Invest in further research and innovative pilots to find the most effective women empowerment models and practices;
- Invest in staff capacity building on gender equality and social inclusion, to improve the quality of interventions.

II. Background

Achieving child well-being outcomes remains a global challenge due to the prevalence of children's vulnerability, particularly in developing countries. Childhood is an essential period in human development, which affects social and economic life achievements in the adulthood, therefore, child focused outcomes are prominently featured in the international development agenda, especially in the last 20 years. World Vision is no exception, with its strategic commitment to help the most vulnerable children overcome poverty and experience the fullness of life.

Gender inequality is one of the most powerful drivers of vulnerability for children in every context. For this reason, under the current UN 2030 Agenda, gender equality and women's empowerment are considered an *SDG accelerator*. In every part of the world women are still the primary caregivers for their children, which makes it logical to think that that mothers' well-being would directly connected with the well-being of their offspring.

Having emerged in the early 1990s from a 50-year dictatorship as the poorest country in Europe, Albania is today an upper-middle-income country and a European Union member candidate – a remarkable achievement¹. However, Albanian women continue to face barriers to achieve their full potential in a still traditional, patriarchal society, especially in the rural areas¹. The report on Gender equality index for the republic of Albania in 2020 showed that progress has been made mainly in women's political participation and access to health, but on the other side, gender stereotypes and gender norms still strongly interfere in women's lives, especially in the domains of knowledge, money and time, turning efforts into challenges². The overall Gender Equality Index for the Republic Albania reached 60.4 in 2017 and is 7 points below the EU-28 average (67.4), except in the domain of power, where Albania has higher gender parity than the EU-28. At the moment, women represent 29.3 percent of the members of the parliament, and 57 percent of the government is represented by women ministers.

Out of Albania's estimated child population of 615,000, 29.6% were at risk of poverty in 2017 and 2018³. The November 2019 earthquake and the COVID-19 pandemic further deepened pre-existing inequalities, exposing vulnerabilities in social, political and economic systems and in turn amplifying their impact on the realization of children's basic rights. Children's well-being was challenged particularly as a result of increased poverty, reduced learning opportunities, increased violence, abuse and neglect, temporary closure of health facilities and fear to access health services⁴.

Despite of a clear linear logic, globally, as well as for the Albanian context, there is still a scattered evidence, on how exactly gender equality and women empowerment relate and contribute to children's well-being. Moreover, the understanding of the associations between women's empowerment factors and specific children's well-being outcomes is absent for Albania, with no external and internal body of evidence that supports the linkages between them. This research contributes to building evidence on the association between women empowerment and child well-being, as well as contributes to improvement of existing programmes in WVA, while feeding into its strategy on prioritising gender-responsive programming.

¹ The World Bank (2020). *Toward Gender Equality in Albania: Shifting Mindsets through Institutional Reform*.

² Marija Babovic & Juna Miluka (2020). *Gender Equality Index for the Republic of Albania (2020)*.

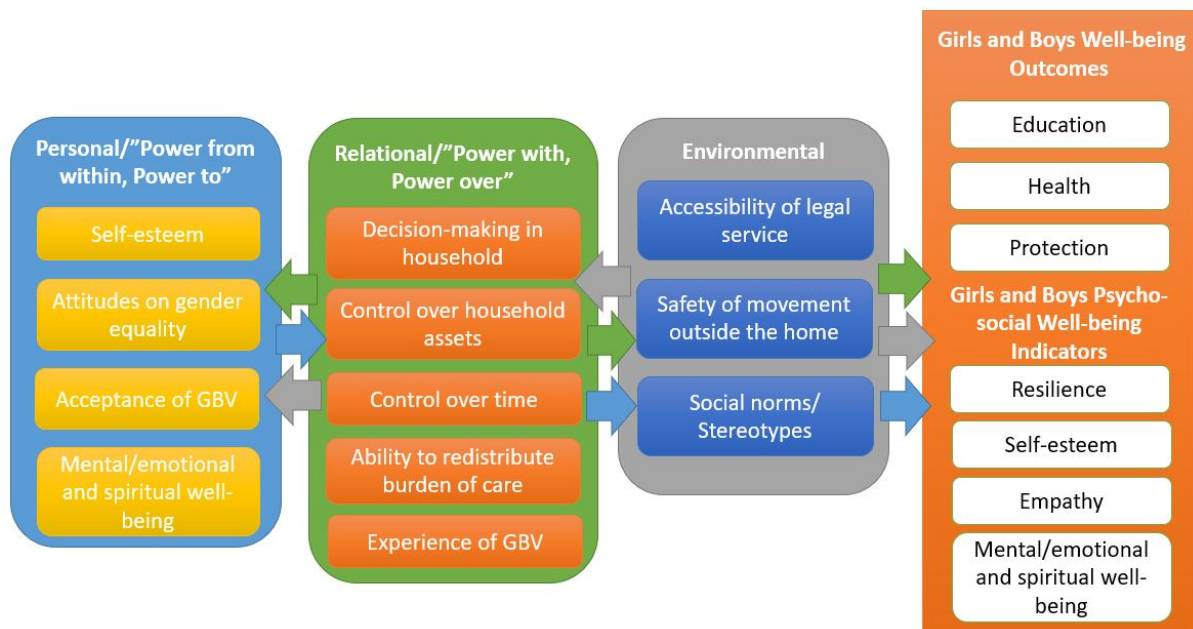
³ INSTAT (2019). *Income and living conditions in Albania*.

⁴ UNICEF (2020). *Country office Annual Report*.

III. Research Framework

The research framework is a result of analysing, adapting and merging several internal and external models and frameworks of Women Empowerment, Gender Equality and Child Well-Being. Consequently, the research framework is the first of its kind and different from existing GESI research models available in the literature. Some of the internal and external frameworks that were adapted to fit World Vision’s given research design are: (1) World Vision’s Gender Equality and Social Inclusion (GESI) Theory of Change (ToC)⁵; (2) Oxfam’s model of measuring women’s empowerment⁶; (3) World Vision International’s Child well-being (CWB) model. In addition, the research framework highlights the specific child well-being indicators that focus on children’s psycho-social well-being and their connection with the psycho-social well-being of mothers. More information on specific factors and sub-factors/indicators is displayed through the Figure 1 below.

FIGURE 1: RESEARCH FRAMEWORK



Based on the theoretical framework, the research explores how selected personal, environmental and relational factors of women’s empowerment interact with one another and how these three empowerment dimensions influence core well-being outcomes in children.

⁵ GESI ToC link is not available at the moment as WV US is revising the framework

⁶ Oxfam 2017; A ‘How To’ Guide To Measuring Women’s Empowerment: Sharing experience from Oxfam’s impact evaluations.

IV. Methodology

Research objective

The research examines the relationship between women's socio-demographic and empowerment factors and child well-being outcomes in Albania. Various indicators of women's empowerment and child well-being are explored alone and correlated together to build evidence on the association and determine the specific factors of women empowerment that are associated with child well-being.

Research design and target population

Study design

World Vision carried out a mixed method study design, with girls and boys benefitting from World Vision programmes in Albania and their respective mothers. The quantitative data was gathered through population-based cross-sectional design. The qualitative data was gathered through key informant interviews (KIIs).

Target populations

The research targeted World Vision beneficiary children living in structured families and their mothers. Participating girls and boys are aged 11-17 years old. Mothers' age is between 35 and 50 years old. Beneficiaries with an extensive support from World Vision (members of celebrating family model, children and adolescents clubs, economic empowerment projects, etc.) were not selected, to avoid data biases and to make the sample close to be representative of Albania population.

Sampling framework and sample size

Sampling technique

The sample of surveyed children and their mothers was selected through a proportional random sampling approach from a group of World Vision programme participants in the vulnerable communities that World Vision Albania (WVA) serves in eight area programmes (APs) namely in Dibra, Durres, Korca, Kurbin, Lezha, Librazhd, Shkodra and Tirana.

Sample size

The sample of 464 children and their respective mothers was considered for this research and calculated based on the total number of children aged 11-15 in Albania considering 95% CI and 5% margin of error. Key informant interviews were also conducted with 20 women, 10 girls and 10 boys to complement the survey data and provide in depth analysis of women empowerment, child well-being and the connection between.

Tools

The survey and KII tools for women and children were developed by the Gender and Safeguarding Leader and the Programme Effectiveness advisor in World Vision Middle East and Eastern Europe Regional Office (WV MEERO), in consultation with WVA. The survey tools relied on existing reliable and valid instruments to measure multiple dimensions of women empowerment and children well-being. The tools were translated to Albanian by WVA. The survey and KII tools in English are attached in [Annex A](#).

Data collection and ethical considerations

The data collection took place during May/June 2021. In consideration to COVID-19 preventive measures, the quantitative and qualitative data was collected remotely through phone calls with mothers and children. Research enumerators entered the data directly on Microsoft online forms while surveying the participant over the phone. Prior to data collection, a training was conducted by MEERO to familiarize the research enumerators with the tools and build their capacities on using it. During the training, ethical considerations of consulting with girls/ boys and with women were emphasized. Due to the sensitivity of some questions, a gender-responsive and survivor-centered data gathering

methodology was applied. Female enumerators interviewed and surveyed women and girls, while male enumerators surveyed and interviewed boys.

The data collection followed the minimum standards for consulting with girls and boys developed by the Inter-Agency Working Group on Children's Participation. The principles include transparency, honesty, accountability, provision of a child-friendly environment, equality of opportunity, and the safety and protection of children. The research took into account the special considerations required to gain informed consent, ensure confidentiality and anonymity, acknowledge the diverse cultures of the research sites, and refrain from presenting any information that may potentially harm participants. The facilitation team ensured the safe and ethical participation of women, girls and boys, strictly adhering to World Vision's Safeguarding policy and protocols, including a referral procedure in coordination with local Protection partners.

Data Analysis

Survey data from each mother and her child was paired together using SAS Programme to make a single observation of each pair. Once merged the database was imported to SPSS 24 for Windows. Descriptive analyses were conducted to describe the sample, where means with standard deviations for continuous variables, and frequencies and percent for categorical variables were reported.

Inferential statistics was carried out to assess the associations between socio-demographic factors, empowerment factors and child well-being outcomes using independent t-test, fisher's and chi-square test. A p-value<0.05 was used to indicate significance in all cases.

Limitations and challenges

When considering the findings of the study, some sample-level limitations and their implications on programmes should be kept in mind. The sample size was chosen from the community where WVA serves, thus it is representative of the most vulnerable children aged 11-15 and their mothers in Albania, but it is not representative of the national population of women and children in Albania.

V. Findings/ Discussion

Demographic and Socio-Economic profile of Women

Demographic profile

Surveyed women in Albania have an average age of 28 years-old. They are married (93%) or previously married (6.5%) at an average marriage age of 21 years-old. The majority of them live with their children (98%) and their husband (93%) in households with an average of 5 members approximately. 31% of surveyed women live with their in-laws especially their mother in-law, and 4% live with their parents especially their mothers (Table 1).

Socio-economic profile

Education: The education attainment of surveyed women is not very high. The majority of surveyed women have finished lower secondary education (64%) and 22% have finished upper-secondary education. The percentage of women with tertiary education remains low with 11.2% (Table 1). According to the gender equality index for the Republic of Albania in 2020, although highly-educated women are more than highly-educated men in Albania, their share is still relatively low compared to EU levels and national targets, especially in rural areas.

Employment and income: The survey has observed a fair participation in the economy and labour force for surveyed women with 51% of them doing a paid activity and among them the majority having a full-time job (57%) a part-time job (22%), or work in Agriculture (13%) (Table 1). The number of Albanian in the workforce is rapidly increasing. However, statistics look better in the domain of participation than vertical and horizontal segregation and quality of work². Women now comprise the majority of agricultural workers in Albania, yet they are still paid lower wages than their male counterparts. On average, women receive 18% lesser salaries than men⁹.

The average monthly family income is approximately USD 294 and the main contributor to the family income is the husband (81%) and the spouse (43%). Moreover 20% of households rely on safety nets and different pensions and support schemes, while 10% rely on the extended family especially the in-laws, to support their income (Table 1).

Vulnerability: The HH vulnerability is relatively prevalent. 19% of surveyed women live in households with elderlies and 17% live in households with chronically ill members, both requiring care. Finally, only 9% live with members with physical disabilities (Table 1). In addition to HH vulnerability, 7.3% are internally displaced.

TABLE 1: DEMOGRAPHIC AND SOCIO-ECONOMIC PROFILE OF SURVEYED WOMEN

Total sample N=464		Frequency (%)
Age	Mean (\pm sd)	27.7 (\pm 11.6)
Age getting married	Mean (\pm sd)	21.2 (\pm 3.6)
Household size	Mean (\pm sd)	5.1 (\pm 1.4)
Residency status	Citizen	430 (92.7%)
	Internally displaced	34 (7.3%)
Social status	Married	433 (93.3%)
	Widowed	17 (3.7%)
	Divorced	13 (2.8%)
	Other	1 (0.2%)
Education	Illiterate	3 (0.6%)
	Primary	11 (2.4%)
	Intermediate	295 (63.6%)
	Secondary	101 (21.8%)
	University	48 (10.3%)
	Post-graduate	4 (0.9%)

	Vocational	1 (0.2%)
	Technical	1 (0.2%)
With who do you live in the same household?	Husband	429 (92.5%)
	Children	455 (98.1%)
	Mother	18 (3.9%)
	Father	6 (1.3%)
	Siblings	8 (1.7%)
	Grandparents	5 (1.1%)
	Mother-in-Law	145 (31.3%)
	Father-in-Law	86 (18.5%)
	Sister/brother-in-law	15 (3.2%)
	Husband grandparents	8 (1.7%)
	Other	1 (0.2%)
	Family members unable to take care of themselves	Physical disabilities
Mental disabilities		10 (3.0%)
Chronically ill		67 (17.2%)
Elderlies		75 (18.9%)
Paid activity	No	225 (48.5%)
	Yes	239 (51.5%)
	Full-time	130 (56.8%)
	Part-time	50 (21.8%)
	Freelancer	10 (4.4%)
	Family business	9 (3.9%)
	Farming/ agriculture	30 (13.1%)
Monthly income	Mean (\pm sd)	USD 294 (\pm 162)
Family members who contribute to family income	Respondent	201 (43.3%)
	Husband	374 (80.6%)
	Children above 18	34 (7.3%)
	Children under 18	1 (0.2%)
	Government/ NGO	92 (19.8%)
	Extended family	45 (9.7%)
	Other	-

Women's Empowerment State

Empowerment through Relational Factors

According to Oxfam's Women Empowerment model⁶, empowerment at the relational level takes place in the relationships and power relations within the woman's surrounding/immediate network. In order to define women empowerment through relational factors, five core indicators were selected. These are: household decision-making, control over household assets, control over time, ability to redistribute the burden of care and experience of GBV.

Household Decision-making

This indicator aims to measure the level of women's involvement in household decision making. The respondent was asked to state who normally makes most of the decisions concerning a list of activities within the household (Annex A). The activities are divided into three categories: decisions on consumption and expenditure; decisions on investment and business activities; and decisions on household management (Annex A).

The findings have shown that more than half of surveyed women (56%) said they have decision-making power in their household, mainly through joint decisions with their husband and very rarely in complete autonomy (Figure 2). If we look at sub-domains of decision-making, 88% of women said they can make or influence households decisions related to household management, 68% can make or influence households decisions related to consumption and expenditures and 63% can make or influence decisions related to investment and business activities. KII analyses have confirmed this trend: “My husband and I talk a lot with each other, we consult about everything. Maybe we are the same age and that helps.” says Doriana, 36, while S, 39 says “In the beginning, my husband's parents were responsible for the decision making process in our family. But during recent years my husband and I have had an impact on those decisions”.

Those findings are aligned with the findings of a research published in 2013 where it was shown that the participation of Albanian women in the decision-making is associated with their level of education and income. The higher the education levels of women, the higher is its decision-making power, due to more opportunities for employment, which in turn provides women with independence and agency. When decision making is related to spending money, in most cases the final decision is taken by the men of the family, who also retain the right to decide on the number of children, education, migration or emigration of the family or one of the members, as well as child marriage, when it is combined. As the referenced research demonstrated, women play more informative or advisory role regarding the need to purchase a particular food or advise the sale of a family-made product⁷.

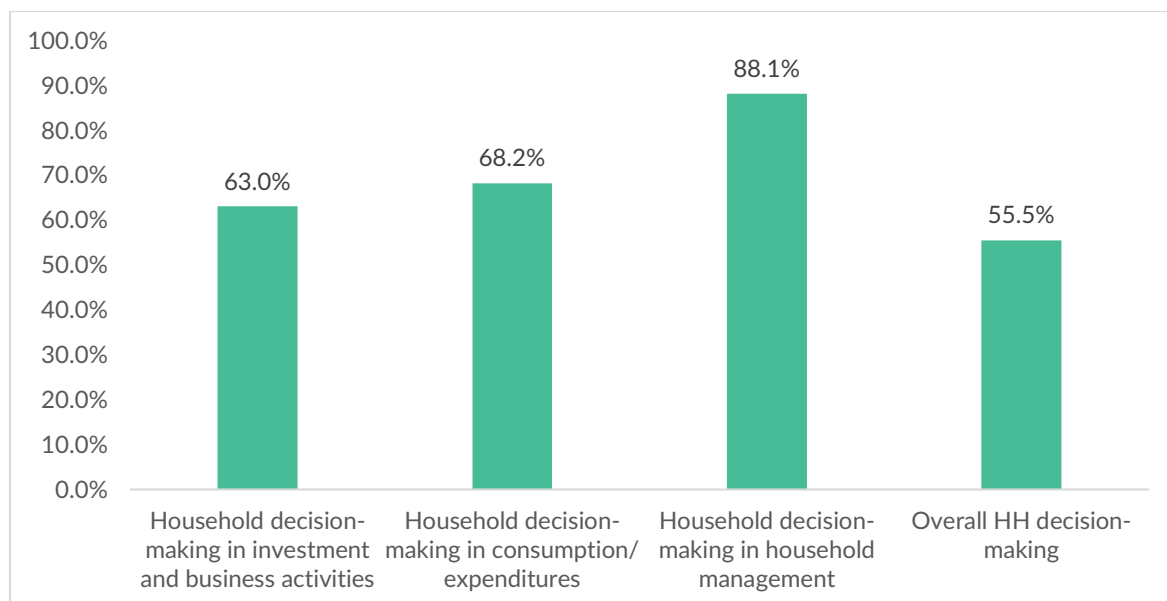


FIGURE 2: HOUSEHOLD DECISION-MAKING

Control over household assets

This indicator explores to what extent each woman has a control over the assets owned by the household. Control over household assets is captured by asking each respondent to estimate how many items the household owns from a list of assets. For each item owned by the household, the respondent is asked to indicate who decides whether to use, sell or replace the item if the need arose (Annex A).

Overall 61% of women in Albania said they have control over HH assets (Figure 3). However, the majority do not have an autonomous control to use, sell or replace the items, but a joint control with their husband. The least control women have is on agricultural lands (72%) and the most control they have is on household small consumer durables, such as kitchen equipment (92%) (Figure 3). “When something has to be changed in the house, often the decision is made by my husband whether we have to replace a certain object or we have to repair it, but in any case I have a great influence on the decisions that my husband makes” says Luljeta, 46.

⁷ Dhuli, B. (Buda). (2013). *The Role of the Woman in the Albanian Family*. *Mediterranean Journal of Social Sciences*, 4(10), 255.

Women’s right to property is a complex issue in Albania. Although the Albanian civil and family law recognize women’s equal right to land and property, only a small percentage of women own land, because the laws are not implemented and women continue to be marginalized in matters of inheritance⁸. Under Albanian laws, women can purchase and own property. However, these laws often remain ignored, one of the reasons being social/cultural norms - women are traditionally unable to sign as a “head of the household” in legal affairs, it is incredibly difficult for women to become property owners. As of 2018, only 8% of Albanian women owned a land⁹.

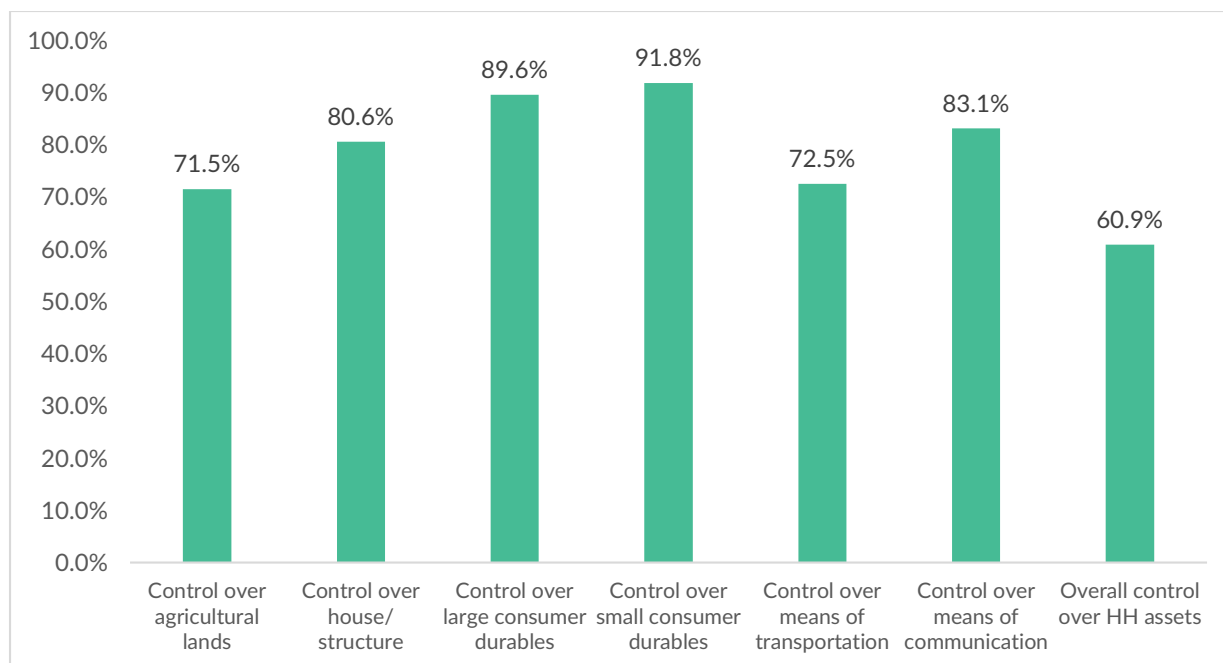


FIGURE 3: OVERALL CONTROL OVER HH ASSETS

Experience of Gender-Based Violence (GBV)

Measuring women’s experience of GBV is important because the freedom from violence has been widely recognized as a critical dimension for empowerment. The respondents were asked if anyone has ever committed any of the violent actions listed towards them (Annex A). When the answer was yes, the respondents were asked if this took place within the household to identify domestic violence.

The findings have shown that less than the quarter of surveyed women in Albania (22%) experience GBV (Figure 4) and among those 8% of the victims experience domestic violence or IPV. The most common violence against women is emotional (21%), with very low prevalence of physical (5%) and sexual violence (3%) (Figure 4). Those findings are lower than the findings of the third National Population Survey “Violence Against Women” launched by UN women in 2019 where one in two Albanian women is reported to have experienced violence¹⁰.

Albania’s legal framework on violence against women and girls has undergone significant changes over the past two years. The most important changes were made in 2018 to the Law on measures against Violence in Family Relations. Still, despite having a legal framework largely aligned with EU standards, implementation continues to be a challenge¹¹, confirmed by the low access to civic rights and legal assistance, discussed in environmental empowerment section of this report.

⁸ UN Women Europe and Central Asia (2018). Press release. One room, her only home. An Albanian woman’s struggle to claim her property rights

⁹ The Borgen Project (2020). 5 facts about women’s rights in Albania

¹⁰ UN Women Europe and Central Asia (2019). Press release. New Survey reveals violence against women still wide spread in Albania despite progress

¹¹ UN Albania (2020). Revised law empowers women survivors of violence in Albania

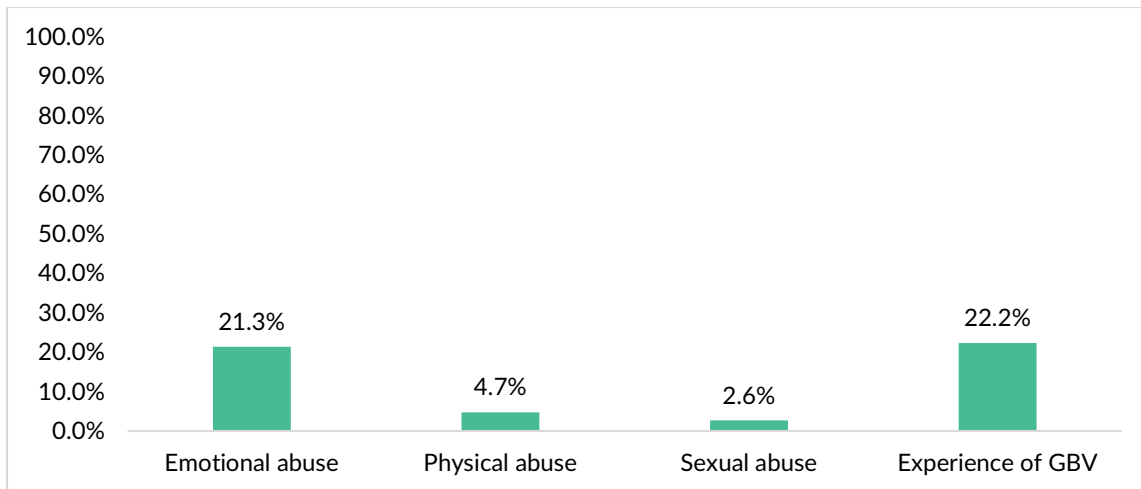


FIGURE 4: EXPERIENCE OF GBV

Control over time and redistribution of burden of care

The control over time indicator aims to measure the most important elements of daily time allocation and workload and to collect information on the number of hours dedicated to a particular task by the respondent and her husband. (Annex A). The redistribution of care indicator aims to measure the most important time allocation to care activities and is calculated through collecting information on the number of hours dedicated to a particular care tasks by the respondent. The indicator looks also on the women's ability to delegate the care activities to her husband or another family member (Annex A).

The survey has revealed an unequal division of household activities, as women do almost all the unpaid and reproductive work, in addition to a paid work, while men are responsible only for the paid labor (Figure 5). As a result, the majority of the surveyed women (68%) do not have control over time, as the majority of them overwork (54%), stretch themselves and rest less than 10 hours per day including sleeping hours (56%) (Figure 6). Men's involvement in childrearing is still limited with only 9% of surveyed women who said they can delegate the care activities to their husband (Figure 7). Klls have confirmed this clear trend: *"I spend my free time serving my family, there is little time for myself"* says Aurora, 36, while Terezina, 55 says *"In my free time I often play letters with girls, whereas my husband spends his free time with relatives."* *"It seems that for women some work is pre-defined, such as washing, cooking, taking care of the children, while for men this is taken for granted. It may have changed into a very small number of families"* adds Enkelejda, 38.

The domain of time has the lowest index score in the gender equality index developed in 2020 for Albania indicating very unbalanced sharing of responsibilities regarding care for family members and unpaid household work. While women carry a majority of these responsibilities, they do not participate enough in social activities that are important for their wellbeing and quality of life². The dominant mentality considers housework and child care as natural obligation of women only. As a result of this unequal redistribution of the family and household tasks and responsibilities, women are being "isolated" from the public/social domain of life. Lack of time, excessive load of housework and lack of equal sharing of tasks and responsibilities within the family shape the daily lives of Albanian women⁷.

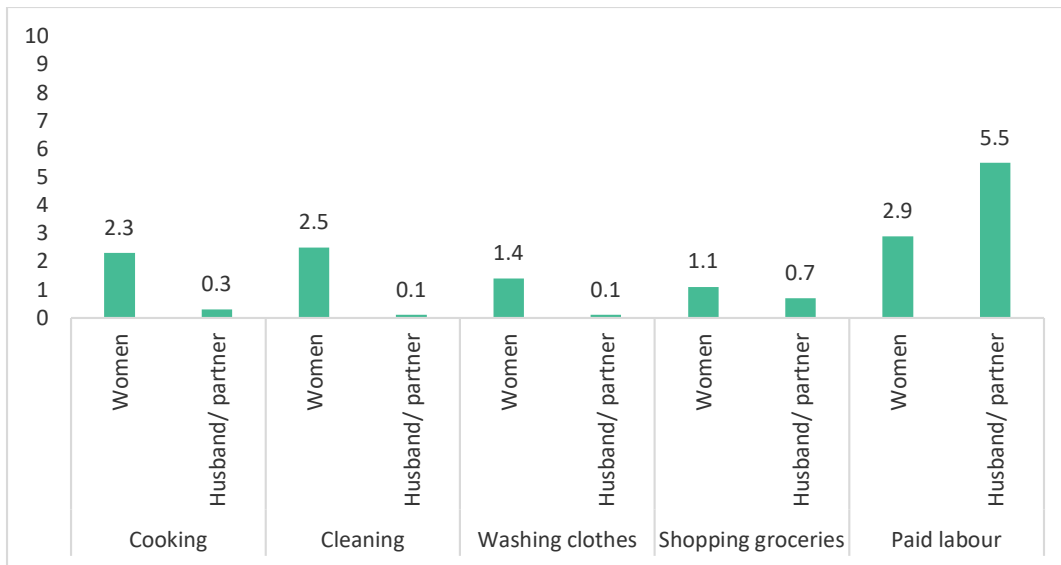


FIGURE 5: COMPARISON OF WORK TIME (HOURS/DAY) BETWEEN SURVEYED WOMEN AND THEIR HUSBAND

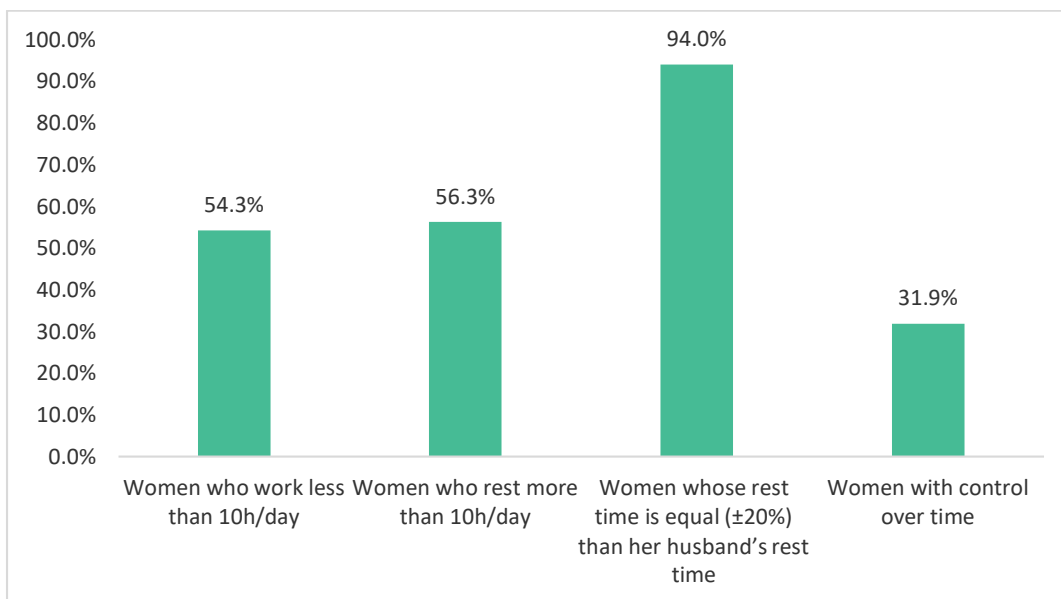


FIGURE 6: CONTROL OVER TIME OF SURVEYED WOMEN

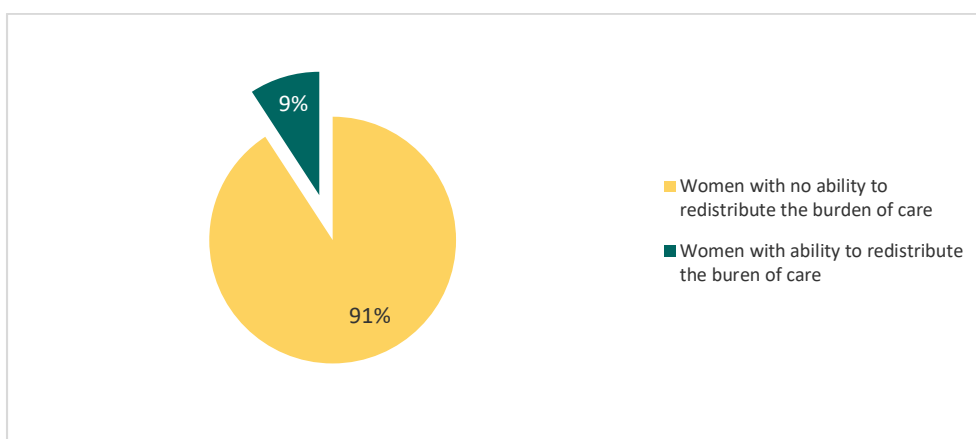


FIGURE 7: ABILITY TO REDISTRIBUTE BURDEN OF CARE OF SURVEYED WOMEN

Relational empowerment index

Only 0.7% of the surveyed women in Albania are empowered through all relational factors, with all five indicators present. This result confirms the assumption that along with personal and environmental conditions, relational factors are critically important to achieve a full empowerment of women, but it's the lowest possible at the moment and will be the most challenging part of empowerment work, due to the fact that women's immediate environment (family, community) is responsible for it and might resist the change. Table 2 is a summary of all the indicators related to empowerment through relational factors.

TABLE 2: INDICATORS OF EMPOWERMENT THROUGH RELATIONAL FACTORS

Indicators of empowerment through relational factors	Frequency (%)
Women with household decision-making	55.5%
Women with control over household assets	60.9%
Women with no experience of GBV	22.2%
Women with control over time	31.9%
Women with ability to redistribute the burden of care	9.2%
Women empowered through relational factors	0.7%

Empowerment through personal factors

Changes at the personal level take place within the person. This refers to qualities and perceptions of the woman in relation to herself, her well-being, how she considers her role in society and that of other women. The personal empowerment dimension was measured through five indicators: self-esteem, attitudes on gender equality (sexism), acceptance of GBV, mental/emotional and spiritual well-being.

Self-esteem

This indicator is measured by the Rosenberg Self-esteem scale (RSES, 1965)¹². The RSES scale is considered a reliable and valid quantitative tool for self-esteem assessment. It has been translated and adapted to various languages. It reflects the attitude that the respondent has towards herself. The respondent has to state to what extent she agrees or disagrees with each statement using a Likert scale ranging from strongly disagree to strongly agree (Annex A). The findings have shown that the majority of surveyed women have a moderate self-esteem (77%) while almost 16% have high self-esteem and only 6% have low self-esteem (Figure 8).

Self-esteem is an important to achieve women empowerment because it heavily influences women's choices and decisions. In other words, self-esteem serves a motivational function by making it more or less likely that women will take care of themselves and explore their full potential. Women with high self-esteem are also women who are motivated to take care of themselves and to persistently strive towards the fulfillment of personal goals and aspirations. women with lower self-esteem don't tend to regard themselves as worthy of happy outcomes or capable of achieving them and so tend to let important things slide and to be less persistent and resilient in terms of overcoming adversity.

¹² Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.

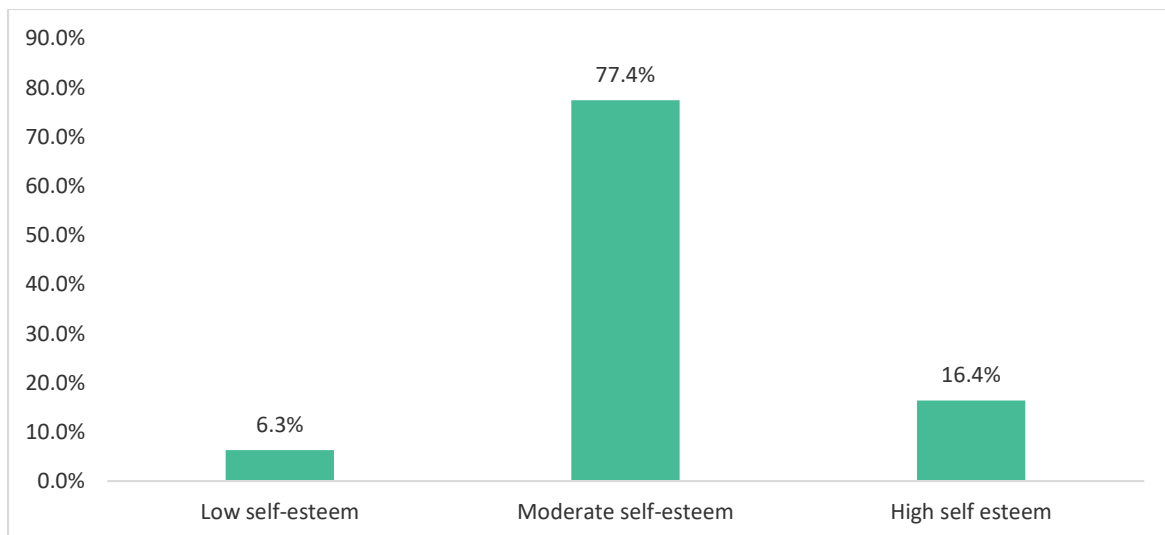


FIGURE 8: SELF-ESTEEM OF SURVEYED WOMEN

Attitude on gender roles (sexism)

Women's attitude and opinion on gender equality and sexism ideology have been measured using the Social Roles Questionnaire (SRQ) developed by Baber & Tucker in 2006¹³. The SRQ is a 13-item scale that assesses how individuals conceptualize different social roles. This measure consists of two domains: gender transcendence, which captures the extent to which individuals conceptualize gender in non-dichotomous ways (i.e. People can be both aggressive and nurturing regardless of their sex), and gender-linked, which measures individual beliefs about whether social roles are associated with a particular gender (i.e. Girls need to be protected and watched over more than boys) (Annex A).

The analysis has shown that the majority of surveyed women have either high or normal score on the gender transcendent scales which means the majority of surveyed women are likely to endorse egalitarian and gender transcendent beliefs. However, the challenges encountered by Albanian women in society often make it difficult for them to break out of the traditional gender roles, which explains why majority of women hold high gender-linked views with a majority of surveyed women agreeing on sex and social roles association (Figure 9). The most prevalent beliefs on association of gender and social roles are that mothers should made most of the decisions about how children are brought up, father's major responsibility is to provide financially for his children and some type of works are not appropriate for women (Figure 10). The high percentage of sexist women shows that due to deeply rooted gender norms, most of women internalize the sexism and conform to it on daily bases. Needless to say, sexist attitudes are transmitted to the next generation and influence their attitudes formation.

¹³ Baber, K.M., Tucker, C.J. The Social Roles Questionnaire: A New Approach to Measuring Attitudes Toward Gender. *Sex Roles* 54, 459–467 (2006). <https://doi.org/10.1007/s11199-006-9018-y>

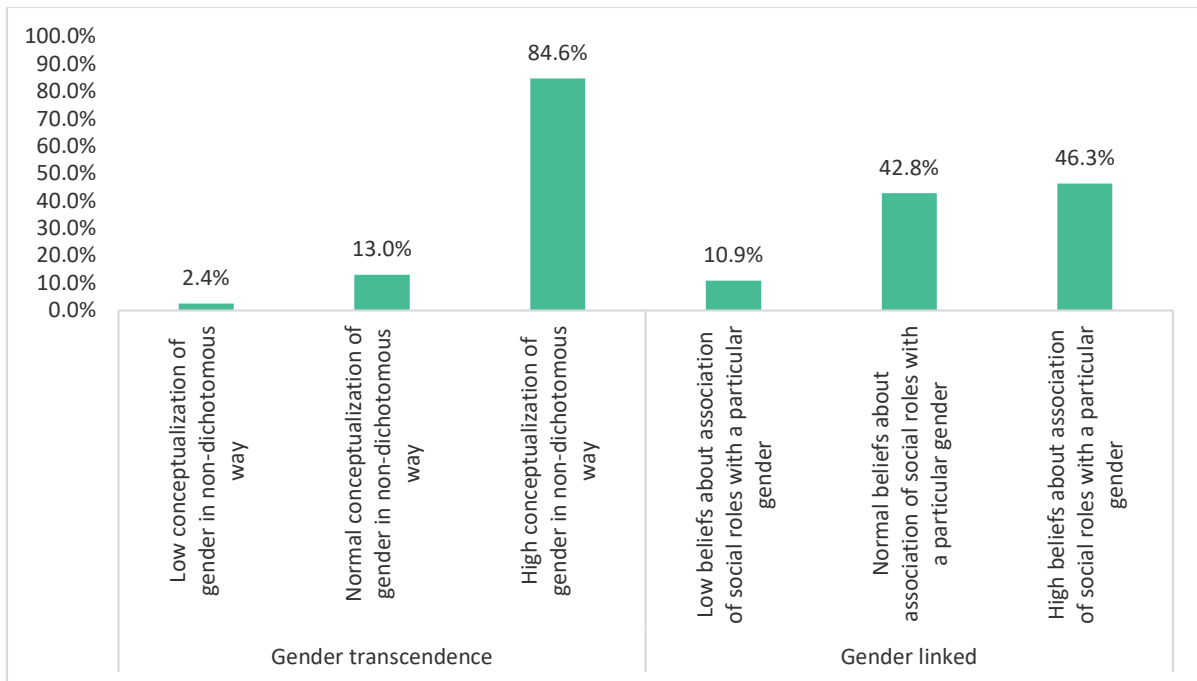


FIGURE 9: GENDER TRANSCENDENT AND GENDER-LINKED ATTITUDES

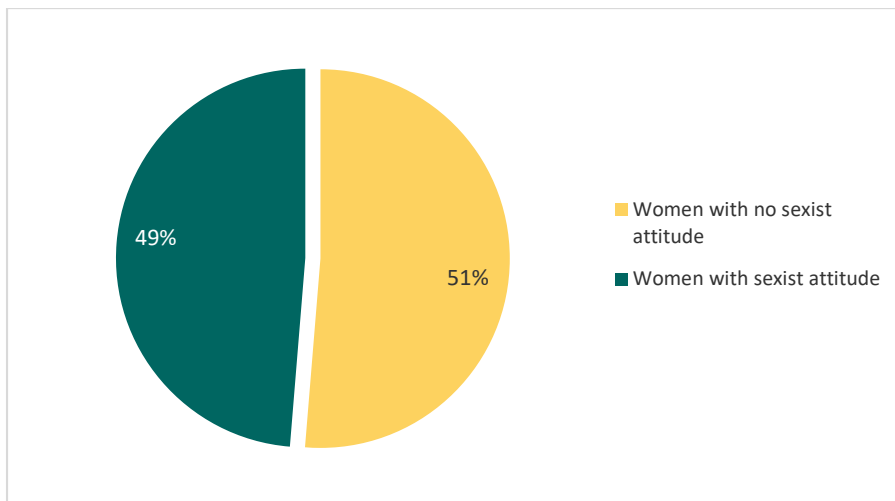


FIGURE 10: SEXIST ATTITUDE OF SURVEYED WOMEN

Acceptability of GBV

This indicator aims to measure the extent to which a surveyed woman considers domestic violence to be acceptable. Questions reported have come from a simplified version of the Demographic and Health Surveys (DHS) toolkit questionnaire¹⁴. Respondents are asked to say if they think it is acceptable for a man to beat his wife in a number of different circumstances (Annex A).

The results showed that the majority of surveyed women do not accept GBV (86%) while only 14% accept it (Figure 11). The most accepted circumstance for GBV is when man suspects that his wife was unfaithful (6.1%) and when woman disobeys her husband (5.1%). The “Violence against women” national population survey by UN women in 2020 brings data on the acceptance of violence against women among men and women in Albania, with significantly worse results, compared to above findings. UN Women findings revealed that 1 in 2 women believe violence between a husband and wife is a private

¹⁴ USAID. DHS program. Demographic and Health Survey. <https://dhsprogram.com/methodology/Survey-Types/DHS-Questionnaires.cfm>

matter; and almost three-quarter of women believe that a woman should tolerate some violence to keep her family together; one quarter of women believe a woman should be ashamed or embarrassed to talk to anyone if she is raped¹⁰.

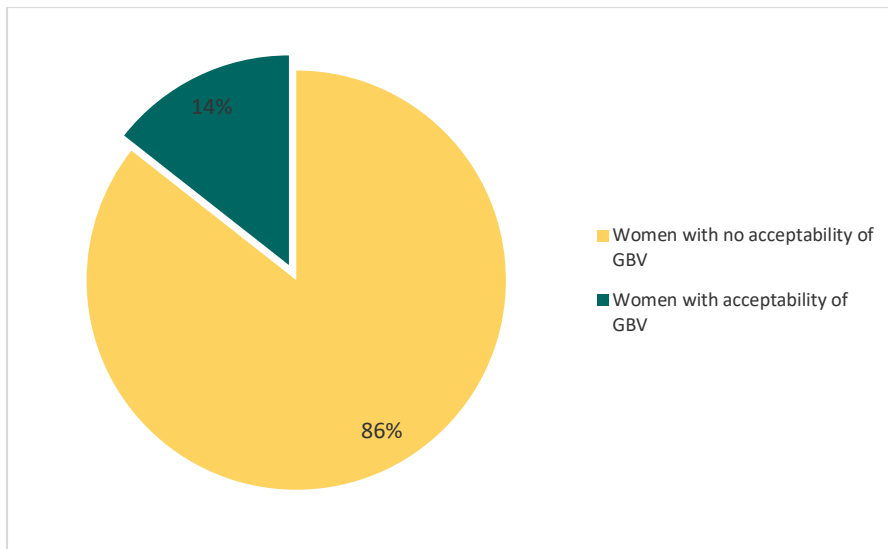


FIGURE 11 : ACCEPTABILITY OF GBV

Mental well-being

Women’s mental well-being was measured by the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)¹⁵. The 14-item scale has 5 response categories, summed to provide a single score. The items are all worded positively and cover both feeling and functioning aspects of mental wellbeing, thereby making the concept more accessible (Annex A).

Findings have shown that almost half of surveyed women have average mental health (56%) and one-third have good mental health (33%) while 10.8% showed signs of possible or probable depression (Figure 12). “*What really affects my emotional well-being is the space I need to take care of myself and my self-confidence*” says Fiqirete, 44. “*The last year has been a series of difficulties due to the global COVID 19 pandemic. This has affected us in many aspects of our lives as it first and foremost it brought about isolation for our entire family. My husband did not have many opportunities to emigrate and the income decreased for our family. Having said that, it has also affected the mental and emotional well-being of me and my whole family*” says Luljeta, 46.

According to a UN Women Rapid Gender Assessment survey measuring the impacts of the pandemic on women and men in Albania, women’s psychological and mental health are affected at much higher rates compared to men with a widening gap among active working women who experience higher psychological distress compared to men in the same age group. The gender gap of mental health impact goes up in rural areas. In addition, women who experienced or witnessed domestic violence reported higher psychological distress¹⁶.

¹⁵ Tennant, R., Hiller, L., Fishwick, R. et al. The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): development and UK validation. *Health Qual Life Outcomes* 5, 63 (2007). <https://doi.org/10.1186/1477-7525-5-63>

¹⁶ UN Women Europe and Central Asia (2020). Press Release. COVID-19 is taking a higher toll on women – shows UN Women Albania rapid assessment

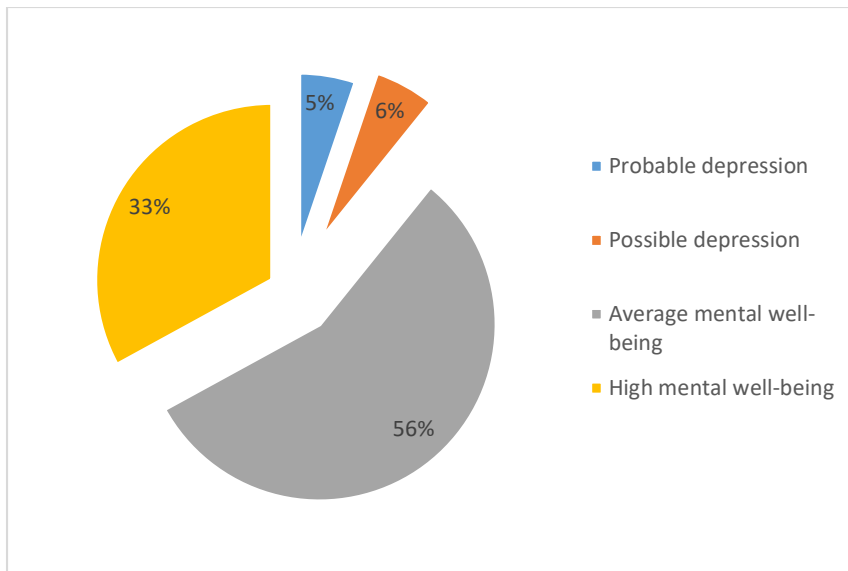


FIGURE 12: MENTAL WELL-BEING OF SURVEYED WOMEN

Spiritual well-being

The Spiritual Well-Being Scale (SWBS)¹⁷ is a general indicator of perceived well-being used for the assessment of individuals of various faiths. The scale is composed of 20 items. Ten of the items assesses Religious well-being (RWB) and the other 10 assesses Existential well-being (EWB). The SWBS provides a subscale for Religious and Existential well-being, as well as an overall measure of the perception of an individual's spiritual quality of life. The Existential Well-Being Subscale gives a self-assessment of an individual's sense of life purpose and overall life satisfaction. The Religious Well-Being subscale provides a self-assessment of an individual's relationship with God (Annex A).

Findings from the SWBS have shown that the majority of surveyed women scored moderate or high on RWB and EWB subscale (Figure 13). Since the spiritual well-being indicator looks at women who either scored moderate or high on SWBS, that means the majority of surveyed women are considered as spiritually empowered (Figure 13). "Faith has kept me strong that even if I cross the valley of the shadow of death, God is always with me" says Vera, 53.

The spiritual well-being can be considered as a sign of women's resilience against hardships. Religiousness is a significant resilience factor for many people. It helps individuals withstand the effects of life crises and major life stressors. There is also evidence that religiousness can help people move beyond prior levels of adjustment to achieve fundamental positive transformation in their lives¹⁸.

¹⁷ Paloutzian R.F. et al. (2021) *The Spiritual Well-Being Scale (SWBS): Cross-Cultural Assessment Across 5 Continents, 10 Languages, and 300 Studies*. In: Ai A.L., Wink P., Paloutzian R.F., Harris K.A. (eds) *Assessing Spirituality in a Diverse World*. Springer, Cham. https://doi.org/10.1007/978-3-030-52140-0_17

¹⁸ Pargament, K. I., & Cummings, I. (2010). *Anchored by faith: Religion as a resilience factor*. In J. W. Reich, A. J. Zautra, & J. S. Hall (Eds.), *Handbook of adult resilience* (pp. 193–210). The Guilford Press.

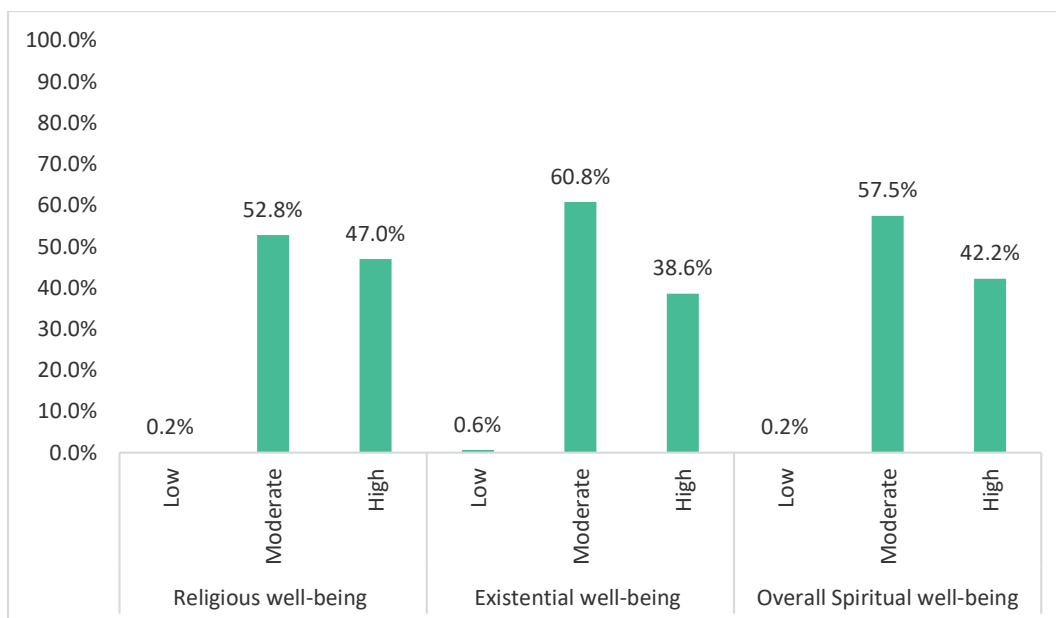


FIGURE 13: RELIGIOUS, EXISTENTIAL AND OVERALL SPIRITUAL WELL-BEING IN SURVEYED WOMEN

Personal empowerment index

The research found that 41% of surveyed Albanian women are empowered through all personal factors. Compared to relational empowerment score, this is a significant result and on one hand, it speaks to women's overall resilience and the ability to manage daily stress. On the other hand, it speaks to the internalization of relational factors, which seem to not affect women's self-perception and well-being anymore, as they are part of the everyday life and its corresponding social norms. Table 3 is a summary of all the indicators related to empowerment through personal factors.

TABLE 3: OVERALL EMPOWERMENT THROUGH PERSONAL FACTORS

Indicators of empowerment through personal	Frequency (%)
Women with high/ moderate self-esteem	93.7%
Women with no sexist attitude	51.3%
Women who do not accept GBV	86%
Women with high/ moderate mental well-being	89.2%
Women with high/ moderate spiritual well-being	99.8%
Women empowered through personal factors	41.4%

Empowerment through Environmental factors

Empowerment through environmental factors looks at the broader context, which consists of informal, such as in equitable social norms, attitudes and the beliefs of wider society, and formal aspects, such as the gender-responsive political and legislative framework. This dimension was measured by three key indicators: accessibility of legal services and civic rights (formal), safety of movement outside home (informal) and social norms/stereotypes (informal).

Social Norms/Stereotypes

This indicator aims to measure the social norms and stereotypes around women's roles in the communities in which they live. The tool used is the Community-Level Restrictive Gender Norms^{19,20}; a

¹⁹ https://emerge.ucsd.edu/r_lq503c5n20z3lyv2/

²⁰ Baird, S., Bhutta, Z. A., Hamad, B. A., Hicks, J. H., Jones, N., & Muz, J. (2019). Do restrictive gender attitudes and norms influence physical and mental health during very young Adolescence? Evidence from Bangladesh and Ethiopia. *SSM Popul Health*, 9, 100480. <https://doi.org/10.1016/j.ssmph.2019.100480>

14-item measure of descriptive norms (what the respondent thinks others do) and injunctive norms (what the respondent believes others think that she should do) related to gender. Items cover five domains: education, time use, financial inclusion and economic empowerment, relationships and marriage, and sexual and reproductive health.

Data have shown that only low proportions of surveyed women live in communities/surroundings with low restrictive gender norms and gender stereotypes (12%), while the majority (88%) are exposed to harmful stereotypes in their communities, especially in the dimension related to time use and distribution of household tasks (Figure 14). Gendered social norms are confirmed by KII testimonies, for example Nafie, 46, said: *“In our country I would say that there is a problem between genders, because of the mentality our parents, grandparents, making distinctions between girls and boys. Boys have always been preferred over girls.”*

Those findings can be explained by the fact that the Albanian society is patriarchal, with different expectations regarding appropriate behavior and acceptable roles for men and women. These stereotypes lead to gender-based discrimination, when women are treated inferior to men, with women’s contribution being valued less in the society. The Albanian family is the first institution that nurtures, sustains and nourishes the mentality of gender inequality between men and women, because conditions and time opportunities for “extra family” social contribution are not equal⁷.

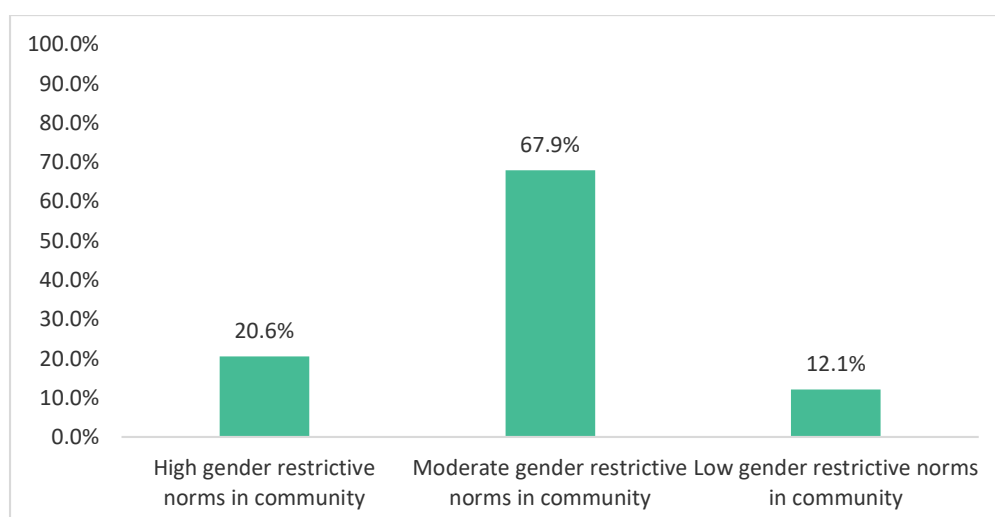


FIGURE 14: RESTRICTIVE GENDER NORMS IN WOMEN’S COMMUNITY

Safety and freedom of movement outside the home

This indicator aims to measure the level of perceived freedom and safety of movement outside the house. Respondents are asked if they agree or disagree with statements referring to freedom of movement and security outside the house. Findings have shown that three-quarter of surveyed women suffer from restriction of movement and lack of safety outside home while 57% did not report this issue (Figure 15). Evidence on the impact of the new coronavirus shows that the life of women will be affected disproportionately compared with the life of men. Albania is no exception to this global concern: with the country’s prompt and resolute response, restrictive measures to counter the spread of the virus have significantly altered social life of women and restricted their freedom of movement²¹

²¹ UN Women (2020). *Unpacking the impact of COVID-19 on women and girls in Albania*

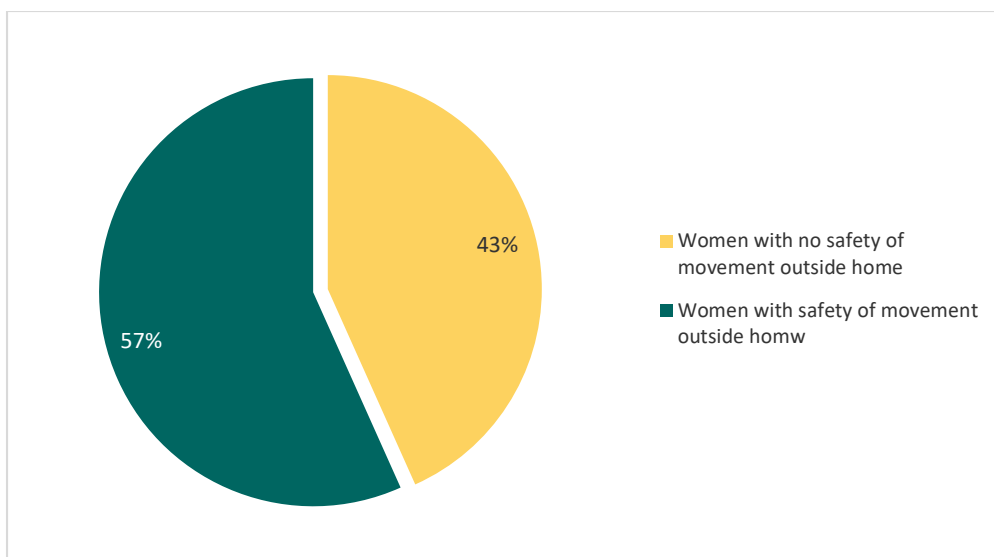


FIGURE 15: SAFETY OF MOVEMENT OUTSIDE HOME FOR SURVEYED WOMEN

Civic rights and access to legal aid and assistance

This indicator aims to measure women’s access to legal services, legal assistance/aid and civic rights (Annex A). Data have shown that only 22% of surveyed women have access to legal aid, ensuring equal access to justice for them, while only 9% have civic rights, including travel rights, custody rights after divorce, property rights and inheritance rights. This indicates that Albanian women have low or no knowledge about own rights, as well as available services in the country. In addition, persisting inequalities between women and men, gender bias, and stereotypes result in unequal access of women to justice. Women’s limited access to justice is a complex social phenomenon that combines a series of inequalities at legal, institutional, structural, socio-economic, and cultural levels. Women face significant barriers in accessing justice in the following areas: land titling, property legalization/ registration, inheritance, division of property in the course of divorce, and maintenance and alimony payments. A specific focus on women’s cases is needed here, including those of women (and men) from poor and marginalized groups unable to pay for the execution of court decisions by private bailiff offices²².

“Gender equality can be achieved when the government itself provides legal assistance and support to women, but also fights to enforce the law of equal rights. On the other hand, there should be policies even for abused women, they should be supported to find ways to get out of the situation” says Enkelejda, 38.

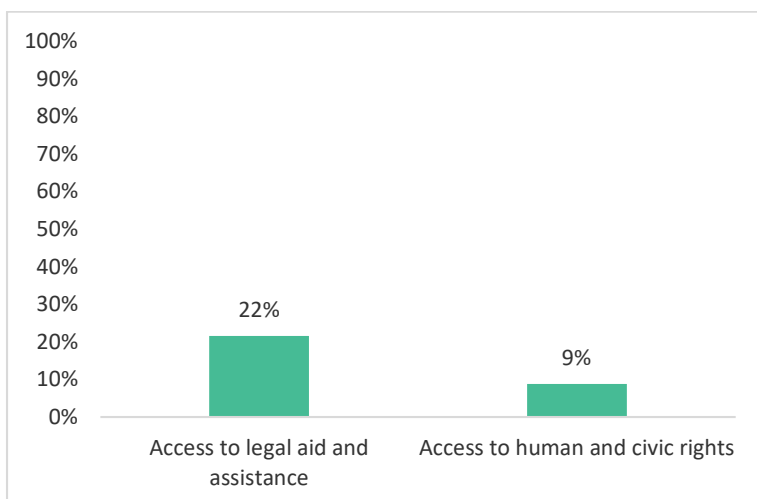


FIGURE 16: ACCESS TO LEGAL AID AND CIVIC RIGHTS

²² UN Women and UNDP (2016). Gender Brief-Albania

Environmental empowerment index

Finally, the research found that only 1% of the surveyed women are empowered through all three environmental factors. This is not unexpected, looking at similar results in relational factors index, as relational and environmental factors are closely related and reinforcing one another. Table 4 is a summary of all the indicators related to empowerment through environmental factors.

TABLE 4: EMPOWERMENT THROUGH ENVIRONMENTAL FACTORS

Indicators of empowerment through environmental	Frequency (%)
Women living in communities with low restrictive gender norms	12.1%
Women enjoying safety and freedom of movement outside home	56.7%
Women accessing legal aid/ assistance	22%
Women accessing civic rights	9%
Women empowered through all environmental factors	0.6%

Demographic and Socio-Economic Characteristics of children

Surveyed girls and boys in Albania have an average age of 13-year-olds. The majority of them do reproductive work to help their family. Girls are more likely than boys to be doing domestic work such as cleaning, cooking and washing clothes, while both girls and boys are both engaged equally in care activities for younger, older or sick family members (Table 5). Formal child labour is prevalent in 7% of surveyed children, with more likely boys to be engaged in it (Table 5). This data is close to the data from the Bureau of International Labor affairs in 2020 where it was found that 5% of children aged 5-14 in Albania work²³.

TABLE 5: DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS OF SURVEYED CHILDREN

		All children	Girls	Boys	P value
Total sample		N=464	N=239	N=225	
Age	Mean (\pm Sd)	13 (\pm 1.5)			
Gender	Girls	225 (48.5%)			
	Boys	239 (51.5%)			
Reproductive work and care activities	Cleaning house	392 (85.6%)	96.2%	74.3%	<0.0001*
	Hours/ day	1.2 (\pm 1.7)			
	Cooking	311 (67.9%)	83.1%	51.8%	<0.0001*
	Hours/day	1.1 (\pm 0.8)			
	Taking care of young family members	262 (64.7%)	72.8%	55.7%	<0.0001*
	Hours/day	1.2 (\pm 0.8)			
	Taking care of old family members	215 (55.4%)	57.4%	53.5%	0.43
	Hours/day	1.1 (\pm 0.9)			
	Taking care of sick family members	194 (52.9%)	53.4%	52.4%	0.84
	Hours/day	1.1 (\pm 0.7)			
	Taking care of animals	264 (62%)	63.6%	60.3%	0.49
	Hours/day	1.1 (\pm 0.7)			
	Supporting in agriculture tasks	180 (44.9%)	42.2%	47.7%	0.27
	Hours/day	1.2 (\pm 0.7)			
Paid work	Yes	33 (7.1%)	4.2%	10.2%	0.01*
	Hours/ day	4.9 (\pm 2.9)			

*Significant if <0.05

Children's well-being state

Children's well-being was measured by looking at their education, health, protection and psycho-social outcomes. In education three indicators were prioritized: self-perceived functional literacy, access to formal education and positive attitude towards learning. With regards to health, children's diet diversity and positive health-related behaviours were measured. As for the protection, physical, emotional and community perceived sexual/online violence indicators were used. Self-esteem, mental well-being, spiritual well-being, resilience and empathy feed into psycho-social dimension of children well-being.

Education

Self-perceived language development, digital literacy and numeracy: Functional literacy, or the ability to succeed in critical life pursuits, is an equally important outcome of education. Many of the outcomes included in functional literacy are skills necessary for both school success and success in later life. This indicator aims to assess the self-perceived and self-reported functional literacy of surveyed children in 3 domains: language development, digital literacy and numeracy. Children were asked about languages they speak and how good they are in some important digital skills and daily used math skills. Functional

²³ Bureau of International Labor affairs (2020). Child Labor and Forced Labor Reports-Albania

literacy skills are measured based on the options of measurements for SDG target 4.6 provided by UNESCO in 2017²⁴ (Annex A).

Results have shown that 75% of surveyed children speak the second language, different from their primary language with girls more likely than boys ($p < 0.0001$). The most spoken foreign languages are English, Italian and Turkish (Figure 17). Functional digital literacy is prevalent in almost one-third (39%) of children, who perceive their digital and computer skills as good, with no difference between girls and boys (Figure 17). Numeracy is also prevalent in more than half (58%) of surveyed children who self-measured their numerical skills in daily tasks as good, with girls more likely than boys ($p = 0.002$) (Figure 17). Finally, 26% of children in Albania have self-perceived functional literacy in all 3 domains, with more girls to be functionally literate than boys ($p = 0.001$) and 74% are not functionally literate.

In a recent report, the World Bank foresees significant learning loss in the Western Balkans countries following the coronavirus outbreak, with more students falling back into functional illiteracy. The World Bank warns that the percentage of students in Albania that score below basic proficiency in reading may grow over 50%²⁵. The World Bank defines functional illiteracy as performing below level 2 proficiency in PISA, a baseline level at which “readers begin to demonstrate the competencies that will enable them to participate effectively and productively in life as continuing students, workers and citizens.”

School enrolment: This indicator aims to measure the enrolment in formal education of surveyed children. The results have shown that 99% of surveyed children were enrolled in schools and only 4 children were out of school, because school was far away from home (Figure 17).

Attitude towards learning: Attitudes towards learning are important factors, especially in regards to the learners’ levels of goal setting, problem solving abilities, their beliefs towards learning, their inner and external motivations in the process of learning and all the academic performances they perform. The positive attitude makes the students more open to learning and increases their expectations from learning process. This indicator aims to measure the attitude towards learning of surveyed children through seven statements. Children were asked if they agree or disagree with each statement (Annex A).

The majority of surveyed children (70%) have positive attitude towards learning, with girls more likely than boys to have a positive attitude ($p < 0.0001$) (Figure 17). Children who showed negative or neutral attitudes towards learning considered that they did not get anything useful out of school or do not have the confidence to learn new things. *“Young people lack the skills to be creative, they want everything ready and do not cooperate much with each other. I lost interest in learning. In these times, families are also facing many economic and psychological problems, violent debates and all these problems leave their mark on children and affect children to become violent, to have problems, etc.”* says Kleona, 14.

²⁴ UNESCO (2017). *Functional literacy and numeracy: Definitions and options for measurement for the SDG Target 4.6*

²⁵ World Bank Group. *Western Balkans Regular Economic Report (2020). The Economic and Social Impact of Covid-19*

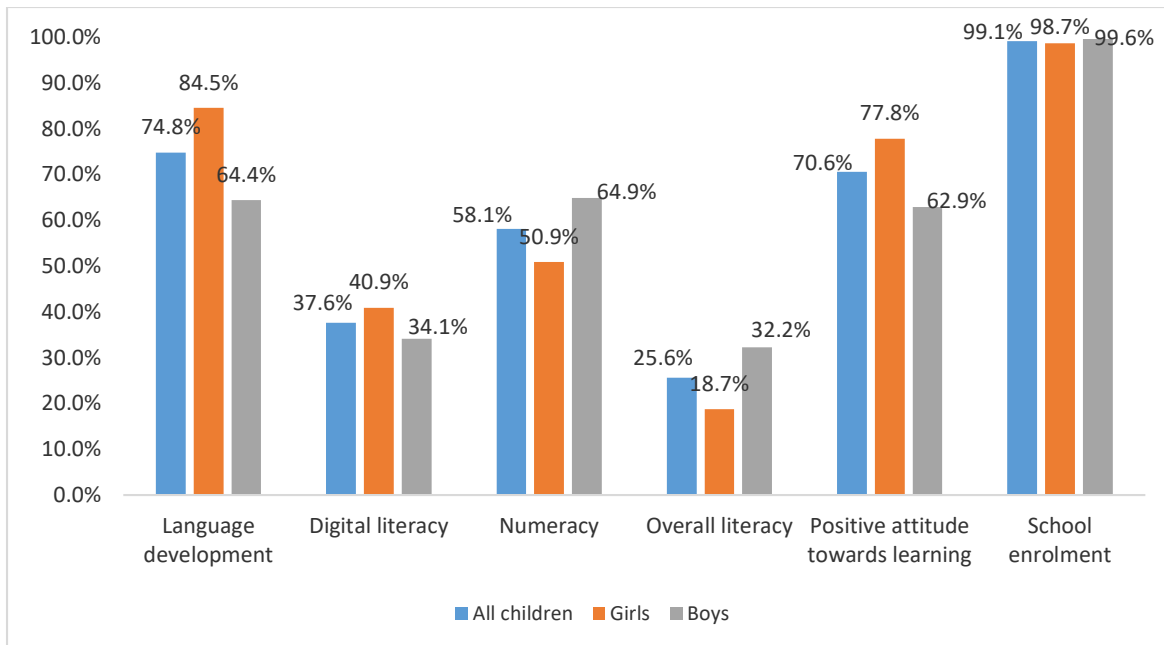


FIGURE 17: EDUCATIONAL OUTCOMES OF SURVEYED CHILDREN

Health and Nutrition

Diet Diversity: Dietary diversity is a self-reported measure of food consumption that reflects household access to a variety of foods, while at the individual level, it is a proxy of nutrient adequacy of the diet. Nutrient adequacy means being nutrition secure through the appropriate consumption of energy and all essential nutrients in sufficient amounts over time. Nutrient adequacy leads to optimal nutritional status in which both under and over nutrition are avoided. Diet diversity of surveyed children was assessed by using the Household Diet Diversity Score (HDDS) developed by USAID in 2006²⁶. Children were asked to tell how much they eat per week of seven food groups including, cereals, vegetables/ leaves, fruits, proteins, pulses, dairies and oils (Annex A).

The results have shown that 74% of surveyed children have a good diet diversity, while 22% have medium and 3% have low diet diversity, meaning that they do not receive an adequate nutrition for their health and development, with no difference between girls and boys (Figure 18).

²⁶ <https://www.spring-nutrition.org/publications/tool-summaries/household-dietary-diversity-score#:~:text=Brief%20Description%3A%20The%20Household%20Diversity,number%20of%20different%20foods%20consumed.>

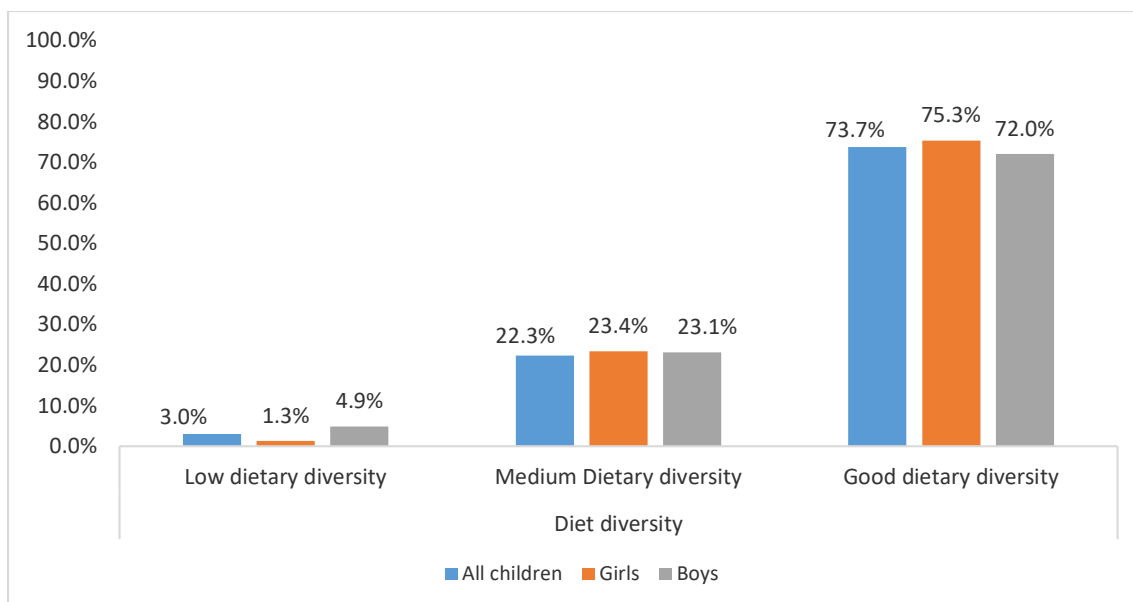


FIGURE 18: DIET DIVERSITY SCALE OF SURVEYED CHILDREN

Positive health-related behaviour: A number of health-related behaviours and conditions begin in adolescence that affect health both at the time and in later years. Some of these behaviours lead to the major causes of mortality and morbidity among adolescents such as injuries, or to conditions such as underweight and other nutrition deficiencies. Other behaviours begun in adolescence contribute to adult non-communicable diseases, including conditions related to tobacco or alcohol use and overweight or obesity. Conversely, adolescents' positive behaviours such as healthy eating and adequate physical activity can play a positive role in their health and development. This indicator aims to measure the positive health-related behaviour of surveyed adolescents in 4 questions, where children answered by yes or no (Annex A). The results have shown that 58% of surveyed children showed positive health behaviour including abstinence from smoking, abstinence from drinking alcohol, wearing seat belt when passenger in a car and exercising and sweating, with no statistically significant difference between girls and boys (Figure 19).

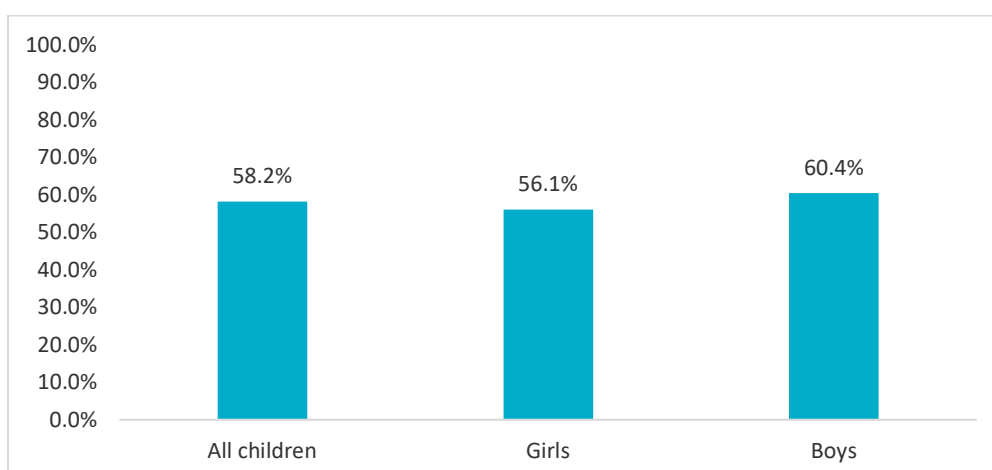


FIGURE 19: POSITIVE HEALTH-RELATED BEHAVIOUR OF SURVEYED CHILDREN

Protection

Exposure to violence: Children that are exposed to violence as a witness on a regular basis often experience many of the same symptoms and lasting effects, as children who are victims of violence themselves, including PTSD. These children can feel emotional and physical "aftershocks" for months or even years. They can relive the event again and again in their minds, and be less able to function normally

in their day-to-day lives. Some may become more aggressive, violent, and self-destructive. This indicator aims to measure children’s direct exposure to physical and emotional violence and children’s perception on the existence of sexual abuse and online harm in their communities (Annex A).

The results have shown that more than half (58%) of surveyed children in Albania suffer from at least one type of violence, with no difference between girls and boys. The emotional/ verbal abuse is more prevalent with 55% who are exposed to emotional/verbal abuse and 25% to physical abuse, with boys more likely than girls to be physically abused (p=0.01). Moreover, 24% of surveyed children have heard about case of sexual abuse in their community and 26% have heard about other children in their community exposed to online harm (Figure 20). The majority of surveyed children refused to answer about the perpetrator of violence. Among those who answered the majority said it was other family members and friends (Figure 21). “Today it is very easy for a child to fall prey to lies or dangerous things such as trafficking just by using the telephone. Violence has spread more and more both psychologically and physically” says Adela 14.

Previous research published by World Vision MEER showed that girls and boys in Albania are at an increased risk of violence at home, resulting from a variety of compounding structural, interpersonal and individual-level risk factors, caused by COVID-19 and the socio-economic crisis, including increased economic strain placed on families, stay-at-home orders, school closures and other COVID-19 response measures²⁷.

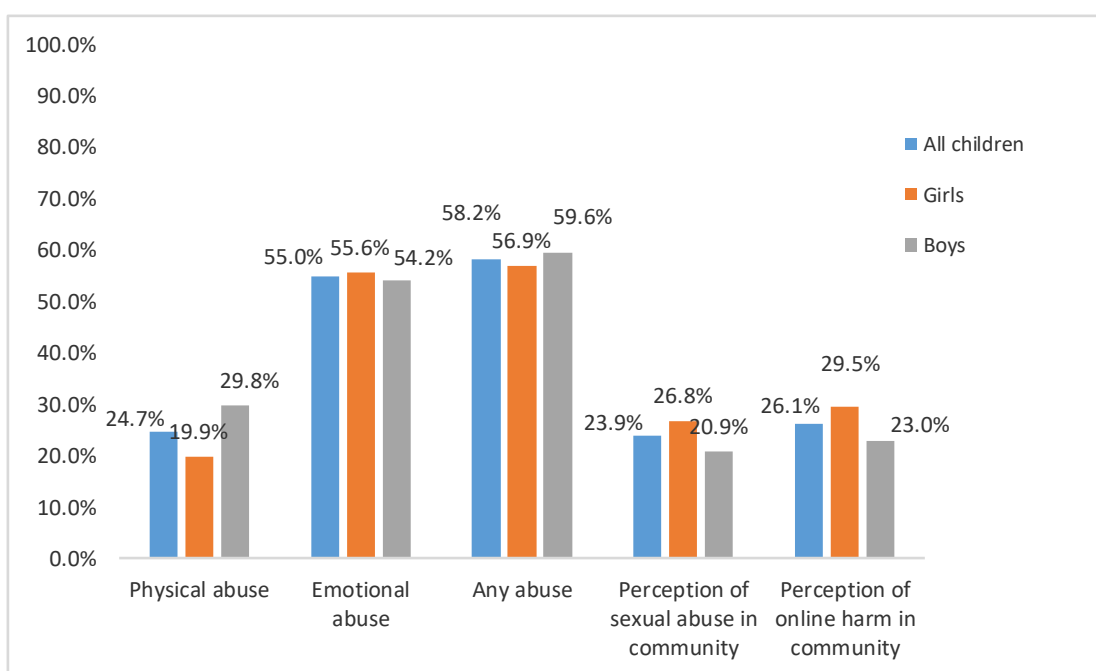


FIGURE 20: EXPOSURE TO PHYSICAL AND EMOTIONAL/VERBAL VIOLENCE AND PERCEPTION OF EXISTENCE OF SEXUAL ABUSE AND ONLINE HARM IN COMMUNITIES OF SURVEYED CHILDREN

²⁷ World Vision (2020): Act Now for children: How a global pandemic is changing the lives of children in Middle East and Eastern Europe

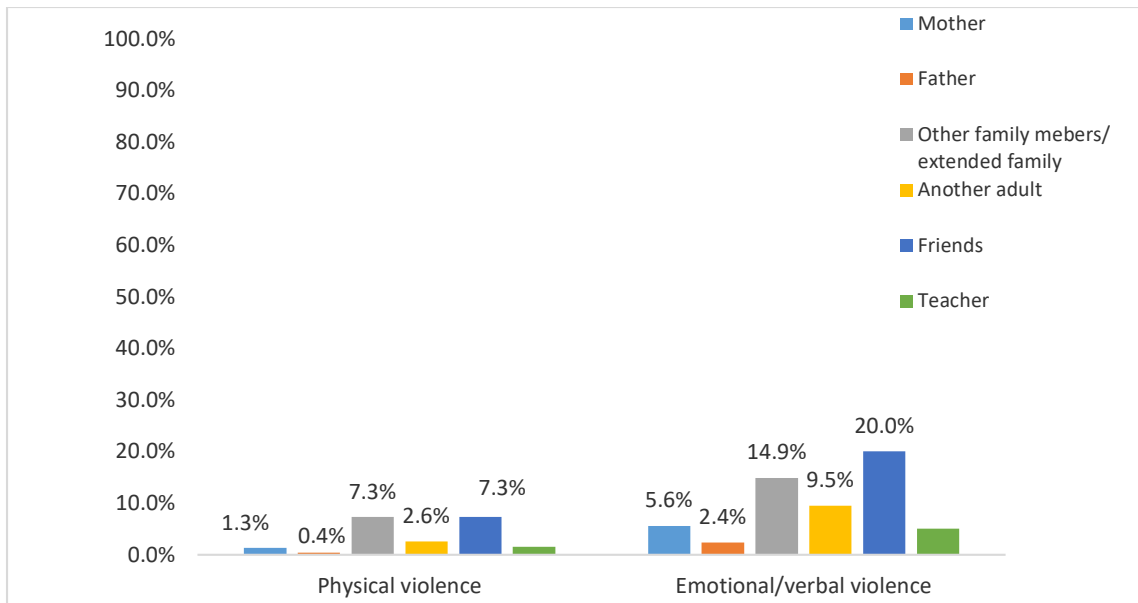


FIGURE 21: PERPETRATORS OF PHYSICAL AND EMOTIONAL/VERBAL VIOLENCE

Psycho-social well-being

The well-being of adolescents has been shown to be related both to individual and contextual factors. Psycho-social well-being during adolescence has been shown to be integrally shaped by the daily contexts in which children grow and develop. The psycho-social aspects of adolescent well-being will be measured through three constructs: self-esteem, socio-ecological resilience and empathy.

Self-esteem: This indicator aims to measure children’s self-esteem using the same tool than their mothers; the RSES scale¹² (Annex A). Positive self-esteem for adolescents is important as it allows them to try new things, take healthy risks and solve problems. In turn, their learning and development will be productive and will set them up for a healthy and positive future. A young person with healthy self-esteem is more likely to display positive behavioral characteristics, while children with low self-esteem tend to avoid situations where they think there’s risk of failure, embarrassment or making mistakes. These can involve school work, making friends, and trying new activities, which are all important parts of a healthy adolescent life. The results showed that almost all the children in Albania have normal self-esteem (Figure 22).

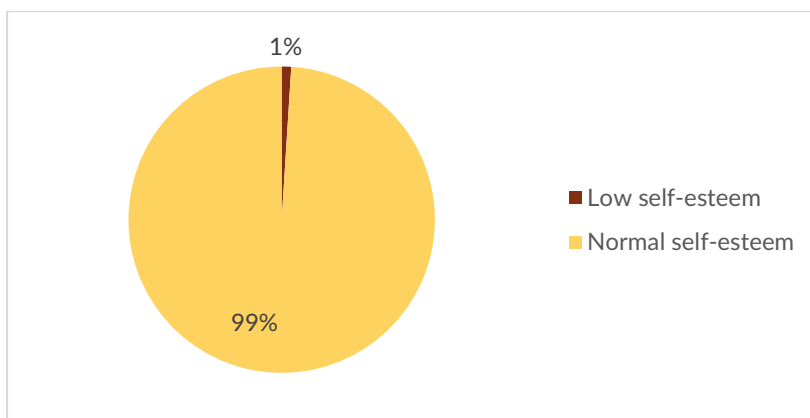


FIGURE 22: SELF-ESTEEM IN SURVEYED CHILDREN

Socio-ecological resilience: Resilience refers to the process of overcoming the negative effects of risk exposure, coping successfully with traumatic experiences, and avoiding the negative trajectories associated with risks. Socio-ecological resilience refers to culturally-relevant personal and caregiver

resources that adolescents can use to adapt to stressful situations. This indicator aims to measure surveyed children’s socio-ecological resilience capacity using the Child and Youth Resilience Measure (CYRM-R), a self-reported measure of social-ecological resilience used by researchers and practitioners worldwide²⁸ (Annex A). The CYRM-R recognizes two main dimensions in an individual’s social ecology for adjusting to adversity. Caregiver resilience relates to characteristics associated with the important relationships shared, with either primary caregiver or a partner or a family. Personal resilience refers to intrapersonal and interpersonal resources to cope with a stressor (Annex A).

The analysis has showed that 98% of surveyed children have high personal resilience, thus, high inter-personal skills that allow them to bounce back when facing life stressors and hardships. Moreover, 97.6% of children have exceptional or high caregiver resilience, which indicates excellent relationships with their caregivers that are nurturers of their resilience (Figure 23). Overall, 97.8% of children have resilience capacities with no statistically significant difference between girls and boys (Figure 24). *“The last two years of our life have been so different, at first the earthquake that scared us a lot and many houses and apartments in my city were destroyed, we were afraid to stay at home. Then we were forced to do it because of Covid-19. We spent a lot of time inside without leaving home, I was upset because we could not meet friends, school was interrupted”* says Uendi, 11.

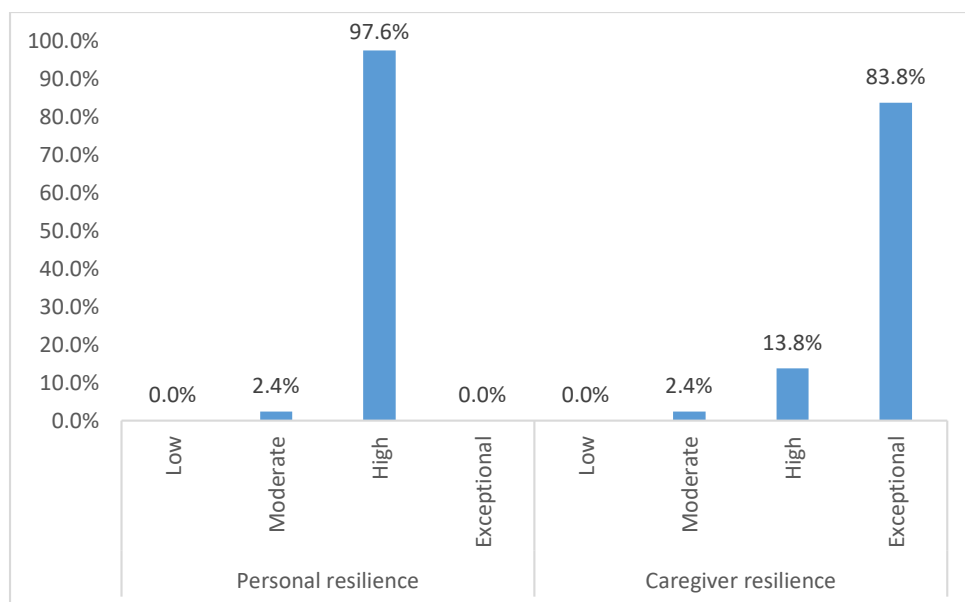


FIGURE 23: PERSONAL AND CAREGIVER RESILIENCE OF SURVEYED CHILDREN

²⁸ <https://cym.resilienceresearch.org/>

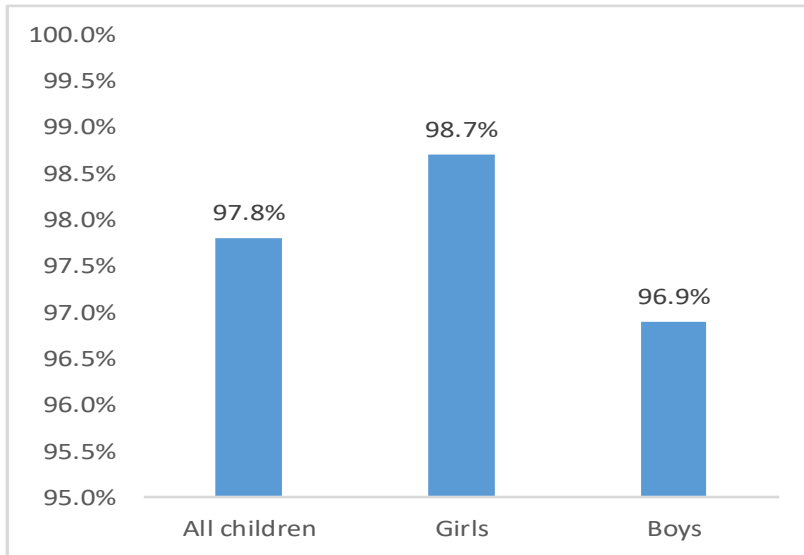


FIGURE 24: SOCIO-ECOLOGICAL RESILIENCE CAPACITY IN SURVEYED CHILDREN

Empathy: Empathy has been defined as an emotional response to the affective state or situation of other people. Empathy emerges in the early childhood and become more complex during the individual development. Early adolescence is a particularly critical period for empathy development. Empathy results in greatest social benefits, because it allows to understand others' emotions and to get affectively involved without becoming overwhelmed. Low empathy is instead associated with more conflicts, aggressive behaviours and bullying. Individuals, with low empathy cannot imagine the consequences of their behaviour and the potential harm they might cause. This indicator aims to measure empathy in surveyed children using the Bryant empathy scale²⁹. The tool is designed to measure empathy in children and adolescents in order to foster an understanding of how empathy develops and how it relates to social development. The tool recognizes two main dimensions in adolescents' empathy: empathic sadness and reflecting attitude. Empathic sadness subscale measures the affective empathy, which is the ability to share the feelings of another person." This type of empathy helps children to build emotional connections with others. Reflecting attitude subscale measures the cognitive empathy which is the ability to understand how a person feels and what they might be thinking. Cognitive empathy makes children better communicators, because it helps them relay information in a way that best reaches the other person (Annex A).

The majority (96.6%) of surveyed children are moderately or highly empathic, with girls more likely than boys to develop empathy ($p < 0.0001$). Empathic children scored moderate or high on empathic sadness, which is their capacity to build connections with others. Children also scored high on reflecting attitude, which involves understanding other's feelings instead of only connecting with their own (Figure 24).

²⁹ Bryant, Brenda K. "An Index of Empathy for Children and Adolescents," *Child Development*, 53 (2), 1982, pp. 413–25.

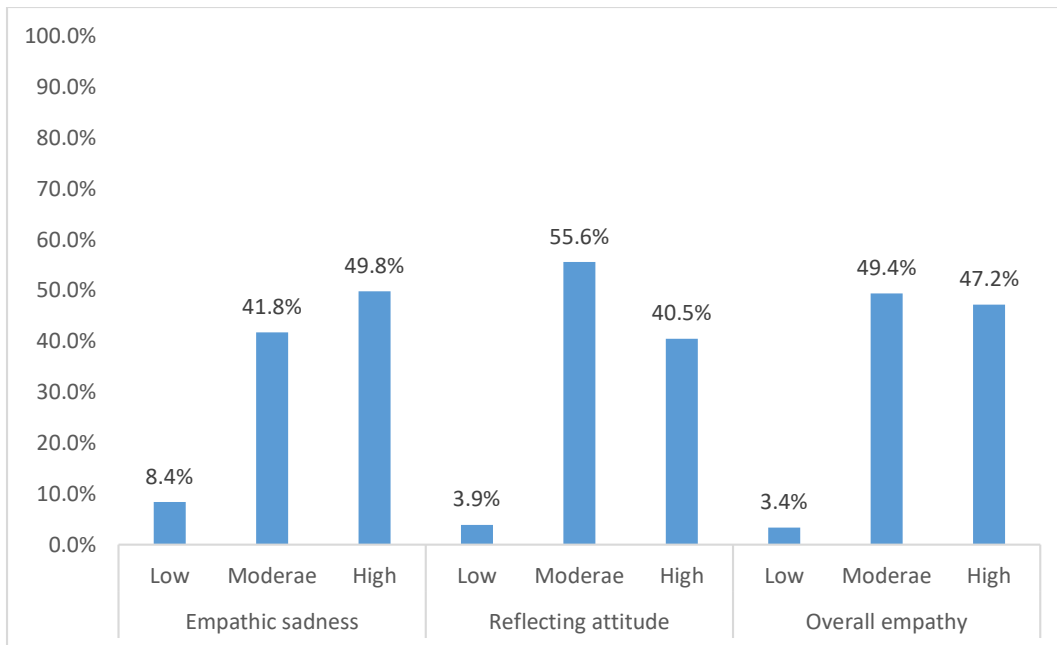


FIGURE 25: EMPATHIC SADNESS, REFLECTING ATTITUDE AND OVERALL EMPATHY OF SURVEYED CHILDREN

Mental well-being

Mental health: To be mentally healthy means for a child to be able to cope with stress in any situation, to go to school and play at home and in the community without feeling angry, anxious or depressed. A good mental health during childhood is fundamental to a child's development and for reaching one's own full potential. The mental well-being of surveyed children was measured using the same WEMWBS used to measure mental well-being in surveyed mothers¹⁵ (Annex A). The majority of surveyed children showed average or good mental health with only 6.8% having signs that might indicate a possible or probable depression (Figure 26). Boys are more likely than girls to be depressed (6.2% of boys versus 0.8% of girls have signs of possible depression), while girls are more likely to show high mental health (55% of girls versus 39% of boys) ($p < 0.0001$). "I started to think more, to care more about myself. Sometimes I do not understand what I feel, I have a series of emotions at the same time. My mom plays the role of a secret diary for me, which means that I tell her everything and it seems to me as if I am writing it in a diary" says Adela, 14.

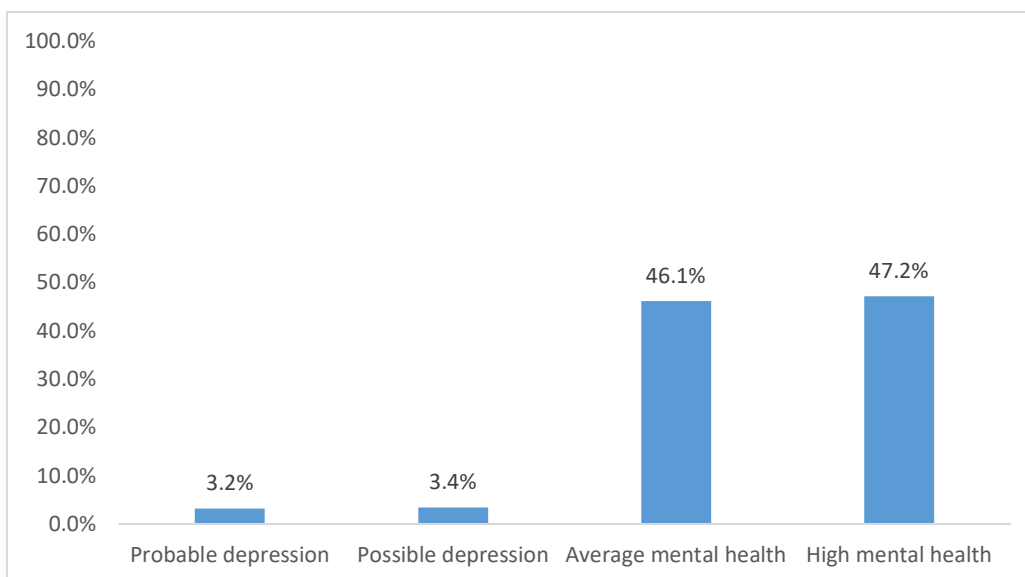


FIGURE 26: MENTAL WELL-BEING OF SURVEYED CHILDREN

Spiritual well-being

Spiritual empowerment: The spiritual well-being of children was measured using the same tool - SWBS that was used for mothers¹⁷ (Annex A). Results have shown that all surveyed children have spiritual well-being. Existential well-being seems to be more prevalent than religious well-being, with more children scoring high when asked about their overall quality of life (Figure 27). Moreover, girls are more likely to have more religious well-being than boys (p=0.01).

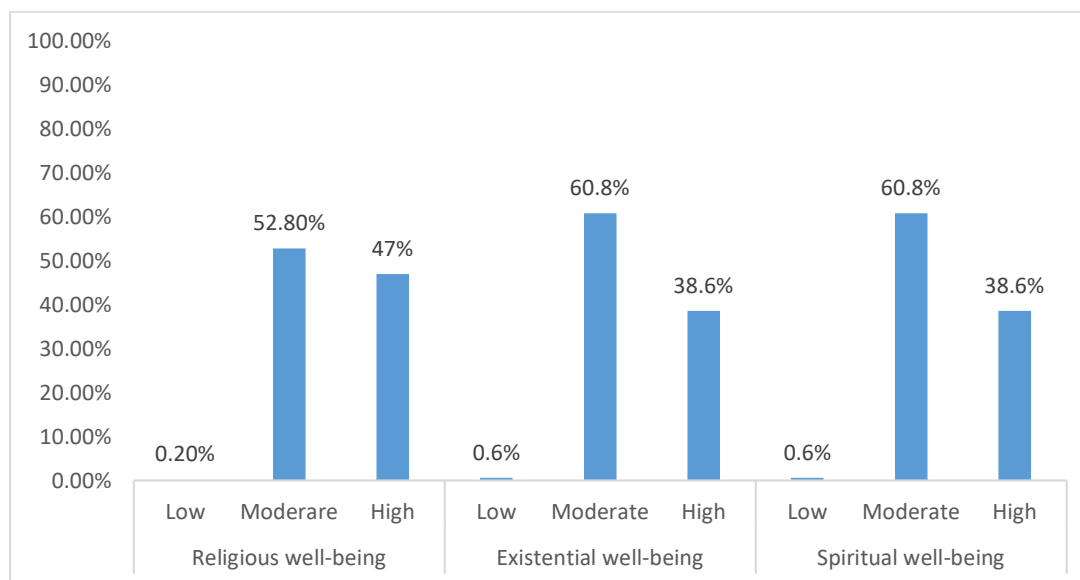


FIGURE 27: SPIRITUAL WELL-BEING OF SURVEYED CHILDREN

Child well-being index

Overall, only 6.3% of surveyed children in Albania have showed well-being in all the dimensions of education, nutrition, health, psycho-social, mental and spiritual. However, if we exclude the physical factors and look only at psycho-social and mental well-being factors, we found out that a big majority of children (87.1%) have well-being in all listed psycho-social dimensions. Table 7 provides a summary of all indicators of well-being in surveyed children.

TABLE 6: INDICATORS OF CHILD WELL-BEING

Dimension	Indicators	
Education	Children with self-perceived functional literacy	25.6%
	Children with positive attitude towards learning	70.6%
	Children enrolled in formal education	99.1%
Nutrition	Children with diet diversity	97%
Health	Children with positive health-related behaviour	58.2%
Protection	Children non-exposed to violence	41.8%
Psycho-social	Children with self-esteem	99%
	Children with socio-ecological resilience	97.8%
	Children with empathy	96.6%
Mental	Children with mental well-being	93.4%
Spiritual	Children with spiritual well-being	99.4%
Children with overall well-being		6.3%
Children educated with good health and protected from violence		6.3%
Children with psycho-social and mental well-being		87.1%

Correlational Analysis

Association between mothers' socio-demographic factors and mothers' empowerment factors

Multiple socio-demographic factors in women's lives were significantly associated with their empowerment levels. Namely, the employment status, the education level, the household size, the marriage age and the actual age of women were all connected to women's empowerment. Tables 7 provides in-depth statistical analysis on association between socio-demographics factors and women's empowerment, explained below:

- Low education attainment negatively affects women's empowerment. The lower is the education level, the less likely the woman will have decision making power in her household ($p=0.01$), as well as control over HH assets ($p=0.02$). They are also more likely to hold sexist attitudes ($p=0.02$) and have less access to legal aid ($p=0.004$).
- Living with extended family members and in-laws in large households also negatively affects women's empowerment. Women who live in large households are more likely to have less control over HH assets ($p=0.003$), which is also influenced by women's marriage age – the younger is the women's marriage age, the less control over assets she is likely to have ($p=0.03$).
- Women's participation in the economy defines their access to legal aid, control over time and mental well-being. Employed women have better access to legal aid ($p=0.03$) and their mental well-being is in better state ($p=0.001$), but they have less control over their time ($p<0.0001$).
- Finally, women's age was positively associated with their ability to redistribute the burden of care and negatively associated with the experience of GBV: older women managed to redistribute care responsibilities ($p=0.02$), but also experienced more violence ($p=0.01$).

TABLE 7: ASSOCIATION BETWEEN WOMEN'S SOCIO-DEMOGRAPHIC FACTORS AND WOMEN'S EMPOWERMENT FACTORS

Women's socio-demographic factors		Decision making at HH level			Control over HH assets			Sexist attitude		
		No n (%)	Yes n (%)	P Value	No n (%)	Yes n (%)	P value	No n (%)	Yes n (%)	P value
Total Sample		N=205	N=256		N=178	N=275		N=233	N=223	
Education level	Prim/interm	70.7%	62.5%	0.01*	73.6%	61.1%	0.02*	60.9%	71.3%	0.02*
	Secondary	22.9%	21.1%		19.1%	24.4%		23.2%	20.6%	
	Tertiary	5.9%	15.6%		7.3%	13.5%		15.5%	7.2%	
HH size	Mean (\pm sd)				5.3 (\pm 1.3)	4.9 (\pm 1.4)	0.003*			
Marriage age	Mean (\pm sd)				20.8 (\pm 3.3)	21.5 (\pm 3.7)	0.03*			

*Significant if <0.05

Women's socio-demographic factors		Access to legal aid			Control over time			Mental well-being		
		No n (%)	Yes n (%)	P value	No n (%)	Yes n (%)	P value	No n (%)	Yes n (%)	P value
Total Sample		N=363	N=99		N=316	N=148		N=50	N=414	
	Prim/interm	68.3%	58.6%	0.004*						

Education level	Secondary	22.3%	20.2%							
	Tertiary	8.5%	21.2%							
Participation in economy	No	51.1%	39%	0.03*	40.8%	64.9%	<0.0001*	70%	45.9%	0.001*
	Yes	48.9%	61%		59.2%	35.1%		30%	54.1%	

*Significant if <0.05

Women's socio-demographic factors		Redistribution of care			Experience of GBV		
		No n (%)	Yes n (%)	P value	No n (%)	Yes n (%)	P value
Total Sample		N=401	N=41		N=360	N=103	
Age	Mean (±sd)	27.3 (±12.1)	29.5 (±4.1)	0.02*	27 (±12.6)	30 (±6.3)	0.01*

*Significant if <0.05

Association between mother's socio-demographic factors and child well-being

According to the study findings, mother's education level influences their child's well-being, specifically in regards to child's nutrition and self-esteem. Namely, children of educated mothers are more likely to benefit from an adequate nutrition ($p < 0.0001$) and have higher self-esteem ($p = 0.02$) (Table 8).

External literature confirms the connection between women's education and positive child health outcomes. For instance, the analysis of twelve countries' Demographic and Health Surveys from 2009 to 2011 found maternal education was associated with a higher probability of young children consuming food rich in micronutrients³⁰.

TABLE 8: ASSOCIATION BETWEEN WOMEN'S SOCIO-DEMOGRAPHIC FACTORS AND CHILD WELL-BEING OUTCOMES

Women's socio-demographic factors		Diet Diversity			Self-esteem		
		No n (%)	Yes n (%)	P Value	No n (%)	Yes n (%)	P value
Total Sample		N=10	N=92		N=62	N=40	
Education level	Illiterate	14.3%	0.2%	<0.0001*	6.3%	0.4%	0.02*
	Prim/interm	64.3%	66.3%		68.8%	66.1%	
	Secondary	7.1%	22.3%		25%	21.7%	
	Tertiary	11.2%	14.3%		0%	11.7%	

*Significant if <0.05

³⁰ Sperling, G.B. & Winthrop, R. (2016). What Works in Girls' Education: Evidence for the World's Best Investment. *The Brookings Institution*.

Association between mothers' empowerment and child well-being outcomes

Child's Educational outcomes

Mother's empowerment is associated with child positive attitude on learning and with child willingness to continue education and to gain confidence to learn new things. Children with positive attitude on learning are more likely to have mothers empowered through relational factors who can take decisions at the HH level ($p=0.03$) and have better mental well-being ($p=0.006$) (Table 9).

Mother's empowerment is also associated with children's school enrolment and functional literacy. Women with positive self-esteem are more likely to have children enrolled in the school ($p=0.02$). On the other hand, women's safety of movement and access to civic rights positively influences children's functional literacy ($p=0.007$ and $p=0.02$ respectively) (Table 9).

Child's Health outcomes

Children's diet diversity is associated with their mother's self-esteem. Mothers with positive self-esteem are more likely to have well-nourished children ($p=0.02$) (Table 9). If we connect mothers' positive self-image with their autonomy or decision-making ability in the household, external literature confirms that "childhood welfare and nutritional status are linked to the degree of autonomy the woman has in effecting change in her household", as concluded by studies of data from Sub-Saharan Africa, exploring the associations between child nutrition and women's empowerment³¹.

Child's Protection outcomes

When mothers are abused children are abused as well. In fact, the research findings have shown that the less mothers are exposed to GBV, the less their children are exposed to violence too ($p<0.0001$). On the other hand, women who accept GBV, expose their children to the risk of violence ($p=0.03$) (Table 9). Moreover, women that exercise household decision making, are able to control the HH assets and can access legal aid also protect their children from violence ($p=0.07$, $p<0.0001$ and $p=0.005$ respectively) (Table 9). Mentioned findings connect well with similar findings in the external literature: the exploratory research found intimate partner violence and violence against children co-occur in a significant proportion of households (Coll, et. al, 2020; Guedes, et al, 2016) and that children in households affected by intimate partner violence are significantly more likely to experience violent forms of punishment themselves (Guedes, et. al 2016).

Child's Mental well-being outcomes

Evidence from research data suggests that children's mental health is tightly connected with mothers' exposure to GBV ($p=0.006$) and their mental health ($p=0.01$). The same applies to the connection of mothers and children's spiritual well-being ($p=0.002$). When mothers are with good mental and spiritual health, children are too. External research confirms that "children of mothers who are depressed or who have depressive symptoms are at increased risk for developmental delay, behavioral problems, depression, asthma, morbidity and injuries"³².

Mother's mental well-being also influences children's self-esteem ($p<0.004$) and their overall resilience ($p=0.003$), while children's resilience is also influenced by their mother's sexism ($p=0.02$) (Table 9).

³¹ Yaya, S., Odusina, E., Uthman, O.A, Olalekan A., & Bishwajit, G. (2020). What does women's empowerment have to do with malnutrition in Sub-Saharan Africa? Evidence from demographic and health surveys from 30 countries. *Global Health Research and Policy*. 5:1.

³² Whitaker, R.C., Orzol, S.M., and Kahn, R.S. (2006). *Maternal mental health, substance use, and domestic violence in the year after delivery and subsequent behavior problems in children*.

TABLE 9: ASSOCIATION BETWEEN WOMEN'S EMPOWERMENT AND CHILD WELL-BEING OUTCOMES

Women's empowerment factors		Attitude towards learning			Exposure to violence			Mental well-being		
		No n (%)	Yes n (%)	P Value	No n (%)	Yes n (%)	P value	No n (%)	Yes n (%)	P value
Total Sample		N=135	N=227		N=194	N=269		N=31	N=433	
HH decision making	No	52.6%	41.3%	0.03*	37.1%	49.8%	0.007*			
	Yes	47.4%	58.7%		62.9%	50.2%				
Control over HH assets	No				28.5%	46.9%	<0.0001*			
	Yes				71.5%	53.1%				
Experience of GBV	No				88.1%	70.4%	<0.0001*	58.1%	79.2%	0.006*
	Yes				11.9%	29.6%		41.9%	20.8%	
Mental well-being	No	16.9%	8.3%	0.006*						
	Yes	83.1%	91.7%							
Acceptability of GBV	No				89.7%	82.6%	0.03*			
	Yes				10.3%	17.4%				
Access to legal aid	No				72.2%	83%	0.005*			
	Yes				27.8%	17%				

Women's empowerment factors		School enrolment			Diet Diversity			Resilience		
		No n (%)	Yes n (%)	P Value	No n (%)	Yes n (%)	P Value	No n (%)	Yes n (%)	P Value
Total Sample		N=4	N=460		N=14	N=450		N=9	N=449	
Self esteem	No	2 (50%)	27 (5.9%)	0.02*	21.4%	5.8%	0.02*			
	Yes	2 (50%)	433 (94.1%)		78.6%	94.2%				
Sexist attitude	No						11.1%	52.1%	0.02*	
	Yes						88.9%	47.9%		
Mental well-being	No						40%	10.1%	0.003*	
	Yes						60%	89.9%		

*Significant if <0.05

Women's empowerment factors		Self esteem			Mental well-being			Spiritual well-being		
		No n (%)	Yes n (%)	P Value	No n (%)	Yes n (%)	P Value	No n (%)	Yes n (%)	P Value

Total Sample		N=16	N=448		N=31	N=433		N=9	N=449	
Mental wellbeing	No	37.5%	9.8%	<0.004*	25.8%	9.7%	0.01*			
	Yes	82.5%	90.2%		74.2%	90.3%				
Spiritual well-being	No							100%	0%	0.002*
	Yes							0%	100%	

Women's empowerment factors		Functional literacy		
		No n (%)	Yes n (%)	P Value
Total Sample		N=4	N=460	
Safety of movement	No	47%	33%	0.007*
	Yes	53%	67%	
Access to civic rights	No	93%	86%	0.02%
	Yes	7%	14%	

Conclusion

Provided study empirically investigated the association between women's empowerment dimensions and different child well-being outcomes, through analyzing the survey data with mothers and their children. It considered a multidimensional women's empowerment model represented by interconnection of relational, personal and environmental empowerment factors, leading to children's well-being outcomes. The findings are aligned with the external literature and provide a scientific proof for the importance of women's empowerment, in order to break the cycle of child vulnerability.

As findings have demonstrated, only 41% of women in Albania are empowered through personal factors, but only 1% of them - through all the three dimensions of personal, relational and environmental empowerment. The main barriers to women's empowerment are their inability to redistribute the burden of care, lack of access to employment opportunities, harmful gender norms and stereotypes in communities they live in, high prevalence of GBV and lack of access to basic legal services. Interviews confirmed that above listed adversities shape everyday life of Albanian women, as even though significant progress has been achieved in the last decade, especially in terms of women's economic and political participation, women are still constrained by social and cultural norms, limiting their freedom and choices.

Mothers' household decision-making power, protection from GBV and a good mental health are leading factors for improving their children's well-being, namely, in regards to their education attainment, physical and psycho-social well-being and reduction from the risk of violence. Hence, gender-specific and gender-responsive programmes and interventions, that address IPV, focus on increasing women's access to education and employment, promote women's status and rights within the family and community are some of the critical strategies for improving children's well-being. Furthermore, looking at environmental factors, addressing harmful social and gender norms through awareness raising, advocacy and partnering with formal and informal actors, such as faith leaders and local community power holders becomes critically important.

Recommendations

Overarching recommendation

- Consider women's empowerment as a critical precondition for achieving children's well-being and accordingly embed women's empowerment approaches into pathway of change (PoC) of child-focused programmes/interventions.
- Integrate gender-transformative interventions, aiming to change harmful social norms, across all sectoral programmes. This will enable to address power dynamics (gender relations) and cultural norms (gender norms), being a key component for achieving women's empowerment, especially from the relational empowerment standpoint.
- Invest in addressing harmful social and cultural norms, through awareness raising and advocacy, in close partnership with local faith leaders, as the leading power holders for social change.
- Work with the formal gatekeepers, in particular with the gender equality/GBV focal points and working groups in Ministries, Municipalities and other public institutions, to ensure their enhanced capacity, to perform gender equality strategies and commitments.
- Implement World Vision GESI Management Policy (effective as of October 1, 2021) and integrate GESI lens in every cycle of project implementation, across all sectors.
- Engage UN agencies, Civil Society Organizations and INGOs/CBOs focusing on women's rights and empowerment for effective coordination and work alignment.

Programming and advocacy recommendations

- Mainstream GBV prevention and referral across all interventions, especially in regards to mapping existing GBV referral pathways, training staff on referral to specialized services and monitoring reported incidences of GBV.
- Ensure staff understand GBV risk mitigation as being a core component of their programming responsibilities and can identify gendered risks to work with technical specialists to mitigate them, across the program cycle.
- Provide targeted mental and psychosocial support (MHPSS) for mothers and their children, especially for the ones affected by GBV and IPV.
- Provide mothers with education opportunities, connected with future employment, to improve their basic literacy and numeracy skills.
- Provide income-generating activities for women and potentially create sustainable economic participation opportunities within the community.
- Ensure adoption of project models/approaches that are gender-responsive and provide explicit opportunities to address gender norms and relations in the project design.
- Ensure consulting with women on their needs, barriers and wishes, while designing new projects and interventions, even when they primarily target children well-being.
- Along with gender-sensitive (sex-disaggregated) indicators, ensure each project adopts gender-transformative indicators that measure changes in gender norms and relations.
- Invest in WVA field staff's capacity building on gender equality and social inclusion, to improve the quality of interventions implemented.
- WVA, together with Civil society organizations to engage in raising awareness on any forms of GBV, through mass media campaigns and public awareness initiatives to sensitize and strengthen civil society.
- Through informal power holders, strategically engage men and boys in dialogue to change social norms and strengthen their engagement in reproductive and caregiving roles, as well as women's participation in the economy.
- Invest in further research and evidence building around innovative interventions that holistically target women's empowerment and children's well-being.

Donor and funding recommendations

- Ensure gender-transformative approaches are entrenched across all sectors and for all types of funding opportunities.
- Prioritize women empowerment projects, with strong focus on addressing GBV and Women's Economic Empowerment.
- Ensure women's voices of different age to be heard and considered while developing funding strategies and policies.

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Annex A: Research tools

Women Survey tool

Survey code number: (to be filled by interviewer, please apply the same code for mother and her child)

M_____

Socio-demographic characteristics

Initials: _____

Date of Birth: _____

What is your age? _____

Where do you currently reside?

- Albania Kosovo Armenia Bosnia & Herzegovina Iraq Jordan Lebanon
 Romania Syria Turkey

What is your current status in the country where you reside?

- Citizen
 citizen/ Host community
 Internally displaced
 Refugee

What is your social status? (If answer is single, skip to question 9)

- Single Married Widowed Separated Divorced Other

If other, please specify.....

At what age did you get married? -----

At what age did you have your first child:

How many daughters and sons do you have? ----Girls -----Boys

What is your highest level of completed education?

<input type="checkbox"/> None/ illiterate	<input type="checkbox"/> Intermediate level (grade 6 to grade 9)	<input type="checkbox"/> University level	<input type="checkbox"/> Vocational level
<input type="checkbox"/> Primary level (grade 1 to grade 5)	<input type="checkbox"/> Secondary level (High school or grade 10, 11 &12)	<input type="checkbox"/> Postgraduate level	<input type="checkbox"/> Technical level

What is the total number of members living with you in the same household? _

With who do you live in the same household? (Choose all that apply)

<input type="checkbox"/> Husband	<input type="checkbox"/> Children	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Grandparents
<input type="checkbox"/> Sisters/ Brothers	<input type="checkbox"/> Mother-in-law	<input type="checkbox"/> Father-in-law	<input type="checkbox"/> Sisters/ brothers-in-law	<input type="checkbox"/> Husband's grandparents
<input type="checkbox"/> Uncle/aunt	<input type="checkbox"/> Other	If other please specify:-----		

Please indicate if any of your family members are experiencing one of the following? (Choose all that apply)

- Members with physical disabilities
 Members with mental disabilities
 Members chronically ill
 Elderly members (above 75 years old)
 Other (Please specify):

Have you been doing any activity or paid work to help your family and contribute to the household income? (If answer is No, skip to question 16)

Yes No

If yes, please specify the type of activity or paid work? (Choose all that apply)

Full-time employment

Specify full-time employment: _____

Part-time employment

Specify part-time employment: _____

Freelancer

Specify Freelance work: _____

Family business

Specify family business: _____

Farming/ agriculture

Other

Specify other: _____

What is the monthly family income (including safety nets, allowances and aid)? _____

Who contribute to family income: (choose all that apply)

<input type="checkbox"/> Respondent	<input type="checkbox"/> Children above 18	<input type="checkbox"/> Government/ NGO support/ safety nets/ social allowances	<input type="checkbox"/> Other, Please specify -- _____
<input type="checkbox"/> Husband	<input type="checkbox"/> Children under 18	<input type="checkbox"/> Extended family members/ in laws Please specify: _____	

If Covid-19 vaccine was available to you and your family*, would you accept to take it with your family or not? (By family we mean members >16 years old)

Yes No I don't know

Decision making in household

	In your household, who normally makes most of the decisions about the activities listed below?	If decisions are NOT normally solely or jointly made by the respondent herself (answer 2, 4, 6): To what extent do you think you can influence the person who makes the decisions to change their decision?
	1 = Respondent herself (skip to next item) 2 = Husband 3 = Respondent and husband jointly (skip to next item) 4 = Elder member or in-laws 5 = Respondent and another elder member/ in-laws jointly (skip to next item) 6 = Someone outside the household 0 = Household is not involved in this activity (skip to next item)	1 = Not at all 2 = To some extent 3 = To a large extent 9 = N/A
How to spend the money made from family business or main household income-generating activity?	<input type="checkbox"/>	<input type="checkbox"/>

What food to buy and consume	<input type="checkbox"/>	<input type="checkbox"/>
Purchase of furniture/ kitchen equipment	<input type="checkbox"/>	<input type="checkbox"/>
Purchase of plots of land or new house	<input type="checkbox"/>	<input type="checkbox"/>
Whether the household should take out a small loan, from what sources, and how much to borrow	<input type="checkbox"/>	<input type="checkbox"/>
How to invest the money borrowed	<input type="checkbox"/>	<input type="checkbox"/>
What to give relatives when they marry or have a celebration	<input type="checkbox"/>	<input type="checkbox"/>
The education of your children	<input type="checkbox"/>	<input type="checkbox"/>
The profession of your children		
How many children to have	<input type="checkbox"/>	<input type="checkbox"/>
Transfer of property to a relative or any other person	<input type="checkbox"/>	<input type="checkbox"/>
Approve a daughter/ son marriage	<input type="checkbox"/>	<input type="checkbox"/>

Control over household assets

	Does your household Currently own [list the item] ?	If the household owns this item now, ask: Who would you say can decide whether to sell or replace [list the item] if the need arises?
	0=No 1=Yes (If No skip to other item)	1 = Respondent herself 2 = Husband 3 = Respondent and husband jointly 4 = Another household member 5 = Respondent and another household member jointly 6 = Someone outside the household 9 = N/A
Agriculture lands (pieces, plots)	<input type="checkbox"/>	<input type="checkbox"/>
House (and other structures)	<input type="checkbox"/>	<input type="checkbox"/>
Large consumer durables (Stove or oven, TV, washing machine, dishwasher, fridge, sofa, beds)	<input type="checkbox"/>	<input type="checkbox"/>
Small consumer durables (Radio, cookware, pans, kitchen equipment)		
Means of transportation (bicycle, motorcycle, car)	<input type="checkbox"/>	<input type="checkbox"/>
Means of communication (Mobile phone, smartphone)	<input type="checkbox"/>	<input type="checkbox"/>

Experience of GBV

	<p>Now I need to ask you about some things that may have been done to you by someone. Has anyone ever done any of the following to you during the last 12 months?</p>	<p>Did this take place within the household?</p>
	<p>1 = Yes 2 = No (skip to next action) 8 = No answer (skip to next action) 9 = Don't know (skip to next action)</p>	<p>1 = Yes 0 = No 9 = N/A</p>
Say something to humiliate you in front of others		
Threaten to hurt or harm you or someone you care about		
Insult you or make you feel bad about yourself		
Push you, shake you, slap or punch you or throw something at you		
Hit you with hard objects such as stick, belt, etc...		
Threaten to attack you or attack you with a knife, gun or other weapon		
Burn you with hot objects such as cigarettes		
Made you have a sexual/intimate relationship by force, or threat of force?		
Touched you in intimate areas without your consent		

Control over time

	How many hours did you spend doing this activity per day?	How many hours did you husband spend doing this activity per day?
	Number of hours: (put 0 hours if not applicable)	Number of hours: (put 0 hours if not applicable)
Cooking	-----	-----
Cleaning the house	-----	-----
Washing clothes	-----	-----
Formal labour/ paid work outside home	-----	-----
Shopping for groceries	-----	-----
Leisure time (e.g. socializing with neighbours, sports,etc...)	-----	-----
Sleeping at night	-----	-----
Personal care and rest	-----	-----

Ability to redistribute burden of care responsibilities

	How many hours did you spend doing this activity?	If hours>0: How frequently do you delegate this activity to your husband or another adult family member to do another activity or to rest?
	Number of hours: (put 0 hours if not applicable)	0 = never 1-Rarely 2-sometimes 3-often 4-Always
Feeding a child	-----	<input type="checkbox"/>
Bathing and dressing a child	-----	<input type="checkbox"/>
Playing with a child	-----	<input type="checkbox"/>
Helping a child with school work	-----	<input type="checkbox"/>
Accompanying a child to school or clinic	-----	<input type="checkbox"/>
Feeding a disabled, old or sick adult	-----	<input type="checkbox"/>
Bathing a disabled, old or sick adult	-----	<input type="checkbox"/>
Accompanying an adult to health clinic or any other public service	-----	<input type="checkbox"/>

Self-Esteem

To what extent do you agree or disagree with the following statements?	0 = Strongly agree 1 = Agree 2 = Disagree 3= Strongly disagree
On the whole, I am satisfied with myself.	<input type="checkbox"/>
At times I think I am no good at all	<input type="checkbox"/>
I feel that I have a number of good qualities.	<input type="checkbox"/>
I am able to do things as well as most other people	<input type="checkbox"/>
I feel I do not have much to be proud of	<input type="checkbox"/>
I certainly feel useless at times	<input type="checkbox"/>
I feel that I'm a person of worth, at least on an equal plane with others	<input type="checkbox"/>
I wish I could have more respect for myself	<input type="checkbox"/>
All in all, I am inclined to feel that I am a failure	<input type="checkbox"/>
I take a positive attitude toward myself.	<input type="checkbox"/>

Attitude on Gender equality (Sexism)

Please indicate the percentage extent ranging from 0% to 100% to which you agree with each statement	Percentage
People can be both aggressive and nurturing regardless of sex	
People should be treated the same regardless of their sex	
The freedom that children are given should be determined by their age and maturity level and not by their sex	
Tasks around the house should not be assigned by sex	
We should stop thinking about whether people are male or female and focus on other characteristics	
A father's major responsibility is to provide financially for his children.	
Men have more sexual demands than women.	

Some types of work are just not appropriate for women.	
Mothers should make most decisions about how children are brought up.	
Mothers should work only if necessary.	
Girls should be protected and watched over more than boys.	
Only some types of work are appropriate for both men and women.	
For many important jobs, it is better to choose men instead of women	

Acceptability of GBV

In your opinion, is it acceptable for a man to beat his wife if:	1 = Yes 0 = No 8 = No answer 9 = Don't know
She burns food	<input type="checkbox"/>
She argues with him	<input type="checkbox"/>
She goes out without telling him	<input type="checkbox"/>
She doesn't pay attention to her children	<input type="checkbox"/>
She refuses to have sexual intercourse with him	<input type="checkbox"/>
She disobeys him or other family members	<input type="checkbox"/>
He suspects that she has been unfaithful	<input type="checkbox"/>
She spends money without permission	<input type="checkbox"/>
She goes to see her family without permission	<input type="checkbox"/>
Any other circumstance not mentioned above: Please specify:-----	<input type="checkbox"/>

Mental Wellbeing

How frequently do you feel the following?	None of the time (1)	Rarely (2)	Some of the time (3)	Often (4)	All of the time (5)
I've been feeling optimistic about the future					
I've been feeling useful					
I've been feeling relaxed					
I've been feeling interested in other people					
I've had energy to spare					
I've been dealing with problems well					
I've been thinking clearly					
I've been feeling good about myself					
I've been feeling close to other people					
I've been feeling confident					
I've been able to make up my own mind about things					
I've been feeling loved					
I've been interested in new things					
I've been feeling cheerful					

Spiritual Wellbeing

To what extent do you agree or disagree with the following statements?	Strongly agree (1)	Moderately agree (2)	Agree (3)	Disagree (4)	Moderately disagree (5)	Strongly disagree (6)
I don't find much satisfaction in private prayer with God						
I don't know who I am, where I came from, or where I'm going						
I believe that God loves me and cares about me						
I feel that life is a positive experience						
I believe that God is not interested in my daily situations (daily problems, stress, etc.)						
I feel unsettled about my future.						
I have a personally meaningful relationship with God						
I feel very fulfilled and satisfied with life						
I don't get much personal strength and support from God						
I feel a sense of well-being about the direction my life is headed in						
I believe that God is concerned about my problems						
I don't enjoy much about life.						
I don't have a personally satisfying relationship with God.						
I feel good about my future						
My relationship with God helps me not to feel lonely						
I feel that life is full of conflict and unhappiness.						
I feel most fulfilled when I'm in close relationship with God						
Life doesn't have much meaning.						
My relation with God contributes to my sense of well-being						
I believe there is some real purpose for my life						

Breaking stereotypes

The following questions will ask you about what your community thinks about the way boys/men and girls/women should act, as well as how people think you should act based on your being male/female.

How much do you agree or disagree with each of the following statements? a. Agree/Partially Agree b. Disagree/Partially Disagree	Letter
Our culture makes it harder for girls to achieve their goals than boys	
Adolescent girls in my community are more likely to be out of school than adolescent boys	
Girls in my community are sent to school only if they are not needed to help at home	
Most people in my community expect girls to be sent to school only if they are not needed at home	

Most boys and girls in my community do not share household tasks equally	
Most people in my community expect men to have the final word about decisions in the home	
Most people in my community do not expect girls and boys to share household tasks equally	
Most men in my community are the ones who make the decisions in their home	
Most women in my community have the same chance to work outside the home as men	
Most people in my community expect women to have the same chance to work outside the home as men	
Most adolescent girls in my community marry before the age of 18 years	
Adults in my community expect adolescent girls to get married before the age of 18 years	
Most families in my community control their daughters' behaviors more than their sons' behaviors	
Most people in my community expect families to control their daughter's behavior more than their sons' behaviors	

Safety and Freedom of movement outside the home

Do you agree or disagree with the following statements?	0=Disagree 1=Agree
Do you feel safe to walk/ move alone around your area during the day?	
Can you go unescorted to your parents' house/ village?	
Are you allowed to go alone to a relative's house inside the village?	
Are you allowed to go alone to meet your friends for any reason?	
Have you ever gone to the market within your village to buy personal items alone?	
Have you ever attended any sort of events/ activities in your community? (Ex: fair, theatre, cultural program, religious event)	

Access to Human Rights, Legal Aid and Assistance

Please answer the following statements?	0=No 1=Yes 8=Not Applicable 9=I don't know
Can you receive legal advice from a lawyer, paralegal or legal aid centre when you need it?	
Is the process to recruit a lawyer/ paralegal to represent you expensive?	
Are counseling services or psycho-social support available when you need it?	
Do you have the same right than your husband/ partner to be the legal guardian of a child during marriage?	
Do you have the same right than your husband/ partner to be the legal guardian of and have custody rights over your own child after divorce?	
Are you required by the law in your country to obey your husband?	
Do you have with your husband equal ownership rights to property (house, land, etc...)?	
In case your husband/ partner deceased, do you have equal inheritance rights to property?	
Can you travel alone with your children to another country or another area?	
Can you register alone your child in school?	
Can you open a bank account alone without a man?	
Can you register a business alone without a man?	

Children survey tool

Survey code number: (to be filled by interviewer, please apply the same code for mother and her child)
C_____

Socio-demographic Characteristics

What is your gender? Girl Boy

What is your age? -----

What are your mother's initials? _____

What is your mother Birth date? (Year/Month/Day)-----

Where do you currently reside?

- Albania Kosovo Armenia Bosnia & Herzegovina Iraq Jordan Lebanon
 Romania Syria Turkey

Have you been doing any of the listed activities at home to help your family?

Cleaning house	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Cooking	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Taking care of young family members (Siblings, babies, etc.)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Taking care of old family members	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Taking care of sick family members	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Taking care of animals	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Supporting in agriculture tasks	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A

If answer is yes on any activity, how many hours per day do you spend doing the listed activities to help your family? -----

Have you been doing any activity or paid work to help your family and contribute to the household income? (If answer is No, skip to question 11)

No Yes

If yes, please specify the type of activity or paid work? -----

If yes, how many hours per day do you spend doing paid job? -----

Reported Skills

Language Skills

What is your first Language?-----

Which languages other than your first language do you speak well enough to have a concersation?-----

Computer Skills

	How are you good at using computers for?
	3= very good 2= Fairly good 1= Below average 0=poor 9=NA
Word processing-writing letters or documents (MS Word)	<input type="checkbox"/>
Accessing the internet (WEB) and searching for information	<input type="checkbox"/>
E-mail	<input type="checkbox"/>
Using spreadsheets/database (MS Excel)	<input type="checkbox"/>
Education and learning	<input type="checkbox"/>

Games	<input type="checkbox"/>
Presentation (MS Power Point)	<input type="checkbox"/>

Numeracy Skills

	How good are you at working with numbers when you need to ?
	3= very good 2= Fairly good 1= Below average 0=poor 9=NA
Count money	<input type="checkbox"/>
Check and compare price labels	<input type="checkbox"/>
Calculate cost	<input type="checkbox"/>
Calculate the percentage discounts of reduced items	<input type="checkbox"/>
Compare weight of a variety of objects	<input type="checkbox"/>
Recognize shape of a variety of objects	<input type="checkbox"/>
Read time on analogue and digital clock	<input type="checkbox"/>
Calculate time to do an activity	<input type="checkbox"/>

Attitudes towards learning

	To what extent do you agree or disagree with each statement??
	3= Strongly agree 2= Agree 1= Disagree 0=Strongly disagree 9=I don't know
You need skills to succeed nowadays	<input type="checkbox"/>
Learning is something you should do throughout your life	<input type="checkbox"/>
Learning new things is fun	<input type="checkbox"/>
Learning isn't for people like me*	<input type="checkbox"/>
I didn't get anything useful out of formal/ non-formal education*	<input type="checkbox"/>
I don't have the confidence to learn new things*	<input type="checkbox"/>

*Reversed items

School enrolment

Are you attending any formal education*? (If answer No, skip to question 18)

Yes No

*Attending formal education means being registered in a formal school approved by the Ministry of Education

If yes, what is the school level you were enrolled in?

<input type="checkbox"/> Primary (Grade 1 to grade 5)	<input type="checkbox"/> Secondary (High school or grade 10, 11 & 12)	<input type="checkbox"/> Vocational school
<input type="checkbox"/> Intermediate (grade 6 to grade 9)	<input type="checkbox"/> Technical school	

If no, what is your highest level of completed education?

<input type="checkbox"/> None/ illiterate	<input type="checkbox"/> Intermediate level (grade 6 to grade 9)	<input type="checkbox"/> Vocational level
<input type="checkbox"/> Primary level (grade 1 to grade 5)	<input type="checkbox"/> Secondary level (High school or grade 10, 11 &12)	<input type="checkbox"/> Technical level

If no, what were the reasons for dropping school?

Having a paid job	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Supporting family with non-paid job (Domestic work, agriculture, etc)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Lack of financial resources	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Lack of personal willingness to continue education	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Lack of support from parents	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Unsafe access to the nearest school	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
School far away from home	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A

Diet Diversity

	Over the last 7 days for how many days did you eat/ consumed the following food items at home? 0= 0 day 1= 1 day 2= 2 days 3= 3 days 4= 4 days 5= 5 days 6= 6 days 7= everyday
Cereals, grains, roots & tubers: rice, pasta, bread, bulgur, potato, white sweet potato	<input type="checkbox"/>
Vegetables and leaves	<input type="checkbox"/>
Fruits	<input type="checkbox"/>
Meat, fish and eggs: Beef, lamb chicken, liver, kidney, fish including canned tuna, eggs	<input type="checkbox"/>
Pulses, nuts and seeds (beans, chickpeas, etc.)	<input type="checkbox"/>
Milk and dairy products	<input type="checkbox"/>
Oil and fats	<input type="checkbox"/>

General Health

	Please answer all the questions by yes or no. The term doctor or other health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else you see for health care.
	0= No 1= Yes 9=N/A
Have you been to see a doctor or other health provider in the last 12 months?	

In the last 12 months, did you get a chance to speak with a doctor or other health provider privately?	
In the last 12 months, did you get a chance to speak with a doctor or other health provider privately about your period? (for girls only)	
In the last 12 months, did a doctor or other health provider talk with you about your weight, healthy eating or diet?	
In the last 12 months, did a doctor or other health provider talk with you about physical activity or exercise?	
In the last 12 months, did a doctor or other health provider talk with you about smoking and drinking alcohol?	
In the last 12 months, did you visit a dentist to check on your teeth and gum?	
In the past 30 days did you smoke cigarettes?	
In the past 30 days did you drink alcohol?	
Do you wear a seat belt when being a passenger in a car?	
In the last 4 weeks, did you exercise or play sports hard enough to make you breathe hard or make you sweat for 20 minutes or more?	

Exposure to violence

PHYSICAL HARM	
	During the last 3 months, how often were you exposed to the following types of unpleasant experiences/ harm and by whom? 0=Never 1= Once 2=Sometimes 3=Often 9= I refuse to answer
Hit or slapped you or kicked you?	
Hit you with hard objects such as stick, belts, etc.?	
Pulled your hair?	
Forced you to stay on your knee?	
Burned you with hot objects such as cigarette, etc?	
Other please specify:-----	
Who is the person/people who have acted in this way? Choose more than one answer if needed.	Someone from your family Another adult you know Friends Teacher Someone you don't know I refuse to answer
EMOTIONAL HARM	

	During the last 3 months, how often were you exposed to the following types of unpleasant experiences/ harm and by whom?
	0=Never 1= Once 2=Sometimes 3=Often 9= I refuse to answer
Shouted or screamed at you?	
Called you names or swore at you?	
Say or do something to humiliate you in front of others?	
Threatened to harm you?	
Made you uncomfortable or scared by standing too close to you?	
Made you feel unimportant or without proper attention	
Other please specify:-----	
Who is the person/people who have acted in this way? Choose more the one answer if needed.	Someone from your family Another adult you know Friends Teacher Someone you don't know I refuse to answer
INTIMATE HARM	
	Speaking as an expert of children in your community, are you aware or have you heard of children experiencing any forms of inappropriate intimate behaviors from adults or their peers during the last 3 months?
	0=Never 1= Once 2=Sometimes 3=Often 9= I refuse to answer
ONLINE HARM	
	Speaking as an expert of children in your community, are you aware or have you heard of children experiencing any forms of inappropriate online behaviors from adults or their peers during the last 3 months?
	0=Never 1= Once 2=Sometimes 3=Often 9= I refuse to answer
Inappropriate photos or movies while surfing online?	
been asked by anyone to send them their photos online?	

been asked by anyone to send them their nude photo or photo of their body parts online?	
been threatened by anyone with publishing their photos?	
been forced by someone to watch inappropriate photos or movies?	

Self-Esteem

To what extent do you agree or disagree with the following statements?	0 = Strongly agree 1 = Agree 2 = Disagree 3= Strongly disagree
On the whole, I am satisfied with myself.	<input type="checkbox"/>
At times I think I am no good at all*	<input type="checkbox"/>
I feel that I have a number of good qualities.	<input type="checkbox"/>
I am able to do things as well as most other people	<input type="checkbox"/>
I feel I do not have much to be proud of*	<input type="checkbox"/>
I certainly feel useless at times*	<input type="checkbox"/>
I feel that I'm a person of worth, at least on an equal plane with others	<input type="checkbox"/>
I wish I could have more respect for myself*	<input type="checkbox"/>
All in all, I am inclined to feel that I am a failure*	<input type="checkbox"/>
I take a positive attitude toward myself.	<input type="checkbox"/>

Mental Wellbeing

How frequently do you feel the following?	None of the time (1)	Rarely (2)	Some of the time (3)	Often (4)	All of the time (5)
I've been feeling optimistic about the future					
I've been feeling useful					
I've been feeling relaxed					
I've been feeling interested in other people					
I've had energy to spare					
I've been dealing with problems well					
I've been thinking clearly					
I've been feeling good about myself					
I've been feeling close to other people					
I've been feeling confident					
I've been able to make up my own mind about things					
I've been feeling loved					
I've been interested in new things					
I've been feeling cheerful					

Spiritual Wellbeing

To what extent do you agree or disagree with the following statements?	Strongly agree (1)	Moderately agree (2)	Agree (3)	Disagree (4)	Moderately disagree (5)	Strongly disagree (6)
I don't find much satisfaction in private prayer with God						
I don't know who I am, where I came from, or where I'm going						
I believe that God loves me and cares about me						
I feel that life is a positive experience						
I believe that God is not interested in my daily situations (daily problems, stress, etc.)						
I feel unsettled about my future.						
I have a personally meaningful relationship with God						
I feel very fulfilled and satisfied with life						
I don't get much personal strength and support from God						
I feel a sense of well-being about the direction my life is headed in						
I believe that God is concerned about my problems						
I don't enjoy much about life.						
I don't have a personally satisfying relationship with God.						
I feel good about my future						
My relationship with God helps me not to feel lonely						
I feel that life is full of conflict and unhappiness.						
I feel most fulfilled when I'm in close relationship with God						
Life doesn't have much meaning.						
My relation with God contributes to my sense of well-being						
I believe there is some real purpose for my life						

Resilience

To what extent do the following statements apply to you?	Not at all (1)	A little (2)	Somewhat (3)	Quite a bit (4)	A lot (5)
I get along with people around me					
Getting an education or doing well is important to me					
I know how to behave/ act in different situations (like school, home or church)					
My parents/ caregivers really look out for me					
My parents/ caregivers know a lot about me (for example, what makes me happy, sad, scared)					

There is enough to eat at home when I am hungry					
People like to spend time with me					
I talk to my family/caregiver(s) about how I feel (for example when I am hurt or sad)					
I am usually supported by their friends					
I feel that I belong at my school					
My family/caregiver(s) cares about me when times are hard (for example if I am sick or have done something wrong)					
My friends care about me when times are hard (for example if I am sick or have done something wrong)					
I am treated fairly in my community					
I am given chances to show others that they are growing up and can do things by themselves					
I feel safe when I am with my family/ caregivers					
I have chances to learn things that will be useful when I am older (like cooking, working and helping others)					
I like the way my family celebrates things like holidays					

Empathy

It makes me sad to see a girl who cannot find anyone to play with	<input type="checkbox"/> No <input type="checkbox"/> Yes
People who kiss and hug in public are silly*	<input type="checkbox"/> No <input type="checkbox"/> Yes
Boys who cry because they are happy are silly*	<input type="checkbox"/> No <input type="checkbox"/> Yes
I really like watch people open presents, even when I don't get a present myself.	<input type="checkbox"/> No <input type="checkbox"/> Yes
Seeing a boy who is crying makes me feel crying	<input type="checkbox"/> No <input type="checkbox"/> Yes
I get upset when I see a girl being hurt	<input type="checkbox"/> No <input type="checkbox"/> Yes
Even when I don't know why someone is laughing, I laugh too	<input type="checkbox"/> No <input type="checkbox"/> Yes
Sometimes I cry when I watch TV	<input type="checkbox"/> No <input type="checkbox"/> Yes
Girls who cry because they are happy are silly	<input type="checkbox"/> No <input type="checkbox"/> Yes
It's hard for me to see why someone else get upset	<input type="checkbox"/> No <input type="checkbox"/> Yes
I get upset when I see an animal being hurt	<input type="checkbox"/> No <input type="checkbox"/> Yes
It makes me sad to see a boy who cannot find anyone to play with	<input type="checkbox"/> No <input type="checkbox"/> Yes
Some songs make me sad, I feel like crying	<input type="checkbox"/> No <input type="checkbox"/> Yes
I get upset when I see a boy being hurt	<input type="checkbox"/> No <input type="checkbox"/> Yes
Grown-ups sometimes cry even when they have nothing to be sad about	<input type="checkbox"/> No <input type="checkbox"/> Yes
It's silly to treat dogs and cats as though they have feelings like people	<input type="checkbox"/> No <input type="checkbox"/> Yes
I get mad when I see a classmate pretending to need help from the teacher all the time	<input type="checkbox"/> No <input type="checkbox"/> Yes
Kids who have no friends probably don't want any	<input type="checkbox"/> No <input type="checkbox"/> Yes
Seeing a girl who is crying makes me feel like crying	<input type="checkbox"/> No <input type="checkbox"/> Yes
I think it is funny that some people cry during a sad movie or while reading a sad book	<input type="checkbox"/> No <input type="checkbox"/> Yes
I am able to eat all my cookies even when I see someone looking at me wanting one	<input type="checkbox"/> No <input type="checkbox"/> Yes
I don't get upset when I see a classmate being punished by a teacher for not obeying school rules	<input type="checkbox"/> No <input type="checkbox"/> Yes

Women KII tool

INTERVIEW

Name		
Age		
Gender		
Country		
Date		
Means of communications		
Interviewer		
Main and prompts questions		
Opening	Welcome and warming up	
	Main questions	Probes and Prompts
Q1	<p>How would you describe the gender equality state in your country and in your community?</p> <p>Definition: Gender equality is the state of equal ease of access to resources and opportunities regardless of gender, including economic participation and decision-making; and the state of valuing different behaviors, aspirations and needs equally, regardless of person's gender.</p>	<p>Do you know of girls under 18 years old in your community who have abandoned school because of getting engaged/ married?</p> <p>In your community are boys more supported to continue their education or employment opportunities than girls? If yes, why?</p> <p>What are some of the key problems or rights violations that women and girls face currently?</p> <p>What are some of the opportunities and/or positive changes that you see in regards to girls and women empowerment? (e.g. women finding their voice, improving their status and level of well-being, etc.)</p> <p>How does gender equality look like for you? How can gender equality be achieved?</p>
Q2	<p>What is your experience of gender equality in your family?</p>	<p>Tell us few examples on how household responsibilities are distributed among you and your husband?</p> <p>How much time do you and your husband spend on your children on daily bases?</p> <p>Could you describe the decision-making process in your family? E.g. when house item needs fixing.</p>

		<p>How decisions are made on what to spend money on in your family? How financial resources are managed?</p> <p>How do you utilize your free time?</p>
Q3	How would you evaluate your personal well-being during the last year?	<p>What affects your mood and your emotional well-being the most?</p> <p>How would you describe your own resilience?</p> <p>Do you consider yourself as an empowered women? Why yes/no?</p> <p>How do you think your personal well-being and personal fulfilment affects your children's well-being?</p>
Closing	Is there anything else you think would be helpful to share with regard to this topic?	

Children KII tool

INTERVIEW

Name		
Age		
Gender		
Country		
Date		
Means of communications		
Interviewer		
Main and prompts questions		
Opening	Welcome and warming up	
	Main questions	Probes and Prompts
Q1	How would you evaluate your personal well-being during the last year?	<p>What affects your emotional well-being the most?</p> <p>How would you describe your own resilience?</p>

		<p>Do you consider yourself as a strong/empowered person? Why yes/no?</p> <p>Who can influence your well-being the most?</p> <p>Please tell us about your relationship/connection with your mother and how it affects you (if any)?</p>
Q2	<p>What are the most pressing problems that youth of your age face nowadays?</p>	<p>Do you think that girls and boys are well-protected from physical or emotional violence (intentional harmful act)? Why yes/why not?</p> <p>What are some of the skills or features that youth lack the most in your opinion?</p> <p>To what extent are girls and boys influenced by issues that their families experience?</p>
Q3	<p>How would you describe the gender equality state in your country and in your community?</p> <p>Definition: Gender equality is the state of equal ease of access to resources and opportunities regardless of gender, including economic participation and decision-making; and the state of valuing different behaviors, aspirations and needs equally, regardless of person's gender.</p>	<p>What are some of the key problems that women and girls face currently?</p> <p>What are some of the opportunities and/or positive changes that you see in regards to girls and women empowerment? (e.g. women finding their voice, improving their status and level of well-being, etc.)</p> <p>How does gender equality look like for you? How can gender equality be achieved?</p>
Closing	<p>Is there anything else you think would be helpful to share with regard to this topic?</p>	

