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A child well-being index for Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS) – Monitoring child well-being in transition

Background

The CEE/CIS region is very heterogeneous in terms of geography and natural resources, democratic structures, economic and political developments. It reaches from the new EU Member States Bulgaria and Romania to oil-rich Azerbaijan and low-income Tajikistan. Almost 20 years after the fall of the Berlin wall the transition to democracy and market economy is far from over. Countries have followed different transition paths and, particularly in the sphere of democratic reforms, the gap between CEE and CIS countries is widening.

Overall reform has focused very much on economic policies. Steady economic growth in recent years in all countries of the regions has led to a substantial reduction of extreme poverty rates, though vulnerability to poverty has remained very high. Children, however, have benefited least. In most countries they remain the population at highest risk of poverty. The number of children in public care remains high and is in some countries still rising despite improving economic conditions. Disparities persist between rural and urban areas, exacerbated by sharp declines in fertility rates in Eastern Europe and the Western CIS on the one hand and labour migration on the other hand. Health and education systems have not been able to respond adequately to demographic changes and the migration of staff, putting the quality of services at risk. This goes along with the marginalisation of – and often discrimination against – some groups of the population, such as Roma and other ethnic minorities, internally displaced people, and people with disabilities. Social policies tend to be scattered and sectoral, lacking overarching frameworks and coordination. Governments are clearly not prioritising the well-being of children and families.

The heterogeneity of the CEE/CIS region and the complexities of the transition process underline the importance of monitoring the well-being of children both within countries and across the region. So far the monitoring of children's life situations in CEE/CIS countries is often limited to tracking Millennium Development Goals (MDG). However, these do not sufficiently capture the situation of children in middle-income and transition countries, which may appear to be on track in regard to reaching the Millennium Development Goals while falling back on previous achievements.

This review provides a multi-dimensional assessment of the lives of children and young people in the 21 countries of the CEE and CIS regions. Its purpose is to provide a picture of their well-being as the first generation of children who were born after the breakdown of the Soviet Union come of age. These children have grown up during a time of change and insecurity, but also new opportunities. How is this reflected in their well-being in different dimensions of their lives?

The well-being of children is generally understood to be multi-dimensional, taking into account the complexity of children's lives and relationships and the impact different dimensions of children's lives have on their well-being. In this study seven dimensions are considered.

- Material well-being
- Housing
- Health
- Education

- Personal and social
- Family forms and care, and
- Risk and safety

These are comprised of 52 indicators of the lives of children which make up 24 components. The indicators chosen are dependent on the data available but their selection has been guided by the UN Convention on the Rights of the Child (CRC). The CRC requires governments to invest to the 'maximum extent of their available resources' (article 4). This review of well-being highlights the degree to which children's rights have been realised and thus helps to inform policy-makers about possible gaps and problems.

The CRC establishes that children have a status in their own right as citizens, as well as being dependent on their families, schools and communities. Children's circumstances today are equally as important as their circumstances in adulthood. Understanding children's views and concerns and their relationships and activities, not only gives insight into their current well-being, but also helps to identify those factors that support or hinder their well-becoming. As far as possible the indicators used are focused on the child, rather than the family or household. Where possible, they also give a voice to children, representing what children say about their lives and well-being.

The CEE/CIS child well-being index builds on and uses the same methodology as the Index of Child Well-being developed for the EU and OECD countries. Indicators came from two sources: sample surveys and various administrative sources. In the CEE/CIS few countries have yet joined the international student surveys such as TIMMS, PIRLS, PISA or HBSC. We were able to use PISA 2006 data for nine countries and 13 countries participated in MICS 2005, providing valuable data for example on children's family relations. The survey with the broadest country coverage is the UNICEF Young Voices survey undertaken in 2001. This survey asked children and young people questions on their home and school situations, including peer relationships and behaviours as well as opinions of the

countries in which they live, and the extent to which they felt their rights were met. Young Voices data has contributed a number of important indicators to the index ranging from subjective poverty, parental and peer relationships, and risk behaviours and subjective measure of safety in the local environment.

The simplest way to summarise comparative data is to rank variables for countries and then to take the mean of the ranks. However in summarising sets of indicators into components and components into dimensions we have chosen to use z scores. Z scores take account of rank order but also the degree of dispersion around the group mean. Z scores were calculated for each indicator and then averaged to obtain a score for a component. Then the z scores for the components were averaged to create a dimension average and the dimension z scores were used to produce the overall index rank. However, z scores have an implicit weight – the more dispersed the distribution of a variable, the bigger the difference from the mean, the higher the z scores

Table 1 (on next page) is a summary of the findings. Countries are listed in order of their average rank order on the seven dimensions that have been assessed. The countries have been divided into groups using colour coding. Light red indicates that the country performs in the top third of the rankings, and dark red in the bottom two thirds.

Main Findings

Croatia heads the league table, coming first on four out of the seven dimensions. Moldova is at the bottom of the league table, coming in the bottom third on all but one of the dimensions. There is a good deal of variation within countries in their relative performance on the different dimensions. No country has a consistent pattern. No country is in the top, middle or bottom third across all dimensions. Some countries perform very poorly overall and yet do well on one or two dimensions – Moldova is bottom but comes second on child health; Georgia is sixth from

Table 1: Summary table

	Average rank	Material	Housing	Health	Educa-tion	Personal and Social	Family Forms and Care	Risk and Safety
Croatia	3.4	1	1	1	4	1	7	9
Bosnia Herzegovina	4.8	9	3	13	–	2	1	1
Serbia	6.3	8	10	3	6	3	4	10
FYR Macedonia	6.6	5	6	9	11	7	3	5
Uzbekistan	7.5	14	2	6	–	13	8	2
Turkmenistan	7.6	–	9	15	–	4	6	4
Belarus	8.3	6	5	4	2	11	14	16
Montenegro	8.6	7	11	8	13	7	2	12
Bulgaria	10.6	2	7	14	5	16	12	18
Ukraine	10.6	4	13	7	8	9	19	14
Kazakhstan	11.1	15	12	10	1	12	17	11
Russia	11.3	3	15	5	3	17	16	20
Kyrgyzstan	11.7	16	17	11	18	5	9	6
Romania	12.0	10	19	16	7	14	5	13
Armenia	12.1	17	8	19	12	15	11	3
Georgia	13.6	18	4	17	15	6	18	17
Turkey	14.0	13	–	12	17	–	–	–
Azerbaijan	14.1	11	16	20	16	19	10	7
Albania	14.4	12	14	18	9	20	13	15
Tajikistan	14.4	19	18	21	10	10	15	8
Moldova	16.1	20	20	2	14	18	20	19

Note: Albania and Bulgaria are ranked above Tajikistan and Ukraine respectively on alphabetical order only.

bottom but comes fourth on housing and sixth on the personal and social dimension. Some countries perform very well but are let down by one or two dimensions – Bosnia Herzegovina is second overall but comes 13th on the health dimension; Belarus has a particular problem with risk and safety. There is a tendency for some countries to do well on standard service-related indicators but badly on relationships and risk and safety – examples are Belarus, Bulgaria and Russia. The alternative tendency is shown by Bosnia Herzegovina, Turkmenistan and Kyrgyzstan.

What explains differences in child well-being across countries?

There are substantial differences in the well-being of children across countries. One obvious hypothesis is that richer countries have higher levels of child well-being than poorer countries because they have more resources to devote to children. There is indeed a correlation between overall child well-being and GDP per capita, but it is fairly weak and explains only about a third of the variation in child well-being. It can be seen that there are some very interesting outliers. Bosnia Herzegovina and Uzbekistan have child well-being levels considerably higher than their GDP per capita would suggest. In contrast Russia

and Albania at the bottom of the distribution have lower overall child well-being than their GDPs would suggest. (See Figure 1)

More important than a country's resources is how these resources are spent and how far families and children benefit. There is little comparative data that would allow an assessment of government efforts on behalf of children. However, UNICEF has published data on public expenditure on health as a percentage of GDP for 19 countries. There was a significant positive correlation with overall child well-being, showing that investments in services for families and children matter and have an impact on their well-being. (See Figure 2)

What drives child well-being?

The study explores whether there are single indicators that drive the overall well-being of children in CEE/CIS countries. The highest correlations are found with secondary school enrolment rates and for women's comprehensive knowledge of HIV/AIDS prevention. Giving young people a good preparation for a healthy life requires well-functioning social systems that may reflect countries' efforts on behalf of children and young people. Poverty and material deprivation are

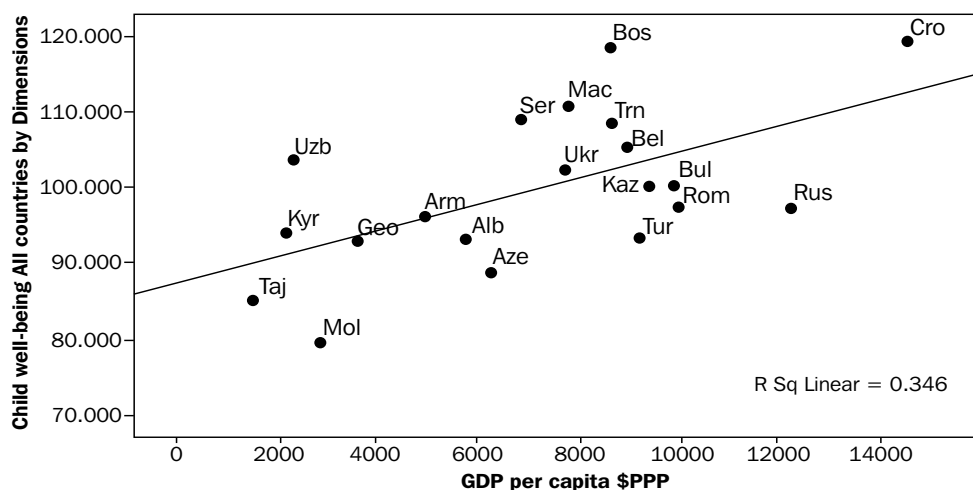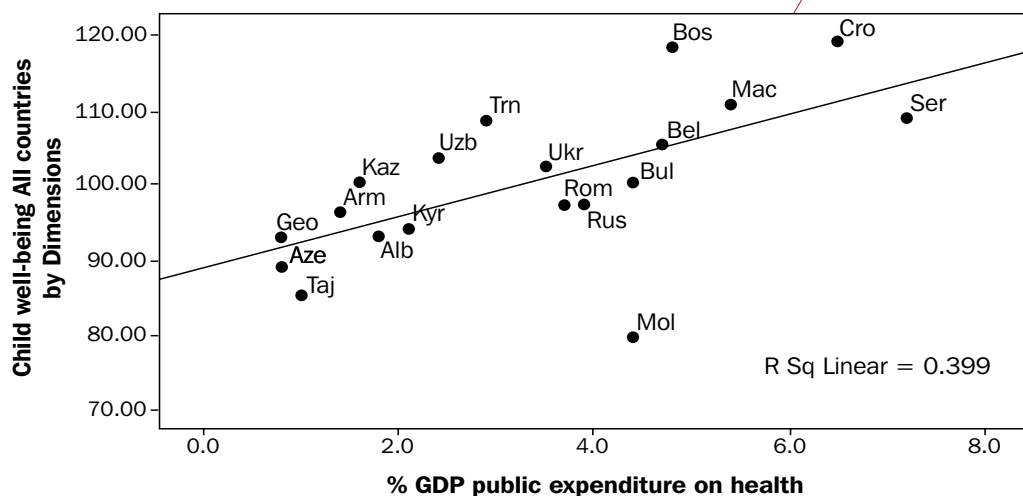## Figure 1 Overall child well-being and GDP per capita $ppp

Figure 2 Overall child well-being and public spending on health 2002-2004

likewise important factors, followed by a range of health indicators and indicators capturing the subjective well-being of children – violence and safety.

Table 2 Correlations between single indicators and overall child well-being.

Indicator	Correlation with overall well-being by dimension
Secondary school enrolment rate (15 countries)	0.67**
Women without comprehensive knowledge of HIV/AIDS prevention (15-19) (16 countries)	-0.64**
Percentage of children living under the $2.15 poverty line (18 countries)	-0.63**
Adolescent fertility rate (19 countries)	-0.62**
Under five mortality rate (20 countries)	-0.60**
Percentage of children beaten or insulted as part of punishment (20 countries)	-0.58*
Low birth weight (20 countries)	-0.58*
Infant mortality rate (21 countries)	-0.57*
Prevalence of child malnutrition (moderate and severe) – underweight (% of children under age 5) (19 countries)	-0.56*

Conclusions

Monitoring and data

Monitoring of child well-being in CEE/CIS countries tends to be sectoral and track mainly basic health and education indicators. Countries should adopt a multi-dimensional and child-focused approach to monitoring child well-being and include, as far as possible, the voices of children and young people.

In most countries more data is available than is actually being used. Standard household surveys, administrative data, national studies and background questionnaires to more specialised child and youth surveys (e.g. PISA) offer a wealth of information beyond the standard indicators that often remains underutilised. A fresh look at existing data sources from a children's perspective and minor adjustments to currently used survey instruments can go a long way to improve the monitoring of child well-being.

Nevertheless there remains a lack of up-to-date data on children and young people's experiences both across the CEE/CIS and on a national level even though some of the European or OECD surveys are slowly spreading into the region (e.g. the WHO Health Behaviour in School Aged Children Survey (HBSC)). A new international school-based child well-being survey could close this gap by providing information on different dimensions of children's lives, including children's subjective well-being, relationships, behaviours and attitudes.

Policy

The review of child well-being shows the strengths and weaknesses in countries' performance across different dimensions of child well-being, while at the same time indicating clusters of countries facing similar challenges. Notably there is one cluster of countries doing well on poverty, health and education indicators but badly on children's subjective well-being, family situations and risk behaviour. Another cluster of countries shows the opposite pattern. Countries should use the data to identify and address gaps in their policies for children and young people. In this they should collaborate and share experiences with other countries in similar situations.

Strategies to foster the development and well-being of children have to recognise the multi-dimensionality of children's lives. Among the indicators that determine countries' ranking on overall child well-being, indicators on preventive services, poverty, deprivation, children's safety and subjective well-being were the most important. There is a need for integrated and comprehensive sets of child and family-friendly polices and strategies that prioritise the reduction of child poverty and deprivation and ensure children's access to high quality services. These strategies should be informed and influenced by the participation of children and young people, including from vulnerable and excluded groups of the population.

The correlation between countries' health expenditure and overall child well-being is much stronger than between GDP per capita and well-being. This highlights the importance of governments providing an adequate social budget and prioritising public expenditure that benefits families and children.

Notes

The opinions expressed in this article are those of the author and do not necessarily reflect the policies or views of UNICEF.

- **This article is based on research undertaken together with Dominic Richardson and Jonathan Bradshaw which was presented in April 2008 at the UNICEF/New School University conference on 'Child Poverty Policies' in New York. The full paper can be requested from the author: phoelscher@unicef.org**

Related papers:

UNICEF (2007): Child poverty in perspective. An overview of child well-being in rich countries. UNICEF Innocenti Report Card 7. Florence: UNICEF IRC.

Bradshaw, J., Hoelscher, P, Richardson, D. (2007): An Index of Child Well-Being in the European Union. *Journal of Social Indicators Research*, 80, 133-177.

Richardson, D., Hoelscher, P, Bradshaw, J. (2008): Child Well-Being in Central and Eastern Europe and the Commonwealth of Independent States. *Journal of Child Indicators Research*.

Un indice du bien-être des enfants pour l'Europe centrale et orientale et la Communauté des Etats indépendants (PECO/CEI) – Suivre de près le bien-être des enfants dans les Etats en transition

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L'hétérogénéité de la région PECO/CEI et la complexité du processus de transition mettent en évidence l'importance de suivre de près le bien-être des enfants au sein de chacun des pays et dans l'ensemble de la région. Jusqu'à présent, dans ces pays, le suivi des conditions de vie des enfants s'est souvent limité à la poursuite des Objectifs du Millénaire pour le développement (OMD). Toutefois, les OMD ne suffisent pas à cerner la situation des enfants dans les pays à revenus moyens et en transition, dont beaucoup sont d'ailleurs en bonne voie pour les atteindre alors qu'ils reculent dans d'autres domaines où ils avaient progressé.

Dans la plupart des pays, on dispose de plus de données que l'on n'en utilise en réalité. Les enquêtes générales sur les ménages, les données administratives, les études nationales, les questionnaires de fond, ainsi que les enquêtes plus spécialisées sur les enfants et les jeunes (ex. : PISA) sont une source d'informations dont la portée dépasse bien souvent celle des indicateurs standards mais qui, pour autant, restent peu utilisées. Porter un regard neuf, sous l'angle des enfants, sur les sources de données existantes et apporter quelques ajustements mineurs aux instruments d'enquête utilisés pourrait d'ores et déjà contribuer largement à l'amélioration du suivi du bien-être des enfants.

Ein Index des Wohlergehens von Kindern in Mittel- und Osteuropa sowie der Gemeinschaft Unabhängiger Staaten (MOE/GUS) – Monitoring des Wohlergehens von Kindern in der Übergangsphase

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Die Heterogenität der MOE-/GUS-Region und die Komplexitäten des Übergangsprozesses unterstreichen die Bedeutung eines Monitorings des Wohlergehens von Kindern sowohl innerhalb der einzelnen Länder als auch in der gesamten Region. Bisher ist das Monitoring der Lage von Kindern in den MOE-/GUS-Staaten häufig auf die Verfolgung der Millenium-Entwicklungsziele (MDG) beschränkt. Aber diese Ziele erfassen die Lage von Kindern in Ländern mit mittlerem Einkommen und in Ländern im Übergang nicht ausreichend, in denen es den Anschein hat, dass sie bei der Erreichung der Millenium-Entwicklungsziele auf dem richtigen Weg sind, während sie gegenüber dem früher Erreichten Rückschritte verzeichnen.

In den meisten Ländern stehen mehr Daten zur Verfügung, als tatsächlich genutzt werden. Die standardmäßigen Haushaltserhebungen, Verwaltungsdaten, nationale Studien und Hintergrund-Fragebögen zu spezielleren Kinder- und Jugenderhebungen (z.B. PISA) bieten über die Standard-Indikatoren hinaus eine Vielzahl von Informationen, die oft zu wenig genutzt werden. Eine neue Analyse der vorhandenen Datenquellen aus der Perspektive von Kindern und geringfügige Anpassungen von derzeit genutzten Erhebungsinstrumenten können viel dazu beitragen, um das Monitoring des Wohlergehens von Kindern zu verbessern.