

**TRENDS AND INDICATORS ON CHILD
WELL-BEING IN ESTONIA**

Country Paper

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**Background paper prepared for the Regional Monitoring
Report No. 8: *A Decade of Transition* (2001)**

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Trends and indicators in child and family well-being in Estonia

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1. Indicators for monitoring child and family well-being.

Measuring well-being is an ambitious and challenging task. It becomes even more ambitious and challenging if we wish to monitor various dimensions of well-being (macroeconomic, social welfare) or the welfare of particular population groups (child, teenager or youth well-being). An issue that needs to be addressed is whether well-being should be measured by a “synthetic indicator” that summarises the sphere of influence of various indicators (Ostberg and Sharpe, 1998), or by a variety of indicators reflecting different levels and aspects of well-being. No matter which approach we choose, we need to decide on the range of indicators that we should use. As there is no general agreement in international literature on the best way of monitoring well-being or the indicators that have been used for that purpose, there is also no consensus of opinion as to the best means for monitoring child welfare (Micklewright and Steward, 1999). There have been several attempts to identify the main dimensions that affect children’s quality of life, within which data should be gathered and maintained in time series . In most cases, however, the choice of indicators has been determined primarily by the objectives of a particular survey and different conceptions of children’s quality of life, as well as by the principles and priorities that hold for the measuring of well-being in a particular country. To put it more simply, each research group that engages in measuring child well-being is guided by their own objectives and emphases. Attempts to standardise monitoring are further complicated by the fact that well-being is measured at different levels: the level of the individual, the level of the family and the level of the social environment. Each level involves additional components, which makes the object of study difficult to define.

At the level of the individual, five aspects of well-being are considered:

- 1) economic welfare (monetary income by different social classes, earnings, real estate and level of living indicators);
- 2) physical well-being (a person’s physical fitness, weight, height, illnesses, immunisation, eating habits, as well as physical disabilities and physical ability to cope with life);
- 3) cognitive and educational well-being (mental abilities, knowledge, participation in formal education and the level of base knowledge);
- 4) social well-being (interpersonal relations in the social environment and their quality, social ability to cope with life; intelligence and behaviour in the social environment);
- 5) psychological and emotional well-being (factors that provide the basis for the assessment of mental health, “feeling of happiness”, self-respect and stress).

Among these, (1) and (3) are the ones for which the largest amount of regular statistics is available (from regular surveys including the Household Income and

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Expenditure Survey, the Labour Force Survey, educational statistics), some data exists also for (2) (the health statistics compiled by the Ministry of Health). For (4) and (5), very few data are available. Various surveys have been carried out with a view to covering also the two last mentioned areas, but the lack of regular statistics and state surveys makes continuous time series observation of indicators difficult. There are thus two issues that need to be addressed: the first relates to using the data collected by different institutions and the second to setting up a survey for monitoring processes in a way that would increase the comparability of data and ensure temporal continuity. We have to admit that the results of surveys undertaken by different institutions and research groups are not always consistent and the temporal continuity of some questions may have been interrupted in surveys carried out in different years. This leads to a situation where the few data that exist are often incomplete or insufficient.

Although one can describe a problem or set up an index on the basis of already existing material. However, if the main objective is, e.g., data comparison between countries, more attention should be paid to standardising the choice of data sources (surveys, administrative sources). A very positive example is set by the work carried out by the Eurostat with a view to establishing a common statistical framework and integrating various surveys, as a result of which 15 key indicators have been developed (The Social Situation in the European Union 2000, BC 2000). The indicators are based on common data sources and thereby ensure a higher rate of comparability of time periods, methodologies and definitions.

The MONEE project is practically the only database in Estonia with a focus on children, as in most cases the aim is to describe the country as a whole and its social environment in a variety of aspects. This is the function of, e.g., *Social Trends*, a collection published every three years (*Social Trends I* was published in 1998, *Social Trends II* will come out in the first quarter of 2001), as well as the analytical collection *Living Conditions*, due to be published in December 2000, the main purpose of which is to analyse a domain from various perspectives (population, labour force, supply and demand in housing economy, living conditions, income and expenditure, etc.). This shows that analytical statistics is becoming established in Estonia.

As concerns analyses of different population groups such as children, teenagers, adolescents, we have to admit, however, that the field lacks regular analytical output. There have been some publications, the most recent of which is the collection *Children in Estonia*, published as part of the UNDP project (the chief editor is Dagmar Kutsar from the University of Tartu. The collection is also available at <http://www.undp.ee/child/>), which aims to describe children in a variety of aspects and to provide an integral picture of the situation of children in the country. The collection, however, seems to rely largely on a cross-sectional analysis, based on the data of a particular year. There is much less focus on longer-term trends required for describing processes and changes (in some areas a longer-term analysis was missing altogether). In some areas, such as alcohol consumption among children and youths, drug addiction, child security and satisfaction, very little statistical data have been provided that would indicate trends and help to evaluate changes. In general, it may be said that measuring is the most difficult in problem areas (risk factors), and data seem to be lacking in those areas where there is no regular survey statistics. We also have to

admit that there are processes that cannot be measured by direct indicators (as measurement is not feasible or does not provide an adequate picture of the situation) but indirectly, through other indicators.

The deficiency of data for monitoring child well-being and drawing international comparisons has been pointed out by Fajth (2000) and Micklewright and Steward (1999, 2000). It is not only in developing or transitional countries that the data lack in consistency and continuity, but also in 'wealthy' societies. There is clearly a need for a consensus as to the selection of indicators. Although Fajth in the overview 'Regional Monitoring of Child and Family Well-Being: UNICEF'S MONEE Project' (2000) points out that the MONEE project is mostly concerned with 'secondary' data collection and the data have originally been collected for different purposes and to answer the needs of different consumers, it would be reasonable to expect that secondary data collection is accompanied by setting up a system that would ensure that data are collected for children on a regular basis, in the form of, e.g., a separate module in survey statistics. The task of developing such a module could well be entrusted to the UNICEF, the international leader in child well-being research with considerable expertise and experience in the field.

In the member states of the European Union, the quality of life and well-being are measured by the European Household Panel Survey, which involves also the countries participating in the PHARE project. A proposal could be submitted to the Eurostat concerning the inclusion of a special module of questions about children, teenagers and youths in the new version of the ECHP survey, which is to be launched in 2003. This would ensure a greater degree of consistency between the methods used in monitoring the well-being of the population as a whole and those used in measuring the well-being of various population groups. Adding modules naturally requires additional financing, but the availability of additional funding to countries increasingly depends on international comparisons on the basis of similar indicators.

Micklewright and Stewart (1999, 2000) propose a number of indicators for monitoring child well-being, which could be divided into four groups, relating to material well-being (M), health and survival (H), education and personal development (E) and social participation (S). Most of the indicators are not restricted to a particular area but provide information on several aspects of well-being:

- 1) Economic well-being:
 - GDP per capita (M)
 - Child poverty rate – children living in households with an income 50% of the national average (M, S)
 - The Gini coefficient of per capita income (M, S)
 - Unemployment among 15-24-year-olds (M, S)
 - Unemployment among households with children (M, S)

- 1) Health
 - General health status – the percentage of children under 18 who are in very good or excellent health (H)

- Under-5 and young persons' mortality (H)
- Injury death among 15-24-year-olds (motor accidents, homicide, suicide) (H, E, S)
- Infant mortality (H)
- Low birthweight (H)

3) Education:

- Early childhood education – the percentage of children aged 1 to 3 and 4 to 6 (E)
- Percentage of 16-year-olds in education (E)
- Youth neither enrolled in school nor working – the percentage of children aged 16 to 19 who are neither study nor work (E, S)
- Expenditure on education as a % of the GDP, adjusted for the age-group (E)

3) Behavioral Health: Teenage fertility:

- Child-bearing among 15-19-year-olds (E, S)
- Abortion rate among 15-19-year-olds (E, S)
- Number of sexual partners of 15 –19-year-olds (E,S)
- Contraceptive use by teenagers (E,S)

3) Life satisfaction:

- Percentage of 15-19-year-olds who classify themselves as “satisfied” or “very satisfied” with their life (H, E, M, S)

The above list of indicators could be recommended to the government as a good basis for monitoring child well-being processes. For some of these indicators, unfortunately, no time series are available. Some areas have been covered by statistics only since the mid-90s (e.g., poverty statistics) and there are even no data sources available for performing similar computations for an earlier period. Many time series have been disrupted over the transition period as a result of the replacement of the Soviet statistics by international statistics, in course of which both definitions and classifications have changed. Recovering time series is a complicated and labour-consuming process and in some areas it is even impossible.

Other indicators have been suggested for measuring child well-being (at <http://ojjdp.ncjrs.org/about/99juvjust/990716b.html>; <http://www.aecf.org/kidcount/kc1999/defs.htm>; <http://www.unicef.org/sowc00/statfra.2htm>), but, as pointed out above, there is no standard set of indicators for analysing well-being. It is, therefore, important that continuous effort should be directed at standardising the indicators used in the analysis with a view to ensuring the international comparability of the data.

2. Main trends during the transition period

The changes that took place in the political life of the country in the early 90s were reflected in the economic and social spheres. A high inflation rate was the main price that Estonia had to pay for its transformation into a market economy, and it left nobody unaffected. The social groups who suffered most were the most vulnerable

ones – low-income families, pensioners, and families with small children. The high rate of inflation was mostly caused by the opening of the economy to foreign markets in early 90s; it also reflected the changes in the quality and structure of consumption. Inflation reached its peak in June 1992 before the introduction of the kroon (the average change in 1992 was 969%). In 1995-1998 inflation has been gradually slowing down: while in 1995 the average change in consumer prices was 29% and in 1996 23.1%, in 1997 the percentage was only 11.2 and in 1998 10.5.

Table 1. Basic economic indicators

Year	1993	1994	1995	1996	1997	1998	1999
Change in the GDP as compared with the previous period, %	-9.0	-2.0	4.3	3.9	10.6	4.7	-1.1
Change in the Index of Retail Prices as compared with the previous year, %	89.8	47.7	29.0	23.1	11.2	8.2	3.3
The GDP per capita (calculated at current prices), EEK	14 245	19 798	27 430	35 701	44118	50502	53 027

Calculated at the constant prices of 1995, the GDP was EEK 33 682 mln in 1999, which exceeds the 1995 GDP by EEK 5 500 mln. 1997 was a year of economic growth, when the national income increased by more than 10%, it was followed by a downswing period and by 1998 the economic growth had dropped to the level of 1995. Provisional data for 1999 indicate a downward trend in the economy, but it is expected that the situation will improve in 2000, when, according to the forecasts of the Ministry of Finances, the gross domestic product is expected to grow by as much as 4%.

The first half of the 90s brought about considerable changes in the labour market. The population has decreased (by nearly 6% as compared with the 1990s). The number of jobs has diminished from around 800 000 in 1992 to 635 000 in 1997. There has been an increase in the rate of unemployment, which has by now stabilised at around 10%. Unemployment among young people has also been increasing: the rate of unemployment in the age group 15-24 has gone up from 11.6% in 1994 to 21.2% in the second quarter of 1999.

The Estonian labour force is generally well-educated (nearly 15% of the adult population has higher education), but relatively low-paid, as compared with Scandinavian countries and Western Europe. Between 1995 and 1998, the average wages increased by ca 210%, while consumer prices increased by 180%, which indicates that the standard of living increased by more than 16%.

The second most important source of income, after earnings from employment, is transfers. The total amount of transfers depends on the income received by the state,

of which government revenue accounts for over 80 %. The principles underlying the taxation policy in Estonia are a wide base and low tax rates (36-37% of the GDP).

Table 2. Total income accruing to the government and tax rates

	1995	1996	1997	1998
Total income, EEK b	18.8	20.3	25.9	28.1
Revenue	15.3	17.9	22.4	25.2
GDP, EEK b	40.7	52.4	65.1	73.2
Tax rate, % of the GDP	36.9	36.3	36.4	36.3

Source: Ministry of Finances 1999

Pensions make up a large share of the government expenditure, which has increased from 14 % of the total expenditure in 1993 to 17% in 1997. The expenditure on social benefits has also grown year by year, from 0.6% in 1993 to 4.2% in 1997. Social insurance benefits, paid under social insurance funds, to protect employees in case of unemployment, accidents, etc., diminished sharply in 1994, amounting to only two thirds of the amount spent in 1993, but increased over the following years and exceeded the level of 1993 in 1997, when social insurance benefits accounted for 4% of the total expenditure.

Table 3. Government expenditure.

	1995	1996	1997	1998
Total expenditure, EEK b	16,8	21,2	24,3	28,1
Current expenditures	14,9	18,6	21,5	25,1
Subsidies	0,2	0,5	0,2	0,7
Transfers to residents	4,5	5,8	6,9	7,7
Capital expenditure	1,9	2,7	2,8	3,2
Total expenditure, % of the GDP	40,8	40,4	37,8	38,4

Source: Ministry of Finances 1999

The amount paid to residents in transfers has also increased year by year. This can be explained by the relatively high rate of unemployment in Estonia, as well as by the population aging progress, as the pension-age population is increasing. The aging of the Estonian population, due to the negative natural increase rate on the one hand and to the negative migration rate on the other hand, is likely to cause a growth in the proportion of pensions of public expenditure.

Table 4. The proportion of various types of public expenditure to the GDP, %

	1993	1994	1995	1996	1997	1998	1999
Child and family allowance	2.2	2.0	1.8	1.6	1.5	1.6	1.6
Unemployment benefits	-	0.19	0.12	0.13	0.13	0.12	0.22
Pensions	6.68	6.66	7.15	7.62	7.23	7.09	8.57

From Tables 3 and 4 we can see that the ratio of the public expenditure to the GDP has been rather stable, ranging from 38 to 40%, and the ratio of transfers to the GDP has remained at around 9-10%.

3. Child and family well-being.

3.1. Family well-being and child poverty.

The general dynamics of change in household income and expenditure have been monitored in Estonia since 1992. This has been a period of considerable changes in Estonian society and economy. There has been a rapid growth in the nominal value of incomes, which is typical of a society in transition, but the increase in income has not enhanced consumption, as inflation has reduced the purchasing power of the population.

Estonian households may be characterised as follows:

- on the average, there are 2.3 members in a household,
- there are, on the average, 0.6 children under 18,
- in towns households are smaller than in the country, owing to a smaller number of children,
- 80% of all the households live in towns and only 20% in the country,
- most people live in households of two or three (24 and 23%, respectively)
- single-parent households constitute 9% of all the households.

From 1992 to 1999, the monthly income of each member of the household has increased, on the average, by 7 times; the expenditure by six times. Considering the dynamics of income and expenditure as expressed in consumer prices, the rate of increase is much more moderate, only 1.2 times. The average gross wages has grown by 4.2 times between 1993 and 1999. In urban households, the increase in income has been sevenfold, in rural ones fivefold. In the rate of growth in income, the differences between urban and rural households are more conspicuous than in expenditure, which has grown by six times in both urban and rural areas.

Income from employment accounts for nearly two thirds of income. It is followed by transfer payments, the share of which has been gradually increasing, from less than 20% in 1992-1995 to close to 30% (27%) of the total income in 1999.

Table 5. Dynamics of income and expenditure from 1992 to 1999 (the average income and expenditure for each member of the household in EEK)

Year	Income			Expenditure		
	Average	Growth rate 1992=100	Calculated on the basis of the Index of Retail Prices 1993=1,0	Average	Growth rate 1992=100	Calculated on the basis of the Index of Retail Prices 1993=1,0
1992	291.3	100		304.2	100	
1993	566.4	194.4	1.0	557.2	183.2	1.0
1994	830.6	285.1	562.3	795.8	261.6	538.8
1995 ²	1045.8	359.0	549.0	1050.4	345.4	551.4
1996	1414.1	485.4	603.0	1413.3	464.7	602.7
1997	1630.3	559.6	625.4	1650.9	542.8	633.3
1998	1889.4	648.5	669.8	1864.3	613.0	660.9
1999	1999.6	686.4	686.2	1901.5	625.2	652.5

An analysis of household income by the type and size of household reveals that although there has been an increase in income from 1996 to 1999, it still remains below the average in the households of married couples with children, particularly in households with three or more children. In 1999, the income of households with three or more children fell short of the average by EEK 660 (amounting thus to no more than two thirds of the average income). The situation of single parent households with one or more children is slightly better, their average income being 483 EEK less than the average (three quarters of the average income) in 1999.³ Households of married couples with under-15 children accounted for 15% of all the households in 1999, while the share of households with three or more children was only 2%.

Table 6. Dynamics of the average net income by type and size of household 1996-1999, in EEK.

Year	Average	One adult	Couple	Single parent with child (children)	Couple with children	including couples with			Other
						1 child	2 children	3 or more children	
1996	1414.1	1748.8	1755.0	1069.9	1315.2	1553.4	1278.6	988.5	1325.1
1997	1630.3	1941.4	2085.2	1300.4	1507.3	1754.1	1518.1	1115.2	1520.0
1998	1889.4	2271.0	2258.2	1409.0	1832.0	2192.3	1687.8	1523.0	1736.2
1999	1999.6	2490.2	2382.4	1516.1	1908.4	2126.5	1988.0	1339.4	1808.1
Com- parison with the 1999 average , %	100	124.5	119.1	75.8	95.4	106.3	99.4	66.9	90.4

² For 1995, data from two different surveys – for the first half-year the data from the EMOR family survey and for the second half-year the data from the Household Income and Expenditure Survey carried out by the Statistical Office – have been used.

³ The average exchange rate of the Estonian kroon to the US dollar according to the Bank of Estonia: 1995 – 11.5; 1996 – 12.0; 1997 – 13.9; 1998 – 14.1; 1999 – 14.7.

Households whose income is above the average include couples without children, one-member households and couples with one child. As households of one or two represent the most numerous group in Estonia, they also influence considerably the average income.

By the structure of income, all the households, irrespective of the number of members, receive the largest share of their income in wages and salaries. Transfer payments are more significant for households of one or two adults, as this group includes many pensioner households. Children allowance and social benefits provided for a larger share of income in households with three or more children and single-parent households.

Expenditure on each member of household has also grown in all types of household by around a quarter, on the average. A positive development is that the share of food expenses of the total consumption expenditure effected by households has diminished in all types of household.

At the same time, there has been an increase in spending on leisure activities. Couples with children spend on their spare time even two times more than they used to; on the average, the amount has gone up by 50%. Housekeeping costs have, in households with three or more children, grown by three times. The amount spent on clothes and footwear has increased by one-third, on the average. Housing costs have increased by one fifth, and in one-member households even by one third, as the income of many retired people has risen to the level where they are no longer entitled to housing benefits.

Table 7. Share of food expenses of the consumption expenditure between 1996 and 1999, %.

Year	Average	One adult	Couple	Single parent and child (children)	Couple with children	Including couples with				Other
						1 child	2 children	3 or more children	or	
1996	42.6	44.6	44.0	41.8	39.2	36.7	39.5	44.9	42.4	
1997	38.1	40.0	39.6	38.1	33.7	33.4	32.6	36.4	37.9	
1998	34.9	35.0	36.9	34.1	32.1	30.0	33.8	33.3	34.8	
1999	33.8	33.3	36.7	34.1	30.7	30.4	29.8	34.1	34.0	
Reduction in food expenditure, %	8.8	11.3	7.7	7.3	8.5	6.3	9.7	10.8	8.4	

According to the level of education of the head of the household, households where the household head has higher or post-secondary vocational education, enjoy a more favourable economic situation. The income of the households (for each member of the household) where the household head has only elementary education amounts to slightly more than half of the income of the households (for each member of the household) where the head of household has higher education. The income of the households (for each member of the household) where the head of the household has

elementary or basic education is also below the average income (it fell short of the average by more than EEK 300 in 1999). The income growth rate in the households where the head of household has higher education exceeded that of the households where the head of household has elementary education by 4.5% in 1997-1999.

Table 8. Net income for each member of the household by the level of education of the head of household, in EEK.

Year	General education			Specialised education			
	Elementary	Basic	Secondary	None	Vocational	Post-secondary vocational	Higher
1997	1335.1	1357.3	1793.4	1474.1	1403.6	1552.5	2296.4
1998	1370.2	1562.1	2092.4	1551.9	1600.7	1879	2895.6
1999	1615.2	1670.5	2202.8	1718.2	1701.5	1953.1	2935.1
Ratio to the 1999 average, %	80.8	83.5	110.2	85.9	85.1	97.7	146.8

3.2. Dynamics of poverty and government initiatives

Poverty statistics have been compiled in Estonia since 1997. On 25 September 1993, the government established a 'poverty line', which corresponded to EEK 280 for the 'first' family member, which was adjusted by the consumption coefficients 0.5 (for children under 14) and 0.7 for other family members. 'Poverty line' was renamed 'sustenance line' on 1 April 1994. The sustenance line corresponds to the minimum level of consumption expenditure and forms the basis for applying for and allocating the social benefit known as sustenance allowance. Sustenance allowance is paid to residents (families) whose monthly income after the payment of regular housing costs is below the sustenance line.

The sustenance line and the coefficients have been adjusted as follows:

- On 1 July 1994, the coefficient was increased to 0.7 for all other family members, the sustenance line remained the same;
- On 1 October 1994, the sustenance line was raised to EEK 320, the coefficient remained the same;
- On 1 February 1996, the line was raised to EEK 390, the coefficient remained the same.
- On 1 January 1997, the line was raised to EEK 460, the coefficient remained the same;
- On 1 November 1997, the line was raised to EEK 500, the coefficient remained the same;
- On 1 January 1999, the coefficient was increased to 0.8, the sustenance line remained the same;

i.e., EEK 500 (for the other members of household $EEK\ 500 \times the\ coefficient\ 0.8 = EEK\ 400$) is considered the sufficient amount of income needed for a person to pay for food, for part of housing costs (gas and electricity), transport, medicines,

telephone, etc.. The current level of sustenance line, however, reflects mainly the limited economic resources of the country, and does not even cover the cost of a minimally adequate basket of food.

In 1992, the government established also the minimum wage level.⁴ In 1999, the minimum wage was EEK 1250. The results of the Household Income and Expenditure Survey show that 50% of households earn 1-2 minimum monthly wage for each member of the household (the average income for each member of the household was EEK 1751 in 1999). In 2000, the level of the minimum wage has gone up to EEK 1400. The proportion of households where the net income for each member of the household exceeded two minimum wages diminished from 41% in 1996 to 26% in 1999. Between 1996 and 1999, there has been a considerable increase in households with incomes not exceeding one minimum wage, from 14% to 26%.

By the third quarter of 1997, the Confederation of Estonian Trade Unions, the Estonian Confederation of Employers and Industry, the Confederation of Employers' Associations, The Ministries of Social Affairs and Finances and the Statistical Office developed a methodology for calculating the minimum cost of living on the basis of the Household Income and Expenditure Survey. The minimum cost of living reflects the cost of the minimally adequate food basket, which has been compiled in accordance with the recommendations of nutritionists from the University of Tartu, and the cost of goods and services, which has been calculated using a coefficient from the average consumption. Housing costs have been calculated with the coefficient 1,0.

The table below shows that the minimally adequate food basket amounts to over 80%, and in some quarters even over 90%, of the actual cost of food; and it exceeds the current sustenance line, the level of which is determined directly by the resources at the government's disposal. The level of the minimum cost of living, i.e., the minimally adequate basket of food and other goods, amounts to slightly over 60% of the actual consumption expenditure for each member of the household. The proportion was the largest in the first quarter of 1998 - 69%.

Table 9. Comparison of the sustenance line, minimum cost of living and actually effected consumption expenditure, in EEK.

Year	Quarter	Sustenance line	Minimally adequate food basket	Actual expenditure food*	Minimum on cost living	Actual of consumption expenditure for each member of the household
1997	III	460	571	644	1011	1629
	IV	500	570	650	1141	1842
1998	I	500	605	618	1164	1695
	II	500	621	624	1172	1791
	III	500	619	656	1147	1868
	IV	500	569	656	1202	1968
1999	I	500	591	614	1200	1829
	II	500	596	614	1163	1803
	III	500	575	649	1122	1882
	IV	500	573	646	1196	1991

⁴ The minimum monthly wage (in EEK): 1996 – 680; 1997 – 845; 1998 – 1100; 1999 – 1250.

*The expenditure on eating out has not been taken into account

The level of the minimum cost of living is lower than the absolute poverty line. The methodology for calculating the absolute poverty line has been developed in the context of the programme 'Poverty Strategies Initiative'.

On 4 June 1997, the Deputy Director of the UN Development Programme R. Ahmed, the Minister of Social Affairs T. Aro and the Finance Minister M. Opmann signed the documentation for the project 'The Development of Governmental Poverty Strategy in Estonia', the goal of which was to establish the foundations for poverty mitigation strategies in Estonia. It was found that similarly to other transitional societies, the internationally comparable relative poverty line (50% of the income or expenditure median) would not be adequate in Estonia. In 1997, these values were EEK 834 and 873, respectively (, which would classify as poor only 7-10% of households). In a relatively poorer society, however, an income corresponding to the income median will not guarantee the satisfaction of the basic needs of the household. An absolute poverty line, calculated on the basis of the level of the socio-economic development of the country and subjected to adjustment at least once a year, was thus found to be a more appropriate basis for socio-political regulations.

The variables that were taken into account in calculating the absolute poverty line included the cost of a minimally adequate basket of food, housing costs, the cost of minimally adequate clothing, education and transport. The values were weighted by the consumption co-efficients used in Estonia: 1; 0.8, 0.8.

Differentiation of poverty rates is a further measure of much socio-political relevance as different levels of poverty require different intervention strategies. Poverty rates include extreme poverty (80 % or less of the absolute poverty line), poverty (81-100% of the poverty line), near-poverty (101 -125% of the poverty line) and non-poverty (over 125% of the poverty level).⁵

Table 10. Poverty rate distribution in 1997 – 1999, % (weighted by 1.0; 0.8; 0.8)

Poverty rate	1997				1998				1999			
	House holds	Individ uals	Childr en	Avera ge incom e, EEK	House holds	Indivi duals	Childr en	Avera ge incom e, EEK	House holds	Indivi duals	Childr en	Avera ge incom e, EEK
Below the poverty line	36.1	37.3	47.1	890	29.6	30.9	40.0	958	23.2	27.9	40.3	942
Extreme poverty	17.7	21.0	32.0	704	13.7	16.5	24.6	746	12.8	16.9	27.7	755
Poverty	18.4	16.3	15.1	1131	15.9	14.4	15.4	1204	10.4	11.0	12.6	1231
Near-poverty	19.3	18.4	17.6	1391	19.9	19.0	17.7	1485	19.4	17.5	16.2	1535
Non-poverty	44.6	44.3	35.3	2854	50.5	50.1	42.3	3050	57.4	54.6	43.5	3129

A comparison of the poverty line distribution over the last three years shows a decrease in the poor population. The proportion of households with incomes below the poverty line is 13%

⁵ The absolute poverty line, in EEK: 1997 – 1250; 1998 – 1330; 1999 – 1360.

less in 1999 than in 1997, but at the same time, the households are poorer, as the average income of the households in poverty and extreme poverty has diminished, as compared with 1998. The number of children in extreme poverty has grown by 3%. The average monthly income of the households living in extreme poverty is only about one third of the average monthly income.

Table 11. Households by monthly income 1997 - 1999, %

Income	1997			1998			1999		
	Households	Individuals	Children	Households	Individuals	Children	Households	Individuals	Children
40% of the average	7.4	10.4	18.3	6.8	9.5	15.8	8.2	11.7	20.2
50% of the average	12.8	17.5	28.7	12.3	16.8	26.7	13.7	19.0	31.8
50% of the median	7.7	10.9	19.2	6.9	9.7	16.1	9.6	13.6	23.6
60% of the average	21.4	27.4	41.3	22.5	27.3	39.9	20.9	28.1	43.6
Below the sustenance line	3.1	4.1	6.9	2.4	3.3	5.8	2.6	3.6	6.0
Below the absolute poverty line	43.6	47.7	59.8	36.6	40.7	52.7	28.3	35.8	52.2

An analysis using the internationally established poverty line (50% of the income median) would yield a considerably smaller proportion of poor households, individuals and children. In 1999, the percentage of poor households would be 9.6, which is only about one third of the proportion arrived at by using a weighted poverty line. This justifies the choice of an absolute poverty level in Estonia, as the average income is very low. The proportion of the population with 60% of the average (21 % of households and 44% of children) seems to be the closest to the proportion yielded by the absolute poverty line analysis.

Table 12. Households by monthly income 1997 – 1999 (%)
(weighted by the coefficients 1; 0.8; 0.8)

Income	1997			1998			1999		
	Households	Individuals	Children	Households	Individuals	Children	Households	Individuals	Children
40% of the average	5.5	7.1	11.9	5.0	6.6	10.9	6.1	8.0	13.0
50% of the average	9.6	12.4	20.4	9.6	12.2	18.9	10.9	14.4	24.2
50% of the median	7.3	9.5	15.9	6.6	8.6	13.9	8.7	11.6	19.3
60% of the average	16.5	19.9	30.9	17.4	19.6	27.9	16.4	21.3	33.9
Below the sustenance line	2.4	2.8	4.3	1.6	1.9	3.0	1.9	2.5	3.9

The proportion of households with incomes below the sustenance line (who are entitled to governmental allowance) in 1999, 2%, is less than in 1997, but slightly more than in 1998. If the relative poverty level (50% of the income median) is used as the basis of calculations using Estonian consumption weights, the proportion of poor households would be no larger than 9%, while the proportion of households living below the absolute poverty line (EEK 1360) is 23%.

Since 1997, the data from the Household Income and Expenditure Survey have been used to calculate the Gini Coefficient, on the basis of the average monthly expenditure -since there are no questions regarding the annual income in the survey, and of the monthly indicators, expenditures are more reliable. The distribution of income is considered to be very uneven if the Gini Coefficient is between 0.5-0.7, and relatively

even if it is between 0.2 and 0.35. The table shows that Estonia is approaching countries of relatively even income distribution.

Table 13. Gini Coefficient 1997 – 1999

Gini Coefficient	1997	1998	1999
On the average expenditure	0.358	0.363	0.362
On the average expenditure with the consumption weights 1.0;0.8;0.8	0.360	0.352	0.357
On the average expenditure with the OECD consumption weights 1.0;0.7;0.5	0.343	0.347	0.348

Poverty gap is an indicator used by the Eurostat to measure the income needed for people falling below the poverty level to increase their average income to the poverty level. Poverty gap is calculated by subtracting the average net income (for each member of the household) of households below the poverty level from the poverty line, the results are then summed up and averaged, the average is divided by the poverty line and multiplied by 100.

Table 14. Poverty gap calculated on the basis of the Eurostat methodology.

Poverty gap	1997	1998	1999
Without consumption weights	33.8	30.1	31.3
With the weights 1.0;0.8;0.8	32.5	28.0	30.7
With the OECD weights 1.0;0.7;0.5	29.5	25.0	29.8

Unemployment affects considerably the income of households and is one of the major factors causing poverty. In 1999, 65% of households were households with members in employment, covering 75% of the population. The number of households with unemployed members has remained stable over the last years, although the 0.8% decrease in 1998 has been followed by a 0.8% growth in 1999. A positive development is that such households include less households with children – as compared with 1997, the number of children living in households with an unemployed member has diminished by 1.4%. Most unemployed households live in extreme poverty, with an average income for each member of the household amounting to only one third of the average in 1999.

Table 15. Households with unemployed members, %

Year	Households	Individuals	Children aged 15 or under
1997	5.8	5.6	7.0
1998	5.0	4.8	6.0
1999	5.6	5.2	5.6

According to the social status of the household head, the households of employers and employees have incomes above the average. The income of the households of farmers, where the earnings are often restricted to seasonal income, is 1.5 times less than the average, and that of the households where the head of the household is a pensioner, 1.2 times less than the average. 'Other' households (including, according to this classification, unemployed households) are the most disadvantaged group, with an income 1.8 times below the average income.

The division of households into income deciles shows that it is only in the 6th decile that the income of each member of the household approaches the monthly average. In the 7th decile the income of each member of the household exceeds the income of the average household. The first four deciles live below the poverty level. The income of the households in the 4th decile rose above the absolute poverty line only in 1999. Throughout the period, the three last deciles have earned more than 50% of the total income. For moving into the next decile, the income in the 1st decile should increase by 1.7 times, in the 9th decile by 1.8 times, and in all the other deciles by up to 1.3 times. The income in the 10th decile exceeds that in the 1st decile by 9.7 times.

A similar analysis of the households with children reveals that the level of living rises somewhat above the average only in the 8th decile. The first five deciles live below the poverty level. In the 1st and the 9th decile the incomes should increase by 1.6 and 1.7 times, respectively, to move into the next decile, in other deciles by 1.2-1.3 times. The income in the 10th decile is 9.6 times as high as that in the 1st decile.

By 1999 the share of the 1st decile in the total income has shown some increase, but the shares of the 2nd – 5th deciles have been diminishing. The 6th – 9th deciles also show a growing trend, and the last three deciles (the 7th – 10th) earn 50% of the total income of households with children.

Table 16. The share of the income deciles of households with children in the total income 1996 – 1999, %

Year	Income deciles									
	I	II	III	IV	V	VI	VII	VIII	IX	X
1996	1.99	4.36	5.64	6.73	7.86	8.99	10.43	12.47	15.37	26.16
1997	2.71	4.66	5.82	6.78	7.80	8.90	10.28	12.08	15.25	25.74
1998	2.65	4.73	5.87	6.76	7.65	8.77	10.20	12.16	14.87	26.34
1999	2.75	4.44	5.49	6.54	7.59	8.82	10.31	12.21	15.54	26.29

As concerns the subjective assessment of households of the sufficiency of their monthly income, over 50% of all the households in Estonia consider their monthly income insufficient. There are also some positive developments: the number of households who regard their monthly income as 'totally insufficient' has reduced by

7.5% over the four years, and the number of those households who consider their monthly income as sufficient, has gone up by 6%.

Table 7. Households' assessment of the sufficiency of their monthly income 1996-1999, %

Year	Totally sufficient	Sufficient	Insufficient	Totally insufficient
1996	0.9	15.1	54.4	29.6
1997	1.2	16.6	55.2	27.0
1998	0.8	18.5	55	25.7
1999	1.2	21.2	55.5	22.1

When asked about the desired income for each member of the household, 31% of households consider an income above EEK 4000 sufficient for leading a normal life without luxury. By way of comparison, in 1996 the most frequently desired income range (in 29% of cases) was EEK 2000-2500. According to the size of the household, one-, two- and three-member households are the ones who ask for a larger income, while larger households appear to have more modest wishes, with 60% of them desiring an income of only up to EEK 1500.

Table 18. Types of household by the amount of income (for each member of the household) considered sufficient for normal, luxury-free life, in 1999, %

	Up to 1500	1500-2000	2000-2500	2500-3000	3000-4000	Over 4000
The households' average	5.6	15.5	13.6	16.7	17.8	30.8
One-member households	1.7	13.8	6.5	22.1	14.1	41.7
Two-member households	4.3	11.1	20.3	17.1	14.1	33.1
Three-member households	4.9	18.6	6.8	12.6	35.4	21.7
Four-member households	13.1	14.4	31.1	8.1	15.3	18
Five-member households	17.9	42.4	6.2	15	11.7	6.8
Six or more members	29.8	31.7	13.3	7	6	12.2

4. Education

4.1. Early childhood education.

The minimum age limit set by international standards for pre-school education is 3 years, the maximum age level is determined by the compulsory school age. The indicator used at the international level to characterise the scope of early childhood education is the proportion of children in the corresponding age group - 3 - 6 in Estonia – who attend pre-school institutions.

In the seven years, the proportion of children between the ages of 3 and 6 who participate in pre-school education has increased from 54% to 74% in Estonia, owing mostly to the diminishing birth rate, while the number of institutions has remained the same. In rural areas the growth is even more rapid (from 30% in 1992 to 54% in 1999), but the differences between urban and rural areas nevertheless persist. The difference, admittedly, reflects the larger average number of children in rural families (, which extends the period of maternal leave) and the higher unemployment rate in

rural areas rather than the opportunities for children in the rural areas to attend pre-school institutions.

The situation differs largely between the European Union countries. In countries where pre-school education is compulsory like Belgium or France, the rate was close to 100% in 1996; at the other end of the scale there were Finland with 40% and Portugal with 54%. The situation in Sweden is approx. the same as in Estonia – 70%. To draw parallels with other Baltic countries, in Latvia the rate of pre-school institution attendance was 51% and in Lithuania 40% in 1996, i.e. considerably lower than in Estonia.

Table 19. Rate of children in pre-school education 1992 – 1999, %.

Year	Age					
	1	2	3	4	5	6
1992	4.0	27.7	47.2	54.3	57.3	55.9
1993	4.7	31.1	51.3	56.4	59.1	57.1
1994	5.5	34.3	54.0	59.4	61.1	59.5
1995	5.7	36.8	56.8	64.6	65.6	64.3
1996	8.0	39.5	61.8	67.0	69.1	68.9
1997	9.4	44.5	64.8	71.8	71.7	72.3
1998	9.5	46.2	66.5	71.3	75.0	74.1
1999	10.8	46.6	67.5	74.2	76.3	76.6

While all the age levels show a growing tendency, one could specifically point out the marked increase in the numbers of 2-year-olds in pre-school education, which have almost doubled by 1999. The reasons for why so many women go back to work before the end of the maternal leave - whether it might be caused by the mothers' fear for losing their jobs, or the wish to make a career, or economic circumstances – require special research. Comparative studies of family relations in Estonia and Finland, however, show that Estonian five- and six-year-olds report the fear that their parents might not come to pick them up at the kindergarten in the evening more often than their Finnish peers. This fear might well be partly explained by the children's too early introduction to institutional life.

The growth is also attributable to the introduction of a new type of early learning – preparatory courses for pre-schoolers, which, by the order of the Minister of Education from 1996, may at parents' request be established at pre-school educational institutions or at schools. The purpose of such groups is to develop school readiness of the children who have not previously attended a pre-school institution, as well as to provide children whose first language is not Estonian and who wish to attend a school where tuition is given in Estonian, with basic knowledge of the language. In the academic year 1999/2000, 78% of new pupils began their studies in Estonian, which exceeds the 1997/1998 proportion by 3%. If we compare this percentage with the composition of the Estonian population, we could see that at this early level integration functions successfully.

In the first half of 1998, 2137 children participated in the preparatory courses; in 1999, the number amounted to 2721, most of whom are 6-year-old pre-schoolers. If we add their number to the 6-year-olds who go to kindergarten, we will find that over 90% of six-year-olds participate in pre-school education. In the preparatory courses, the tuition is typically given on one day a week during at least half a year, which,

however, does not correspond fully to the programme of early learning completed by children who go to other pre-school institutions such as kindergartens.

2.2. Basic education (Years 1-9).

A major educational problem of the 1990s is the large number of dropouts and 'repeaters' - students who are not transferred to the next year because of their poor results and need to remain in the same year twice – at the higher level of basic education (Forms 7-9), particularly among boys. This is partly due to the poor economic situation of a large number of households, which is confirmed by the fact that in rural areas the number of 'repeaters' is about twice as high as in towns. Among 'repeaters', boys are three times as numerous as girls.

Whether we take the number of 'repeaters', the number of graduates or the number of students graduating with a distinction as a basis for the analysis, the academic achievement cline has remained the same for several decades – girls whose language of tuition is Russian come at the top, followed by girls who study in Estonian. Boys score at the lowest, and boys studying in Russian reveal much better results than boys whose language of tuition is Estonian. We need not question the criteria for academic achievement in Russian schools. When the results of the national examinations in 2000 came out, among the top dozen of schools there were 4 Russian schools. Paldiski Russian Gymnasium, e.g., surpassed all the top schools in Tallinn and Tartu. The distinction in terms of the language of tuition is explicable by socio-economic factors – Russian schools are located in urban areas.

Table 20 gives a quantitative overview of academic achievement in basic schools over the last seven academic years. The rates of progress-making pupils and dropouts are influenced by migration. Most of the pupils who leave school during the first six years (Form 1 – Form 6) are children whose parents have left Estonia. Another significant group of dropouts at the elementary school level is educationally subnormal children. The situation is different in Forms 7-9, where only a small proportion of dropouts leave school for reasons of migration. Although nearly one half of the students who leave at this later stage continue their studies in a vocational school or by a part-time arrangement, between 1992 and 1999 around 700 students a year have interrupted their education completely in Forms 7-9. According to the information received from schools, only about one third of them dropped out in order to enter employment. The rest of them neither work nor study. More detailed information concerning this group will be available only after an effective social control system has been restored over the completion rate of compulsory education. One might add here that in 1998, about a quarter of households with two children and over a third of households with three children belonged to the category of extreme poverty (with a monthly income below EEK 1060 for each member of the household), which is likely to affect the continuation of education by the children belonging to these households.

Table 20. Rates of progress-making pupils, ‘repeaters’ and dropouts in basic education 1993 – 1999:

Academic year	Forms		
	(0)1.-3.	4.-6.	7.-9.
Progress-making pupils			
1992/93	0.963	0.942	0.914
1993/94	0.968	0.948	0.910
1994/95	0.972	0.951	0.889
1995/96	0.970	0.957	0.901
1996/97	0.974	0.962	0.906
1997/98	0.978	0.966	0.897
1998/99	0.981	0.968	0.893
‘Repeaters’			
1992/93	0.023	0.037	0.044
1993/94	0.021	0.037	0.046
1994/95	0.022	0.037	0.052
1995/96	0.021	0.033	0.050
1996/97	0.020	0.032	0.048
1997/98	0.020	0.030	0.050
1998/99	0.017	0.028	0.051
Dropouts			
1992/93	0.014	0.022	0.051
1993/94	0.010	0.014	0.037
1994/95	0.007	0.012	0.045
1995/96	0.009	0.011	0.040
1996/97	0.007	0.006	0.030
1997/98	0.003	0.004	0.031
1998/99	0.002	0.004	0.029

The high dropout rates from the basic school as a side effect of the radical economic reforms of the decade leads to disproportionate gender division at the higher levels of education and to the socio-economic stratification of the society, which is reflected, among other phenomena, in growing disparity in the level of education. There are several ways to illustrate this statement.

Table 21. Rate of adolescents participating in education in the academic year 1999-2000, %

Age	Total	Boys	Girls
14	96.4	96.6	96.1
15	94.6	93.8	95.5
16	95.4	94.0	96.9
17	85.8	83.8	87.9
18	71.1	67.4	74.9
19	61.4	55.2	67.8
20	47.6	40.0	55.6

The data in Table 21, based on all types of education and learning, show that up to the age of 14, there are no marked differences in the gender structure of students. After that age the proportion of boys among pupils drops and among 20-year-olds, we will find only 72 male students for 100 female students.

Drawing conclusions on the basis of formal figures, without considering the background information, may be very dangerous. E.g., from Table 2.4. one could conclude that in 1999, every twentieth, in 1992, every eighth, and in 1995, every twelfth of one hundred adolescents in the age group 15 - 16 was not enrolled in an educational institution. That seems contradictory to the above analysis. This, however, is not the case. In the second half of the 1980s the age of beginning school changed from 7 to 6 and in a few years back to 7. Consequently, the students finished the basic school at a different age. The 1995 15- and 16-year-olds, therefore, need to be compared with the 1999 16- and 17-year-olds. Among the latter, every 11th adolescent was not enrolled in an educational institution, which means that there appears to have been no significant change in the years 1995 – 1999.

The high basic school dropout rate has influenced the structure of the population by age, gender and the level of education. Data from the 1997 Labour Force Survey show that 15% of the population between the ages 20 and 29 were without secondary education, but for the 30-39 age group the proportion was only 6%. Among the 20-29 age group there are, admittedly, those who are still completing their secondary education, but this share accounts for only small part of the difference. Although the European Union average indicator was 31% in the 20-29 age group and in comparison with individual countries we did better than most of the countries apart from Finland and Sweden, where the indicators were 13% and 14%, respectively, there is still reason to be concerned.

Gender problems have been a focus of attention at schools since the introduction of co-educational instruction, but without much success. We have to admit that the educational environment at the higher level of the basic school is not particularly male-oriented; the syllabi and the (predominantly female) teachers' teaching style does not take much account of gender differences. All this leads to a high dropout rate particularly among boys.

Once students have successfully coped with the first challenge in their education and finished the basic school, they appear to be extremely likely to continue their studies at a higher level. The smaller number of students finishing the basic school in 1995 and 1998 is related to the aforementioned changes in the age of beginning school – 9 years ago less children enrolled in Form 1. The fact that the dropout rate for secondary education is low lets us assume that most of the 18-year old and younger adolescents who are not enrolled in an educational institution are without basic education.

5. Health and health behaviour.

5.1. Mortality and public health problems

In the period of 1989-1990 mortality rates changed drastically. Life expectancy at birth dropped by 1994 and then increased. Mortality among males changed more dramatically than that among females. The life expectancy gap between males and females exceeded 11,97 years in 1994. By the end of the nineties the situation has improved, life expectancy at birth for females has reached the highest level ever reported – 76.09 years. These changes are caused by mortality in working age, life

expectancy at 15 dropped most, while that at 65 remains relatively stable or even grows.

The three main causes of death are diseases of the circulatory system, malignant neoplasms and external causes. Changes in life expectancy described above are due to socially-dependent causes of death such as traumas and poisoning, diseases of the circulatory system and respiratory organs. Changes in mortality due to cardiovascular diseases, the most frequent cause of death, by three age groups. In the age groups 30-49 and 50-69 mortality had increased sharply by 1994, while mortality in the age group 70+ was steadily declining. This observation supports the hypothesis that the decline in life expectancy is attributable to the stress caused by the transition period and behavioural factors rather than changes in medical treatment.

The incidence rate of syphilis and gonorrhoea also grew in the early nineties. Gonorrhoea incidence rate for males reached its highest level by 1993 and then declined; the incidence rate for females reached its peak in 1996. Syphilis incidence rate both for males and females was at its highest in 1997. As for tuberculosis, the incidence rates have been declining for a few years. Gonorrhoea incidence rate had dropped by 1999 below the level of 1989, while the indicators for syphilis and tuberculosis remain high.

This outbreak of infectious diseases is usually explained by the lack of funding for maintaining special hospitals and the lack of discipline needed to cope with the diseases. Compulsory treatment has been abolished because of political reasons and this is why, for example, the data concerning the spread of mental disorders including drugs and alcohol addiction are unavailable.

5.1. Fertility and reproductive behaviour

After an increase at the end of the eighties the total fertility rate decreased dramatically in 1988-1998. An age-specific analysis reveals, however, that while the fertility rate declined steadily in the age groups 15-19 and 20-25 throughout 1990-1999, it has grown in the age groups 30-34 and 35-39 since 1994.

Women's mean age at birth of the first child has changed from 22,70 years in 1991 to 23,78 in 1999, the mean age at first marriage has changed from 22,36 to 24,65. The share of children born in marriage has been steadily declining - it was 86% in 1970, 82% in 1980, 78% in 1987 and only 46% in 1999.

These developments are quite typical of the stage of demographic transition Estonia is going through.

The abortion rate per 1,000 women aged 15-49 declined steadily in 1989-1999, while the abortion rate per 100 live birth showed a different trend. Given the rapid changes in fertility we should use for analysis the rate per 1,000 women in reproductive age. This is declining, apparently due to the availability of modern contraceptives. It has been higher among urban residents than among rural residents, e.g., 52.1 and 45.0, respectively, for all abortions and 45.2 and 37.8 for legally induced abortions in 1998.

5.2. Maternal and children's health

Table 22 shows some basic indicators of maternal and children's mortality. As mentioned above, maternal deaths are rare, and have declined by the end of the nineties, along with the infant mortality rate and the under-5 mortality rate. The WHO definition of live birth has been in use since 1992, the increase in the number of infant deaths is explicable by the change in methodology.

Table 22. Basic indicators of maternal and child mortality

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Maternal deaths	10	7	6	4	5	8	7	0	2	2	2
Per 100 000 live births	41.2	31.4	31.1	22.2	33.0	56.4	51.6	0.0	15.8	16.3	15.9
Infant deaths	359	276	259	285	239	205	201	138	127	114	119
Per 1000 live births	14.8	12.4	13.4	15.8	15.8	14.5	14.8	10.4	10.1	9.3	9.5
Under 5 deaths	460	384	340	378	305	247	271	164	164	153	156
Per 1000 population in the 0-4 age group	3.8	3.2	2.9	3.5	3.1	2.7	3.3	2.2	2.4	2.3	2.4

The changes in infant mortality are caused by a decrease in early neonatal mortality (among infants under 7 days). The causes of death have not changed significantly; for neonatal period the most frequent cause of death is certain conditions originated in the perinatal period, traumas and injuries cause the majority of child and adolescent deaths.

5.4. Adolescents' subjective estimations of their health and behaviour

The Adolescent Health Behaviour Survey, co-ordinated by the World Health Organisation, is an international survey of adolescent lifestyles and attitudes towards their health. The survey involves schoolboys and schoolgirls aged 11, 13 and 15. Two surveys have been carried out – in 1994 and 1998, the next survey has been scheduled for 2002. The table below gives an overview of the results of the 1994 and 1998 surveys.

Table 23. Adolescent subjective health judgments in 1994 and 1998, %.

Boys

	11-year-olds			13-year-olds			15-year-olds		
	very healthy	quite healthy	not healthy	very healthy	quite healthy	not healthy	very healthy	quite healthy	not healthy
1994	26	62	12	22	65	13	24	67	9
1998	32	60	8	27	66	7	20	66	14

Girls

	11-year-olds			13-year-olds			15-year-olds		
	very healthy	quite healthy	not healthy	very healthy	quite healthy	not healthy	very healthy	quite healthy	not healthy
1994	23	57	20	15	65	20	10	74	16
1998	28	58	14	20	70	9	18	65	17

In 1994, 20% of the adolescents considered themselves very healthy; in 1998, the rate had increased to 24%. At the same time the proportion of adolescents who consider themselves not healthy has also increased during the 90s, from 4% to 11%. More positive changes have taken place among 13- and 15-year-old girls – the proportion of the girls who considered themselves healthy had increased by 5% and 8%, respectively. Boys’ health judgements have remained more or less the same over the years.

The same tendencies appear in life satisfaction judgments – the proportion of students satisfied with their life has increased over the 90s. A comparison between boys and girls shows that the number of boys who considered themselves happy has increased more than the number of girls during the five years.

Table 24. Adolescent life satisfaction in 1994 and 1998, %.

Boys

	11-year-olds		13-year-olds		15-year-olds	
	happy	not happy	happy	not happy	happy	not happy
1994	72	28	68	32	68	32
1998	82	18	80	20	75	25

Girls

	11-year-olds		13-year-olds		15-year-olds	
	happy	not happy	happy	not happy	happy	not happy
1994	77	23	67	33	61	39
1998	81	19	80	20	65	35

Participants were asked if they had experienced headaches, stomach aches, backaches, physical depression, irritability, nervousness, insomnia or fatigue. The results show that although in 1998 more students subjectively consider themselves healthy and happy than in 1994, they suffer from more psychosomatic symptoms than they used to. The most frequently occurring symptoms were irritability, nervousness and fatigue. The use of medicines has also gone up among adolescents. For example, the rate of youths taking drugs to relieve headaches has increased from 28% in 1994 to 34% in 1998.

There have also been changes in the adolescents' eating habits. In 1994, 42% of youths reported eating fruit at least once a day, by 1998 the proportion had gone up to 59%. Eating vegetables has grown from 34% to 44%. In 1998, only 4% of participants reported that they never ate vegetables, whereas in 1994 the proportion had been 10%. Eating potato crisps has grown from 7% to 15%, but eating French fries and hamburgers has diminished, from 16% to 8%, and from 8% to 5%, respectively.

The results of the 1994 and 1998 Estonian Adolescent Life-Style Surveys reveal that the proportion of boys who have tried smoking exceeds that of girls in all age groups. Smoking increases with age for both boys and girls. The proportion of students who had tried smoking was 47% in 1994 and 50% in 1998, but regardless of these relatively high indicators, 91% of adolescents in 1994 and 88% in 1998 classified themselves as non-smokers. The proportion of boys in the oldest age group who reported smoking every day also remained stable at 16-17%. Alcohol use appears to have grown over the 90s – in 1994, 74% of youths reported having tried alcohol, in 1998, 86%. The growth in interest in 'tasting' alcoholic drinks correlates with age. Beer, wine and vodka consumption has increased from 5% to 10% in the four years. Beer drinking particularly has gained in popularity – in 1994, 4% of participants reported drinking beer at least once a week, by 1998, the proportion had grown to 7%.

6. High risk children and public care.

Children in social care, including 'high risk' children, have become a focus of regular statistics only in the 90s. The discussion here is organised around three sub-topics:

- children deprived of parental care;
- childcare institutions;
- institutions providing temporary shelter and rehabilitation centres.

On 8 June 1992, the Supreme Council of Estonia (the predecessor of the Estonian parliament Riigikogu), passed the Republic of Estonia Child Protection Act, which is based on the same principles as the UN Child Right Convention, to which Estonia is a party. The executive and legislative power, courts and social care institutions must adhere to the provisions of the Convention, acting in the best interests of children. In cases where the child's family is incapable of taking care of and bringing up their child(ren) and none of the action taken has proved effective either, the child should be provided with a new home and be placed in the care of social workers.

6.1. Children deprived of parental care.

As the Child Protection Act does not provide an exclusive definition for ‘children deprived of parental care’, the term is interpreted comprehensively, including orphans and foundlings; the children whose parents have been deprived of parental rights; the children who have been separated from their family by law, or whose parents have agreed in writing to the adoption of their child; as well as the children who themselves endanger their health and development with their behaviour or action. Social workers place such children and adolescents in childcare institutions or in foster families and maintain records concerning their development. They monitor the welfare of children in foster families, deal with adoption issues, protect the children’s and adolescents’ rights in court, etc..

Table 25. Children deprived of parental care by the year in which they were first registered by social care institutions

	1992	1993	1994	1995	1996*	1997	1998	1999
Children registered during the year	436	770	1 010	1 134	1 044	1 495	1 671	1 752
boys	227	400	503	617	530	802	905	942
girls	209	370	507	517	514	693	766	810
children aged 3 or under	...	...	...	165	113	160	224	207
boys	...	...	...	87	52	92	130	122
girls	...	...	...	78	61	68	94	85

*The data for one medium-sized county are missing. (There are 15 counties in Estonia).

The number of the children and families in whose life the state needs to intervene appears to be growing – as compared with 1992, the number of children placed in care in 1999 has increased by four times. This is mostly a problem of larger towns, very few occasions have been reported from rural areas and small towns.

Along with the use of alcohol and tobacco, which has traditionally been among the causes of the problem, drug use has considerably increased in significance over the last decade. The 1995 survey of schoolchildren, *Õpilane 95* (Narusk, 1996), shows that 15- and 16-year-olds do not regard infrequent drug use as a serious threat to health. The highest level of risk is associated with the use of marijuana and hashish (44% of respondents considered trying these drugs once or twice ‘highly dangerous’), while with other drugs, such as cocaine, crack or LSD, only about every third student viewed them as dangerous to health (39%, 38% and 36%, respectively). Every second adolescent thought that smoking every now and then would involve no risk at all, and that even daily alcohol use would not do any harm to health (e.g., 36% of boys do not consider one or two drinks almost every day dangerous). Later surveys and interviews with adolescents and their families have revealed that most young people try drugs voluntarily, encouraged by friends and motivated by curiosity.

For the majority of children registered by social care institutions a new home is found fairly soon, although in most cases a temporary one. About one third of the children are first placed in ‘shelters’, institutions for temporary childcare. Shelters were established only recently, in the 90s, as a temporary solution for homeless children. About one third is placed in the care of foster families. This step does not require the

deprivation of biological parents of parental rights or a legal action. A foster family is a family who agrees to take care of a child, in accordance with the provisions of the Social Care Act, by signing a contract with the municipal government. The fostering agreement is signed for the duration of up to one year, and it may be regarded as a 'probationary' period for the child and the family. If the child and the family get on well, the fostering time is often followed by guardianship or adoption. Table 26 shows that the number of children placed in the care of families has been increasing year by year, from 291 in 1992 to 671 in 1999.

Table 26. Placement of children in social care.

	1992	1993	1994	1995	1996	1997	1998	1999
The total number of children for whom homes were found	501	729	858	890	1 133	1 441	1 595	1 749
in foster families	291	512	586	296	627	440	479	671
in biological families	...	...	...	...	...	342	401	383
in childcare institutions	203	186	244	239	237	202	252	188
in an educational institution with full maintenance by the state	7	31	28	95	0	0	0	0
in shelters	0	0	0	260	269	457	463	507

6.2. Childcare institutions.

If a suitable foster family or guardian is not found for a child deprived of parental care, and nobody has expressed a wish to adopt him/her, the child will be placed in a childcare institution (children's home). Until 1990, very little and insufficient information was available for children's homes, owing to the fact that childcare institutions were subjected to different ministries. E.g., the statistical data covering disabled children were grouped together with the disabled adults data; 'general' children's homes were classified together with boarding schools and subjected to the Ministry of Education; homes for infants and young children belonged to the administrative field of the Ministry of Health.

Today there are 5 types of childcare institutions in Estonia:

- children's home – a home for orphans and children deprived of parental care;
- 'school home' – an institution providing shelter, care and education to disabled children;
- 'family home' – a home for orphans and children deprived of parental care, where children of different ages live together as if in a family;
- youths' home – an institution providing shelter and rehabilitation to young people over 15 who come from children's homes, special schools, homes for disabled children or have been deprived of parental care;
- 'mixed' childcare institution – an institution for different groups of children and youths, who are placed in different departments, depending on the type of care they need.

Special children's homes (for disabled children) were liquidated in 1995 and homes for infants and young children (for pre-schoolers) in 1998. Now children do not have to change homes when they start school, which was often a traumatic experience.

Common homes also help disabled children to get used to living with others and the others learn to be considerate and respectful towards the children who differ from them. New types of childcare institution were established in 1996, such as 'family homes' and youths' homes.

Table 27. Childcare institutions.

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
General children's homes	12	12	12	16	17	17	17	-	-	-
Homes for infants and young children	7	7	7	7	7	7	7	7	-	-
Special homes	3	3	3	2	2	-	-	-	-	-
Children's homes	-	-	-	-	-	-	-	17	24	27
School homes	4	4	4	4	3	7	8	8	7	6
Family homes	-	-	-	-	-	-	2	3	3	4
Youths' homes	-	-	-	-	-	-	1	2	2	1
Mixed childcare institutions	-	-	-	-	-	-	1	1	1	1
TOTAL	26	26	26	29	29	31	36	38	37	39

Table 28. The number of children in childcare institutions.

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
General children's homes	622	551	540	701	783	764	762	-	-	-
Homes for infants and young children	286	290	301	305	295	317	338	335	-	-
Special homes	116	110	111	92	72	-	-	-	-	-
Children's homes	-	-	-	-	-	-	-	772	1 143	1 133
School homes	499	453	430	354	332	389	443	459	409	385
Family homes	-	-	-	-	-	-	61	71	88	140
Youths' homes	-	-	-	-	-	-	19	20	36	24
Mixed childcare institutions	-	-	-	-	-	-	35	29	23	28
TOTAL	1 523	1 404	1 382	1 452	1 482	1 470	1 658	1 686	1 699	1 710

Tables 27 and 28 show that while the number of childcare institutions has increased by one third, the number of children has remained relatively stable. New homes accommodate a smaller number of children, which makes the atmosphere there friendlier and more home-like. According to the Children's Home Statute, the number of children in a home should remain between 12 and 50. The stability of the number of children in children's homes may be partly explicable by the fact that there are no homes yet that would suit vagrant children who have developed their life-style and habits in streets and engage in activities that endanger the children themselves.

Some of the former 'general children's homes', where the number of children was usually very large, have been closed down in the recent years, and most of the others have been renovated. The effort that is being made to meet children's everyday needs can be also seen in the fact that in 1999, the expenditure on a child in a childcare institution was over three times as high as the average expenditure effected in Estonia

(EEK 6810 and EEK 1901, respectively). Statistical data concerning the childcare institutions' expenditures exist only since 1996.

Table 26. Monthly expenditure on a child, EEK.

Type of expenditure	1996	1997	1998	1999
Staff	2362	2547	2721	2931
Food	568	528	552	563
Medicines	24	26	24	42
Housekeeping, maintenance and other	1362	1438	1362	3274
TOTAL	4088	4538	4659	6810

The category 'housekeeping, maintenance and other' includes the cost of the day-to-day running of homes (fuel, electricity, water, minor repairs, other), the cost of clothes, footwear, stationary, study materials, etc., as well as capital expenditure. As pointed out above, the number of children in childcare institutions has remained relatively stable. The reasons why children need to be placed in a home have also been more or less the same over the years. The proportion of orphans has been 6-8%. The majority of the residents of children's homes are then children whose parents are not able to, or just not willing to, bring up their children. About one fifth of the children have been placed in childcare institutions upon the request of their parents. Most of such children have a serious disability and they are placed in school homes.

Table 30. The background of children in childcare institutions.

	Total			Orphans			Children deprived of parental care			Placed upon the request of parents		
	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls
1997	1686	992	694	124	67	57	1146	679	467	416	246	170
1998	1699	1001	698	122	65	57	1166	684	482	411	251	160
1999	1710	1025	685	144	80	64	1248	746	502	318	199	119

The numbers of new children and children who leave an institution have not changed much either. 10-15% of children leave to go to another care institution - e.g., when the residents of a school home come of age and are transferred to care institutions for mentally disabled adults, or when, until the liquidation of homes for infants and young children, children reached the school age.

Table 31. Movement of children in care institutions.

	1996	1997	1998	1999
New residents	409	413	428	404
residents who	363	379	372	373
left on coming of age	26	43	39	27
transferred to another care institution	48	69	62	76
went to live with foster parents or guardians	22	17	19	55
were adopted	58	53	56	50
went to live with parents	146	121	124	112
died	16	20	19	11
other	47	56	53	42

Childcare institutions provide children with opportunities for study, including gymnasium and university education. About one third of children are mentally disabled and study according to a special programme. In 1999, the number of children not fulfilling the compulsory school attendance requirement was reduced by half.

Table 32. Participation in education by children in childcare institutions 1998 – 1999.

	1998			1999		
	Total	Boys	Girls	Total	Boys	Girls
The total number of children	1699	1001	698	1710	1025	685
The total number of children who study	1186	696	490	1242	733	509
in a basic school	530	290	240	546	316	230
in a gymnasium	15	4	11	15	6	9
in a university	3	-	3	-	-	-
in a vocational school	88	44	44	100	54	46
in a special school for disabled children	550	358	192	581	357	224
The number of children who do not study, although they should attend school by law	103	62	41	49	35	14
The number of children in employment	26	17	9	17	8	9
The number of children who neither work nor study (who are not subject to the law of compulsory school attendance)	88	41	47	136	76	60
The number of pre-schoolers	296	185	111	266	173	93

We have to admit that the society is not ready yet to fully cope with the issue of children who need social care, so that all children in need could be noticed and action taken to protect them. There is still the category of vagrant children, the ‘children in street’, whose exact number is unknown, and even estimated figures vary largely. These children frequently turn to shelters and rehabilitation centres for help.

6.3. Children in shelters and rehabilitation centres.

Shelter – an institution that provides temporary assistance, support and protection.

Rehabilitation centre – an institution that helps people with special needs to readapt to society.

The first institutions providing temporary protection and assistance were established in 1994-1995, and since 1996 some statistical data covering such institutions have been available. Most shelters and rehabilitation centres are open to children and adults alike, but there are also 12 shelters in larger towns which are meant specifically for children (also called ‘safe homes’). Smaller localities have opened special ‘safe rooms’ to provide children with protection and support, and in Tallinn there are several day centres equipped with books, computers and games, where children can spend time. Such centres, some of which can, in an emergency, be used for an overnight stay, have proved rather popular with children, although there are, unfortunately, no exact statistical data available concerning the use of such facilities, as the staff has refrained from keeping very exact records for fear of inspiring mistrust in children.

According to the statute regulating the activities of shelters, the maximum length of a stay at a shelter should not exceed two months. As there is no separate information available for children and adults, the exact average length of children’s stay at shelters is not known. Informal data, however, suggest that children spend longer periods in

shelters than adults, as social workers often need more time to find solutions to their problems. Among the causes for turning to a shelter for help, the children most frequently report a difficult economic situation and being neglected at home.

The table below shows that the number of girls seeking assistance from shelters has reduced considerably. This positive development might be partly explicable by the establishment of the safe-rooms/day centres mentioned above.

Table 33. Children in shelters and rehabilitation centres between the ages 0-17.

Cause	1996	1997	1998	1999
Violence	4	73	65	22
boys	1	43	37	6
girls	3	30	28	16
Violence at home	259	189	139	95
boys	146	86	58	51
girls	113	103	81	44
Violence at school	5	21	11	7
boys	5	16	6	2
girls	0	5	5	5
Vagrancy	355	270	175	148
boys	179	157	120	103
girls	176	113	55	45
Neglect at home	352	291	328	358
boys	219	157	149	209
girls	133	134	179	149
Alcohol use	53	99	59	86
boys	28	54	29	37
girls	25	45	30	49
Narcotic drug use	2	16	13	4
boys	2	11	8	2
girls	0	5	5	2
Homelessness	79	90	89	112
boys	42	44	51	81
girls	37	46	38	31
Difficult economic situation	111	118	348	357
boys	59	67	169	169
girls	52	51	179	188
Other	298	365	467	573
boys	170	199	265	284
girls	128	166	202	289
TOTAL	1518	1532	1694	1762
boys	851	834	892	944
girls	667	698	802	818

Most of the children who turn to a shelter for help are between the ages 7 and 14. The number of very young children who come to shelters is unexpectedly high – every fifth child is younger than 7. The most frequent causes for very young children to seek assistance from shelters include poverty and neglect at home, the proportion of vagrant children is much smaller in this age group.

Table 34. Age-specific causes for seeking assistance from shelters in 1999.

	0-6	7-14	15-17	Total
Violence, including violence at school	1	14	14	29
Violence at home	25	53	17	95
Vagrancy	4	99	45	148
Neglect at home	84	225	49	358
Alcohol and drug use	13	63	14	90
Homelessness	35	54	23	112
Difficult economic situation	64	277	16	357
Other	140	259	174	573
Total	366	1044	352	1762

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