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COMPREHENSIVE SEXUALITY EDUCATION



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In Formal Settings

1. Introduction

Parents and families play a key role in shaping the way we understand our sexual and social identities. Parents should be able to address physical and behavioral aspects of human sexuality to children and young people, and the latter should be informed and equipped with the knowledge and skills to make responsible decisions about sexuality, relationships, HIV and other sexually transmitted infections. Today, many young people do not receive the proper preparation for their sexual lives. This makes them more susceptible to bullying, or abuse, unwanted pregnancies and sexually transmitted infections (STIs), including HIV. Preparing children and young people for adulthood has always been one of mankind's greatest challenges, centered on sexuality and human relationships. If we want to have an impact on children and young people before they are sexually active, it is necessary to include comprehensive sexuality education in the school curricula. Teachers are an invaluable resource in the fight against STIs in the education sector. Special efforts should also be made to reach those children who do not attend school - and who are often more prone to misinformation and exploitation. In this context, as part of the reform that has included pre-university education in Albania, UNFPA, MoESY and the Institute for Development of Education (newly renamed to The Pre-university Education Quality Assurance Agency) have conceived a multidimensional intervention in the educational system with the aim of equipping teachers with attitudes, knowledge and skills needed to plan and facilitate sexuality education.

2. The historical context of early attempts to institutionalize sex education in the Albanian education system

Health & sexuality education as a dimension of education became part of the Albanian educational system in the period 1995 to 2005. In conditions when our educational system was being opened to other educational systems, when the society was facing other cultures, when communication verbal, nonverbal, and technological, were becoming languages of the time, young people were confronted with new behaviors that questioned their understandings and attitudes toward reproductive health and sexual behavior. ISP, IZHA / ASCAP experts identified the necessity of health & sexuality education, and succeeded in persuading policymakers to make it part of the official school curriculum.

This dimension of education was extended to lower third grade classes as part of the "Nature Knowledge" subject and to grades 5-8 as a separate subject. This timespan marks the highest point of good political decision-making in the education system. Identifying the need for health & sexuality education in school was associated with student, teacher and parent material packages. This period also marks the institutionalization of health / sexuality education as part of education in Albania. In the years that followed, health / sexuality education, the dimension of life abilities, including sexual development and behavior, sexuality, consequences of unhealthy sexual behavior, sexually

transmitted infections, sexual behavior-based behavioral repertoire, were added. Thus, the concept of health education gained new dimensions year by year.

The whole process of installing health / sexuality education has been a dilemma and paradoxical:

- **Paradoxical**, because this dimension of education came to life when the teaching staff themselves had problems related to their missing education, problematic and socio-cultural barriers in terms of sexuality education.

- **A dilemma**, as institutions that had identified the need to become part of the health / sexuality education system faced counter-arguments and barriers coming from other factors relevant to the school. Relatively specific schools and actors were not willing to qualitatively meet health / sexuality education. Taboos have accompanied this process.

Currently, experts have re-focused on the need to reformat health education with a focus on "Sexuality Education as life skills" in the educational system. This becomes urgent when young people are faced with a lack of knowledge and how to properly manage their reproductive health.

3. The dimensions of inclusive sex education in the Albanian pre-university education system

Health education with the focus on "sexuality education as life skills" represents one of the basic goals of education and is considered a substantial dimension of an individual's education. This training requires a deliberate investment in the time, quality, and methodologies required at different stages of each individual's life. Often teachers have a specific need to research the weight and importance of this education, to confront not only the need to convey this dimension to young people, but also to identify the potential difficulties that this educational dimension carries in the way that schools fulfill it.

Health education with a focus on "sexuality education as life skills" aims to educate people to embrace the notion of 'understanding themselves'. This notion is part of the educational system. Although entrusted to the school, although it becomes part of the school curricula, it is accompanied by paradoxical dilemmas and situations. In essence, sexuality education marks the beginning of the dimension of "understanding oneself" and relatively provides answers to questions related to identity especially at the age of puberty.

Health education with the focus on "sexuality education as life skill" is accomplished in a specific cultural context. Depending on the socio-cultural context, each individual reflects a certain behavioral repertoire that proves the quality / incompetence / distortion / good performance of this educational dimension. Even in our case, this dimension of education is accomplished and acquires the same symptoms that society has. This process gains the same traits that our community has about sexuality education. Even the experts of education, curriculum, textbooks, teachers, trainers that fulfill their

obligation to design sexuality education policies within background / lack of background they have. Thus, young people will get the substance of what experts have about this dimension of education. So the question needs to be asked: To what extent are education experts professionally, ethically, methodologically prepared to meet the goals of this dimension of education?

Health education with the focus on "sexuality education as life skills" is implemented in a defined legal context on education. The Law on Pre-University Education emphasizes the full development of youth health and sex education and identifies it as the task of the system to fulfill this dimension of education. The law explicitly states that: The pre-university education system aims at the formation of each individual in order to face the challenges of the future, to be responsible for the family, society and the nation etc.

4. Why is the Health Education program focusing on "sexuality education as life skill" institutionalized in schools

The school is a "natural habitat" where knowledge about sexuality education can be acquired.

Schools provide the socio-psychological context where young people tend to build lifestyles. School-aged children develop a behavioral repertoire through interaction with peers and confront this repertoire with educators and teachers. Schools are also ideal environments to accomplish and promote sexuality education implying health education for several other reasons:

- Schools implement education processes related to official curriculum, but also to the school-based curriculum. They fulfill the purpose of schooling in a well-structured time span organized in school cycles referring to age and psychosocial parameters;
- Schools as institutions have a legal obligation to guide young people towards social maturity and sexual maturity as part of individual social behaviors.
- The school as an institution works with trained staff to guide the dimension of sexuality education;
- The school as a social institution guides the processes of sexuality education referring to the physiological needs of the age group, emphasizing the critical points where their physiological development occurs;
- Schools as social institutions are at the same time multipliers of effective policies that disseminate the family effect on health education.
- Schools as social institutions can be community bridges through different projects or through local cross-sectoral communities.

5. Actions, Policy reforms and development of a National Program

In early 2015, UNFPA, MoESY and IZHA launched the project to restore the institutionalization of health and sexuality education in Albanian at the pre-university education level. The concept of institutionalization extended to 2 levels: 1) writing health education curricula, 2) training teachers

This program has several features:

- It is implemented nationally
- Not transferred from foreign experience. Identified as a need by Albanian expertise, it is being implemented by Albanian teachers and monitored by MoESY experts, ASCAP.
- UNFPA has provided financial support to the program and has ensured that the program is developed in a timely manner with respect to the academic spaces that the curriculum allows.
- The program has affected three levels of education: elementary, lower secondary, secondary.
- The program has established local training capacities for teachers of biology, citizenship, physical education, sport and health.
- The program has certified TOT instructors in health education issues focusing on sexuality education.
- It is part of the Ministerial Order for the start of the academic year 2016-2017, 2018, 2019, 2020.
- The program has provided teachers and students with school-cycle publications on curricular, didactic and informational packages.
- Contextualizing the program with reference to the socio-cultural specifics of the school and community has eliminated the potential opportunities for the program to be applied in template forms. Every school, teacher, has had enough academic freedom to identify teaching topics, specific methodologies to develop substantive issues of health and sexuality education.
- The program of how it has been delivered in schools and training has significantly "reduced" misinformation about these sensitive issues that until recently were considered taboo.

Curriculum package with focus: "Sexuality Education as Life Skills" addressed to teachers in the three cycles of education: primary, lower secondary, secondary refers to the specifics of each age group. This curriculum package has three dimensions:

- **Proper science** related to physiological problems and hormonal changes, beyond the knowledge offered in the subjects of Biology and Physical Education.
- **Knowledge** of the body and self and the behavioural changes associated with puberty and adolescence beyond the knowledge offered in the subjects of Citizenship and Civic Education. Knowledge of the behavioral repertoire and self-management that young people / teachers exhibit at certain age groups when confronted with hormonal changes.
- **Sexual health education** as a necessity beyond the "taboo" boundaries

The conception and implementation of the core curriculum with the focus on "Sexuality education and life skills", generated cross-curricular themes in all education cycles for elementary school, biology, physical education, citizenship from 4th grade to high school.

- **In elementary education**, sexuality education begins with the subject of the knowledge of nature (on topics related to biology). Through this subject students learn about human and animal life cycles, including reproduction. They begin to understand the concepts of reproduction and growth, but not how reproduction occurs.

Sexuality education addressed through formal biology curriculum shapes it in aspects related to body development at certain age groups, reproductive organs, sexual maturity and physiological needs of the age group, highlighting critical points where physiological development occurs them.

- In grades 6-9, the biology curriculum develops specific knowledge, skills, attitudes, and values related to the function of human systems including reproductive systems and sexual health in particular by establishing an approach to health promotion.
- In upper secondary education, the biology program provides students with an expanded knowledge of the biological aspects of reproduction and reproductive health as essential to developing safe and healthy sexual behaviors in young people.

Sexuality education handled through the official curriculum of physical education, sports and health

Through the field / subject of "Physical Education, Sports and Health", sexuality education develops content areas related to the cognitive, psychological and social characteristics of young people. The topic "Community service, wellbeing and health education" of the subject program "Physical education, sports and health" enables students to acquire competencies for maintaining and cultivating their own and others' health. Through the knowledge of this topic the students are introduced to the concept of gender identity and gender identity values.

Sexuality education through the official citizenship curriculum

If we were to refer to a broader understanding of sexuality, the citizenship curriculum undertakes to address issues from the perspective of personal, social development and behavioral repertoire. In the citizenship program, the topics "Individuals, groups, society" and "Health" are covered by areas of sex education content. The knowledge of each of the topics listed below is qualified by the experts as necessary to gain change for healthy behavior. The topic "Individuals, groups, society" addresses: self care; respect for the rights of others; being accountable for the actions it performs; respect for moral values; etiquette; positive behaviors; the variety of relationships between individuals.

6. A timeline of main developments during the last decade which culminated with the start of the National Screening Program

Timeline	Intervention, policy change, progress	Main Stakeholders and partners
1995/ 2005	Sexuality education was introduced into the APU curriculum in Grade 3 of the lower cycle as part of the "Nature Knowledge" subject and in Grades 5-8 as a separate subject.	MOESY, IED, UNFPA
2015	New Core Curriculum with the focus on "Sexuality and life skills education ", 4-12 grade curriculum in biology, physical education and citizenship	MOESY, IED, UNFPA
2016	Develop didactic guidelines for teachers and students on health education with a focus on Sexual education and life skills ”for primary education cycles, lower secondary education - AMU and upper secondary education - AML / Gymnasium	MOESY, IED, UNFPA
2016	The first network of 150 TOT teachers trained in health education focuses on sexual health	MOESY, IED, UNFPA
2017	Development of didactic and training package for health education with focus on "Sexual education and life skills" for primary education cycles, lower secondary education - AMU and upper secondary education - AML / Gymnasium	MOESY, IED, UNFPA
2017	Developing teacher profile standards for health education with a focus on "Sexual education and life skills	MOESY, IED, UNFPA
2018	Advocate for the status of the "Sexual education and life skills" program in collaboration with universities where teachers are formed on the status of sex education in the curriculum that prepares new teachers; Teacher-to-teacher advocacy, referring to the experiences gained during the implementation of the program so far;	MOESY, IED, UNFPA
2018	Preparation of didactic materials for teachers and students: <ul style="list-style-type: none"> • Detailed curricula for each school year supported by the core curriculum (age group 10-18); • Annual planning, quarterly periodic planning for each 	MOESY, IED, UNFPA

	education cycle and for biology, citizenship, physical education, sports and health profiles.	
	<ul style="list-style-type: none"> • Dedicated teaching / lesson plans according to planned annual academic topics; • Preparation of didactic materials “From teachers to teachers”. • Identifying positive classroom experiences of different subjects and enabling their reflection at national level. 	
2019	Specific guidelines with focus on Sexual Abuse are written. Instructions for teachers, parents, pupils.	MOESY, IED, UNFPA, Faculty of Social Science
2019	Program implementation monitoring Distribution and implementation of the School Curriculum Package and its monitoring at national level, strengthening local training capacities in each RED / EO; evaluating the application of didactic resource materials in school in each pre-university education cycle.	MOESY, IED, UNFPA,
2015-2020	Inclusion in the MoESY Academic Year-Start Guidance, MASR, 2016-2017; 2017-2018, 2019. 2020 on the implementation of the health education program with a focus on “Sexual education and life skills:	MOESY, IED, UNFPA,

7. TEACHERS' TRAINING

- Teacher training on sex education is an element that is often overlooked. In this respect, improvements are really needed. Lack of teacher preparation to teach and motivate students to learn properly can impair results. Teacher training is also important because these are sensitive topics and teachers may find it difficult to address them. The focus of good sex education is not only on knowledge transfer, but also on discussing (harmful) social and gender norms, as well as on developing critical thinking. For this, participatory and interactive learning methods are needed in order to be effective.
- EDI has implemented and monitored a comprehensive sexuality education training program for teachers since 2015. EDI designed a didactic teacher training package focusing on "Sexual education and life skills" for primary education, lower secondary education and

secondary education up high. Also this TOT teacher certification program was accredited by MASR to award teachers with free credits.

- By the end of 2016, IZHA and MASR certified 150 teachers from 13 educational directorates as TOT teachers. Teacher trainers have been trained for 110 hours in total over one year. There are 2 to 4 days of formal ToT trainings, after which the trainers give homework, deliver lectures on teaching patterns, and then train other teachers (usually 10 - 30 at a time). The whole process was monitored and evaluated by IZHA and UNFPA. At the end of 2016, 150 teacher training courses were held across the country in 13 Regional Education Directorates. In this way, about 3,000 teachers were trained.
- During 2018, teacher training and on-site piloting of didactic materials 'Sexual Life Skills Teaching' continued on a one-to-one basis where one TOT teacher trained around 10 teachers. A total of 648 teachers were certified as TOT teachers by the following breakdown:
 - 288 TOT teacher profile Primary Education
 - 105 TOTAL Teaching Profiles Physical Education (AMU + Gymnasium)
 - 130 TOT Biology Teacher Profile (AMU + Gymnasium)
 - 125 TOT teacher profile Citizen (AMU + Gymnasium)

The teacher training was extended to 5 REDs where the problems were more acute by training around 2000 primary and secondary education teachers.

During 2019 the training capacities have been expanded to 8 educational departments and around 40 trainers are expected to be trained X 10 teachers X 8 local educational units = 3200 teachers.

It turns out that from 2015 - 2016 MASR and IZHA certified 150 TOT teachers who trained around 3000 other teachers on health and sex education issues.

During 2018 MASR and IZHA certified 648 TOT teachers while the number of teachers trained in 5 RED reached 2000

During 2019, training capacity has been expanded to 4 Regional Directorates and 4 Education Offices while around 3200 teachers are expected to be trained on sex education issues.

In non-formal settings

In Albania, during the last 25 years, many interventions have been implemented in order to improve health education of young people in various non – formal settings. Interventions in these settings aim, among other things, to reach as many young people as possible who do not attend school or those who belong to marginalized groups. Initially, these interventions focused on improving knowledge, attitude and skills of young people on issues such as family planning (modern contraception), pregnancy and childbirth; STIs, including HIV and AIDS. Issues such as violence and sexual abuse, human rights, sexuality and reducing stigma on young vulnerable groups were more addressed during the last decade.

Since the early 2000-s, different studies were conducted in Albania to assess not only Albanian youth's knowledge but also their sexual behavior. While there is a significant improvement in knowledge on Sexual and Reproductive Health (SRH), still in Albania, safe sexual behaviors are reported at low levels. According to ADHS 2017/18, young people's knowledge of modern contraceptive methods is quite good, approximately 96% for the 15-24 age group. On the other hand, the level of use of these methods is quite low. When it comes to condom use, only 1.7% of young people aged 15-24 use it, thus provided a very low prevalence of its use. These results suggest the urgent need to work more with young people, in and out of school in the area of health and sexual and reproductive rights.

Table 1 presents a list of national studies conducted in Albania over the last two decades, which have contributed to identifying health issues related to the CSE and addressing them as priorities during development of the various policy documents presented in Table 2.

Table 1:

Timeline	Population based Surveys	Main partners
2002	Reproductive Health Survey (RHS)	MoH, IPH, USAID CDC
2005	Young Risky Behaviour Survey in Albania (1 st Round)	MoE, IPH
2005	Biological and Behavioral Surveillance Survey (1 st Round)	USAID, IPH, FHI
2008	Biological and Behavioral Surveillance Survey (2 nd Round)	Global Fond
2008-2009	Albanian Demographic and Health Survey 2008/09	USAID, UNICEF, UNFPA, WHO, IPH, INSTAT
2009	Health Behaviour in School Aged Children Survey 2008/09	UNFPA, IPH
2009	Young Risky Behaviour Survey in Albania (2 nd Round)	IPH, UNFPA
2011	European School Survey Project on Alcohol and Other Drugs (ESPAD)	EMCDDA, IPH
2012	Community Survey on Prevalence of Adverse Childhood Experiences in Albanian students	WHO, FoM
2013	Situation analysis on the prevention of child maltreatment in Albania: the way forward	Faculty of Medicine, WHO
2014	Health Behaviour in School Aged Children Survey 2013/14	IPH, FoM, UNFPA, UNICEF
2015	Biological and Behavioral Surveillance Survey among prisoners	UNFPA, STOP-AIDS,

	in Albania	IPH
2015	European School Survey Project on Alcohol and Other Drugs (ESPAD)	IPH
2015	Child Sexual Abuse in the circle of trust	USAID, TdH
2017-2018	Albanian Demographic and Health Survey 2017/18	SDC, UNICEF, UNFPA, IPH, INSTAT
2018	Health Behaviour in School Aged Children Survey 2017/18	IPH, FoM, UNFPA
2019	Biological and Behavioral Surveillance Survey (3 rd Round)	Global Fond

Table 2:

Timeline	Policy actions	Main Stakeholders and partners
2006	Steering Committee of Reproductive Health	MoH, IPH, UNFPA, UNICEF, WHO
2009	Strategic Document for Reproductive Health 2009-2015	MoH, UNFPA
2012	Memorandum of Collaboration between MoH and MoE	MoH, MoE
2014	The protocols and guidelines for antenatal and postnatal clinical care	MoH, UNICEF
2015	National Youth Action Plan 2015-2020	MoSWY, UNFPA
2015	Review of Basic Services Package at Primary Health Care	MoH, UNFPA, UNICEF, WHO
2015	Review of Standards for Youth Friendly Services	MoH, UNFPA, ACPD
2016	National Strategy for NCDs 2016-2020	MoH, IPH, WHO
2016	Clinical Guideline for Adolescent Health, Growth and Development	MoH, UNFPA, ACPD
2017	Strategic Document and Action Plan for Sexual and Reproductive Health 2017-2021	MoHSP, IPH, UNFPA
2017	Action Plan of Health Promotion 2017-2021	MoHSP, IPH, UNFPA, HAP
2019	Review of Clinical Guideline for Adolescent Health, Growth and Development	MoHSP, UNFPA, ACPD

Many health and educational agencies together with NGO's have played an important role in promoting CSE in formal and non- formal settings. In 2012 a Memorandum of Collaboration was adopted by the Ministry of Health and Ministry of Education and Science¹ with the aim to improve school based health services through information, education and communication and to improve health behavior of school-aged children aged 6-18. The Memorandum envisaged training for teachers and school health staff in relation to effective communication on important health topics (including sexual health education).

Table 3 presents main activities and interventions developed over the last two decades in Albania, aimed at improving the level of knowledge, attitudes and sexual health practices of Albanian young people. Although, there are many interventions and activities that have been implemented during the last 20 years, most of them have not been sustainable and have functioned only in the framework of projects financed by different international agencies. In general, government health and social institutions do not provide dedicated funds for development of activities focused on rising awareness (including activities for sexual education). This situation impedes effective work planning risking the successful outcome of this interventions. Institute of Public Health (IPH) is the main public institution that every year produces a limited number of informative and educational materials (including materials about sexual and reproductive health education) and distributes them in all districts in Albania.

Table 3:

Timeline	Main activities and Interventions	Main Stakeholders and partners
2002	National Contraceptive Logistics Management and Information System (LMIS)	MoH, IPH, USAID
2003	Piloting youth friendly health services	UNICEF, UNFPA
2006-2007	National ToT Training of Health Care Providers, School Psychologists on Youth Friendly Services and ASRH	UNFPA, IPH
2007-2011	Global Fund Programme	GF, MoH, IPH
2007 – 2011	Reproductive Health Journal (monthly published)	IPH, UNFPA
2009-2011	C-Change Albania Family Planning Program	USAID
2010-ongoing	Yearly National campaigns of SRH: “World Contraceptive Day” (26 th September)	IPH, MoH, UNFPA, ACPD
2011-2014	National training program for health professional on gender-based violence	MoH, UNFPA, NCSS
2012	National training package for school health staff (13 modules), based on eight competencies (one of the module: <i>Sexual and Reproductive Health</i>)	MoH, IPH, WHO
2014	National training package for CSE	ACPD, UNFPA
2018 - 2019	Global Fund Programme	GF, MoHSP, IPH, NGOs

In 2003, a new model for youth friendly health services integrated within the primary health care was modeled in two districts of Albania (Vlora and Tirana), supported by UNICEF. The model aimed to upgrade the primary health care services with new protocols and services which are gender and age sensitive and appropriate to the needs of adolescents and young people. Training modules were developed and were tested with the staff of the YFC. The model was incorporated in the first national youth strategy in 2015. UNICEF supported the model from 2003 – 2006 and supervised it for two additional years. Youth Friendly Services have continued to be offered mainly through NGOs like ACPD in Tirana, Shkodër and Vlora.

Different NGOs have worked in promoting and implementing sexuality education programmes in Albania in the two last decades. They collaborate closely with local government agencies such as the specialists of health promotion from Directories of Public Health to promote awareness and utilization of services among the communities.

It is also worth emphasizing the role of some NGOs, such as STOP AIDS and Action +, in providing information and services to young people at higher risk for HIV and AIDS and the most vulnerable youth groups.

Sexual health education among vulnerable groups has been an important challenge in Albania. Due to marginalization, it is often difficult to reach these groups. Two programs from Global Fund (2007-2011 and 2018-2019) have specifically addressed the needs of these groups and aimed at empowering them in terms of knowledge and healthy behaviors that reduces their chances for HIV infection.

Sexual health education has been part of these interventions. It remains a challenge the continuity of these interventions even after the end of the second round of the Global Fund program in Albania.

Promoting CSE had experienced many challenges in Albania. There is still resistance from parents and caregivers, community members, and teachers as well, who see CSE as a factor that leads young people into early sex. They argue that it is against the Albanian culture; that schools must promote values instead of sex education. They feel that CSE might be OK for young people but not for children at a young age.

Finally, addressing this resistance and challenge in proper way, requires specific approaches and some thoughtful steps and interventions.

The way forward:

- Scaling up existing national programmes on CSE, focused both on the improvement of school-based programmes as well as on community based approaches, where youth engagement is crucial.
- Proper financing of the CSE including teacher training.
- Proper financing of the health promotion IEC that supports and aims at behavior change communication for a positive social change.
- Nationwide scaling up of youth friendly services, which will eliminate barriers of communication on issues about sexual reproductive health among young people.
- Reflecting at the local level the integration of health and social work, through better involvement and engagement of the respective local institutions including communities and municipalities
- Extended support for organizations and institutions that provide SRH care in Albania.
- Accompany CSE interventions with community sensitization, particularly of parents, aimed at changing social norms around sexuality and CSE and provide space for young people to influence and demand their rights.

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