

ISSUE

04

SEPT
2013

Children in Lebanon

Dr. Maral TUTELIAN



We are here to help you!

Should you require any help or assistance about this publication, please give us a call at **+961 1 373 164**

You can also visit our website **www.cas.gov.lb** where you can download free available statistics and indicators about Lebanon.

Suggested Citation: Children in Lebanon, Statistics In Focus (SIF), Central Administration of Statistics, Lebanon, Issue number 4, September 2013.

This publication is free of charge and can be found at the following link: <http://www.cas.gov.lb/index.php/en/statistics-in-focus-en>

Previous SIF publications you may have missed reading: link: <http://www.cas.gov.lb/index.php/en/statistics-in-focus-en>

- SIF – Issue 1: **The Labour Market in Lebanon.** October 2011
- SIF – Issue 2: **Population and Housing in Lebanon.** April 2012
- SIF – Issue 3: **Education in Lebanon.** April 2012

Designed by: Khodor Daher – Central Administration of Statistics, Lebanon

CHILDREN IN LEBANON

This issue of SIF looks briefly at the children characteristics in Lebanon using key indicators and figures available from a number of surveys conducted by the Central Administration of Statistics (CAS) in Lebanon in recent years.

Its objective is to provide users with important information on children in Lebanon enabling them to understand the current situation and to compare Lebanon to neighbouring countries.

For this publication we have primarily used the most recent available data from the Multiple Indicators Clusters Survey, Round 3 (MICS3) conducted by the Central Administration of Statistics (CAS) in 2009 in partnership with the UNICEF-Beirut office. However for some indicators we used surveys previously conducted by CAS. This will be noted where applicable.

INSIDE THIS ISSUE:

Introduction	2
On being under 18 years of age	3
Households with children	5
Who takes care of children	6
Early learning and playthings	7
Child discipline	7
Nutrition	8
• Breastfeeding	8
• Low birth weight	10
Health	11
• Child mortality	11
• Child disability	12
Concepts and definitions	13

Acronyms:

CAS = Central Administration of Statistics

MICS = Multiple Indicators Clusters Survey - Round 3 - 2009

MENA = Middle East and North Africa

WHO = World Health Organization

PAPFAM = Lebanon family health survey, 2004, CAS

General notice:

Figures will sometimes not sum to 100 % that is because of the rounding.

We are using the following categories for regions:

Remaining Mount Lebanon comprises the following districts: Jbayl, Kesrouane, Matn, Baabda, Aaley, Chouf.

Remaining North Lebanon comprises the following district: Zgharta, Koura, Bcharreh, Batroun

Remaining Bekaa comprises the following districts: Zahleh, West Bekaa, Rachaiya

Introduction

Children represented just under one third of the total population of Lebanon in 2009. Almost most of them are living with their biological parents, and the remainders live with a child caretaker or as orphans.

More than half of the households of Lebanon had at least a child at home, but this varies among the regions. For instance the majority of children lived in the governorate of Mount Lebanon and few were found in the Governorate of Beirut.

Between the years 2007 and 2009 a slight change in the composition of households was noted, households with large numbers of children have decreased and the percentage of households with one or two kids slightly increased for the same period of time.

In general terms infants, young children and older children, are very distinct sub-groups with different dependencies and health determinants, requiring different services, and needing for instance different measures of health.

In Lebanon children's situation is highly correlated with their mother's or caretaker's level of education. The higher the level of education of the mother or caretaker, the better the children's situation was in a number of vital and social domains such as development, nutrition and health.

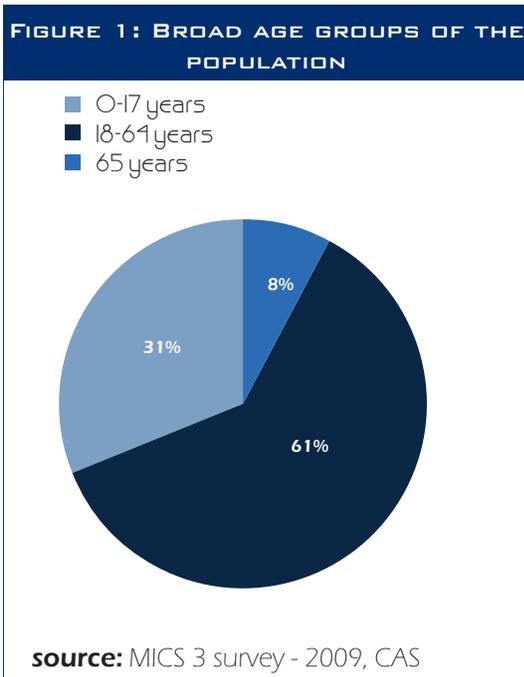
Children's health is usually monitored by a number of indicators such as low breastfeeding, weight at birth, disability,... Our statistics showed that for some indicators Lebanon was classified above the regional average but for others Lebanon was below that level. For example only 1 out 10 newborns is getting exclusive breastfeeding, with this pattern Lebanon is classified below recommended levels and worldwide practice.

On being under 18 years of age in Lebanon

Children are the share of the population aged between 0 and 17 years. In 2009, they represented just under one third of the total population of Lebanon amounting to **31%**.

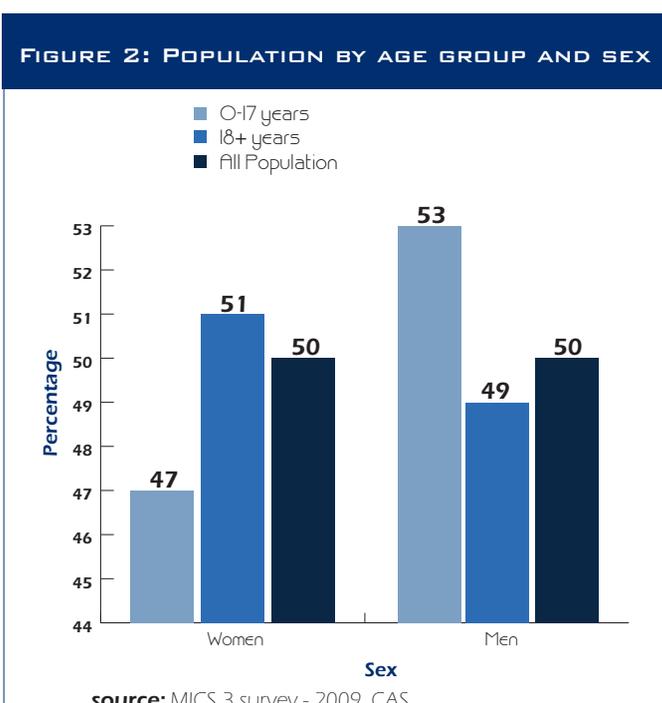
Younger children, those who are aged 0 to 4 years old, represented **5%** of the total population of Lebanon and the older children, aged 5 to 17 years, represented **26%**. This situation reflects the fact that births in the Lebanon reached their lowest level between 2002 and 2005 (see SIF 02 Population and Housing in Lebanon).

Among all the children's age groups, the boys represented **53%** and the girls were **47%**. When compared to the total population of Lebanon, we noted that the percentage of boys was slightly higher than the percentage of men in the total population and on the contrary the percentage of girls was **6%** fewer than the percentage of women in the total population in 2009.



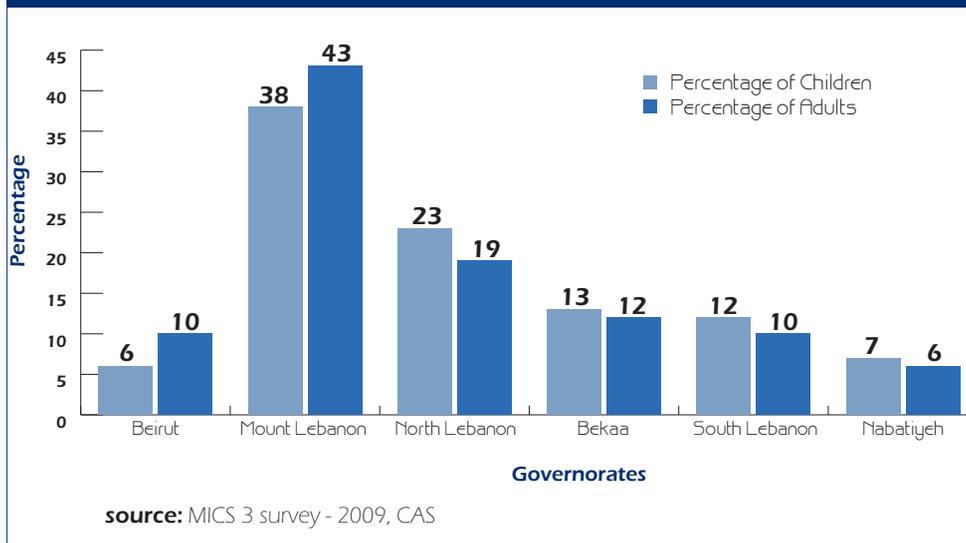
The ratio of children to adult in Lebanon was stable between the years 2007-2009 and accounted for approximately 2 adults for each child.

Most children (**93%**) live with their biological parents at home and the remainder live either with one of their biological parents or in a household where neither of their biological parents are present (this latter category is referred to as 'orphans' in this publication but it should be noted that the data exclude children living in institutions). It's very important to note at this stage that children's births are entirely registered with no difference between the regions or sex of the child.



The distribution of adults and children differs most in Beirut and Mount Lebanon where the proportion of children is notably less than that of adults and in North Lebanon where it is greater.

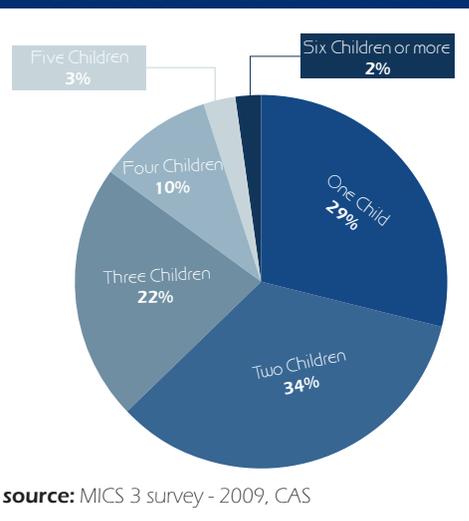
FIGURE 3: PERCENTAGE OF CHILDREN AND ADULTS IN THE POPULATION BY GOVERNORATE



Households with children

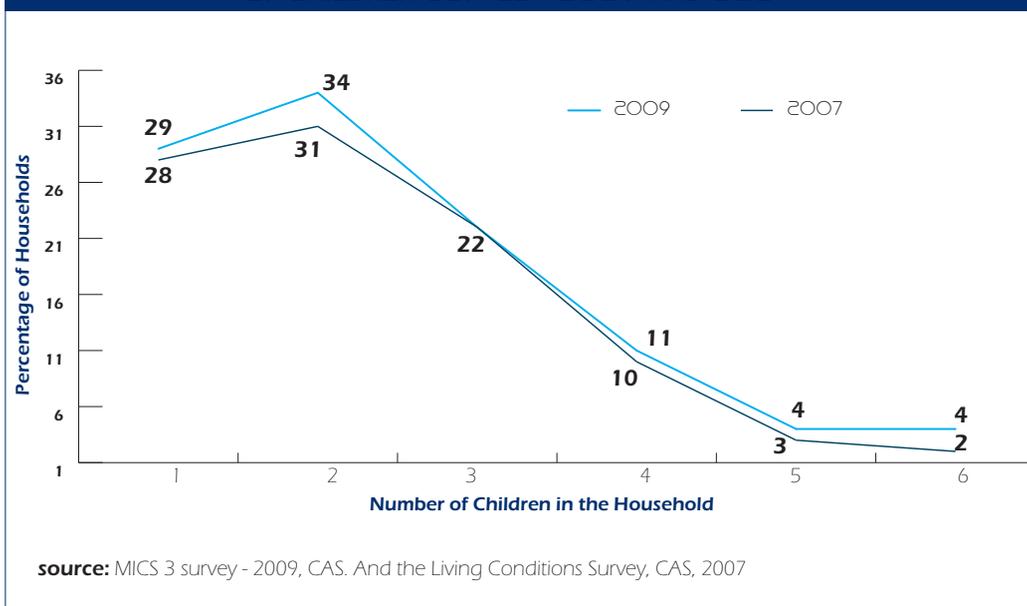
More than half (54%) of all households in Lebanon have children under the age of 18 living at home. Among these households a third (34%) had two children and 37% had three or more children. Large households that have six children or more made up only 2% of all Lebanese households

FIGURE 4: PERCENTAGE OF HOUSEHOLDS THAT HAVE CHILDREN BY NUMBER OF CHILDREN AT HOME



The number of children per households hasn't really changed over time, except that the percentage of large households that have 5 kids or more has decreased and the percentage of households with 2 children has increased from 31% to 34% between the years 2007 and 2009.

FIGURE 5: PERCENTAGE OF HOUSEHOLDS THAT HAVE CHILDREN BY NUMBER OF CHILDREN BETWEEN 2007 AND 2009



Who takes care of children?

A number of children spend time with a person other than their parents. In 2009, **8%** of children under-five years of age were left in the care of other children under the age of 10 years during the week prior to the survey. The lower the mother/caretaker's level of education, the more likely this was to happen. Where the mother/caretaker had no education, **20%** of the children they cared for, had been left alone with other children under 10 years of age the previous week. At the other end of the scale, where the mother/caretaker held a university degree, only **4%** of the children they cared for, had been left with other children under 10 the week before.

Apart from this, some **2%** of children under-five years of age had been left completely alone during the week previous the survey and this was also varying according to mother/caretaker education level.

Based on our survey we don't know what are the exact reasons why a mother/caretaker left her child alone or with other children, but we looked at the mother/caretaker profile and our statistics showed that most of the mothers/caretaker were not economically active whereas only **16%** were occupied with employment.

FIGURE 6: CHILDREN LEFT IN THE CARE OF OTHER CHILDREN AND MOTHER/CARETAKER EDUCATION

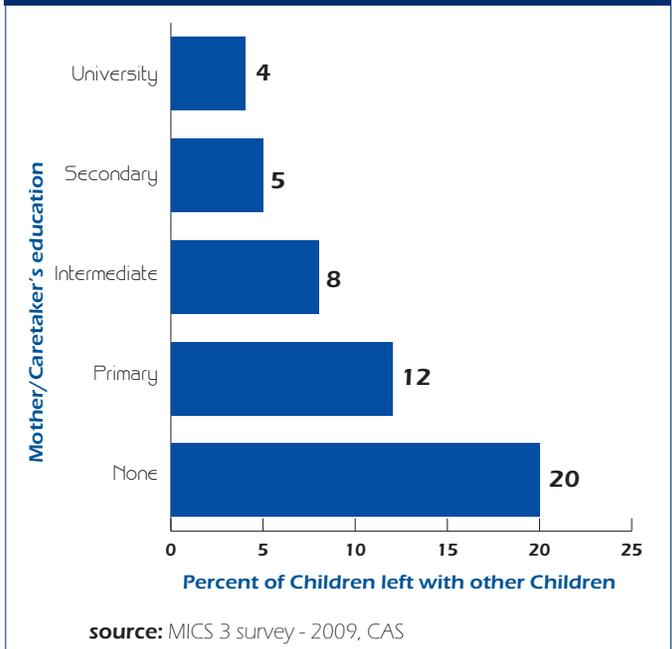
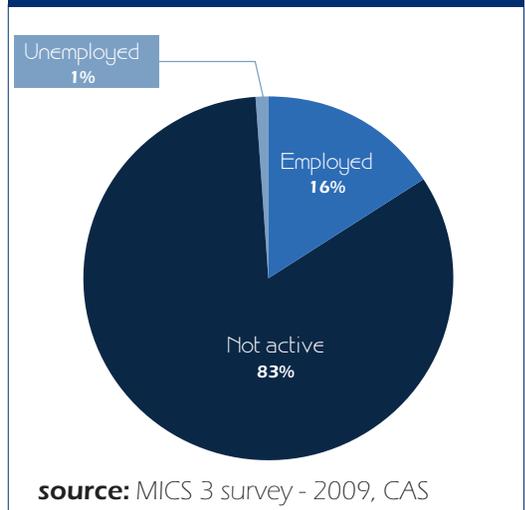


FIGURE 7: MOTHER/CARETAKER ECONOMIC ACTIVITY



Early Learning and Playthings

The education of children shapes their own personal development and life chances. One of the key indicators of how well children are learning and progressing from early childhood through school, is the early learning. In 2009, the MICS 3 survey results showed that **56%** of children under five-years of age, had been engaged in four or more activities that promote early learning and school readiness with their parents or another household member over 15 years of age. Girls were more likely (**58%**) than boys (**54%**) to have had this level of exposure. And the average number of activities household members engages in with the child was 4.

The objects children play with can provide important information on child development. MICS3 survey results show that **16%** of children played with three or more types of playthings.

Children can play with different types of playthings at the same time and the percentage of children playing with toys that come from a store was the highest, accounting for **77%**, followed by household objects such as plates cups bowls...with **40%** of children enjoying this plaything.

We also noted that girls and boys almost played with the same toys, since there were no difference among the playthings and the sex of the child.

TABLE 1: PERCENTAGE OF CHILDREN ACCORDING TO PLAYTHING

Playthings	Percentage of Children
Household objects	39
Objects and materials found outside the home	23
Homemade toys	22
Toys that came from a store	77
Other types of playthings	10

source: MICS 3 survey - 2009, CAS
Note: The percentage will not sum to 100% since the same child can play with different things at the same time

Child Discipline

Psychological punishment of children is the most common type of kid's punishments in Lebanon. This goes from removal of privileges to shouting and verbal abuse. And **80%** of children aged 2 to 14 years have experienced this type of punishment at home.

More than half of the children (**56%**) had received minor physical punishment (such as shaking or spanking or hitting or slapping on the body) but **13%** of children experienced severe physical punishment. Severe physical punishment included hitting or slapping on the face, ears or head or beating with an instrument such as a belt or stick or other implement.

There was no difference between girls and boys punishments in general. After all only **24%** of mothers/caretakers believe that physical punishment is necessary in order to bring a child up properly. And this resulted in only **8%** of total children (aged 2-14) not receiving any types of discipline or punishment at all.

TABLE 2: PERCENTAGE OF CHILDREN EXPERIENCING DISCIPLINE

Type of Discipline	Percentage of Children
Only non-violent discipline	10
Psychological punishment	80
Minor Physical punishment	56
Severe physical punishment	13
Any psychological or physical punishment	82
No discipline or punishment	8

source: MICS 3 survey - 2009, CAS
Note: The percentage will not sum to 100% since the same child can experience different types of punishment at the same time.

Nutrition

Child nutrition can be monitored by several means and breastfeeding along with weight at birth are considered vital indicators in this area.

Breastfeeding

In addition to the fact that breastfeeding can save money it has also a number of positive effects on newborns and children's health- at birth but also at the long run.

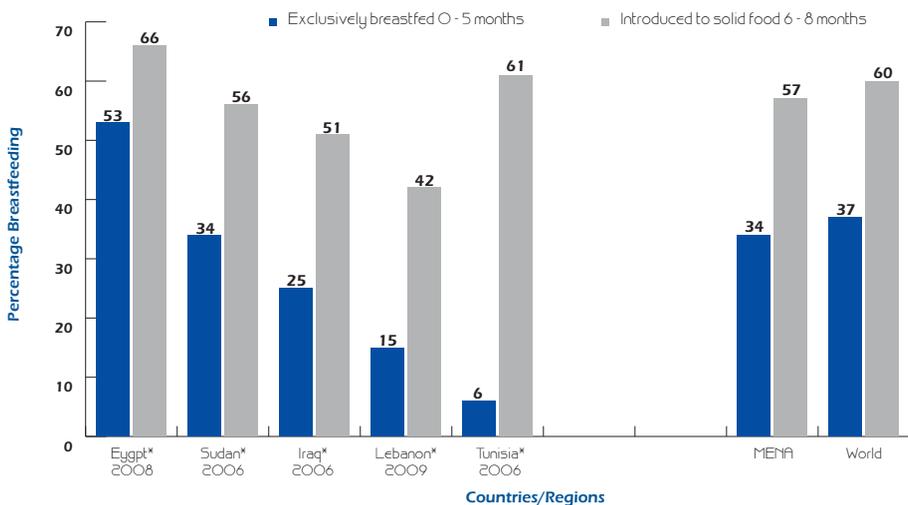
According to the World Health Organization (WHO) breastfeeding is one of the most effective ways to ensure child health and survival. Optimal breastfeeding together with complementary feeding help prevent malnutrition and can save about a million child lives. It is as well proved that it is linked to a lower risk of health problems in women.

Despite the fact that the WHO recommends mothers worldwide to exclusively breastfeed infants for the child's first six months to achieve optimal growth, development and health. Statistics in Lebanon indicates that breastfeeding for all age groups of newborns and children is still below the regional and world levels.

The common attitude with regard to breastfeeding for newborns in Lebanon in 2009 indicates that only 1 out of 10 newborns is getting exclusive breastfeeding, that is (slightly) more than twice below the Middle East and North Africa (MENA) region level and therefore below the level when compared for instance to Egypt, Sudan or Iraq.

The same also applies for breastfeeding patterns for older babies aged 6 to 8 months, and statistics indicates that only 42% of children are still getting breastfeeding, while introduced to solid food, however this percentage rises up to 57% for the MENA region and 60 worldwide.

FIGURE 8: PERCENTAGE CHILDREN 0-8 MONTHS BREASTFEEDING



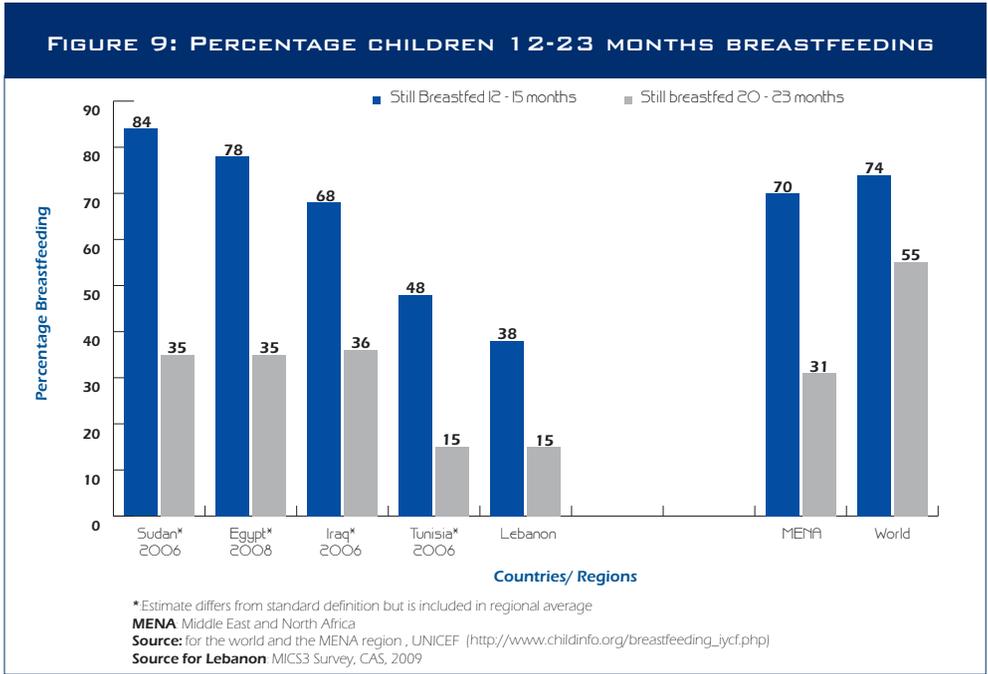
* Estimate differs from standard definition but is included in regional average

MENA: Middle East and North Africa

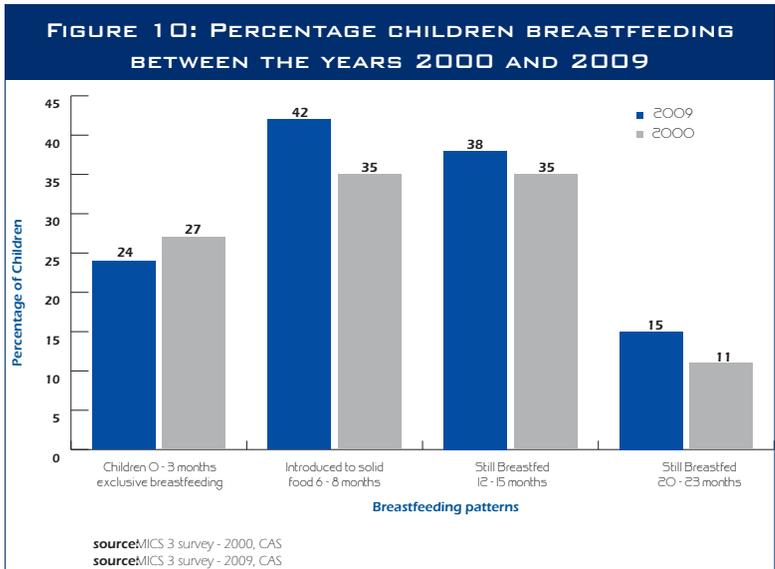
Source: for the world and the MENA region, UNICEF (http://www.childinfo.org/breastfeeding_jycf.php)

Source for Lebanon MICS3 Survey, CAS, 2009

While it is also recommended by the WHO that children should be given nutritious complementary foods and continue breastfeeding up to the age of two years or beyond, statistics reveals that this habit is maintained in some countries however the trend is falling by 50% or more after the age of 15 months for children, as it is indicated for the selected countries in the figure 9, and Lebanon remains in the last rank indicating mothers more likely to stop the habit of breastfeeding with time.



However despite the fact that breastfeeding in Lebanon is below required levels, statistics shows that there was a general improvement of breastfeeding over time between the year 2000 and 2009.



Did you know?
 41% of newborns were breastfed during the first hour of their birth.
source: CAS, Lebanon, Family Health Survey, PAPFAM, 2004

Low birth weight

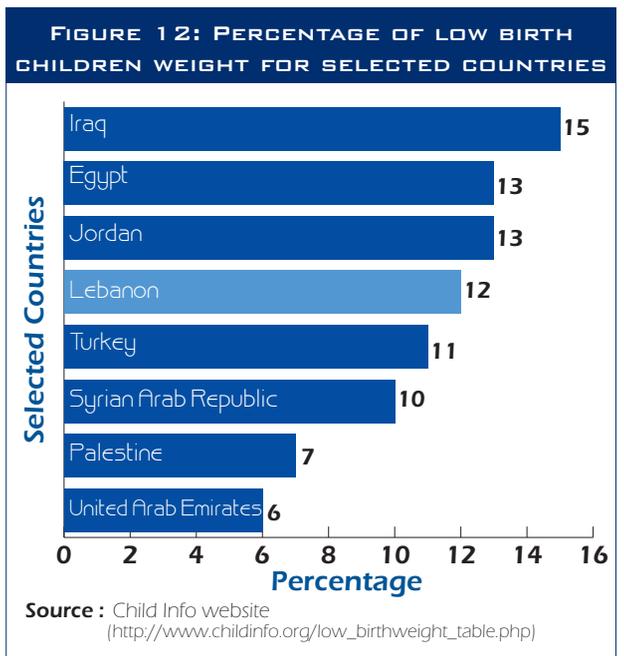
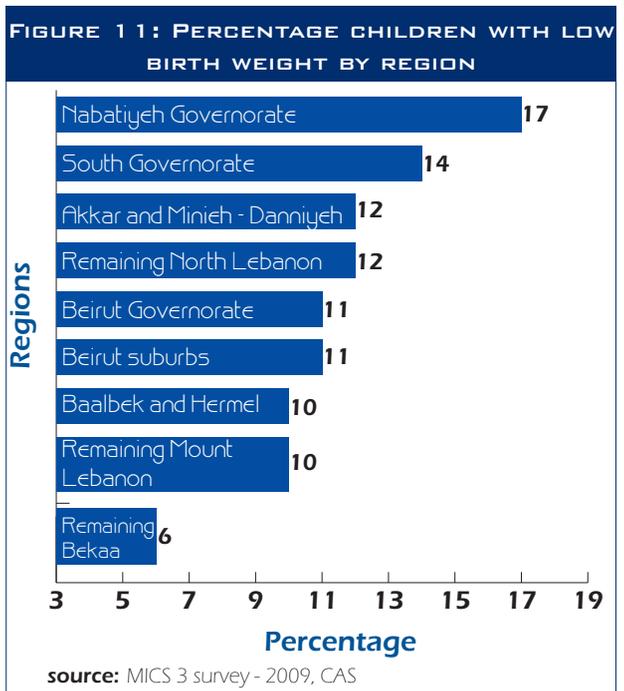
Weight at birth is a strong indicator of newborn's chances for survival, growth, long-term health and psychosocial development. A low birth weight (less than 2,500 grams) raises grave health risks for children.

Babies who are undernourished in the womb, face a greatly increased risk of dying during their early months and years. Those who survive have impaired immune function and increased risk of disease.

Children born underweight also tend to have cognitive disabilities, affecting their performance in school and their job opportunities as adults.

According to the UNICEF, the world percentage of low weight children at birth was 15 and 11 for the Middle East and North Africa region.

In 2009 the situation for Lebanon, with regard to low birth weight, showed that there were 1 in 10 children (12%) underweight at birth, especially in the south (Nabatieh and South governorates). This incidence was the lowest in the 'remaining districts in the Bekaa' at 6% that is half of the national average.



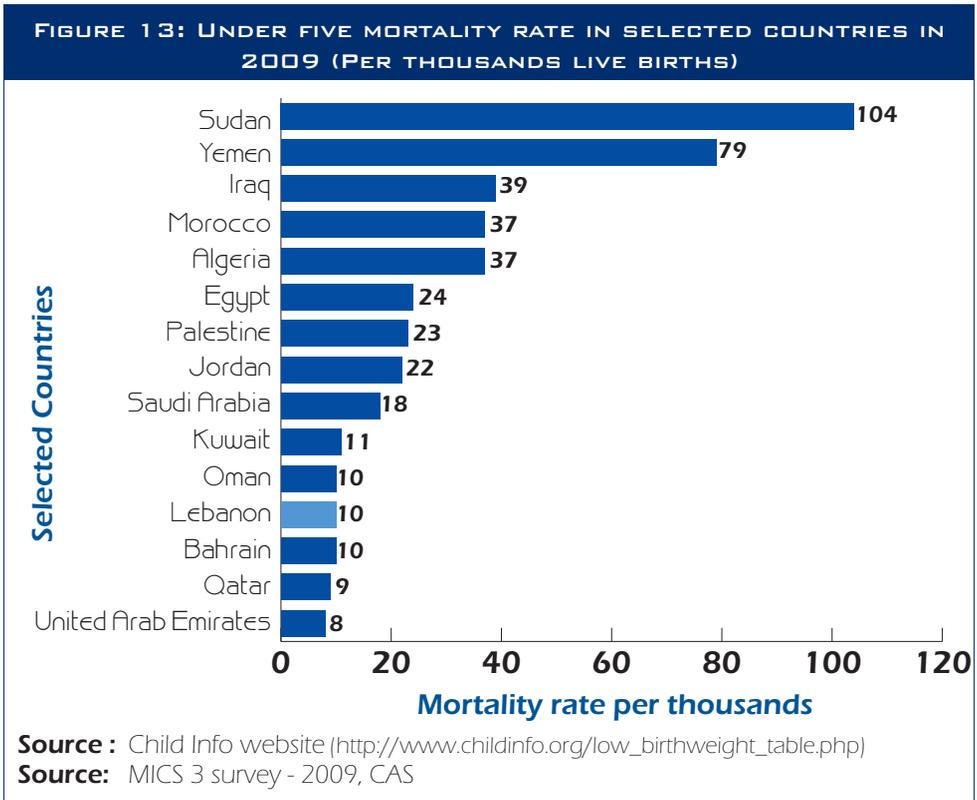
Note: Figures in this chart for Lebanon are updated according to the latest results of the MICS3 survey conducted by the Central Administration of Statistics Lebanon in 2009. Figures for Iraq and Occupied Palestinian Territory are for the year 2006, figure for Jordan is for the year 2007, and figures for Egypt and Turkey are for the year 2008. Figures for Lebanon, Syrian Arab Republic and the United Arab Emirates are for the year 2009.

Health

We are using two main indicators to assess the health situation of children in Lebanon, namely child mortality and disability.

■ Child mortality

One major indicator for child's health is the child mortality rate. This rate is measured for children less than five years of age and in 2009, this rate accounted for 10 per thousand live births in Lebanon. With that, Lebanon has one of the lowest child mortality rates in the region with only Qatar (9) and United Arab Emirates (8) having lower rates.



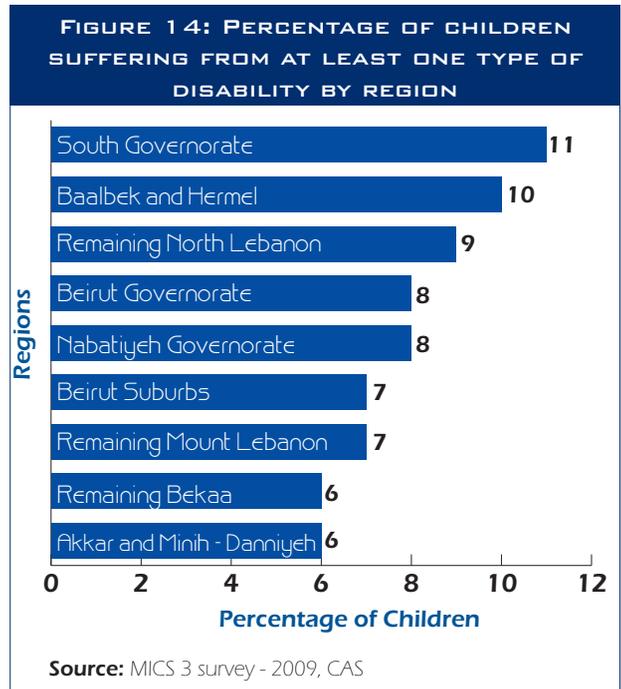
■ Child disability

In the MICS3 survey, mothers/ caretakers were asked to assess their children's situation in relation to a number of specific conditions and in terms of their perceived developmental progress compared with other children.

Disability in this case is measured for children aged 2-9 years and stands for delay or difficulty reported by the mother or caretaker when comparing own child to other children in the same age, in number of situations such as walking or seeing... (For more information on the definition of disability used in this section please refer to page 13)

In 2009, **8%** of children were reported to have one or more of the disabilities mentioned. The incidence of individual conditions was low (less than **2%** for most) and the most common type of disability was the difficulty seeing, either in the daytime or at night.

The incidence of disability varies by region and results showed that the governorate of the south had the highest percentage of children suffering from at least one type of disability (**11%**), while the percentage of children suffering from disability in the 'remaining districts of the Bekaa' along with the districts of Akkar -Minieh- Danniyeh was the lowest with **6%**.



A quick reminder of definitions and concepts used in this publication

Based on international definitions and standards

Child caretaker: as referred to in this publication is an adult person living in the same household with the children and taking care of her/ him because the biological mother of the child is no longer living within the same household, and this could be because the mother is dead or being away from the household for a long period of time.

Ratio of Adults to Children: is computed as the number of adults divided by the number of children

Under-five mortality rate: is the probability of dying between birth and exactly five years of age, expressed per 1,000 live births.

Disability: is the situation of the child as reported by the mother or caretaker when comparing own child to other children in the same age. The methodology used in the module on disability is a standard MICS methodology that assesses the difficulty standing or walking, difficulty seeing, difficulty hearing, not understanding instructions, difficulty in walking, moving arms, weakness or stiffness, have fits, become rigid, lose consciousness, not learning to do things like other children in his/her age, not being able to speak or child appearing mentally backward.

■ Data sources

- Multiple Indicators Cluster Survey, round 3 (MICS3), Central Administration of Statistics in collaboration with UNICEF, Lebanon, 2009. Survey results are available at the following web: <http://www.cas.gov.lb/index.php/en/all-publications-en#the-multiple-indicators-cluster-survey-round-3-2009-mics3>
- Living Conditions Survey, Central Administration of Statistics in collaboration with ILO, UNDP and MOSA, Lebanon 2007. Survey results are available at the following link <http://www.cas.gov.lb/index.php/en/all-publications-en#households-living-conditions-survey-2007>
- Lebanon Family Health Survey (PAPFAM), Central Administration of Statistics, Lebanon 2004. Survey results are available at the following link: <http://www.cas.gov.lb/index.php/en/all-publications-en#lebanon-family-health-survey-papfam-2004>

Lebanese Republic

Presidency of the Council of Ministers

Central Administration for Statistics

5th floor, Finance and Trade bldg,

Army Street, Kantary

Beirut -Lebanon

Phone/ Fax: +961 1373160

www.cas.gov.lb