

## **Non-technical summary**

“Migration and Infant Mortality in Albania” authored by Edlira Narazani

Although the important role migration phenomenon has played in the last two decades in Albania, no attention has been paid yet to its impact on child health status and this is mainly due to the deficiency of specific datasets. In this research we address the impact of migration on child health status in Albania by considering infant mortality indicator as a proxy of the progress of a country in the social and economic development dimensions. According to different statistical sources, Albania had very high child and infant mortality rates in the early nineties compared to its Balkan neighbors. However, as reported by the Albanian Demographic and Health Survey 2008-2009 (ADHS), infant and under-five mortality have decreased over the period 1994-2008 respectively from 35 to 18 and from 39 to 22 deaths per 1000 births.

The declining trend of infant mortality rates may mask also an indirect effect of migration and remittances. The main issue that researchers face when estimating the impact of migration on a certain household or individual outcome is the endogeneity of migration, that is, migration’s impact on child health outcomes may hide other effects – e.g. migrants may come from the healthy segments of population. Also natural disasters such as recurrent drought and floods or widespread violence and war conflicts may induce people to migrate but worsen their health status as well. These unobservable variables are often blamed for contaminating the estimated effects of migration on health outcomes by raising in this way an “endogeneity” issue. In this paper, we account for these potential identification problems by using two instrumental variable (IVs), constructed at regional level, which result to be statistically valid and allow to produce reliable estimates on the effects of migration on infant and mortality rates. The first instrumental variable (IV) measures the extent of pyramid scheme collapse shock in a certain administrative area and its use is rationalized by the network effect theory – that is – individuals of a certain neighborhood mimic others’ behavior. The justification on the relevance of this IV is that the extent of the pyramid scheme shock in a certain area

might be correlated with the migration decision an individual may take but not on the child health status at least in a short-run prospect. The second IV is related to the percentage of uninhabited dwelling in Albania constructed by region and rural/urban area. This percentage is shown to be significantly higher in areas characterized by a massive emigration which can be explained either by a drastic abandonment of existent dwelling or new dwelling constructed by emigrants.

The main finding of this research is that migration results in lower infant mortality rates only when endogeneity of migration is tackled with country-specific instrumental variables that pass endogeneity and over-identification tests. Although infant mortality rates are the main variable of interest, the role of migration on fertility trends and family composition has been also researched in this paper but no significant results were obtained.

This study contributes to enriching our knowledge on the advantages of migration for home countries and more specifically for a country with an intensive migratory experience such as Albania. Future research on migration and its impact on other health indicators and inputs (such as weight-at-birth, breastfeeding frequency and duration, doctor visits, child sickness, antenatal care) will help to broaden our view on this respect and provide information to policymakers and international institutions to develop appropriate programs for enhancing child health status and making the best of migration benefits.