

# MONITORING THE SITUATION OF CHILDREN AND WOMEN

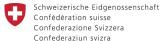
Multiple Indicator Cluster Survey Republic of Moldova\*, 2012

**Key Findings** 

\*Excluding Transnistrian region







Swiss Agency for Development and Cooperation SDC Agenția Elvețiană pentru Dezvoltare și Cooperare







### MULTIPLE INDICATOR CLUSTER SURVEY (MICS)

### SURVEY BACKGROUND

The MICS is an international household survey programme developed by UNICEF. This survey provides up-to-date information on the situation of children, women and men, and measures key indicators that allow countries to monitor progress towards the Millennium Development Goals (MDGs) and other internationally agreed upon commitments.

The 2012 MICS was carried out in the Republic of Moldova (excluding Transnistrian region) as part of the fourth global round of MICS surveys and implemented by the National Centre of Public Health of the Ministry of Health in collaboration with the National Bureau of Statistics, the Scientific Research Institute of Mother and Child Health Care, the Ministry of Labour, Social Protection and Family, the Ministry of Education, the National Centre for Health Management, and the National Centre for Reproductive Health and Medical Genetics. Financial and technical support was provided by the United Nations Children's Fund (UNICEF), with contribution of the Swiss Agency for Development and Cooperation and the World Health Organization.

The survey provides a solid base of comparable data and constitutes a valuable support in developing policies and strategies in the areas of health, education and well-being of families and children in the Republic of Moldova.

Fieldwork period: April 17-June 30 2012

Household Questionnaires: 11,354; Response rate: 97.4%

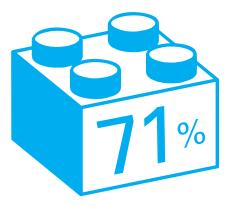
Questionnaires for Individual Women (age 15-49): 6,000; Response rate: 89.3%

Questionnaires for Individual Men (age 15-49): 1,545; Response rate: 77.0%

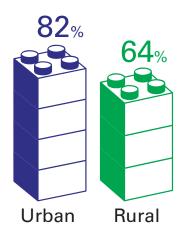
Questionnaires for Children Under Five: 1,869; Response rate: 96.3%

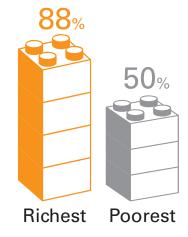
# **EDUCATION**

### PRESCHOOL ATTENDANCE



of children 3-5 years (36-59 months) of age attend early childhood education programmes



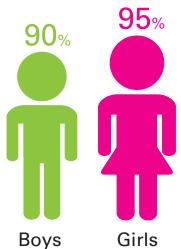


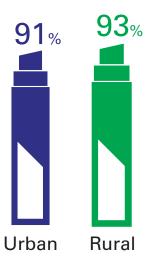
Children from **POOREST FAMILIES** have almost **TWO-TIMES FEWER OPPORTUNITIES** than the richest to attend early education programmes.

### **SCHOOL READINESS**



of children attending first grade of primary school had attended preschool education programmes in the previous year

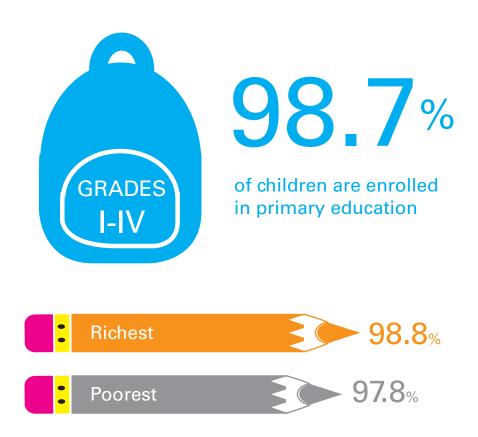


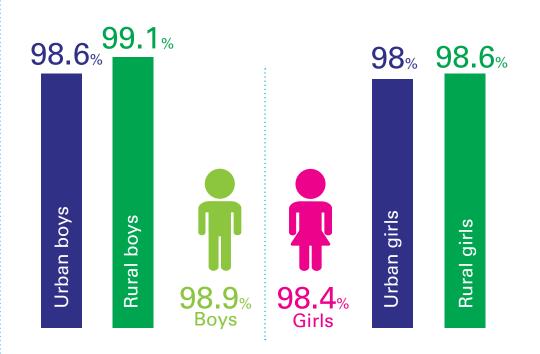


School readiness is HIGH. The MAJORITY of children HAVE appropriate KNOWLEDGE and SKILLS to begin primary school.

# **EDUCATION**

### PRIMARY SCHOOL ATTENDANCE

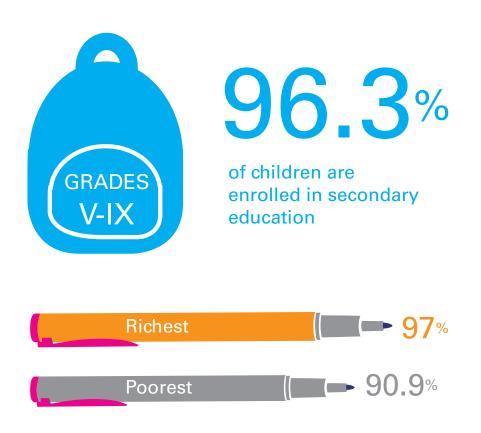


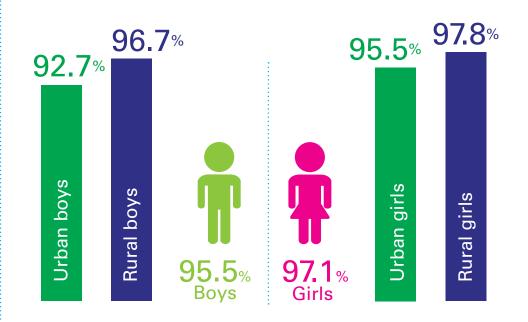


PRIMARY school attendance is ALMOST UNIVERSAL, as nearly ALL CHILDREN of primary school age are ENROLLED.

# **EDUCATION**

### LOWER SECONDARY SCHOOL ATTENDANCE

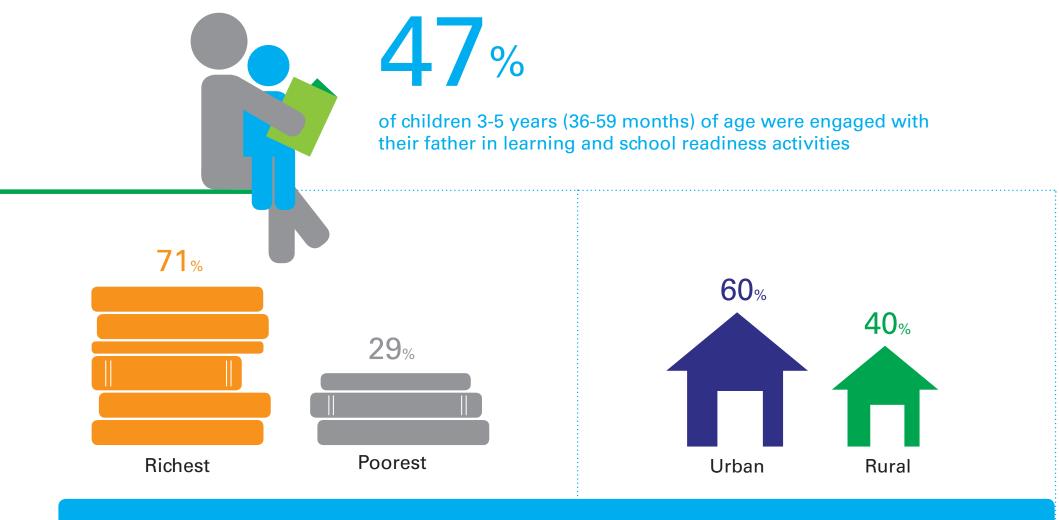




Attendance rate is LOWER for POOREST CHILDREN and for URBAN BOYS.

# CHILD DEVELOPMENT

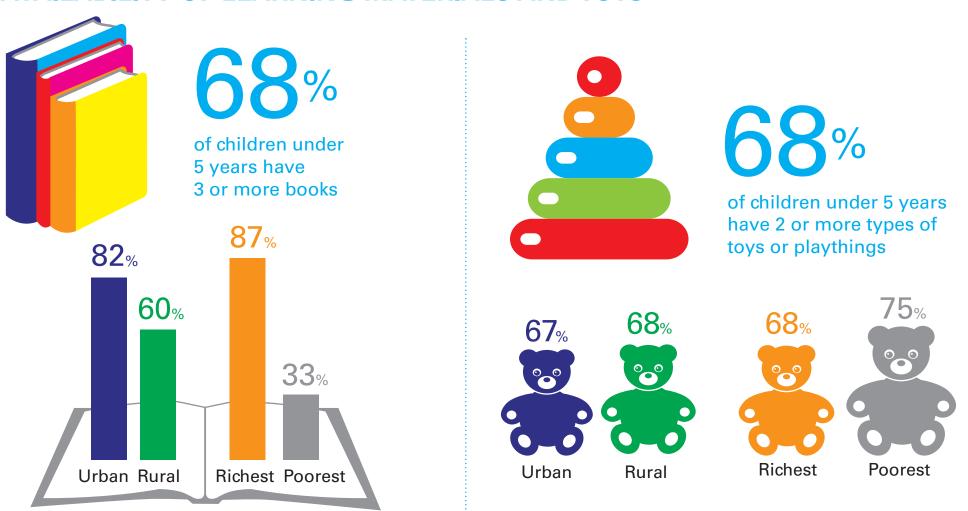
### **FATHER'S ENGAGEMENT IN CHILDHOOD LEARNING**



Children from POOREST FAMILIES and from RURAL AREAS have FEWER CHANCES to learn with their fathers.

# CHILD DEVELOPMENT

### **AVAILABILITY OF LEARNING MATERIALS AND TOYS**



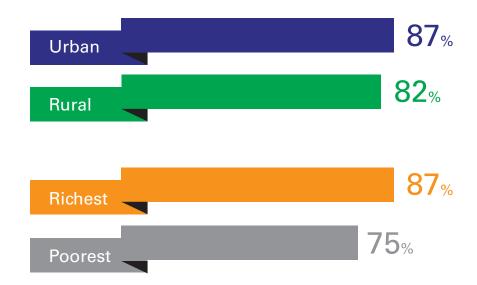
While TOYS and playthings are AVAILABLE in the majority of households, LEARNING MATERIALS are MISSING. Only ONE THIRD of POOREST families have 3 or more CHILDREN'S BOOKS at home.

# CHILD DEVELOPMENT

### **EARLY CHILD DEVELOPMENT INDEX SCORE**



of children 3-5 years (36-59 months) of age are developmentally on-track in literacynumeracy, physical, social-emotional and learning domains.



The POOREST children and those living in RURAL AREAS show POOREST PERFORMANCE.

LITERACY-NUMERACY: Children are identified as being developmentally on-track based on whether they can identify/name at least ten letters of the alphabet, whether they can read at least four simple, popular words and whether they know the name and recognize the symbols of all numbers from 1 to 10. If at least two of these are true, then the child is considered developmentally on-track.

PHYSICAL: If the child can pick up a small object with two fingers, such as a stick or a rock from the ground and/or the mother/caretaker does not indicate that the child is sometimes too sick to play, then the child is regarded as being developmentally on-track in the physical domain.

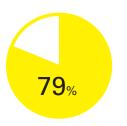
**SOCIAL-EMOTIONAL:** Children are considered to be developmentally on-track if two of the following are true: If the child gets along well with other children; if the child does not kick, bite, or hit other children and: if the child does not get distracted easily.

**LEARNING:** If the child follows simple directions on how to do something correctly and/or when given something to do, is able to do it independently, then the child is considered to be developmentally on-track in this domain.

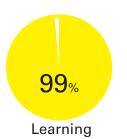




Physical

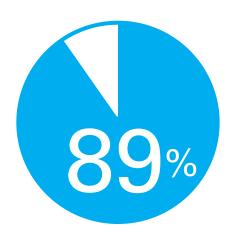


Social-Emotional



# CHILD HEALTH

### **VACCINATION**

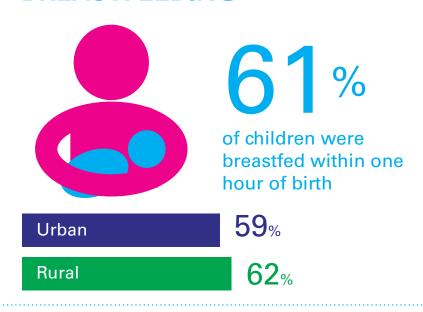


of children 15-26 months of age were vaccinated against preventable childhood diseases



2 out of 10 URBAN children were NOT VACCINATED against preventable childhood diseases.

### **BREASTFEEDING**

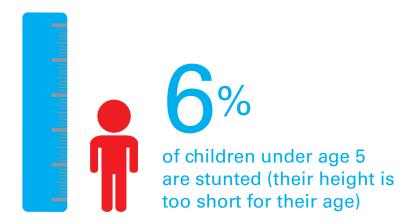




Less than HALF of CHILDREN 0-5 months of age are EXCLUSIVELY BREASTFED.

# **NUTRITION**

### **STUNTED**





Children from **POOREST** quintile are nearly **FOUR-TIMES** more affected by **STUNTING** than children from the richest quintile.

### **OVERWEIGHT**



of children under age 5 are overweight (their weight is too high for their height)



Children from RICHEST families are TWO-TIMES more likely to be OVERWEIGHT than those from the poorest families.

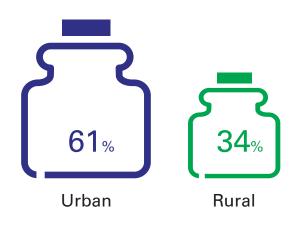
# NUTRITION

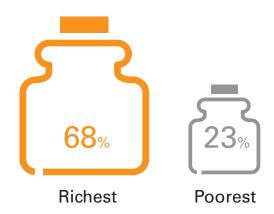
### **USE OF IODISED SALT**



of households use adequately iodised salt



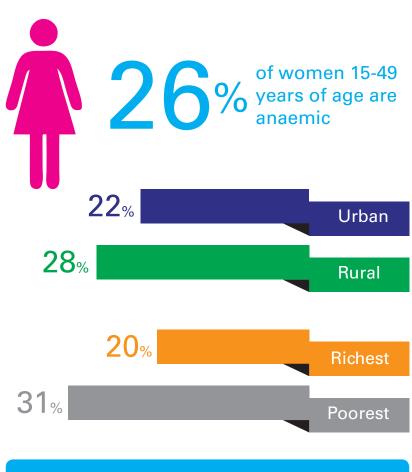




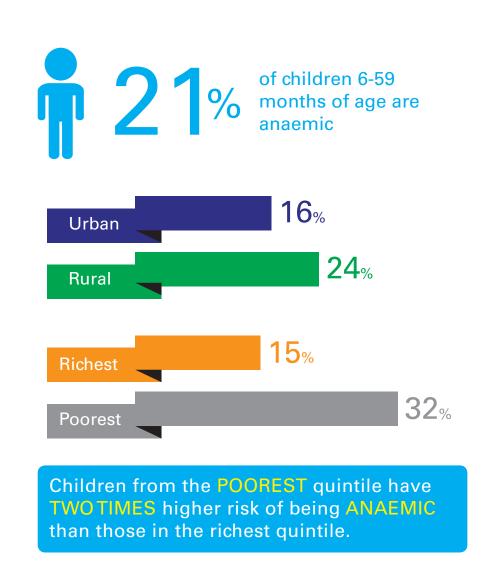
The **POOREST** families and those living in **RUBAL** areas are **LESS** LIKELY to use iodised salt.

# **HEALTH**

### **ANAEMIA**



The **POOREST WOMEN** and those living in **RURAL** areas have **HIGHER RISK** of being anaemic.

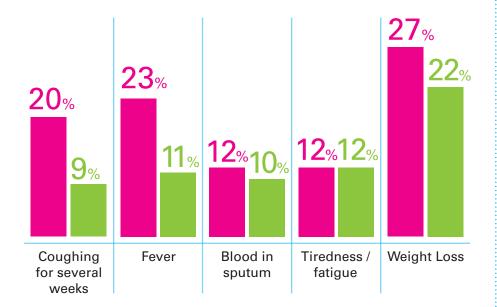


# **TUBERCULOSIS**

### **KNOWLEDGE OF SYMPTOMS**

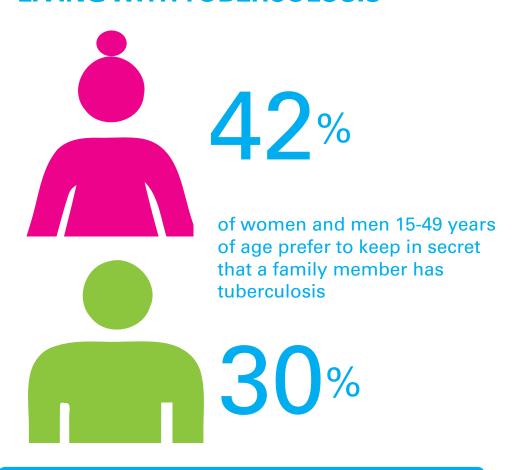


of women and men 15-49 years of age know at least one specific symptom of tuberculosis (TB)



Compared to women, MEN are TWO times LESS AWARE of two of the key symptoms of TB, namely coughing for several weeks and fever.

# ATTITUDE TOWARDS PEOPLE LIVING WITH TUBERCULOSIS



More than a THIRD of the POPULATION prefers to HIDE the fact that a family member has TB. The fear of STIGMA is HIGHER among WOMEN.

# HIV/AIDS

# ATTITUDES TOWARDS PEOPLE LIVING WITH HIV





of women and men age 15-49 years agree with at least one accepting attitude

of women and men age 15-49 years express accepting attitudes on all four indicators

### **Accepting attitudes include:**

- Willing to care for a family member sick with AIDS
- Would buy fresh vegetables from a vendor who is HIV positive
- Thinks that a female teacher who is HIV positive should be allowed to teach in school
- Would not want to keep HIV status of a family member a secret

The HIGHEST level of stigma is present among POOR and RURAL population.

# HIV TESTING DURING ANTENATAL CARE

83%

of women were offered an HIV test, tested for HIV and given the results during the antenatal period



**FOUR IN FIVE** pregnant women were tested for HIV and given the results.

# HIV/AIDS

COMPREHENSIVE KNOWLEDGE ABOUT HIV TRANSMISSION AMONG YOUNG PEOPLE 15-24 YEARS OF AGE



15-24 years of age have comprehensive knowledge about HIV transmission

USE OF CONDOMS AMONG YOUNG PEOPLE 15-24 YEARS OF AGE



15-24 years of age who had sex with more than one partner in the last 12 months used a condom

Comprehensive KNOWLEDGE among young people is LOW. Only ONETHIRD of young people is WELL INFORMED about the main ways of HIV PREVENTION.

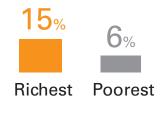
Comprehensive knowledge includes knowledge about the main ways of HIV prevention (having only one faithful uninfected partner and using a condom at each intercouse, who know that a healthy looking person can be HIV positive, and who reject the two most common misconceptions).

# TOBACCO USE

# SMOKING ON ONE OR MORE DAYS IN THE PAST MONTH

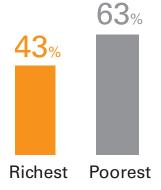


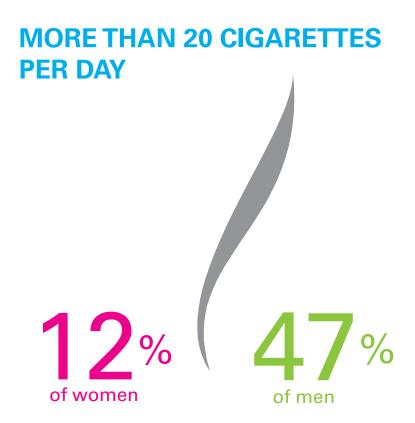
of women 15-49 years of age smoked





of men 15-49 years of age smoked





15-49 years of age who smoke had more than 20 cigarettes in the past 24 hours

HALF of MEN age 15-49 years are CURRENT SMOKERS, and of those in THE POOREST quintile, 2 in 3 smoke. WOMEN are 6 times less likely than men to smoke but contrary to men, THE RICHEST SMOKE the most.

# **ALCOHOL USE**

# ALCOHOL USE ON ONE OR MORE DAYS IN THE PAST MONTH

# 57% 180% of women

15-49 years of age had at least one drink of alcohol on one or more days in the past month

MORE than HALF of the population USES ALCOHOL.

# FIRST USE OF ALCOHOL FOR ADOLESCENTS 15-19 YEARS OF AGE



started to drink alcohol before the age 15

2 in 10 FEMALE adolescents started drinking alcohol BEFORE AGE 15, compared to 5 in 10 MALE adolescents.

# REPRODUCTIVE HEALTH

### **USE OF CONTRACEPTION**



of women 15-49 years of age currently married or in union are using a modern contraceptive method

Richest 47%
Poorest 34%

### Modern methods include:

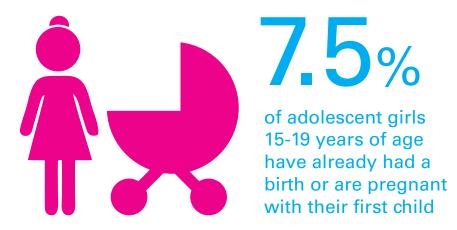
- Female sterilisation
- Intrauterine dispositive
- Injectables
- Pill
- Male condom
- Diaphragm/foam/jelly
- Lactational amenorrhoea method

### **UNMET NEED FOR CONTRACEPTION**

9.5%

of women 15-49 years of age currently married or in union either wish to wait at least 2 years for their next birth or say that they want no more children, but are not using contraception

### **ADOLESCENT PREGNANCY**

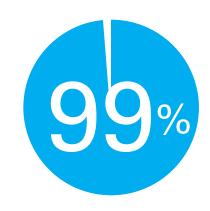


Less than HALF of WOMEN 15-49 years of age are using a modern CONTRACEPTIVE method.

# REPRODUCTIVE HEALTH

### **OBSTETRIC CARE**



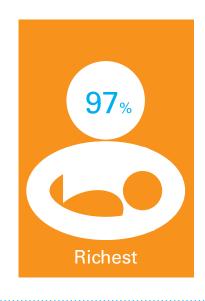


of births were delivered in public health facilities and assisted by skilled personnel (doctors and nurses)

### **ANTENATAL CARE**



of mothers received antenatal care at least four times during pregnancy





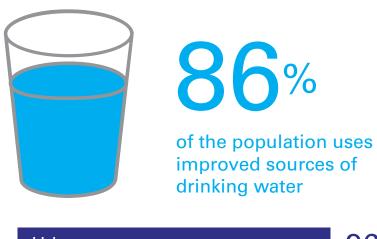
### **BIRTH REGISTRATION**

99.6%

of children under age of 5 had their birth registered with civil authorities

# WATER AND SANITATION

### **DRINKING WATER**



Urban 96% Rural 81%

### Improved sources of water:

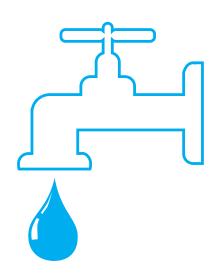
- piped water,
- tube-well/bore-hole,
- protected well,
- protected spring,
- bottled water

ONE FIFTH of the RURAL population DOES NOT USE improved sources of drinking water.

### **HANDWASHING**

95%

of the households have water available for handwashing





95%

of the households have soap or other material available for handwashing

# WATER AND SANITATION

### **USE OF IMPROVED SANITATION**

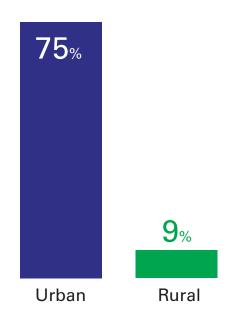
of the population use improved sanitation

Urban 85% Rural 61%

### Improved sanitation:

- flush or pour flush to a piped sewer system, septic tank or pit latrine,
- ventilated improved pit latrine,
- composting toilet

of the population use flush toilet facility



Use of improved sanitation facilities VARIES GREATLY between CITIES and VILLAGES, particularly for FLUSHTOILET.

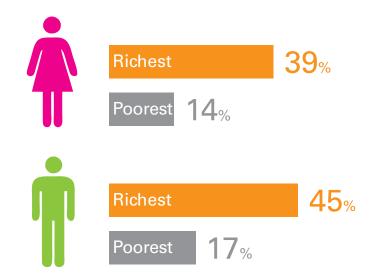
# ACCESS TO MASS MEDIA



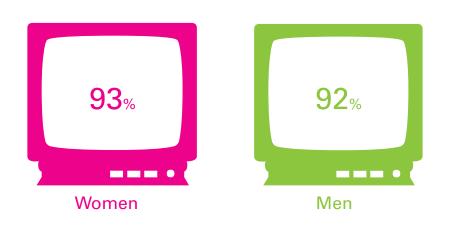




of women and men 15-49 years of age of women and men 15-49 years of ag watch TV, listen to the radio and read newspapers at least once a week newspapers at least once a week



**WOMEN and MEN from the POOREST** quintile are much LESS LIKELY to get information from mass media.



of women and men 15-49 years of age watch television at least once a week

TV is the MOST POPULAR media in Moldova.

# **USE OF COMPUTERS AND INTERNET**



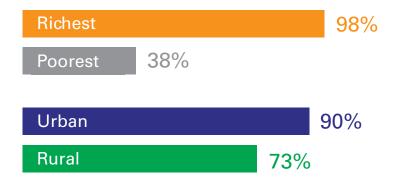
of women and men 15-24 years of age used a computer at least once a week during the last month before the interview

### **USE OF INTERNET**



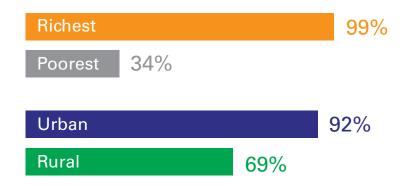
81%

of women 15-24 years of age used the internet at least once a week during the last month



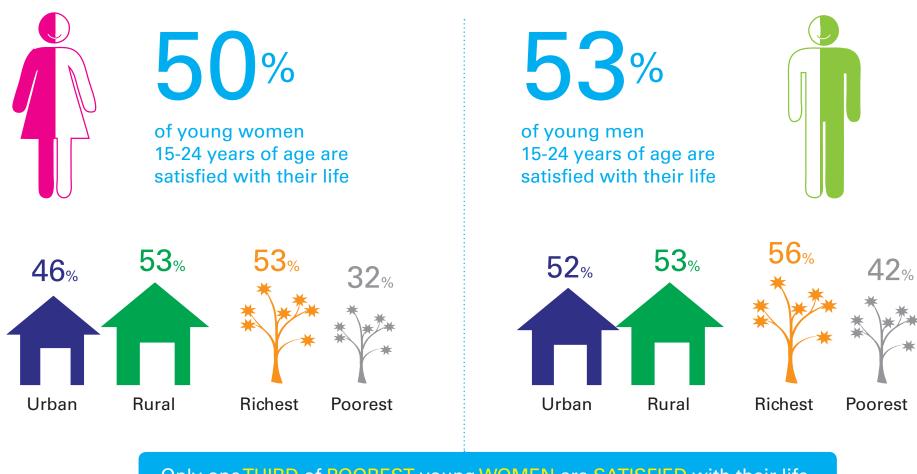


of men 15-24 years of age used the internet at least once a week during the last month



While the AVERAGE USE of internet among young people is relatively HIGH, there are HUGE DISCREPANCIES between the poorest and the richest. Only ONE THIRD of POORESTYOUTH are using the internet.

# LIFE SATISFACTION



Only one THIRD of POOREST young WOMEN are SATISFIED with their life.

**Domains of life satisfaction include**: family life, friendships, school, current job, health, living environment, treatment by others, the way one looks and the current income.

# CHILD PROTECTION

### **CHILD DISCIPLINE METHODS**



of children 2-14 years of age experienced a violent method of discipline



of children 2-14 years of age were subjected to physical punishment



of children 2-14 years of age were subjected to psychological aggression



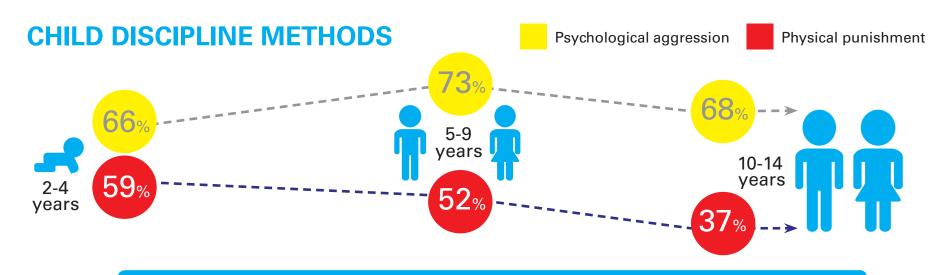
of children were disciplined using non-violent methods



Even though the practice of violent discipline is common, only 15 percent of adults believe that a child needs to be physically punished.

PARENTS do NOT KNOW how to DISCIPLINE their children WITHOUT VIOLENCE and NEED to be educated on POSITIVE DISCIPLINE.

# **CHILD PROTECTION**



The YOUNGER the child is, the MORE likely s/he is to be PHYSICALLY PUNISHED.

### PHYSICAL PUNISHMENT

(children age 2-14 years)

Girls 45%

Boys 51%

**BOYS** are **SLIGHTLY** more likely to be **PHYSICALLY PUNISHED**.

## ANY VIOLENT DISCIPLINE METHOD

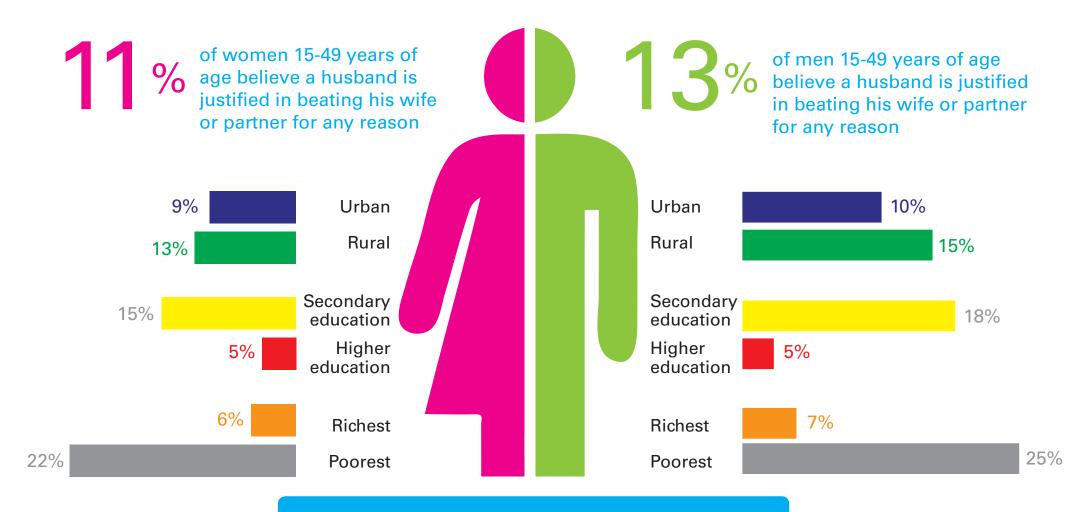
(children age 2-14 years)



The likelihood of **VIOLENT DISCIPLINE** to children age 2-14 years is **HIGHER** among those living in **POOREST** families.

# CHILD PROTECTION

### ATTITUDES TOWARDS DOMESTIC VIOLENCE



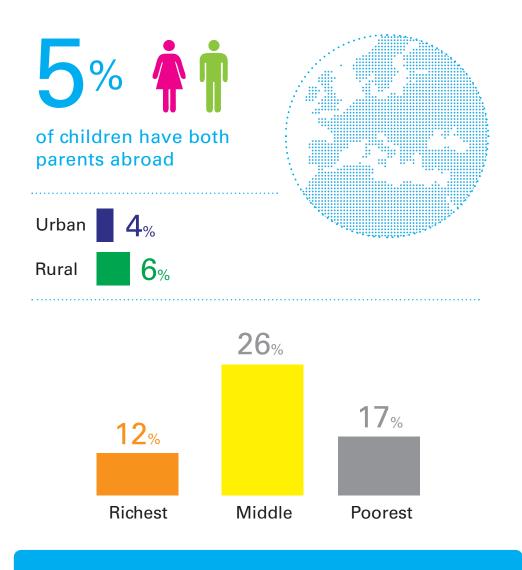
WOMEN and MEN justify violence in a SIMILAR WAY.

# **MIGRATION**

of children have at least one parent living abroad

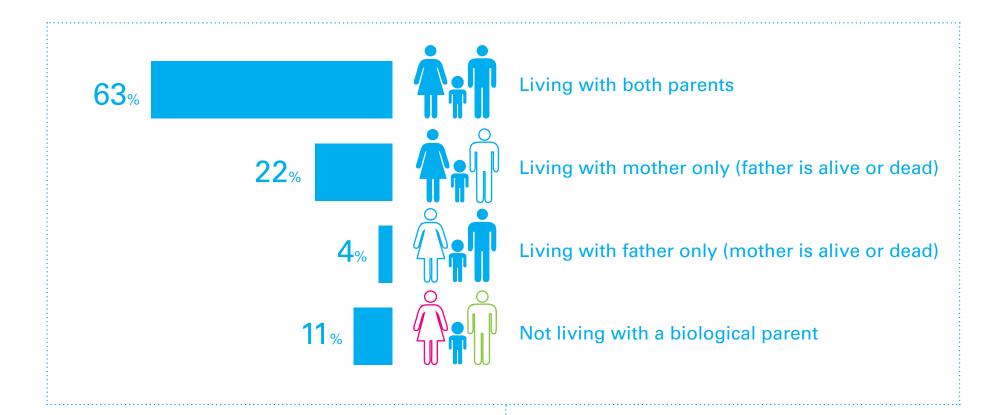


Children from RURAL areas are more likely to LIVE WITHOUT ONE OR BOTH PARENTS due to migration.



MIGRATION affects especially MIDDLE-CLASS children.

# **CHILDREN'S LIVING ARRANGEMENTS**



ONE in FOUR children in Moldova lives with her/his BIOLOGICAL MOTHER or FATHER only.



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