

Young people health and development

National baseline
evaluation of
knowledge,
attitudes and
practices of
young people



Young people health and development

**National baseline
evaluation of knowledge,
attitudes and
practices of
young people**

Chisinau • 2005



CZU: 614-053.4/.67(478)=111
Y70

This study was carried out by the Association "Health for Youth" with financial support from UNICEF Moldova from the funds of the Canadian Agency for Development and technical assistance from the Canadian Public Health Association.

This edition was financially supported by UCIMP TB/AIDS Project and UNICEF Moldova.

Suggestion regarding references to this report:

UNICEF Moldova, Association "Health for Youth". 2004. Youth Health and Development (National Baseline Evaluation of Knowledge, Attitudes and Practices of Young People in relation to their Health and Development). Chisinau, the Republic of Moldova

Descrierea CIP a Camerei Naționale a Cărții

Young people health and development: National baseline evaluation of knowledge, attitudes and practices of young people. – Ch.: Trigraf-Tipar, 2005 (F.E.P. "Tipogr. Centrală"). – 152p.
ISBN 9975-9600-6-5
1000ex.

614-053.4/.67(478)=111

ACKNOWLEDGMENTS

This study is a success model of collaboration among international agencies, governmental structures and non-governmental organizations. Thus, the UNICEF office Moldova and the Canadian Agency for Development – technical assistance, civil association “Health for Youth” was the implementation agency, the Ministry of Education and the Ministry of Health offered their assistance in the organizational aspects of the study, State Medicine and Pharmacy University “N. Testimitanu”, Moldova State University, Academy of Science of the Republic of Moldova, National Scientific-Practical Center for Reproductive Health, Human Genetics and Family Planning, National Scientific-Practical Center for Preventive Medicine have offered consultative and methodological assistance.

The coordination team of this project is grateful to all people involved in the study and in the development of this report. In particular we would like to mention:

- the assistance from Dr. San Patten, expert of the Canadian Public Health Association;
- the valuable contribution of young people who have participated in this study, both to those who collected and those who offered the data;
- efficient cooperation of the management of education institutions within which the study was realized in order to offer the possibilities to collect the data.

Authors:

Dr. Svetlana Ștefanet – Doctor of medicine, Public Health and Management Department of the University „N.Testemițanu”

Dr. Galina Leșco – Director of the Health Center for Youth NEOVITA

Co-authors:

Dr. Angela Capcelea – Assistant of the Public Health and Management Department of the University „N.Testemițanu”

Mihai Paiu – Chief of Direction, Ministry of Education and Science of the Republic of Moldova

Anastasia Ocerednii – Lecturer at the Sociology Department, Moldova State University

Irina Caunenco – Doctor of psychology, Academy of Science of the Republic of Moldova

Lucia Gașper – Scientific Researcher, Academy of Science of the Republic of Moldova

Consultants:

Dr. San Patten – Expert of the Canadian Public Health Association

Dr. Veaceslav Moșin – Doctor of Science, Professor, the Director of the National Scientific-Practical Center for Reproductive Health, Human Genetics and Family Planning, Main Specialist in Family Planning Issues of the MoH of the Republic of Moldova.

Svetlana Rijicova – Doctor of psychology, Pedagogical University from Balti

Experts in statistical data processing:

Oleg Bulgaru – Doctor of physics and mathematics, Moldova State University

Constantin Jucovschi – Statistician – mathematician, National Cardiology Institute

UNICEF Coordinator of the Study:

Larisa Lazarescu-Spetețchi – Coordinator of the UNICEF ‘Youth Health, Development and Participation’ Program

FOREWORD

Adolescence is one of life's fascinating but also most complex stages, a time when young people take on new responsibilities and experiment with independence. They search for emotional and psychological identity, learn to apply values acquired in early childhood, to understand and manage their sexuality and consider their future role in society. The process is gradual, emotional and sometimes difficult. It is a time of opportunities but also of exposure to risk behaviours. With the world lacking safety, consistency and structure, too often adolescents are left on their own to make difficult choices. At the same time many of the risks adolescents take are not so much a reflection of their own attitudes and wishes but rather are a consequence of pressure exerted on them by some adults or peers. Even more importantly, most mortality in adulthood has its roots in the adolescent period. WHO estimates that 70% of premature deaths among adults are largely due to behavior initiated during adolescence.

There are no simple solutions, no single intervention that can respond to the multiple challenges adolescents are facing today. They need access to information, skills and services. They also need to feel safe, supported and connected to adults and their lives. The evidence now shows that enhancing protective factors, in addition to reducing risk, is equally important. The development of interventions and policies to strengthen the capacities of families and communities to protect adolescents and support their healthy development is of utmost importance.

Starting with 2002 UNICEF Moldova has expanded its support to programmes working with young people to provide them information, develop their life skills, and encourage them to adopt healthy and safer behaviours, participate in the decision-taking process related to their health and development and increase their access to services. However, there is an enormous diversity among adolescents in Moldova, even among those of the same age, depending on sex, level of physical, psychological and social development, and on factors related to the individual's immediate environment and within the culture of the wider society.

Effective strategies and interventions for addressing adolescents' problems and needs should take into consideration this diversity. They must be relevant to local conditions and they must be tailored to the differences between boys and girls, young people living in rural and urban areas, children in school and out of school, younger and older adolescents, etc.

This study contains important new data about knowledge, attitudes and practices of young people in Moldova that influence their health and development, and represents a successful model of collaboration between governmental, non-governmental and international organizations. It reaffirms that we must all ensure top priority to investments in the well-being of young people, especially of those socially and economically excluded. The study also provides a range of ideas for targeting future policies and interventions addressing this specific and most important layer of the society.

Giovanna BARBERIS,
UNICEF Representative
Moldova

ABBREVIATIONS

CO	Oral Contraception
IUD	Intra Uterine Device
SSD	State Statistics Department
FG	Focus-Group
HIV	Human Immunodeficiency Virus
SRIPMCH	Scientific Research Institute for Protection of Mother and Child Health
GI	Genital Infection
STI	Sexually Transmitted Infections
KAP	Knowledge, Attitudes and Practices
EM	Error margin (degree of a indicator's accuracy)
MICS	Multiple Indicators in Clusters Study
WHO	World Health Organization
UN	United Nations
AIDS	Acquired Immunodeficiency Syndrome
RH	Reproductive Health
RHS	Reproductive Health Study
UNAIDS	United Nations Fund for HIV/AIDS
UNICEF	United Nations Children's Fund

TABLE OF CONTENTS

1. Background	11
1.1. Situational Analysis	11
1.2. Rational	12
2. Purpose and objectives	15
2.1. Purpose of the Study	15
2.2. Objectives	15
3. Methodology	17
3.1. Target Population	17
3.2. Quantitative Study	17
3.3. Qualitative Study	20
4. Psycho-social determinants of health and development potential of young people	23
4.1. Knowledge, attitudes, and practices of young people regarding their general health condition	23
4.1.1. Young people's assessment of their own health	23
4.1.2. Young people's opinion in relation to their responsibility for their own health	24
4.1.3. What young people do in case of an illness	24
4.1.4. Young people's knowledge and practices regarding nutrition	25
4.1.5. Young people's knowledge and practices regarding personal hygiene	26
4.2. Knowledge, attitudes and practices of young people regarding health education	26
4.2.1. The significance of a healthy lifestyle in the opinion of young people	26
4.2.2. Sources of information about a healthy lifestyle	26
4.2.3. Young people's opinion on topics related to a healthy lifestyle and life skills they would like to study at school	27
4.3. Knowledge, attitudes and practices regarding access to services	28
4.3.1. Geographical access of young people to services	28
4.3.2. How young people use services	28
4.3.3. Young people's opinion regarding the quality of services offered to them	29
4.4. Young people's knowledge about violence	30
4.4.1. Young people's knowledge about the concept of violence	30
4.4.2. Information about physical aggression against young people	30
4.4.3. Information about the prevalence of the phenomenon of sexual violence against young people	31
4.5. Information regarding labor migration of the members of young people's families	31
4.6. Values of young people related to their social adaptation	31
4.6.1. Assessment of priority values by young people and teenagers	32
4.6.2. Assessment of values accessibility by young people and teenagers	32
4.6.3. Assessment of values and their accessibility in various educational institutions	33

5. Young people's knowledge, attitude and practice regarding substance use	37
5.1. Smoking among young people	37
5.1.1. Knowledge about the prevalence of smoking among young people	37
5.1.2. Opinions regarding the reasons for smoking	39
5.1.3. Knowledge about the harms of smoking	39
5.1.4. Respondents' opinion concerning the attitude of other people and their own opinion about young people who smoke	40
5.2. KAP of young people concerning alcohol.....	42
5.2.1. Knowledge about the prevalence of alcohol drinking among young people	42
5.2.2. Alcohol consumption practices among young people.....	42
5.2.3. Young people's opinions concerning the reasons for drinking alcohol.....	43
5.2.4. Young people's opinions concerning the harm of alcohol drinking	44
5.2.5. Attitudes towards young people who drink alcohol	45
5.3. KAP of young people concerning drugs.....	46
5.3.1. Knowledge about the prevalence of drug use among young people	46
5.3.2. Drug use practices among young people.....	47
5.3.3. Young people's opinions on the reasons for taking drugs.....	48
5.3.4. Knowledge about the ways of obtaining drugs	49
5.3.5. Young people's knowledge opinions concerning the harm of drug use.....	50
5.3.6. Attitudes towards young people who take drugs	52
6. Reproductive health and sexual behaviours	55
6.1. Young people's attitudes and practices concerning sexual education	55
6.1.1. The age of being informed about the basic issues of sexual education	55
6.1.2. Information sources concerning the basic issues of sexual education	56
6.1.3. Young people's attitude towards sexual education at school	57
6.1.4. Young people's attitudes towards prejudices related to sexual education	57
6.1.5. Sexual education by parents.....	58
6.2. Young people's attitude towards sexual behavior	59
6.2.1. Young people's opinion about the age of the first sexual experience.....	59
6.2.2. Opinions of young people regarding the best age to create a family and number of children wanted in the family.....	59
6.2.3. Young people's attitude towards marriage-related values	60
6.2.4. Young people's attitude towards sexual relations with a person of the same gender	61
6.2.5. The opinion of young people about the reasons for not using condoms	62
6.3. Young people's sexual experience and associated risks	63
6.3.1. The beginning of sexual life of young people	63
6.3.2. Current sexual activity of young people.....	64
6.3.3. The consequences of risky sexual behavior	65

6.4. Sexually-transmitted infections and HIV/AIDS: Knowledge, attitudes and practices	65
6.4.1. Young people's knowledge of the names of sexually-transmitted infections	66
6.4.2. Young people's knowledge about the ways of transmission and prevention of STIs, HIV/AIDS.....	66
6.4.3. Young people's attitude towards HIV/AIDS	68
6.4.4. Information about the spreading of the signs of genital infections, including sexually-transmitted infections (STIs), among the young.....	70
6.5. Contraception and Pregnancy Among Young People: Knowledge, Attitudes and Practices	71
6.5.1. Young people's knowledge about methods that can be applied by a young man and a young woman in order to avoid an unwanted pregnancy.....	71
6.5.2. Young people's knowledge of conception and contraceptives (contraceptive pills and condoms).....	72
6.5.3. Young people's attitudes towards their responsibility for preventing unwanted pregnancy	73
6.5.4. Young people's attitude towards abortion	74
6.5.5. Contraception practices among the young	74
6.5.6. Knowledge and attitudes towards contraception in comparison with practices	76
6.5.7. Pregnancy experience among young people	77
7. Conclusions	81
8. Implications and recommendations	87
8.1. Policies	87
8.2. Development of Life Skills and Health Education for Young People	88
8.2.1. General health condition	88
8.2.2. Personality development	89
8.2.3. Substance use.....	89
8.2.4. Sexual education and reproductive health	90
8.3. Training of Parents and Professionals	92
8.4. Youth Services	92
8.5. Additional Studies.....	92
9. Discussion and limitations	94
References	96
Annexes	98
Annex 1. Survey Questionnaire	99
Annex 2. Focus Group Guide	115
Annex 3. Table.....	118
Annex 4. List of personnel involved in the study.....	150

1

Background

Adolescence is a period of rapid development, when young people develop new capacities and face new situations. These new life experiences are not just opportunities for making progress, but also pose risks for their health and development. One of the most important obligations in ensuring economic, political and social progress in any country is to provide healthy development opportunities for youth.

Young people (aged 10-24) comprise 20% of the world's population, with 85% of them living in developing countries. Youth of this age group make up 27% of Moldova's population. Rapid urbanization, telecommunication, traveling and migration bring new opportunities and risks for youth. Many of the factors contributing to risky behaviors among youth are rooted in the social environment within which they live, such as: poverty, unemployment, and reduced investments in the social sector and reduced access and quality of education and health services; increased migration, including human trafficking; and limited opportunities for further education, employment, and recreational activities.

1.1. Situational Analysis

Epidemiologic, social and economic conditions in Moldova have significant implications for young people's health and development:

- **Increasing rates of sexually transmitted infections (STIs), including HIV.** In 1987-2002 (as of January 2003), there were 1688 people diagnosed with HIV, 16% of whom were youth. In 2000, Moldova had the third highest rates of HIV/AIDS in Europe. While HIV infections were primarily amongst injection drug users prior to 2003, since then there has been

an increase in sexual transmission of the infection (31,1% of all new infections). Also, the proportion of HIV infections amongst women has increased. All of these trends indicate high levels of unsafe sex amongst young people. Moreover, 18% of STIs, such as syphilis and gonorrhoea, fall into the age group of 15-19 years, indicating increased risk of HIV infection.

- **Teenage pregnancy and abortion.** Teenage pregnancy, whether wanted or not, poses increased risk for both the fetus and the young mother's reproductive health. The teenage pregnancy rate is growing and makes up about 14% of the total number of pregnancies (the average rate in Europe is 7%), the rate of abortions is about 11%, and the birth rate increased from 11,1% in 1989 to 16,9% in 2000. The risk of maternal mortality in this age group is 4 times higher than the average, and that of child mortality is 80% higher than in the case of women aged 20-29. Besides health risks, giving birth in adolescence causes economic hardship. Contraceptives are not sufficiently used by teenage girls. According to "The Study of Reproductive Health" (Serbanescu et al., 1997), 67,5% of single girls in Moldova did not use any kind of contraception during their first sexual intercourse, and only 8,3% reported using a condom.
- **Drug and alcohol use.** Within the last ten years, the number of drug users in Moldova has greatly increased, and the age of first drug use is decreasing; 20% of people reporting drug use are students. About 35-40% of drug users are estimated to be HIV-infected. In 2002 87,3% of all registered drug addicts were under the age of 25. In January 1999, 521 teenagers were registered as alcoholics ("Situation analysis of Family and Children in Republic of Moldova", Evaluation and Analysis, UNICEF, 2000-2001).

- **Deterioration of educational standards.** According to the MONEE Project database, the proportion of children enrolled in the primary and secondary education system decreased from 95% in 1989 to 76% in 2000. Since 1989, enrolment into high schools has decreased by more than 40%. According to the calculations of the Ministry of Education, each year about 18,000 students who finish secondary school do not continue their education.
- **Unemployment and migration.** About 33% of the unemployed people registered in Moldova are youth aged 15-24, and the registered unemployment rate increased more than 20 times between 1992 and 2000. Real unemployment, which is much greater, cannot practically be calculated. Unemployment is the main factor explaining unprecedented levels of emigration, especially labor migration. According to unofficial calculations, the number of Moldovan citizens who work abroad is about 600,000–1,000,000. Moldovan migrant workers comprise the most numerous illegal immigrants in Turkey and South and Central Europe. In most cases, migration is associated with increased sexual and drug use risk behaviors, especially among young people.
- **Conflict with the law.** The number of registered juvenile delinquents (14-17 years old) reached 1,007 cases per population of 100,000 in 2000, an increase of about 40% since 1997. The police register about 1,000 street children arrests annually. About 85% of all youth involved with law enforcement did not work or go to school during the first four months of 2000, and one-fifth of them were using alcohol within the same period.
- **Reduced access to health services.** Youth rarely consult doctors for their health problems. Very often this is explained by the fear of lack of confidentiality, blame or disapproval, low respect for their feelings, frequently by the lack of elementary knowledge about their body, by norms adopted in the family and reduced access to medical services in conditions of general poverty. Health and life skills education is carried out only sporadically, primarily by NGOs. This subject is only superficially addressed in schools and universities.

1.2. Rational

Because adolescence is a period of increased risk-taking behaviors, it is also the most appropriate period for providing resources that help young people to adopt a healthy lifestyle. According to many behavioral theories, youth need specific knowledge about health as a prerequisite to adopting healthy behavior and to minimizing risks. Because attitudes and practices are formed based on knowledge, assessing the knowledge concerning a healthy lifestyle was one of the subjects investigated within the study. According to the International Terminology Dictionary in Health Education, a healthy lifestyle includes physical activity, body conditioning, adequate nutrition, balance of labor and leisure, personal hygiene, harmony in interpersonal relations, and a safe living environment.

Programs oriented towards improving young people's life skills for optimal health and development will be effective only if they are developed and implemented on the basis of a reliable assessment of the needs, knowledge, attitudes and practices of young people. Within the last ten years a number of studies have been carried out in Moldova that have evaluated some aspects of knowledge, attitude and practices of young people concerning their health and development ("The Attitude of Teenagers towards Sexual Relationships, Sexual Education, And Family Planning", Mosin et al., 1996; "The Study of Reproductive Health", Serbanescu et al., 1997; MICS, UNICEF, 2000; "Voices of the Young", UNICEF, 2001; "HIV/AIDS and Teenagers: Knowledge, Opinions and Attitudes", CIDDC, 2002). These studies provided important data regarding knowledge or attitudes, especially in the field of sexual health and reproduction, of various segments of the youth population in Moldova. However, there have not been any comprehensive national studies that evaluated knowledge, attitudes and practices of young people in Moldova towards the complex of major health and development risks, which would inform the development, implementation and monitoring of effective and relevant interventions. This behavioral study evaluates the knowledge, attitudes, and practices of Moldovan youth from a variety of social situations and settings in order to elaborate and monitor education and support programs that would be oriented towards those youth.

2

Purpose and objectives

2.1. Purpose of the Study

The purpose of this study was to assess knowledge, attitudes and practices that affect young people's health and development, focusing on HIV/AIDS and STIs, in order to develop and monitor interventions related to young people's health and development.

2.2. Objectives

- To assess psychosocial and demographic factors that influence the development potential and health of young people, including access to services.
- To assess young people's knowledge, attitudes and practices concerning their own health and development, including HIV risk.
- To develop recommendations to improve young people's health and development.



3

Methodology

The study of knowledge, attitudes and practices concerning the health and development of the young people in Moldova combines qualitative and quantitative methods. The quantitative study allowed us to generalize the information necessary to calculate the suggested indicators, while the qualitative methods allowed us to develop in-depth understanding about the studied phenomena. Both research techniques (qualitative and quantitative) were performed at approximately the same time (April–May 2003).

3.1. Target Population

The following target groups were included in the two main components of the study:

1. For the quantitative study:
 - Young people aged 10-24 enrolled in an educational institution, including residential institutions
2. For the qualitative study:
 - Young people aged 10-24 enrolled and not enrolled in an educational institution
 - Street-involved youth
 - Young people in the army
 - Volunteers from youth centers

3.2. Quantitative Study

The quantitative portion of the study was a transverse, nested survey using self-administered questionnaires. The questionnaire included five modules:

- general data about the respondent;
- access to services and youth participation;

- substance use among young people;
- sexual and reproductive health;
- young people's personality development (life values, social identity, and self-appraisal).

The questionnaire was pilot tested with a small sample of youth, revised and printed for data collection in the field.

The section of the survey that focused on young people's social adaptation was based on a methodology developed and tested by E.B. Fantalova to measure their attitudes towards the most important areas of life, their general adaptability, and their attitudes towards future possibilities. The respondents were asked to indicate their values, preferences or aspirations in various areas of life, in a repeated two-choice ranking exercise. The youth were also asked to indicate accessibility of the areas of life using the same ranking method. The values and accessibility rankings were then compared and each life area was given an integral adaptation indicator calculated as the sum of the differences between the values and accessibility rankings for all the proposed social areas.

Survey Sample

The sample was designed to gather national level indicators representative of all Moldovan youth, with 95% confidence. Cluster sampling with stratification by age groups (10-14, 15-18, 19-24 years old) and educational institutions was used for the survey. Taking into account the mutual interest in obtaining separate indices for different age groups and educational institutions, stratified sampling was applied (tab. 1).

Tabel 1.
Survey Strata

Age Groups	10-14	15-18	19-24
Forms	5-8 th form	9-12 th form	
Educational Institutions	1. General schools, high schools, theoretical lyceums 2. Residential institutions	1. General schools, high schools 2. High schools 3. Technical schools, trade schools 4. Colleges (III year of studies) 5. Residential institutions	1. Higher education institutions 2. Colleges (III-IV year of studies)
Number of Strata	2 strata	5 strata	2 strata

The following formula was used to calculate the size of the sample for each stratum included in the quantitative study:

$$n = t^2 * p * (1-p) / \Delta^2,$$

The terms of this equation are defined as follows:

- n** – the necessary size of the sample for each stratum of the quantitative study
- t** – 1,96 – factor for reaching 95% confidence level
- p** – the estimated proportion of young people’s KAP concerning health and development
- Δ** – accepted error margin

The sample constituted 384 cases (rounded up to 400 cases). Therefore, for 9 strata, the study aimed to collect an overall sample size of 3,600 persons for the quantitative survey.

Survey Clusters

A cluster was estimated to be the size of an average school class (23 students), which is calculated on the basis of the average number of pupils in various types of educational institutions (except higher education institutions). The overall number of clusters was calculated taking into consideration the following:

- cluster size
- time necessary to collect data from a cluster
- number of working hours per day
- one data collection team of 4 persons (2 field administrators and 2 assistants) per cluster

Taking into account the above parameters, the calculated number of clusters for the quantitative study constituted 156 (rounded up to 160). Cluster selection for the quantitative study was carried out in several successive stages:

1. A complete list of educational institutions was compiled, according to the strata defined for the study;
2. Educational institutions to be included in the sampling were selected from the corresponding lists using systematic selection techniques:
 - The number of clusters to be selected from each list was calculated,
 - The selection interval was calculated,
 - The starting point and the clusters from each list were selected using the tables of random numbers

Sociodemographic Characteristics of the Sample

The sample included in this research consisted of 3,405 young people aged 10-24. The research sample is representative of the national youth population with respect to gender, age, and type of educational institution. The response rate was 98,6%, which is considered to be an excellent rate for quantitative surveys (tab. 2.).

Survey Data Collection

Data collection for the quantitative survey component of the KAP study followed the process described here:

Tabel 2.
Sample broken down by sociodemographic characteristics

Demographic Categories	Subcategories					
Gender	Girls 58.6%			Boys 41.4%		
Geographic Location	Urban 57.8%			Rural 42.2%		
Age	10-14 years 42.7%		15-18 years 37.6%		19-24 years 19.7%	
Educational Institution	Secondary school 63%	Lyceums 9.5%	Colleges 4.9%	Trade schools 3.1%	Residential institutions 0.7%	Higher education 18.5%
Living Arrangement	Live with both parents 75%	Live with grand-parents 9.3%	Live with stepmother 1.7%	Live with stepfather 5.6%	Live with relatives 5%	
Urban Dwellings	Live on the ground 30.1%		Apartments 57.1%		Hostels 12.8%	
Ownership of Residence	Residence belonging to parents or themselves 66.1%		Rent a room or apartment 25%		Residence belonging to friends or relatives 5.6%	

1. **Preparatory stage.** Ten data collection teams made up of field administrators and assistants (mostly young people) were selected. The teams were trained during a three-day seminar, where the questionnaire was presented, the specific features of the study were explained, and exercises of filling in the questionnaire were done. The responsibilities and obligations of the field administrator and assistants were stipulated in the Field Administrator and Assistant's Guide. A pilot survey was carried out in 10 educational institutions in order to test the questionnaire and the abilities of the teams to organize the study. The results of the pilot survey were discussed during a one-day meeting, where the problems related to filling in the questionnaire and the organization of the survey in the educational institutions were discussed. Later the questionnaire was adjusted and printed out for the field survey.
2. **Data collection in the field.** The proper data collection started in April 2003 and lasted for 3 weeks (one week spent in each of the North, South and Central regions of Moldova). Girls and boys were questioned separately, requiring two field teams for each cluster. Each field team completed data collection with one cluster per day. Each team had a field coordinator, who was responsible for all the administrative arrangements necessary to carry out the survey. Before each trip into the field, special meetings were organized to assess the fieldwork and plan future actions. The technical director of the study monitored the data collection process by visits during the fieldwork to ensure the accuracy of cluster and participants selection.

Data Review and Processing

Immediately after the questionnaires were completed, field administrators and assistants performed the first data verification and correction. Two specially trained editors carried out the second stage of verification. In order to ensure accurate data entry, a team of 12 operators twice entered the data in the computer databases, supervised by two data processing coordinators. The data were cleaned by the two data processing coordinators, yielding **3,405 valid questionnaires**. Finally, tables for data processing were generated for each module.

Data Analysis

As the sample was stratified (not self-divided), the data percentage technique was used in order to report the results on the national level. The percentage factors W_{ij} were calculated using the formula:

$$W_{ij} = (S/N) * (N_i/M_i) * (m_{ij}/s_{ij}),$$

where:

- N** – the surveyed population size (the total number of pupils and students aged between 10-24 from all types of educational institutions from the republic);
- S** – sample size (the number of interviewed individuals);
- N_i** – stratum size i ($i=1, 2, \dots, 9$);
- M_i** – the total number of individuals from stratum i institutions selected for the survey;
- m_{ij}** – the number of individuals that meet the criteria of belonging to stratum i from each institution selected for the survey ($i=1, 2, \dots, 9; j=1, 2, \dots, k_i$, where k_i – the number of institutions selected from stratum i);
- s_{ij}** – cluster size (the number of interviewed individuals from the selected institutions) ($i=1, 2, \dots, 9; j=1, 2, \dots, k_i$).

Both the initial data used to calculate the percentage and the percentage factors (according to the total number of clusters) are presented in the annexes.

SPSS software was used for data processing. The data were analyzed in 2 stages: 1) examination of the simple frequency of each studied variable; and 2) two-variable analysis of the phenomena relevant to the study objectives.

The differences between various estimations discussed in this report were significant at the level of 5% ($p=0.05$), i.e., in 95% of cases those differences correctly reflect the differences that exist between the populations. Thus all comparisons are considered statistically significant at the level of 0.05, using a bi-directional test of normal deviation.

3.3. Qualitative Study

The qualitative component of the KAP study was comprised of focus groups. Purposive sampling of target population groups was carried out to gather in-depth information from youth aged 10-24 belonging to specific social categories:

- Youth enrolled in school
- Youth who are not enrolled in school
- Unemployed youth
- Street-involved youth
- Youth enrolled in the army
- NGO volunteers

Fifteen (15) focus group discussions took place in Chisinau and in various rural settlements. The average duration of the focus groups was about 1.5-2 hours. Young people were recruited from different environments, on the condition that they did not know each other (i.e., focus group participants were not friends, neighbors, or relatives).

Sampling

The 15 focus groups included a total of 105 youth, with an average of 7 participants in each focus group. The main socio-demographic criteria for selecting the interviewees were age and occupation (tab. 3).

Focus groups were facilitated according to a specially developed guide that included questions necessary for achieving the study objectives, supplementing the quantitative information collected during the survey. The topics for discussion were the following:

- The young people's problems
- Young people's access to services
- Substance use (prevalence, motivations)
- Young people's attitude towards HIV/AIDS (prevalence, prevention)
- Unwanted pregnancy (prevention, solution to solve the problem)

Four research teams consisting of one moderator and one observer (both specially trained) conducted the focus groups. Each focus group was audio recorded on a tape recorder and then transcribed with assistance of a transcription machine. The results of focus group discussions were coded and analyzed using special computer software for processing and analysis, QSR N6.

Tabel 3.
Composition of the focus groups

	Group #	Location	# Youth in Group	Characteristics	Age Group	# of Males	# of Females
Rural Environment	I	Recea village, Chisinau county	9	Not enrolled in school	10-14	4	5
	II	Gratiesti	6	Enrolled in school	10-14	3	3
	III	Orhei county	8	Enrolled in school	10-18	5	3
	IV	Obileni village, Lapusna county	8	Not enrolled in school	15-18	4	4
	V	Razeni, Chisinau county	9	Unemployed youth	19-24	5	4
Urban Environment	VI	Chisinau	5	Not enrolled in school	10-14	3	2
	VII	Chisinau	8	Not enrolled in school	15-18	6	2
	VIII	Chisinau	8	Enrolled in school	10-14	4	4
	IX	Chisinau	7	Enrolled in school	15-18	4	3
	X	Chisinau	7	Street involved	10-14	5	2
	XI	Chisinau	6	Street involved	15-18	5	1
	XII	Chisinau	10	Unemployed	19-24	5	5
	XIII	Chisinau	7	Volunteers	19-24	2	5
Army	XIV	Armed forces	8	Enrolled in armed forces	19-24	8	0
	XV	Armed forces	8	Enrolled in armed forces	19-24	8	0

4

Psycho-social determinants of health and development potential of young people

The health and development potential of young people from the Republic of Moldova are compromised by socio-economic, demographic, and psychological conditions, as well as behavioral risks that undermine their physical and emotional well-being.

The Focus Group participants identified the following major problems faced by young people in the Republic of Moldova:

- poverty – this was a problem identified by 52% of the focus group participants
- difficulty finishing school – this problem was often related to poverty issues
- difficulty finding employment, or being able to find only low-paying jobs with little future prospects
- lack of understanding from parents – this problem was most common amongst street children of 10 -14 years old)
- domestic violence – usually linked to alcoholism amongst family members
- lack of engagement in society
- substance use (alcohol, cigarettes, drugs)
- limited recreational opportunities

The surveys measured a number of variables relating to the above broad themes that were also identified in the focus groups. These variables, all related to health and development potential determinants of young people in the Republic of Moldova, included: socio-demographic characteristics, overall health condition, health education, access to services, participation of young people, violence, labor migration of family members, and values of young people related to their adaptation in society.

4.1. Knowledge, attitudes, and practices of young people regarding their general health condition

4.1.1. Young people’s assessment of their own health

The majority of young people assessed their health condition as good (55,7%) and satisfactory (18,9%), which is consistent with the known tendency of young people to have a positive assessment of their own health. Some of the youth (13,3%) did not assess their health condition, indicating that they may not have the necessary knowledge to assess their own health. The youth in rural areas rated their health more often as excellent or good, as compared to the youth in urban settings. Perhaps the higher rating of health amongst youth in rural areas can be explained by the likelihood that they are more active, eat less processed foods and enjoy a cleaner environment (tab. 4).

Table 4. Respondents’ assessment of their health condition (%)

		Excellent	Good	Satisfactory	Bad	Do not know/can't estimate
Age group	10-14	10,8	60,6	10,1	2,8	15,7
	15-18	8	52,7	23,4	3,6	12,3
	19-24	4,9	50,9	29,7	4,3	10,2
Gender	Boys	11,1	64,0	16,5	2,0	6,4
	Girls	6,9	49,9	20,7	4,4	18,1
Living Environment	Urban	7,3	53,2	24,7	3,1	11,7
	Rural	10,5	59,2	11,0	3,8	15,5
Total		8,6	55,7	18,9	3,4	13,3

The younger age groups were more likely to rate their health favorably as compared to older youth. Perhaps the capability to assess one’s health condition is not well developed at a young age; with age young people get a more



© UNICEF/Pirozzi

realistic (critical) attitude towards their own health. Girls seem to have a more critical attitude towards their health, or perhaps are better informed about their health problems and what constitutes health. Students from colleges (years 3-4) more often assessed their health condition as bad (6,6% in comparison with the total number of 3,4%).

The results of the research did not indicate a relation between substance use (smoking, alcohol, and drugs) and assessment of health condition. This would indicate that young people are not yet aware of the negative consequences of these behaviours and so do not account for these behaviours in assessing their own health condition.

4.1.2. Young people's opinion in relation to their responsibility for their own health

Overall, most of the young people (62,3%) believe they are responsible for their own health. Second most responsible for their health were their family (44,3%), and thirdly,

medical professionals (36,3%). Young people from urban area felt more responsible for their own health than those from the rural area (68,7% and 53,6% correspondingly). Young people in rural areas were more likely to place responsibility for their health on their families (28,2%) and medical professionals (14,1%) than in the urban area (16,9% and 8% correspondingly). Personal responsibility for health was higher in the age group of 19-24 (78,2%) than the 10-14 age group (54%).

Young people from residential institutions (aged 10-14) were more likely to consider family to be primarily responsible for their health (35,3% in comparison with 21,7% of the total number of young people), and personal responsibility was ranked as third place (27,6% in comparison with 15,9 % of the total number of young people). Better-educated young people (from institutions of higher education and colleges) assume, to the greatest extent, the responsibility for their own health (77,3% and 73,2% in comparison with the average of 62,3%).

4.1.3. What young people do in case of an illness

Even though the majority (79,4%) of the respondents reported that they had a health problem within the last year, only 37,7% of them visited a doctor to address their health problem. 52,5% of young people did not visit a doctor in case of an illness within

the last year, and more than a half of them (57,6%) gave the following reason: "I hoped that I would recover myself eventually". Other reasons for not visiting a doctor were lack of money (28,8%), lack of trust in the medical staff (27,7%), and fear that anybody could find out about their problems (13,1%). This underlines the necessity to promote youth-friendly health services that are free of charge or financially affordable, ensure confidentiality, and build trust for the medical staff. The youth that most rarely accessed a doctor in case of an illness were boys, those from institutions of higher education, the urban area, and aged 19-24.

According to the research "Young People's Voices", UNICEF, 2001, young people of 9-17 years old in the Republic of Moldova gave the following reasons why they did not trust doctors:

- They want only money (60%)
- They are bad (41%)
- They are not reliable (7%)
- Communication problems (6%)
- Insufficient equipment (4%)
- "I am just afraid of doctors"

4.1.4. Young people's knowledge and practices regarding nutrition

In order to support healthy mental and physical development, young people should eat 3-4 meals per day consisting of a variety of food groups including fruit, vegetables, and dairy products every day, and meat and fish products not less than 2-3 times per week. The majority of youth (75,9%) in our sample, both from urban and rural areas, eat 2-3 times per day (75,9%). Only 2,9% of the youth stated that they ate once per day.

The content and quality of the food is as important as the meal frequency. In general, young people have proper knowledge about the consumption frequency of the most important food groups (dairy products, meat, fish, fruit, and vegetables). At the same time, the research shows a considerable difference between the youths' knowledge and consumption practices. While 57,4% of youth, for example, knew that dairy products should be consumed on a daily basis, only 25,4% actually did consume dairy products on a daily basis. About 1/3 of the respondents stated that they consumed dairy products only once a week or even more seldom.

Generally, young people consume fish, fruit, and vegetables half as often as they think those foods should be consumed:

- About 1/3 of the respondents indicated that they consumed dairy products, meat, and fruit only once a week or even less often;
- About 1/4 of young people consume vegetables once a week or even less often;
- 91,7% of the respondents knew that they should eat fruit every day, but only 42,3% of them actually do consume it every day;
- 56,9% of the respondents consume fish one time per 2 weeks or even less often.

This indicates that many youth may be consuming insufficient animal and vegetable protein, micronutrients, and vitamins. Poor nutritional levels were most common amongst the older age group (19-24 years) and boys had lower levels of knowledge about proper nutritional intake as well as poorer nutrition practices. Young people in rural areas reported higher rates of daily consumption of vegetables, fruit and dairy products, probably due to greater availability.

Iodine is an essential nutrient for proper mental development in children. Because Moldova has endemic low levels of iodine in soil and thus in foodstuffs, campaigns have been carried out to promote the consumption of iodized salt. The survey contained questions that assessed the knowledge and practices of young people in relation to iodine consumption, as well as the results of the informational campaign of iodine salt promotion. About half (52%) of the respondents consume iodine salt, the rest consume ordinary salt or do not know what kind of salt they consume. Iodine salt is consumed in the same proportion both in urban and rural areas. About a half of young people (52,9%) stated that they did not know about the iodine utility, especially 5-8th form (10-14 years) pupils from secondary schools (34,3%) and residential institutions (53,7%). Of the youth who knew about the importance of iodine intake, over 40% knew that iodine is necessary for proper physical development and is a factor in intellectual development, and 37,3% knew that consumption of iodine salt is a way of preventing thyroid gland illnesses.

Evaluation of the informational campaign of promoting iodine salt consumption indicates that television was the main source of information for 49% of the youth, especially for the respondents from the rural area (59,4%), followed by radio (20,7%) and posters (16,5%). Booklets were a significant source of information only for youth those from the urban area (8,3%) and for young people aged 19-24 (13,8%). Stickers were indicated by very few of the youth as a source of information. A large proportion (42,5%) of the respondents had not seen or heard the informational



campaign. About half (47%) of the respondents who consume ordinary salt have not seen or heard anything about the iodine salt; the percentage increases among those who do not know what type of salt they consume.

4.1.5. Young people’s knowledge and practices regarding personal hygiene

The survey asked the youth about three essential components of personal hygiene: handwashing, dental hygiene and intimate hygiene. The majority of young people possess correct knowledge about the frequency of practicing personal hygiene (hands, dental and intimate hygiene).

Handwashing has a special significance in the prevention of intestinal infections, especially before meals and after using the bathroom (WC). Eight out of 10 respondents are aware of the fact that they should wash their hands before meals and after using the WC, a fact that is understood and practiced by young people both in urban and rural areas. Greatest consistency between knowledge and practice was found with respect to handwashing: 80-84% knew that they have to, and actually do, wash their hands before meals and after the WC.

In the case of dental hygiene, there is a significant discrepancy between the knowledge and practices. Most young people (81,9%) have correct knowledge about brushing their teeth, but 40% do not practice it, indicating a need to develop programs that encourage youth to put into practice their existing knowledge. Greater education and assistance in proper dental hygiene is needed amongst the younger age groups, and boys across all age groups.

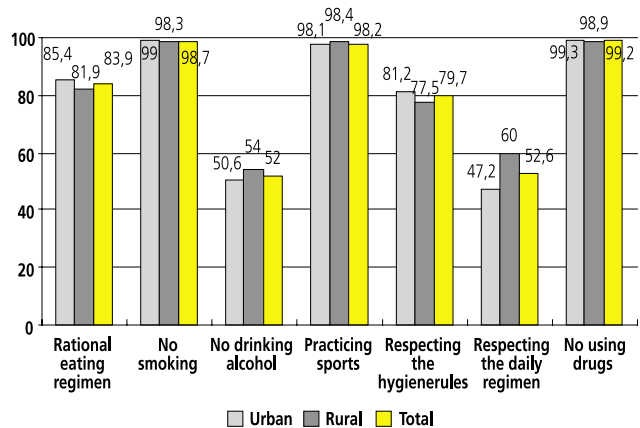
With respect to intimate hygiene, the majority of young people (84,1%) indicated the correct knowledge in this field and 75,8% actually reported practicing intimate hygiene once or twice per day. There were lower levels of knowledge about, as well as higher rates of incorrect practices, among boys, youth from rural areas, and young people from trade/technical schools and residential institutions (15-18 years old). Boys indicated an incorrect knowledge about intimate hygiene 7.5 times more frequently than girls, and 5 times more frequently incorrect practices of intimate hygiene (i.e., intimate hygiene 2 times per week or less).

4.2. Knowledge, attitudes and practices of young people regarding health education

4.2.1. The significance of a healthy lifestyle in the opinion of young people

The results of the study show that young people are generally aware of components of a healthy lifestyle. In general, there are no significant differences in the opinions of young people in relation to the importance of a healthy lifestyle and the study variables (gender, age, educational institutions, etc). Approximately half of the respondents do not consider that a healthy lifestyle implies not drinking alcohol. This can be explained by national traditions of alcohol use, especially wine, such as during religious or official holidays, birthdays, or other occasions (fig. 1).

Fig. 1. Young people’s knowledge about what comprises a healthy lifestyle



4.2.2. Sources of information about a healthy lifestyle

The majority of young people (72,9%) most frequently discuss health issues with their parents. Some youth (11,8%) discuss health issues with their friends, 5,1% stated that they don’t discuss health issues with anyone, and only 2,7% discuss their health problems with health professionals. Older age groups did not communicate about their health

issues with their parents and teachers as frequently, but turn to their friends instead or do not discuss health issues with anyone at all. Youth from residential institutions communicated with their parents less than young people from other educational institutions, but communicated more with teachers and medical professionals about health issues. Young people who smoke and drink alcohol reported less frequently that they discuss health-related issues with their parents, and more often with friends, in comparison with non-smokers and non-drinkers.

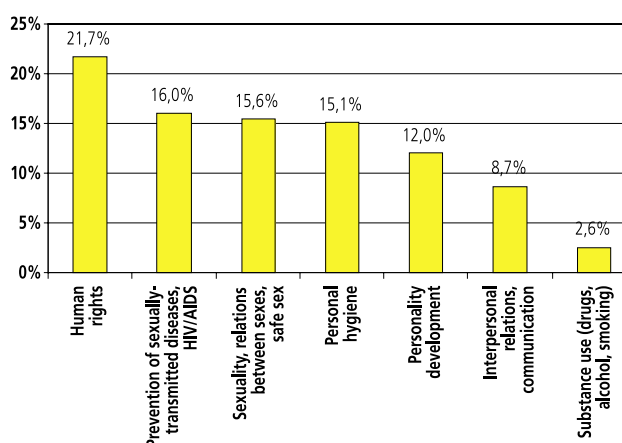
There was inconsistency in the youths' current sources of information and their desired sources of information about healthy lifestyle. Most of the young people (86,9%) indicated that they received information about healthy lifestyle from their parents, 72,4% from mass media (TV, radio, internet, magazines, newspapers), 44,7% from school, and 40,6% from medical professionals. The sources most frequently indicated by young people as sources from which they would most like to receive information are parents, medical professionals and school. Urban youth were more likely to prefer health information from magazines, newspapers and books (38,1% urban and 29% rural), medical professionals (45% rural opposed to 37% urban), and school (48,1% rural and 42,2% urban). Young people from rural areas expressed a greater preference to parents (50,4%) in comparison with the ones from urban areas (31,3%). Older youth preferred to receive information from the mass media (TV, radio, internet, magazines, newspapers) more frequently (from 59,1% at the age of 10-14 to 76,1% at the age of 15-18 to 94,1% at the age of 19-24), while younger age groups had stronger preference in receiving information from their schools.

4.2.3. Young people's opinion on topics related to a healthy lifestyle and life skills they would like to study at school

Although in recent years some elements of health education have been introduced at all the educational levels, starting with kindergarten, they are mainly taught through optional courses, or extracurricular activities. The survey collected information about the health topics that are useful and interesting for young people that

can then be used to develop a school curriculum that is effective in developing essential life skills (fig. 2).

Fig. 2. Young people's preferred topics for classroom discussion (%)



Youth from rural areas more often chose topics related to personal hygiene (22,2%), prevention of sexually transmitted diseases (17,8%) and adequate nutrition (9,3%), whereas young people from urban areas preferred to discuss topics related to personality development (15,8%), inter-personal relations (15,8%) and sexuality (17,1%) at school. Young people from residential institutions concerning preferred (in order of priority) the topics of personal hygiene, prevention of sexually transmitted diseases, HIV/AIDS, interpersonal relations, communication and personality development.

Girls preferred topics related to personal hygiene (17,4% in comparison to 11,9% of boys), inter-personal relations and communication (10,8% compared to 5,7% of boys) and personality development (13,9% compared to 9,3% of boys), while boys demonstrate predilection for topics of sexuality (17,8% compared to 13,9% of girls) and prevention of sexually transmitted diseases (20,3% compared to 12,9% of girls).

Youth aged 10-14 years mainly request topics related to personal hygiene and human rights, 15-18 year-olds were most interested in topics related to sexuality, prevention of sexually transmitted diseases, HIV/AIDS, and 19-24 year-olds were most interested human rights, personality development and sexuality, and relations between genders.

4.3. Knowledge, attitudes and practices regarding access to services

Access to health and social services plays an important role in the development of knowledge, attitudes and practices of young people related to their health and development. The survey collected information about young people's access to information, education and medical services.

4.3.1. Geographical access of young people to services

In order to assess the geographical access of young people, they were asked to enumerate the services that exist in their locality, without taking into consideration the quality of the services provided by these institutions. According to the results of the study, almost in every locality, there are basic services – medical (100%) and educational institutions (99,1%). Bars and cafés are also spread in localities (92,1%). Less spread services are counseling/psychosocial consultations services (24,5%) and family planning centers, offices (28,5%).

There was a fundamental difference in services available in rural and urban areas, with lower access for youth from rural areas to most types of services. The greatest differences have been registered in the case of counseling services (9,1% rural, 35,7% urban), family planning centers (8% rural, 44% urban) and internet cafés (23% rural, 74% urban). Only 20% of rural localities had youth centers while 42,3% of youth in urban areas had youth centers. Bars and cafés were equally available in rural and urban settings (89% and 94%, respectively).

The focus group discussions also emphasized the need for youth services. Young people would like to have greater access to health and recreational services including sports centers (e.g., sports clubs, swimming pools, courts and gyms) and felt that availability of such facilities would keep youth from "taking a wrong path." The youth in the focus groups also expressed a need for more places for holidays and entertainment (e.g., chess clubs, cinemas, disco and dance clubs) "where young people could spend their spare time, in order not to do alcohol and drugs." Some of the youth also suggested that there should be availability of information centers, counseling (multidisciplinary) centers, greater education

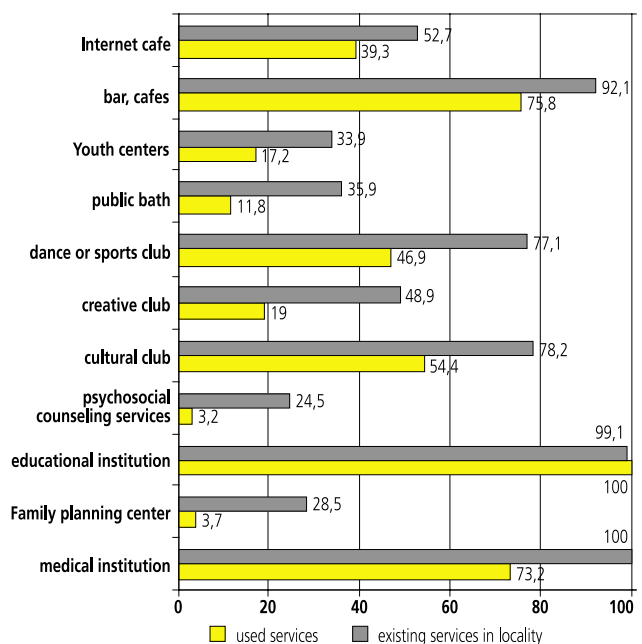
opportunities and safe houses for children who are victims of family violence.

Some of the street-involved youth stated that they wouldn't attend youth centres because they "would be ashamed to go" or didn't want to "bother others with my problems." For 18-24 year-olds, including unemployed and young people in the army, the most important services were free education and employment opportunities.

4.3.2. How young people use services

The study also investigated the young people's use of available services within the last year (fig. 3) and the reasons for not using various health and social services. The most frequently used services are educational institutions, obviously, because the survey respondents were recruited through their schools. Bars and cafés are used more often than other services (75,8%). Boys attend bars more often than girls (80% and 73% respectively). The ratio of smokers who attend bars is higher than the ratio of non-smokers (90% and 70% respectively), and that of 93% of alcohol users attended bars compared to those who are not regular drinkers (61%). The high attendance of bars and cafés reflects a lack of other, more attractive recreational opportunities, both from an interest and cost perspective.

Fig. 3. Services used by young people within the last year (%)



Psychosocial consultations (3,2%), family planning services (3,7%), as well as the services of Youth Centers (17,2%) are the most seldom accessed services. Reasons for not using the existing services included poor proximity (*“there are no such services in the locality”*) and services *“are far away”*), poor financial accessibility (*“services are expensive”*), inappropriate structures (*“the schedule is not convenient for me”*), and lack of rapport with service providers (*“I do not like the staff”, “they are old and outdated”, “I do not trust them”*). With respect to family planning centers, 45% of the youth aged 19-24 did not consider that they needed these services. There was also low availability and lack of expressed need for counseling services.

54% of all the young people have used the services provided by cultural clubs, although 13% of urban youth and 24% of rural youth felt that these clubs were not accessible. It should be noted that young people who drink alcohol more frequently also attend cultural clubs more often (75% in comparison with the total of 54%). Access to creative clubs was also limited along with lack of convenience and perceived need. Young people aged 10-14 attend creative clubs more frequently (28%), in comparison with young people aged 15-24 (13%).

The majority (80%) of youth from urban centers expressed a need for information and communication technologies. Internet services have been used by 60% of urban youth, but only used by 10% of rural youth. Most of the rural youth (73%) and 18% from urban areas have mentioned that internet facilities are not available in their locality. Boys show a greater interest in internet than girls (48% and 33% respectively), and 19-24 year-olds attend internet cafés more often (65%) than those aged 10-14 (27%).

Sports and dance clubs have been attended by about 47% of young people (61% of boys and 37% of girls), and more often amongst younger age groups (51% aged 10-14 and 42% aged 19-24). Only 20% of young people from the urban and 13% from rural areas have accessed Youth Centers. For 73% of rural youth and 47% of urban youth, Youth Centers are not available in their localities.



© UNICEF/Prozdi

4.3.3. Young people's opinion regarding the quality of services offered to them

Essential features of services for young people, according to the respondents, are in order of importance: 1) friendly (62%), 2) accept them the way they are (56%), 3) cheap (49,5%), 4) free of charge (37,9%), 5) close to home (30,7%), and 6) confidential (22,7%). Boys were more likely than girls to emphasize services being free of charge and cheap, while girls and younger respondents were more concerned with acceptance. Younger age groups were also more concerned with proximity of services to their home. Older age groups (19-24 year-olds) expressed the greatest need for confidential and cheap services. Young people from residential institutions mainly preferred the services to be close to their homes, friendly, and free of charge, (especially those aged 10-14).

The focus group data reinforces the results from the survey, as well as identified other desired features of youth services: peer-based service delivery, i.e., “the staff to be young, like us, not to look angry at us” and understanding service providers “to help us, to explain, to give advice.”

4.5. Young people’s knowledge about violence

Violent behavior amongst young people represents an increasing danger for public health. The accessibility of alcohol, drugs and firearms, and the popularity of violent television programs contribute to the development of a violent and criminal behavior among teenagers. The results reported in this section pertain to young people’s knowledge and experience regarding violence. Because of sensitivity around topics of violence, respondents were not questioned directly about their personal experience of violence, but were asked whether they knew someone who had experienced violence.

4.5.1. Young people’s knowledge about the concept of violence

The majority of the respondents (90,3%) indicated that they understood at least one meaning of the notion of “violence”, most often associating violence with sexual use (79,2%) and physical aggression (78,9%). About 30% of the youth associated violence with verbal threats, 15,4% associated violence with destruction of material goods, and only 7,5% associated violence with neglect/indifference. 16,3% of rural youth (16,3%) and 17% of youth aged 10-14 were not aware of what comprised violence. There are no great differences among boys and girls in their conceptualization of violence. Not surprisingly, older youth and those in advanced educational institutions had greater knowledge of what violence comprises.

4.5.2. Information about physical aggression against young people

Respondents were asked to answer whether they knew someone who had been subjected to physical aggression

or sexual violence. A total of 78,3% of respondents reported that they knew someone who had been subjected to physical violence. Their responses were sub-grouped by the place where the violent incident took place (i.e., at home in family, by teachers in educational institutions, by other students in educational institutions, in the street, at the club, at a disco). The majority of violence reported by the young people (58,6%) occurred in disco/clubs, 56,9% in the street, 48,2% in educational institutions by other students/pupils, 31,2% in educational institutions by teachers, and 19,9% in the home. Other settings of violence were reported by 40,6% of the young persons and included places such as public transport (19,2%) or the market (15,4%).

According to the results of the study on Reproduction Health in the RM, ICSOCSM, UNICEF, 1997, 4% of girls aged 15-24 reported being forced to have sexual relations. In 35,5% of cases the aggressor was a stranger, in 22,6% a person they knew, in 9,4% their partner/husband and in 18,3% a friend.

Young people from urban areas and from the institutions of higher education (high schools, colleges) reported more cases of knowing someone who has been physically used, while young people from rural areas and residential institutions reported fewer cases. This may be related to the lower levels of knowledge amongst younger age groups and those living in residential institutions regarding the notion of violence.

One third of the respondents overall (37,5% of urban youth and 22,5% of rural youth) have reported to know people who have been physically used by teachers in educational institutions and the number of reports increased with age. Violence in the home was more commonly reported amongst urban youth (23,6%) than rural youth (15,1%). Physical use at home was also more commonly reported by young people living in hostels (37,9%) than the total of 19,9%. The youth who are married have also reported to know more people who have been physically used at home in comparison to other respondents (39,5% against the total of 19,9% respectively), perhaps related to spousal use.

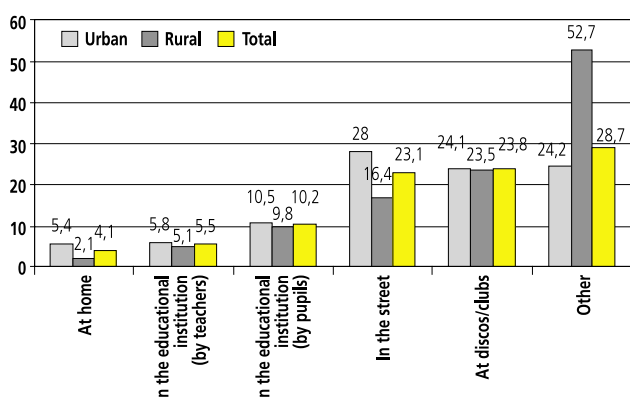
Young people with poor health behaviours (smoking, alcohol or drug use) have reported to know people who have been physically used in 1.5 times more cases in comparison with the total of young people. Physical use in the street was reported more often by youth in urban areas than those in rural areas (64,9% versus 46%).

4.5.3. Information about the prevalence of the phenomenon of sexual violence against young people

The prevalence of sexual violence amongst young people was indirectly assessed by asking the respondents if they knew someone who had been sexually used, and if so, in what setting. A total of 38,3% of respondents reported that they knew someone who had been subjected to sexual violence.

Sexual violence was reported equally by urban and rural youth except for violence reported in the street (28% in urban areas and 16,4% in rural areas) and in other places (24,2% in urban areas and 52,7% in rural areas). (Fig. 4)

Fig. 4. Percentage of youth reporting that they know people who have been sexually used, by location



Girls have reported to know more people who have been sexually used at clubs/discos in comparison with boys (27% and 19,4% respectively), probably because sexual violence against girls in such settings is more common. One out of ten respondents reported to know people who have been sexually used by other pupils/students, and 5,5% by teachers, in the educational institutions.

Sexual use is reported by young people half as often as physical aggression. Sexual violence was reported more frequently amongst girls, young people from urban areas, those aged 19-24, those from the institutions of higher education and colleges, and the ones with poor health behaviours (i.e., those who smoke, drink alcohol, take drugs). Young people who live in hostels reported to know people who have been sexually used 2.6 times more frequently than the total of young people.

4.6. Information regarding labor migration of the members of young people’s families

Emigration for the purposes of searching for employment is very common in the Republic of Moldova. According to the Migration Department, about 700,000 citizens of Moldova earn their living outside the country. This pattern negatively influences the development and socialization of children, who lack a parent or both. With reduced supervision, young people very often start to smoke, drink alcohol or take drugs.

According to the survey results, 23% of young people aged 10-24 have someone from their family working abroad. Family members working abroad was most commonly reported amongst youth aged 10-14 (42,6%), followed by those aged 15-18 (35,4%) and those aged 19-24 (21,8%). Young people from rural and urban areas are affected by this phenomenon in the same proportion, but is more commonly reported by girls (61,7%) than boys (38,3%). Most often men (fathers) are the family members who are reported by youth to have left the country (16%) and in 11,3% case it was the mother and in around 5% of cases both mother and father were migrate abroad. Women (mothers) from rural areas migrate more often (12,9%) than women from urban areas (10,1%). In the case of men (fathers), the proportions are reversed: 16,8% from the urban area against 14,8% from the rural area migrate to find employment.

In families with one or more parents who have left the country, children are cared for by their relatives or grandparents. In 31% of the cases of young people living with their grandparents a member of their family is abroad, and in the case of young people living with their relatives, almost half of the respondents (46,1%) come from such families.

4.7. Values of young people related to their social adaptation

Social adaptation of teenagers and young people is directly determined by their value system, their appraisal of life’s prospects, and their perceived challenges. Inability of youth to meet the demands of contemporary life results in several

risks: reduced initiative, incorrect decision-making, risky sexual behavior, and inflexible approach to complicated situations. The youth were asked questions to assess how they define their life perspectives, their perceptions of their future prospects, and the possibility to attain it.

4.7.1. Assessment of priority values by young people and teenagers

Generally, the youth expressed values in a hierarchy of four blocks:

- I. *Happy family life, health*
- II. *Kind and faithful friends, Secure financial situation, Love*
- III. *Knowledge, Freedom*
- IV. *Interesting life, Self-confidence, Creativity, Beauty of nature and art, Interesting activity.*

All groups of respondents (across age, gender and living environment), identified the following values as their top priorities: *Happy family life, Health, Having loyal friends, Love*. The results indicate that youth place a priority on values related to daily family life and relationships with people close to them. *Health* was most highly valued by all groups of respondents, regardless of age, gender and living environment. Girls, in comparison to boys, valued *Health* higher. *Happy family life* was also consistently given a high position in the hierarchy of values, although was rated lower by young people from the rural area compared to those from the urban area.

Of lower priority for youth were *Beauty of nature, Creativity, Self-confidence, and Active life*, which are correlated with elements of the personality such as self-appraisal, self-realization, and development of one's creative "self." The low ranking for these values likely reflects the traditional education system provided in the Republic of Moldova characterized by severe regulations in educational institutions, negative instead of positive feedback regarding behavior standards, the predominant use of stereotypical, dull, and inflexible educational methods that create psychological stress amongst students. Psychological self-defense methods in this case are: laziness, indifference, and negativism. Youth may also rank active life as a low priority because of the lack of individual successful experiences.

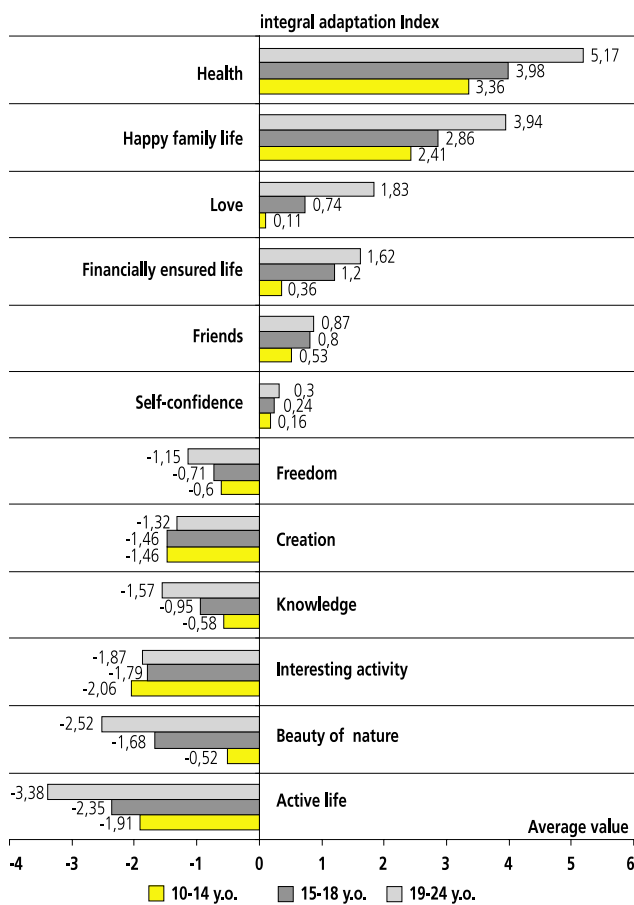
4.7.2. Assessment of values accessibility by young people and teenagers

Young people placed *Happy family life, Knowledge, Freedom, Kind and loyal friends* as the most attainable values. The value of *Happy family life* was deemed as more possible to attain by rural youth, especially those aged 15-18. Rural youth were also more likely to feel that *Love* is possible to be realized. Young people overall felt that *Knowledge* as very possible to attain, particularly amongst those in the age group of 19-24. However, while *Knowledge* was deemed as accessible, it was ranked in the middle in terms of importance. The value of *Kind and loyal friends* was felt to be difficult to attain. The value of *Self-confidence*, both according to importance and the possibility of attaining it, was rated very low.

The possibility of attaining the values of *Beauty of nature and art* varied according to the living environment; youth from the urban area have appreciated this value as being more possible to attain compared to those from the rural area, although rural youth placed more importance of the value than urban youth. *Health*, on the other hand, was given high ranking in terms of importance but low ranking in terms of attainability. The values identified as being most difficult to attain were *Health, Active life, and Creativity*.

In order to understand better the process of social adaptation of young people and the presence of problematic issues, it is necessary to compare the young people's subjective desires and their perceptions of accessibility and possibility to attain specific values. Contradiction between these desire for, and feeling of possibility to achieve, these values indicates unfavorable development of a young person's personality. The differences in the respondents' ratings of values (V) and the perception of their accessibility (A) form an average difference (AD) and are presented in the following diagram (fig. 5).

Fig. 5. Average differences in the respondents' ratings of values (V) and the perception of their accessibility (A)



A negative numerical value of AD means that the preference for a certain area of life is lower than its accessibility (i.e., this area of life is felt to be accessible, but unimportant). A positive numerical value of AD indicates that the importance of the area of life is higher than its accessibility (i.e., it's a very important area, but is deemed difficult to attain).

The discordant values that could be classified either as “this is very important for me, but, unfortunately, impossible to attain” and “I can have this any time if I want, but I do not need this” indicate four areas of social maladjustment among young people:

- I. Health, Happy family life, Love, Secure financial situation
- II. Kind and loyal friends, Self-confidence
- III. Freedom, Knowledge, Creativity
- IV. Active life, Beauty of nature, Interesting activity

Group I values were overall given high ranking of importance but low feelings of accessibility. Problems in these areas at an early age lead to more complications later in life. Group II values indicated psychological problems related to the personal life of young people. The value of *Loyal friends* was ranked as both important and accessible, while *Self-confidence* was ranked as having both low importance and difficulty to attain. In both cases average differences (AD) are minimal, however low ranking of both importance and accessibility of *Self-confidence* indicates a psychological defense mechanism. Group III values – *Freedom, Knowledge* – were deemed to be possible to attain but not important. The youth are experiencing a period in their life characterized by high practical activity, perhaps explaining lack of value for more introspective personal development. *Creativity* was consistently an unimportant value for the young people, perhaps explained by their lack of experience in participating in creative pursuits. Group IV values – *Active life, Beauty of nature* – reflect those that are given very low rankings of importance among the respondents aged 19-24.

4.7.3. Assessment of values and their accessibility in various educational institutions

Both the youth from secondary schools and residential institutions highly ranked values of *Happy family life, Health, Kind and loyal friends*, and gave lower ranking to the values of *Self-confidence, Active life, Creativity*. Youth from secondary schools ranked Love as more important (6.18) than those from residential institutions (4.97). Perhaps youth from residential institutions have poorer experience of emotionally intimate relationships. *Creativity* was appreciated as more important by pupils from residential institutions (5,24) compared to those from secondary schools (3,54). The areas of *Health and Family life* were more problematic for youth from secondary schools, who tended to rate these values as important, but difficult to attain. Youth living in residential institutions live in relatively stable situations for extended periods of time, with a routine and living conditions ensured by the staff of the institution. These conditions are reflected in the perceptions amongst students of residential schools



© UNICEF/Prozdi

with respect to material and knowledge areas, which were deemed to be accessible, but undesired by the residential school students. With respect to the value for *Loyal friends*, teenagers from secondary schools appreciated this area as important, but difficult to attain, whereas pupils from residential institutions felt it is accessible, but less important.

Amongst youth from colleges, trade schools, high schools, residential institutions (9-12th forms), there is contradiction regarding *Health* – it was appreciated as important but rated as low possibility for accomplishment. A more pronounced disharmony in importance and

achievability of health was recorded amongst young people who study at high schools (4,54) and colleges (4,6). While *Happy family life* was ranked as high in importance by all sub-groups of youth, it was given very low ratings in terms of achievability. The area of *Interesting activity* was unanimously rated by all sub-groups of youth as possible to attain, but ranked low in terms of importance. Perhaps the young people do not fully understand the interdependence between a satisfying material life and interesting, creative activity. The areas of *Creativity* and *Beauty of nature* were rated as being inaccessible by all the respondents. The area of *Knowledge* was recognized as accessible but neutral in value by all the groups of respondents, except for the subjects from residential institutions who rated health as quite important.

The most problematic areas identified by all of the youth with respect to accessibility and difficulties of attaining them in the future, are *Health*, *Happy family life*, *Love*, *Loyal friends*, and *Secure financial situation*. Because these values are deemed as important but difficult or impossible to achieve, the youth may feel anxiety related to their futures. The values that were deemed as least important (although possible to attain) were *Happy family life*, *Interesting activity*, *Beauty of nature*, *Knowledge*.

5

Young people's knowledge, attitude and practice regarding substance use

Because adolescence is a life period often characterized by experiencing new things, young people are exposed to increased risks. Young people experiment high-risk behaviours for various reasons, including curiosity, to reduce stress, to feel better and to fit in with their peers. Risk-related activities during adolescence may include increased sexual activity, experimentation with smoking, alcohol and drug use, and rebellion against the standards and rules imposed by adults. Youth are also characterized by an inability to see the link between their current actions and future consequences. Young people tend to feel invulnerable to negative consequences and health problems. While some youth experiment with risky behaviours only once or twice, others develop serious problems, such as addiction. According to the World Health Organization, about 70% of premature deaths among adults are caused by the hazardous behavior initiated in their adolescence such as smoking, drug and alcohol use, and unsafe sex.

Drug and alcohol use often lead to violence, crimes, dropping out of school, and unemployment. Those who use drugs and alcohol have increased risk related to health problems: accidents, traumas, physical and mental disorders, sexually-transmitted diseases, HIV

and Hepatitis C infection, etc. This chapter summarizes results from the assessment of knowledge, attitudes and practices of young people regarding smoking, alcohol and drug use.

5.1. Smoking among young people

This section summarizes results (from the survey and focus groups) on the extent of smoking among young people, the reasons for smoking, the perceived harms of smoking, individual attitudes of the respondents as well as of other people to young people who smoke.

5.1.1. Knowledge about the prevalence of smoking among young people

The majority of young people (82,1%) reported that at least one of their friends smokes. Urban youth more frequently reported friend(s) who smoke (87,7%) than rural youth (74,4%). Not surprisingly, older youth were more likely to report having friends who smoke.

According to the 2003 study by the National Scientific-Practical Center of Preventive Medicine, 15% of all young people from the Republic of Moldova aged 13 smoke (24% of boys and 6,9% of girls).



The focus group participants confirmed high prevalence of smoking among young people. They also were of the opinion that the majority of teenagers smoke: *“it is a serious issue anyway, a half of the population of the world smokes”* (18-year-old male, not in school, urban). Many of the participants especially expressed concern for the increased number of girls who smoke, being more tolerant towards boys smoking.

Of all the survey respondents, 11,6% said they were smokers at the time of the study, while another 9% said they had given up smoking. Reasons for giving up smoking were the following:

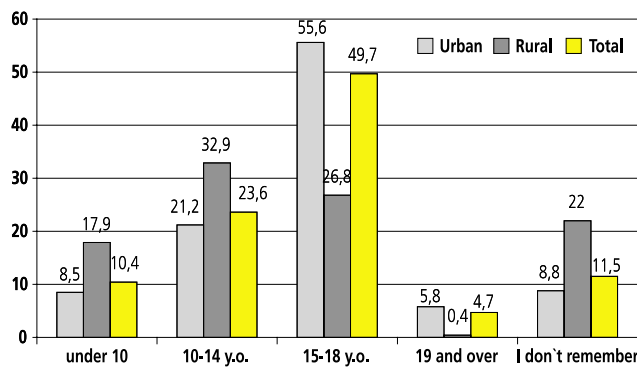
- It is harmful – 63%;
- I did not like it – 25%;
- My boyfriend/girlfriend convinced me – 8,3%;
- My parents convinced me – 1,3%;
- My parents forced me – 0,4%;
- My teachers convinced me – 0,2%

Thus, it would appear that the majority of young people are conscious of the fact that smoking is harmful for one’s health. However, while 98,7% of the young people who smoke consider that a healthy life implies no smoking, they continue to smoke anyway.

Urban youth reported being smokers 4.4 times more often than young people from rural areas (17,3% and 3,9% respectively). Boys reported being smokers more than girls (19,1% and 6,4% respectively). Prevalence of smoking increased with the age groups: 3,4% in the age group of 10-14, 14,3% in the age group of 15-18, and 24,6% in the age group of 19-24. With respect to educational institution, there are more smokers at trade schools (31%) and institutions of higher education (24,5%).

Studies have proven that the earlier people start to smoke, the more serious the health consequences. Therefore, it is of great concern that 10% of young smokers started smoking under the age of 10, about a quarter started smoking between 10-14 years of age and almost a half of young people (49,7%) started smoking between 15-18 years of age. Overall, young people from rural areas start smoking earlier in comparison to urban youth (fig. 6).

Fig. 6. Distribution of the respondents according to the age when they started smoking, depending on their living environment



Also, boys start smoking earlier than girls. While only 2,7% of girls started smoking under the age of 10, 15,3% of boys had. Girls, more often reported that they started smoking at the age of 19 and over (6,1% against 3,9% of boys), perhaps when they enter institutions of higher education.

About one third of young people who smoke have stated that they smoke occasionally, meaning that they do not smoke every day, 3,4% smoke a cigarette per day, 46,1% smoke from 2 to 10 cigarettes per day, 8,8% smoke more than 10 cigarettes per day, 2,8% smoke about one packet per day and the other 5,3% do not remember the number of cigarettes they smoke per day. Rural youth reported smoking less than urban youth: 44% of rural youth smoke occasionally in comparison to 29,9% of urban youth, whereas young people from urban areas reported more frequently to smoke 2-10 cigarettes per day than rural youth (49,7% and 25,8% respectively). According to gender, girls reported occasional smoking and a smaller number of cigarettes per day compared to boys. The number of smoked cigarettes per day tends to increase with age. Youth aged 19-24 were about 2 times more likely to report that they smoke 2-10 cigarettes per day in comparison with other age groups.

Young people who started smoking at an earlier age smoke more cigarettes per day. Thus, 17,4% of those who have started smoking under the age of 10 smoke one packet of cigarettes per day (against the total of 2,8%). Among young people who have started smoking at the age of 10-14, 4,2% smoke about one packet of cigarettes per day and 13,6% smoke more than 10 cigarettes per day (against the total of 8,8%).

5.1.2. Opinions regarding the reasons for smoking

The youth indicated the following reasons that young people smoke, in order of frequency:

- Young people smoke in order to look like an adult – 48,3%;
- Young people smoke in order to calm down – 46,6%;
- Young people smoke in order to look modern – 43%;
- Young people smoke in order to self-assert among their peers – 39,8%;
- Young people smoke because they are addicted – 26,1%.

Rural youth more often indicated the reason “*to look like an adult*” 53,7% (against 44,4% of the ones from the urban area), and urban youth more often indicated the reasons: to look modern (47,5% against 36,7% from rural areas) and to self-assert among the peers (46,7% against 30,4% in the rural area). Girls more frequently indicated the following reasons for smoking: to look modern (47,8% against the total of 36,1%) and to self-assert among their peers (43% against 35,4%).

Youth aged 10-14 gave “*to look like an adult*” and “*to look modern*” as the main reasons for smoking. Almost half of the youth, especially those aged 15-18 and 19-24, gave the reason “*young people smoke in order to calm down*”. Young people aged 19-24 show the highest rates on: young people smoke in order to self-assert among their peers, to look modern, and because they are addicted to smoking. According to psychologists, high prevalence of the reason “*to self-assert among their peers*” amongst youth aged 19-24 is worrying as it indicates immaturity; by the age of 19-24, young people should have other means to self-assert among their peers.

The focus group participants confirmed the reasons indicated in the survey, and elaborated other reasons:

- **Relaxation:** “It calms and relaxes” (19-year-old female, unemployed, rural)
- **For fun**
- **To feel older:** “He thinks that if he doesn’t smoke, they will consider him small. When he is with a group he smokes to look older, smarter” (14-year-old male, not in school, urban)
- **Influence of parents and friends:** “My girlfriend

taught me” (16-year-old male, in school, urban); “Some parents do not understand that if their children see them smoke, they may also like to try” (14-year-old female, not in school, urban); “My mother taught me how to smoke when I was about 2 years old. That is how I started” (15-year-old male, street-involved); “It depends on parents, if they look after their child” (14-year-old female, in school, rural)

- **Accompaniment to drinking alcohol:** “A cigarette is good with a glass of wine” (20-year-old male, unemployed, urban)
- **Influence of the social setting** (disco, bar): “You begin to smoke in the fifth form with your friends, a cigarette or two, then you do not smoke. Then you smoke on an occasion, in a day there is another one – a birthday party of one of your colleagues and you smoke there, and you are already addicted” (15-year-old male, not in school, urban)
- **To impress others:** “She smokes to look cool in the eyes of other girls” (16-year-old female, not in school, rural)
- **Addiction:** “If I do not find a cigarette in the village, I am cracked the whole day” (15-year-old male, not in school, rural); “It’s a habit” (18-year-old male, army)
- **Curiosity**
- **Lack of information about the consequences:** “They are not aware of what this is, what will happen to them in the future” (15-year-old male, street-involved)
- **Boredom:** “Not having anything to do” (17-year-old male, not in school, rural); “If you are on night duty, you smoke in order not to fall asleep” (20-year-old male, army); “It’s a recreation, if you have some work to do, you ask for a cigarette and have a little rest” (21-year-old male, army).

Smokers were more likely to explain smoking with the reasons: *to calm down* (51,9%) and *addiction* (38,6%), while non-smokers consider that young people smoke in order to *look as an adult* (50,2%), *to look modern* (46,3%), *to self-assert among their peers* (41,1%).

5.1.3. Knowledge about the harms of smoking

The majority of young people (94,5%) consider smoking as harmful for health and development; 4% do not know

whether smoking is harmful or not and only 1,5% of young people do not consider smoking as harmful for the health and development of young people (tab. 5).

The majority of young people (82,7%) know that smoking causes lung cancer and other respiratory system diseases. The youth aged 19-24 were most knowledgeable that smoking causes lung cancer and other respiratory system diseases (89,3%) and youth from institutions of higher education were most informed on this subject (90,5%). Young people from residential institutions and trade schools were the least likely to indicate that smoking causes lung cancer and other system diseases (66,6% and 71,8% respectively).

Not surprisingly, those youth who were smokers less frequently indicated the harmful consequences of smoking. Young smokers indicate a smaller number of harmful consequences of smoking, in particular the ones regarding work and study capacity (27,7% of smokers in comparison to 38% of non-smokers), degradation of personality (12,7% of smokers in comparison to 32,9% of non-smokers), and brain and nervous system diseases (28,6% of smokers in comparison to 45% of non-smokers).

Most of the focus group participants believe that smoking affects primarily the respiratory system and the physical appearance of the smoker. Other smoking harms identified were:

- **Smoking harms health:** "Causes lungs rotting" (16-year-old male, in school, urban), "Faster aging" (17-year-old female, in school, rural), "Causes lung cancer" (16-year-old male, in school, urban), "the muscles weaken".
- **Physical appearance** (these harms were mostly identified by girls): "A girl becomes more pale, her eyes become red, she grows older faster" (14-year-old female, in school, urban), "A girl should not

smoke because she looks like a boy, her skin looks like the skin of a boy, she becomes more manlike, her voice changes" (16-year-old female, in school, rural), "The majority of children begin to smoke and do not observe how their voice and the mouth breath changes" (16-year-old female, in school, rural).

- **Negative effects on the health of those who are close to smokers:** "If someone smokes in a room and you are in it, then you suffer more than the smokers" (20-year-old male, unemployed, rural), "The ones who are present also get sick" (15-year-old male, in school, rural)
- **Addiction:** "They cannot give up"
- **Harms to future mothers and their children:** "Smoking affects pregnancy, women breastfeed and smoke harm their child" (13-year-old female, unemployed, rural), "Smoking is harmful for girls, girls are future mothers" (16-year-old female, in school, rural)
- **Financial costs:** "The family argues about the money to buy cigarettes" (16-year-old female, in school, urban)

5.1.4. Respondents' opinion concerning the attitude of other people and their own opinion about young people who smoke

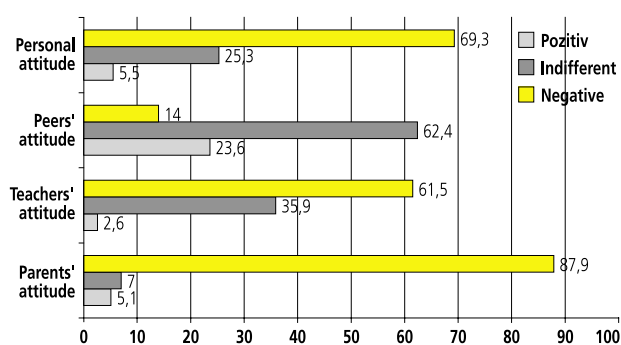
Most of the respondents (87,9%) indicated that parents have negative attitudes towards young people who smoke (91,1% in the urban area and 83,4% in the rural area). Most of the respondents (69,3%) themselves had negative attitudes towards youth who smoke, particularly those from rural area (76,3%) in comparison to urban youth (64,1%). Teachers were believed to have negative

Tabel 5. Young people's knowledge about the harms of smoking, depending on whether they were themselves smokers or not

Potential Harms of Smoking	Youth smokers	Youth non-smokers	Total
It is harmful for development and mental capacity	47,4	54,6	53,7
It is harmful for physical development	65,7	64,3	66,1
It is harmful for work and study capacity	27,7	38	36,8
Causes degradation of personality	12,7	32,9	30,1
Causes brain and nervous system diseases	28,6	45	42,8
Causes lung cancer and respiratory system diseases	82,9	81,8	82,7
It is not harmful for health and development of young people	0,8	1,6	1,5

attitudes towards young people by 61,5% of the youth, and were believed to be indifferent towards young people who smoke by about one-third of the respondents. Although adults were seen by youth to have a negative attitude towards young people who smoke, adults often set a poor example for young people: *“It is not good to smoke but adults smoke. This means that everything is fine – to smoke means to be adult.”* About a quarter of the respondents believe that their peers have positive attitudes toward young people who smoke, another 62,4% believe that their peers are indifferent and only 14% thought that their peers have a negative attitude towards smoking (fig. 7).

Fig. 7. Distribution of the respondents' opinions towards young people who smoke



Most of the respondents aged 19-24, from the institutions of higher education, colleges and high schools think that parents have a negative attitude towards young people who smoke. Young people from residential institutions were three times more likely (10,6%) than the other groups of young people to believe that parents have a positive or indifferent attitude towards young people who smoke. This may be an indicator of the general feeling amongst students of residential institutions that parents are indifferent to them. Young people from high schools were more likely to believe that their teachers have a negative attitude towards youth who smoke than students from other institutions (70,1% against the total of 61,5%). Young people from residential institutions were most likely to indicate that teachers have a positive attitude towards young people who smoke – 5,5% (within the age group 10-14) and 8,7% (within the age group 15-18) in comparison to the total of 2,6%. Rural youth were more likely to believe that teachers have a negative attitude towards young people who smoke (69,9%) in comparison to urban youth (55,4%). Urban youth, to a greater extent than rural youth, felt that their



© UNICEF/Prozori

peers have a positive attitude towards youth who smoke (27% and 19% respectively).

Rural youth were more likely (76,3%) to personally have a negative attitude towards young smokers, compared to 64,1% of urban youth. There are no significant differences according to the gender of the respondents. Youth aged 10-14 reported personally being less indifferent and had more negative attitude towards smokers.

Youth who reported to have more often discussed health issues with teachers, medical professionals and their parents were also more likely to have a negative attitude towards young people who smoke, in comparison with the respondents who discussed health issues with relatives, friends, or had not discussed health issues with anyone.

Also, those youth who are involved in recreational activities in their spare time like drawing, crocheting, reading, helping parents around the house, attending sports or dance centers also reported more negative attitude towards young people who smoke in comparison with the ones who watch TV/listen to the music, play games on the computer or go out with friends in their spare time.

5.2. KAP of young people concerning alcohol

Excessive use of alcohol causes serious health problems both for the individual as well as for society, particularly when youth experience alcohol use. This section includes results about the extent of alcohol use among young people, their opinions about the reasons for drinking alcohol, their knowledge about the harm of alcohol use, and the attitudes of young people, peers and other people towards young people who drink alcohol.

5.2.1. Knowledge about the prevalence of alcohol drinking among young people

A majority of the respondents (76,1%) indicated that some of their friends and acquaintances drink alcohol and the focus group data confirmed that alcohol drinking is a widely prevalent phenomenon among young people. Urban youth more commonly reported that their friends and acquaintances drink alcohol than rural youth (83,5% compared to 66,0%). There are no significant differences between genders on this issue, but drinking was more commonly reported by older youth. Students from the institutions of higher education and colleges (first and second year) were most likely to report alcohol consumption amongst their friends and acquaintances (94,3% and 84,7% respectively). The lowest values were reported by young people from residential institutions (55,3% compared to the total of 76,1%). Those youth who smoke reported having more friends and acquaintances who drink alcohol (55,3% compared to the total of 76,1%).

Focus group participants confirm that alcohol use among youth in the Republic of Moldova is frequently encountered both in cities and in villages. While youth aged 10-14 do not know many friends or acquaintances who drink alcohol, they reported that the majority of the ones who do come from families where parents drink alcohol: *"If the father is alcoholic, the child will become like him"* (13 year-old male, street involved). Young people aged 15-18 indicated that alcohol drinking is widely prevalent in this age group and they drink mostly in

groups or at social events (clubs, birthday parties, etc.). They noted that drinking amongst young people of that age is directly related to the group of friends and peer pressure: *"I cannot imagine a child who drinks voluntarily. I think that s/he does it only to keep the company to his friends"* (15-year-old female, street-involved).

Unemployed youth in the 19-24 age group consider that unemployed youth are the most frequent drinkers. One focus group participant noted that youth seem to drink at an increasingly younger age: *"as days pass by it becomes a more severe problem. When I used to be a pupil I didn't see children drink like that. I think the age of alcohol drinking decreases, even the little ones drink. When I have my own children, I'm worried about the age when they will start drinking"* (23-year-old female, unemployed, rural). The unemployed from rural areas reported that alcohol (mostly wine) consumption is most common during the fall, around the time of grape harvest.

5.2.2. Alcohol consumption practices among young people

Although about 78,4% of the respondents mentioned that they have drunk alcohol at least once or more, the majority of them drink alcohol only on special occasions (holidays). Urban youth were more likely to report drinking on special occasions than rural youth (62,5% and 50,5% respectively). Only 15,4% of the young people reported that they drink alcohol 1-2 times per month or more. Urban youth were 50% more likely to report drinking alcohol 1-2 times per month than rural youth. Amongst those who drink alcohol 1-2 times per week, the number of urban youth was 2.6 times greater than the number from rural areas.

According research by the American Academy of Psychiatry for Children and Teenagers and the National Institute of Drug Abuse, young people who smoke are 3 times more likely to drink alcohol than non-smokers, 8 times more likely to smoke marihuana, and 22 times more likely to use cocaine.

Not surprisingly, the proportion of those who drink alcohol increases with age - from 65,4% in the age group 10-14, to 83,9% in those aged 15-18 and 96,2% of those aged 19-24. There were not any significant differences in

drinking between the genders – 79,3% of girls and 77,2% of boys reported drinking alcohol. Young people from residential institutions report the smallest percentage – 50,5% in the age group of 10-14 and 65,1% in the age group of 15-18 years (compared to the total of 78,4%). Lower use of alcohol in residential institutions is likely explained by the students being permanently under supervision and having limited access to alcohol. Young people from the institutions of higher education and colleges (3rd and 4th year) most commonly consume alcohol – 95,9% and 91,8% respectively. Relatively high proportions of youth in trade schools (86,8%) reported drinking alcohol.

Those youth who are smokers reported drinking alcohol 1.3 times more than non-smokers (98,2% and 74,2% respectively). Drinking and smoking habits seem to begin at the same age (usually 15-18 years of age). Youth who reported that they started smoking under the age of 10 also reported more frequently beginning drinking alcohol at the same age (15,6% compared to the total of 5,3%).

More than a third (37,3%) of the respondents who drink alcohol started drinking at the age of 15-18, 28% started drinking at the age of 10-14, and 5,2% (133 young people) started to drink alcohol under the age of 10. Young people from rural areas begin to drink alcohol at an earlier age – they reported to have begun drinking alcohol at the age of 10-14 two times more frequently than the ones from urban areas. The critical age for initiation into drinking alcohol is 15-18.

5.2.3. Young people's opinions concerning the reasons for drinking alcohol

The following reasons for drinking alcohol were identified by the young people, in order of most common reasons

- To forget about problems – 54,4%
- To relax/calm down – 42%;
- To follow the example of friends – 39,8%
- To be more brave – 32,9%
- To follow the example of parents/family traditions – 31,8%
- To look like an adult – 31,3%



- To self-assert among peers – 29,5%
- To look more modern – 21,2%
- Alcohol addiction – 19,9%

The greatest difference between boys and girls in reasons for drinking was in “*forgetting about the problems*”, mentioned by 60% of girls and 46,5% of boys. Urban youth were more likely than rural youth to identify the reasons to drink as “*to calm down/relax*” (49,6% vs. 31,5%), “*to self-assert among peers*” (32% vs. 26%), and “*to be more brave*” (38,8% vs. 24,8%). The young people provided different reasons for drinking, depending on their age: those aged 10-14 indicated more frequently the reasons “*to look like an adult*” (38,6% compared to the total of 31,3%) and “*to look more modern*” (25,5% compared to 21,2%); youth aged 15-18 more frequently gave the reason “*to follow the example of friends*” (42,9% compared to the total of 39,8%); and those aged 19-24 more frequently gave the reason “*to relax*” (56,3% compared to the total of 42%) and “*to be more brave*” (56,7% compared to the total of 32,9%).

Reasons for drinking also varied depending on how frequently the youth drank: young people who drink alcohol only occasionally (just once or on special occasions) indicated their main reasons as “*follow the example of their friends*,” “*to follow the example of their parents/family tradition*” “*to seem like adults*,” and “*to be more brave*.” Young people who drink alcohol more frequently (more than 1-2 times per month) mainly indicated the following reasons: “*to relax/calm down*,” “*to forget about problems*” and “*addiction to alcohol*.”

Youth from institutions of higher education, high schools and colleges (age groups of 19-24 and 15-18) most often indicated these reasons for consuming alcohol: “to calm down/relax,” “to forget about the problems” and “to be braver.” Youth from secondary schools, residential institutions (aged 10-14) scored the highest on such reasons as “to look as an adult,” “to look more modern.” Youth from residential institutions (39% aged 10-14 and 40,7% aged 15-18) were more inclined than other youth to think that young people drink alcohol because they “follow the example of their parents/family traditions.”

The focus group participants confirmed the reasons for drinking alcohol:

- **Following example set by parents:** “The child follows the example of his/her mother and father, if his/her father is an alcoholic, s/he will be like him” (16-year-old male, street-involved); and “They see their parents drink and they also want to” (13-year-old female, rural)
- **Pressured by friends:** “If one has many friends who drink, and he doesn’t drink, they don’t consider him a friend and he is forced to drink just to be like everyone else and to make friends” (14-year-old male, not in school)
- **For pleasure or social occasions:** “People who drink do it for pleasure” (14-year-old male, street involved)
- **To give courage in romantic relationships:** “They drink and go to girls and feel like heroes” (18-year-old male, not in school); “They drink to have the courage to pick up a girl” (15-year-old male, not in school)
- **To cope with unemployment:** “The unemployed drink alcohol, the majority of those who have nothing to do” (19 year-old male, unemployed, urban)
- **Lack of other recreational opportunities:** “The places where young people can spend their free time are places that they have to pay for, even gyms cost money, that’s why young people who have nothing to do drink alcohol” (20-year-old female, unemployed, urban)
- **Traditional occasions:** “Tradition – what kind of wedding is it if you don’t get drunk and how do you go to a club sober?” (21-year-old male, unemployed, urban); “If you don’t drink you are not a ‘man’, you are not respected” (20-year-old male, unemployed, urban)

- **Emotional coping:** “Drown their anger in alcohol”; “Whether you want it or not one will drink from joy, after finishing the work one enjoys himself” (19-year-old male, army)
- **Enjoyment of alcoholic beverages:** “They say that red wine is good for your body” (14-year-old female, street-involved); “White wine is good for your heart” (14-year-old male, street-involved); “The best thing is to drink a glass of crystal clear homemade wine” (20-year-old male, army)
- **Drinking while working:** “When I’m thirsty, instead of water, while working”; “It is good to drink a glass of wine when you are on duty” (20-year-old male, army)
- **Other reasons:** “Children are too spoiled by their parents and not pleased with what they have” (14-year-old female, not in school); “When a person has a problem s/he drinks alcohol to forget about it” (14-year-old female, not in school)

5.2.4. Young people’s knowledge concerning the harm of alcohol drinking

Only 64,2% of the respondents believe that drinking alcohol is harmful for development and mental abilities. More than a half of the respondents (56,1%) believe that alcohol drinking causes personality degradation and 53,5% consider that it is harmful for work and study capacity. Young people from urban areas are more informed about the harms of drinking alcohol. Urban youth indicated that “drinking alcohol is harmful for health and development of young people” compared to





© UNICEF/Pirozzi

rural youth (69,2% and 57,3% respectively). Rural youth more frequently indicated agreement with the incorrect statement that alcohol drinking causes lung cancer than urban youth (27,1% and 13,6% respectively).

Young women aged 19-24 were more informed about the harm of alcohol drinking. Young people from residential institutions and trade schools prove to be the least informed about the harm of alcohol; they indicated 4 times more frequently than the total number of young people that alcohol drinking is not harmful for one's health and development and most frequently gave wrong answers related to the harm of alcohol drinking.

Focus group participants also indicated that excessive alcohol drinking causes health and social problems. They identified several health consequences of alcohol use such as youth's psychology, harm to their "internal organs" (especially the liver), alcoholism, rickets and possibly death. Another consequence identified was conflicts arising from youth being intoxicated: *"You drink a glass of wine and jump into a fight with your parents"* and *"the head is dizzy and one feels ridiculed and starts a fight."* Alcohol was seen to also generate a number of family problems: *"alcohol brings a lot of harm to a family, even if only one member of the family drinks alcohol, nothing good is going to come out of this family anymore, it gets destroyed."* Alcohol was perceived by focus group participants as a significant social problem which *"leads to the loss of society; if people drink from a young age, there's no one to learn, work, lead the country; the government should do something in this regard."*

5.2.5. Attitudes towards young people who drink alcohol

In order to understand societal attitudes towards young people who drink alcohol, the respondents were asked to express their personal attitude towards this phenomenon, as well as their opinion about the attitudes of parents, teachers and peers. Overall, 71,5% of the respondents reported a negative personal attitude towards young people who drink alcohol. They also believed that parents (89,3%) and teachers (69,8%) have a negative attitude towards young people who drink alcohol. However, 62,3% of the respondents felt that their peers are indifferent towards those who drink alcohol; moreover, almost a quarter of the respondents believe that their peers have a positive attitude towards drinking, a fact that has also been confirmed by the focus group participants.

Positive attitudes towards alcohol, according to focus group participants, are based on the belief that alcohol has positive effects such as *increased physical power, curative purposes, improves the appetite*. The focus group participants' opinion of healthy amounts of alcohol consumption ranged from 2-3 glasses per day (in the opinion of the majority of the participants) up to 2-3 liters.

Youth who themselves consume alcohol infrequently have a stronger negative attitude towards young people who drink alcohol (82,1%) while only about half of those who drink alcohol more than 1-2 times per month expressed a negative attitude.

Youth from residential institutions (aged 15-18) and trade schools are 2-3 times more likely to have a positive attitude towards young people who drink alcohol, compared to other youth. Young people from residential institutions and trade schools were also more inclined to believe that parents and teachers have positive attitudes towards young people who drink alcohol. The respondents from high schools were most inclined to believe that teachers have a negative attitude towards young people who drink alcohol (75,1%).

Young people from rural areas have more negative attitudes towards their peers who drink alcohol in comparison to the ones from urban areas (78,7% compared to 66,3%).

Urban youth were more likely to feel that their parents have a negative attitude towards those who drink alcohol, compared to rural youth (91,9% and 85,7% respectively). There are no essential differences between the genders in opinions about youth who drink. With age, the respondents become more indifferent towards young people who drink alcohol.

It is important to mention that the respondents who most often talk about health issues to their parents, teachers or medical professionals were most likely to themselves have negative attitudes towards young people who drink alcohol – 74,2%, 72,4% and 79,3% respectively. This reflects the key role that parents, teachers and medical professionals have in educating youth about a healthy lifestyle.

5.3. KAP of young people concerning drugs

Experimentation with drugs is common amongst youth from many countries. Some young people experiment with drugs and then stop, and others continue to use drugs occasionally without developing serious problems. Other youth become addicted, start using stronger drugs, developing serious health problems and causing problems to the people close to them. This section reports information, gathered from both surveys and focus groups, about the extent of drug use among young people, drug use practices, opinions about the reasons why youth take drugs, how youth obtain drugs, knowledge about the harm of drugs, and attitudes of young people, peers and other persons towards those who use drugs.

5.3.1. Knowledge about the prevalence of drug use among young people

Overall, 27,5% of the respondents stated that they know somebody who takes drugs. More urban youth reported to know someone who takes drugs than rural areas youth (32,8% and 20,2% respectively). There was no significant difference between girls and boys in this matter. Young people aged 19-24 reporting knowing more people who take drugs, as opposed to young people from other age

categories (37,4% compared to the total of 27,5%). Also, students from institutions of higher education were the most likely to know someone who takes drugs (38,4%), followed by students from trade schools (33%), and students from residential institutions (7,2%).

The study "Young people's health in context" carried out by the WHO (2001-2002) in 35 countries showed that the proportion of teenagers aged 15 who have tried marijuana varies from 3% to 46%, and 22% boys and 16% girls have indicated that they have taken this drug within the past 12 months.

Those who smoke were twice as likely to indicate knowing acquaintances who take drugs than non-smokers. Also, 39,3% of youth who drink alcohol frequently (every day or 1-2 times per week) more often reported having acquaintances who take drugs than respondents who do not drink alcohol (13,1%) and those who have drunk alcohol only once (18,4%). The youth who practiced unsafe health behaviours were also more able to identify the most widely used drug in Moldova: 54,5% of smokers, 42% of those who drink alcohol every day, and 87,4% of youth who take drugs 1-2 times per month were able to identify the most commonly used drugs.

According to respondents, the most common method of taking drugs in our country is smoking (60,7%), followed by injections (56,4%), inhaling (43,0%), and pills (33%). The focus group participants indicate that drug use is not as common as smoking and alcohol use, and felt that drug use was most common amongst street-involved youth. They also felt that drug use was more common amongst young people from urban areas, particularly the cities of Balti and Chisinau, which were identified as the origin points distribution of drugs: "All young people are attracted to cities and there they start to take drugs" (male, army).

The youth were also asked which, in their opinion, is the most commonly used drug in Moldova. The respondents indicated cannabis as the most common drug used (14,6%), followed marijuana (4,7%), poppy/opium (2,8%), and cocaine (1,3%). However, the majority of the respondents (75,4%) were not able to identify the most widely used drug in Moldova. Young people from urban areas did not answer "I don't know" as often as rural youth (71% of urban respondents vs. 81,5% of rural youth)

Cannabis, cocaine, marijuana, heroin were identified mainly by young people from urban areas, whereas poppy has been indicated more frequently by young people from rural areas. Boys were more informed about the types of drugs used; only 65% of boys responded “I don’t know” regarding the most prevalent drug, compared to 82,7% of girls. The older the respondents, the more they were able to identify the most prevalent drug (from 12,2% at the age of 10-14, to 26,5% at 15-18 up to 47% at the age of 19-24).

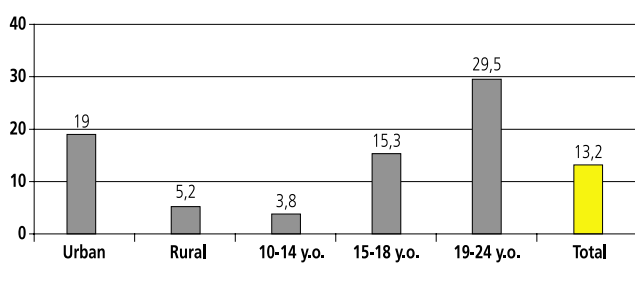
The focus group participants also had limited knowledge on the most prevalent drugs used in Moldova. Youth aged 10-14, those not in school and from rural areas generally had no knowledge on the topic. The majority of focus group participants had vague knowledge – some had heard of a case of drug use, had read something or have seen something on TV, or know from other sources that drugs are harmful. Youth volunteers and unemployed youth had good knowledge regarding the types of drugs and the extent of drug use amongst youth in Moldova. The drugs most frequently used, in the opinion of focus group participants, are poppy and cannabis. The majority of focus group participants in urban areas mentioned cocaine, marijuana, and opium.

5.3.2. Drug use practices among young people

The study assessed a range of subjects relating to the drug use practices among young people – offers to take drugs, personal experience in taking drugs (frequency, age of initiation to drug use, use of injection drugs). Overall, 13,2% of respondents reported to have been offered drugs (fig. 8).

Fig.8.

Percentage of youth who have been offered drugs, depending on the living environment and age



Youth from urban areas reported 3.7 times more frequently that they were offered drugs than rural youth, and boys were 3.5 times more frequently offered drugs than girls. The majority of young people who have been offered drugs are from the age group of 19-24 (29,5%). Youth from institutions of higher education more often reported to have been offered drugs (30,5%), followed by students from trade schools (27,1%), high schools (22,2%) and residential institutions (3,5% at the age of 10-14 and 5,8% at the age of 15-18 years).

Smokers and young people who drink alcohol report more cases of being offered to try drugs. More than a half of the respondents who smoke (55,4%) mentioned that they have been offered drugs. Also, 47,7% of youth who drink alcohol 1-2 times per week, and 42,7% of those who drink alcohol every day, reported that they have been offered to take drugs. In comparison, those youth who did not drink alcohol at all or have drunk only once were offered drugs 16 times less. There are no significant differences between smokers and non-smokers in relation to the place where they have been offered to take drugs.

Youth were offered drugs in the following settings: at the disco or bar (49,6%), in the street (39%), at school (17,9%), at home (12,3%), and other locations (9,4%). Urban youth were 4.5 times more likely to be offered drugs at school (or other educational institution) than youth in rural areas (20,6% and 4,5% respectively). Students from trade schools reported being offered drugs more often (31,4%) than college students in third and fourth years (26,1%).

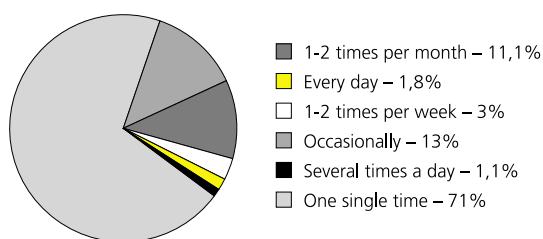
Girls are more frequently offered drugs in discos/ bars than boys (63,2% compared to 44,1% of boys), while boys are offered drugs more frequently in the street (44,1% compared to 26,4% of girls) and at school (22,5% compared to 6,3% of girls).

Offers to take drugs *in the street* have been indicated more frequently by young people aged 15-18 (50,5%) and the ones aged 10-14 (48,5%) from secondary schools (48,6% and 54,8%) and from residential institutions (61,9%). Offers to take drugs *at discos and bars* was indicated more frequently by young people aged 19-24 from institutions of higher education (52,6%) and teenagers of 10-14: 50,5% of those from secondary schools and 52,8% from residential institutions. Young people aged 19-24 have given higher

ratios of drug offers *at home* (17%), probably those living in hostels. Offers to take drugs at school (or other educational institutions) have been indicated by young people aged 15-18 and 19-24 (20,7% and 20,1% respectively) from colleges (26,1%), institutions of higher education (20%), and secondary schools (21%). The highest numbers of youth offered drugs were young people from trade schools, where one third of the respondents have mentioned that they have been offered to take drugs at school.

Overall, 5,3% of the respondents (169 individuals) indicated that they have some experience in taking drugs. The frequency of drug use reported by the 169 youth is summarized in Figure 9. In rural areas there's a higher frequency of one-time drug use than in urban areas (82,9% compared to 69,2%), while in urban areas occasional drug use was more common (21,6% compared to 9,9%) as well as taking drugs 1-2 times per month (7,7% compared to 3,2%). Girls more commonly reported having taken drugs just once (84,4%) and occasionally (8,9%) than boys.

Fig. 9. Frequency of drug use reported by youth



All of the youth aged 10-14 who have taken drugs (8 individuals) have tried only once. Of the young people aged 15-18 who have reported drug use, 60,2% have tried drugs just once and about one third (32,3%) reported occasional drug use. Those youth who reported taking drugs 1-2 times per month (10,7%) were aged 19-24.

More than half of the respondents began drug use between the ages of 15-18 (63,4%), 14,7% at the age of 19-24; 10,9% at the age of 10-14, and 4,3% before the age of 10. The critical age when young people start taking drugs is 15-18 years of age. Only 2,8% (5 cases) of the respondents with the drug use experience have reported taking drugs by injection, although none of them reported sharing a syringe with another injector.

5.3.3. Young people's opinions on the reasons for taking drugs

The respondents were asked to give their opinion concerning the reasons that young people take drugs. The following reasons were indicated:

- To try the sensations – 56,3%
- Drug addiction – 46,5%
- Follow the example of friends – 42,1%
- To relax – 42%
- To forget about problems – 39,3%
- Forced to do so – 26%
- To look more modern – 19,5%
- To be more brave – 18,9%
- To self-assert among peers – 18,7%
- It is cool – 6,9%
- I don't know – 16,4%

In comparison to their peers from rural areas, the respondents from urban areas more frequently indicated the following reasons for drug use: *drug addiction* (52,4% urban and 38,5% rural); *follow the example of friends* (44,1% urban and 39,3% rural), *to forget about problems* (42,1% urban and 35,4% rural) and *to try the sensations* (64,8% urban and 44,7% rural). Rural youth were more inclined than urban youth to believe that young people take drugs to look *more modern* (21,2% and 18,3% respectively).

The older youth (aged 19-24) more frequently than the other age groups consider that young people take drugs to *relax/calm down*, because of *drug addiction*, to follow the *example of friends* and because they were *forced*. Youth aged 10-14 indicated more frequently than other age groups the reason *to look more modern*. There were no differences in the reasons for drug use identified by those who have tried drugs and the ones who have never tried drugs.

The focus group participants identified that the main reason that youth use drugs is to seek the sensation of drugs: "They receive pleasure" (14-year-old male, street-involved); "The pleasure that only drugs give, neither alcohol, nor cigarettes can make you experience something like that" (male, unemployed, urban). Another main reason for taking drugs is peer pressure: "Friends can influence" (14-year-old female, street-involved); "Because someone in their group has tried drugs, the



© UNICEF/Pirozzi

others will too" (18-year-old male, unemployed, urban). A third reason for drug use is curiosity, "the desire to find out what it is." Other reasons mentioned by focus group participants were: "solving problems," "They are rich," "no occupation," "it is an effect of alcohol drinking and smoking," "to show off, to self-affirm," or because "somebody is interested in selling drugs; it's a profitable business." The reasons of curiosity and wanting to try the sensation of drug use are consistent with the finding that the majority of young people who have taken drugs have done so only once.

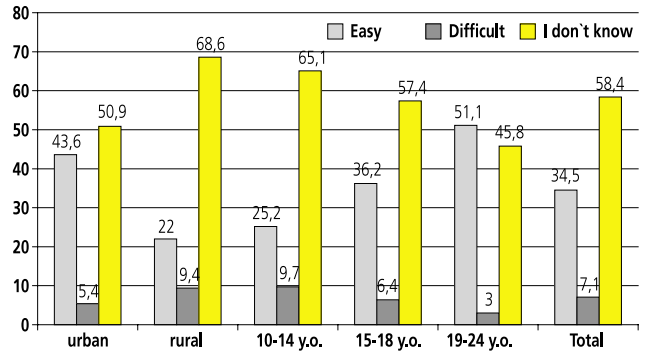
The results of the study indicate that young people are aware of the harm of taking drugs. The main reason for giving up drug use was that it was harmful for their health (72,5%). Other reasons for not continuing drug use were the following:

- I didn't like it – 68%
- My friend convinced me – 12,7%
- It is too expensive – 2,4%
- My parents convinced me – 2,3%
- I was scared of being arrested – 1,7%
- My teachers convinced me – 0,5%

5.3.4. Knowledge about the ways of obtaining drugs

The majority of young people are aware that drugs are harmful to one's health, yet many still experiment. It is important to note that none of the respondents who gave up drug use did so because "drugs are hard to find".

Fig. 10. Respondents' opinion concerning the ease of obtaining drugs, according to the living environment and age (%)



More than a half (58,4%) of the respondents did not know about the availability of drugs. Over one-third (34,5%) of the respondents think that it is easy to obtain drugs and only 7,1% think it is difficult to obtain drugs. The results show that in urban areas it is easier to find drugs, since more respondents from urban areas have said that it is easy to obtain drugs (43,6% compared to 22% in rural areas) (fig. 10). Almost half of the male respondents (45,7%) consider that it is easy to obtain drugs, while only 26,6% of girls feel it is easy to obtain drugs.

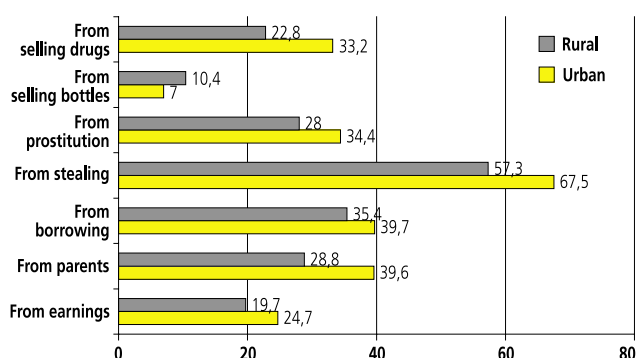
The results indicate that the places where youth are offered drugs often coincide with the source of obtaining them. For example, those youth who reported being offered drugs in discos also most frequently obtained drugs at discos.

The majority of those who consider that it is easy to obtain drugs are in the age group of 19-24 (51,1%) and the fewest in the age group of 10-14. The latter were also the least informed as to where they could obtain drugs from. Young people from institutions of higher education, high schools and trade schools were more inclined to consider that drugs are easy to obtain (55,1%, 40,4% and 33,5% respectively). This coincides with the result that the highest prevalence of drug use has also been reported in these groups of youth.

The youth were also asked to indicate where they have obtained drugs. The most common ways of obtaining drugs were from street dealers (51%), at discos or bars (48,2%), from friends (42,3%), or prepared themselves (36,4%). The least common ways of obtaining drugs

were at school (4,4%) and from relatives (1,2%). A large proportion of young people (42,3%) has mentioned that they obtain drugs from their friends, which also confirms that peer pressure and friends offering of drugs is a key reason behind drug use. Young people from urban areas indicated more frequently than those from rural areas that they obtain drugs from street vendors (54,6% compared to 46,2%), from friends (47,3% compared to 35,4%), at discos (50,0% compared to 45,7%) and at school (5,2% compared to 3,3%). (Fig. 11). The youth aged 19-24 indicated more frequently than other age groups that they obtain drugs from friends (60,6% compared to the total of 42,3%) and at school (5,6% compared to the total of 4,4%). Youth who have taken drugs only once report that young people obtain drugs at discos or clubs (53,2%), while youth who take them more frequently indicate street vendors, friends or making the drugs themselves.

Fig. 11. Respondents' opinions of how youth obtain the financial resources for purchasing drugs



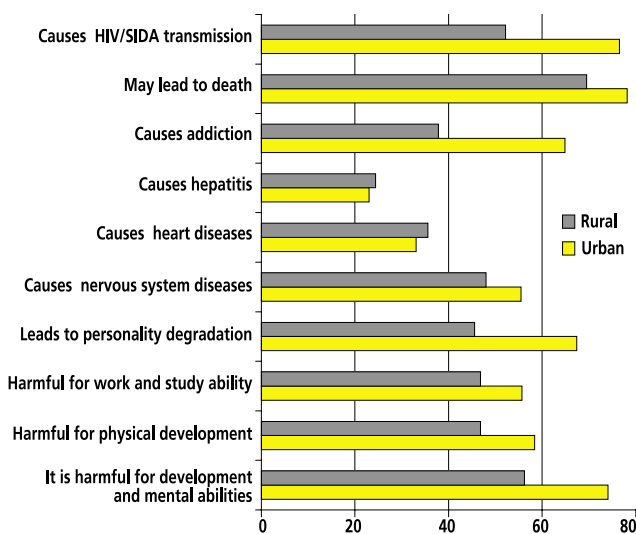
Those youth who reported taking drugs only once believed that young people obtain drugs at discos, clubs (53,2%), while the youth who take drugs more frequently indicated street vendors, friends or youth making drugs for themselves. It should be noted that almost one third of the respondents, mainly from urban areas, mentioned that money for purchasing drugs is obtained by the actual selling of drugs, and 31,7% of the respondents believed that youth obtain money for drugs from prostitution. Young people who reported more frequent use of drugs were more likely to identify selling drugs as a source of money for buying drugs (about 50% compared to the total of 28,9%).

5.3.5. Young people's knowledge concerning the harm of drug use

Overall, 91,6% of the respondents consider drug use as harmful to the health and development of young people. The consequences of drug use indicated were, in order of frequency: can lead to death (75,1%), causes HIV/AIDS transmission (65,8%), and is harmful for development of mental abilities (65,7%). A small number (7%) said they did not know about the harm of drug use and 1,4% did not consider drug use as harmful for health and development of young people.

As indicated in Figure 12, youth from urban areas are more informed about the harms of drug use, registering higher indices within all the categories. About 10% of youth from rural areas did not know about the harm of drug use. Girls were more informed than boys about the harms of drug use; only 4,6% of girls did not know the harms of drug use, 10,4% of boys were not able to identify harms. This may be explained by boys' tendency to be express more "machismo" about their health and less tendency to think of themselves as vulnerable to health problems. Older youth had higher levels of knowledge about the harms of drug use; 10,6% of youth aged 10-14 did not know about the harm of drugs and another 2,4% consider that drugs are not harmful for health and development of young people.

Fig. 12. Respondents' opinions concerning the harm of drug addiction



Students from residential institutions were the least informed about the harm of drug use – 22,3% of youth aged 10-14 from these institutions said that they do not know about the harms of drug use and another 4,5% consider that drugs do not harm health and the development of young people; 15-18 year-olds from residential institutions registered 9,2% and 5,2% respectively. Students from trade schools are also ill-informed about the harms of drugs – 15,9% did not know about the harms of taking drugs and 2,5% did not consider drugs as harmful to the health and development of young people.

Knowledge of the harms of drug use varied based on the young people's personal experience of drug use; youth who take drugs were 2.6 times more likely than non-drug users to indicate that they do not know about the harms of drug. Young people who do not take drugs indicated that drug use can lead to death more frequently (75,1%) as opposed to those who take drugs (61,5%). However, drug users more frequently (79,8%) identified that drugs are harmful for development and mental abilities (compared to 65,7% of non drug users), 68% of drug users consider that drugs are harmful for physical development (compared to 52,7% of non drug users) and 67,4% of drug users know that it leads to addiction (compared to 52,5% of those who do not take drugs).

The focus group participants displayed a wide range of level of knowledge about the effects of drugs, not all of which were necessarily believed to be negative. Most of the focus group participants had a negative attitude towards drug use and referred to the serious health consequences. There were some youth who considered drug use as favorable such as by enhancing athletic performance: *"Don't the ones who do sports, take drugs as well?"* Some youth felt that the harms of drug use depended on the amount used and the potency of the drugs that are taken. Drugs were also identified as having positive effects for relaxation or for pain relief in the case of a severe illness. Other youth in the focus groups thought there may be some good effects of drugs, although didn't specify what those positive effects were.

The negative consequences of drug use identified by focus group participants can be divided into two categories:

1) Personal harms related to the health condition and future prospects of the drug user:

- *"One cannot live without the drugs if they're addicted"* (19-year-old female, unemployed)
- *"People who take drugs live a shorter life"* (14-year-old male, in school, urban)
- *"We won't have a future"* (18-year-old male, not in school, urban)
- *"The studying capacity decreases"* (14-year-old male, in school, rural)
- *"It affects internal organs"* (14-year-old male, not in school, urban)
- *"It's a psychological atrophy"* (18-year-old male, not in school, urban)
- *"It attacks the brain"* (14-year-old female, in school, rural)

2. Social harms for the people close to the drug user and to society in general

- *"I think the end of the world will come because of drugs"* (16-year-old female, street-involved)
- *"Drug addicts would do anything to obtain drugs, even kill a person"* (14-year-old male, in school, urban)
- *"A drug addict is capable of anything to obtain drugs"* (20-year-old male, unemployed, urban)
- *"Problems with the family, the society appear"* (14-year-old female, in school, urban)
- *"They fight with parents, leave home, commit suicide, do different unpleasant things"* (16-year-old male, in school, rural)



5.3.6. Attitudes towards young people who take drugs

Overall, 90% of the respondents personally hold negative attitudes towards young people who take drugs. At the same time, only 41,3% of the respondents believe that their peers have a negative attitude towards drug use and another 47,9% believe their peers are indifferent towards it. There were no significant differences in attitudes towards drug use between the urban and rural youth, although urban youth did to a greater extent (48,5%) feel that their peers have a negative attitude towards those who take drugs, as compared to rural youth (31,4%). The respondents believed that 95% of parents and 85,8% of teachers have a negative attitude towards young people who take drugs.

The respondents from institutions of higher education (93,9%), colleges (94,4%) and high schools (90,5%)

most frequently reported having a negative attitude towards young people who take drugs. Students from trade schools and residential institutions (82,2% and 81% respectively compared to the total of 90%) reported slightly less frequency of negative attitudes towards young people using drugs, confirming that this group of youth may be less informed on the harms associated with drug use.

Not surprisingly, youth who take drugs themselves are more tolerant towards those who also take drugs; drug users expressed a positive attitude towards this phenomenon 3,4 times more frequently, and were indifferent 6,7 times more often. Only 53% of youth who used drugs themselves reported a negative attitude (compared to 90,7% of youth who don't take drugs).

6

Reproductive health and sexual behaviours

As defined by the World Health Organization, “Reproductive health is a complete physical, mental and social well-being in all aspects related to the reproductive system, its functions and processes. It allows people to reproduce themselves and gives them the freedom to choose when and how often to do it. Reproductive health does not only mean the lack of diseases or abnormalities of the reproductive system. It also assumes that a woman can get pregnant and give birth without any risk to her health and that her sexual relations are safe for her and for her partners”. The physiological reproductive system, as well as social constructs of sexuality, are developed during adolescence and thus is an important period in an individual’s reproductive health during his/her entire life.

This chapter summarizes results from survey data and focus group discussions regarding the reproductive health and sexual behavior of young people. More specifically, this chapter outlines the young people’s knowledge, attitudes and practices concerning sexual education, sexually transmitted infections (STIs), including HIV/AIDS, contraception and pregnancy.

6.1. Young people’s attitudes and practices concerning sexual education

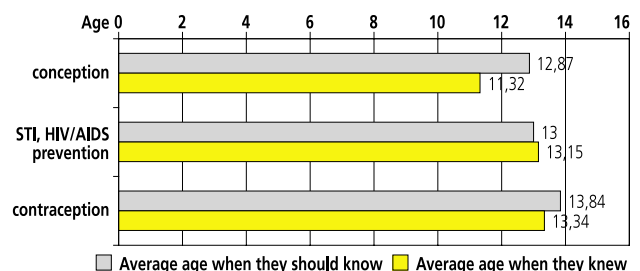
Within the last decade, indicators of unsafe sexual behavior (the incidence of STIs, HIV/AIDS, unwanted pregnancy, commercial sex, violence) have grown significantly, especially among young people. Prevention programs oriented towards the reduction of rates of teenage pregnancy and STI/HIV/AIDS require a complex approach, that includes comprehensive sexual education.

A number of studies have shown that comprehensive sexual education may lead to higher levels of abstinence, later beginning of sexual life, better use of contraception and smaller numbers of sexual partners among youth. (Baban A., David H.P., 1994; Popov A.A, David HP, 1999).

6.1.1. The age of being informed about the basic issues of sexual education

The youth were asked to indicate the age at which young people should be informed about various sexual health topics (fig. 13).

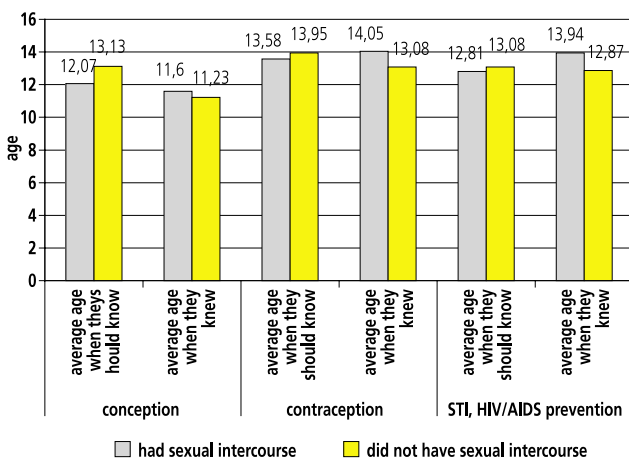
Fig. 13. Average age at which young people think they should be, and age at which they have been actually informed, about the basic issues of sexual education



According to the results, young people actually recall that they learned about conception at the age of 11,32 on average, whereas they would like to be informed early about this subject at a slightly older age of 12,87 on average. The actual age of learning, and the age at which learning is desired, is very close for the topics of STI, HIV/AIDS prevention and contraception (both topics around the age of 13 to 14 years).

The results of the study show an interdependence between the age of being informed about the basic issues of sexual education and initiation into sexual life. As indicated in Figure 14, the young people who have not yet had sexual intercourse were informed about the issues of sexual education 0,4 – 1,1 years earlier than their peers who have had sexual intercourse. These figures support the finding that sexual education for youth does not lead to earlier initiation into sexual activity; on the contrary, it delays it. At the same time, one can see that young people who have already had sexual intercourse have a greater need to be informed in this area and indicate an earlier age when it is necessary to be informed (fig. 14).

Fig. 14. The relationship between the sexual experience of young people and the age when they were informed, and would like to be informed, about the basic issues of sexual education



6.1.2. Information sources concerning the basic issues of sexual education

The most frequently reported sources of information about conception, contraception and STI, HIV/AIDS

prevention were peers and mass media. Parents, medical professionals and teachers were identified less frequently, with some differences depending on the particular topic (fig. 15).

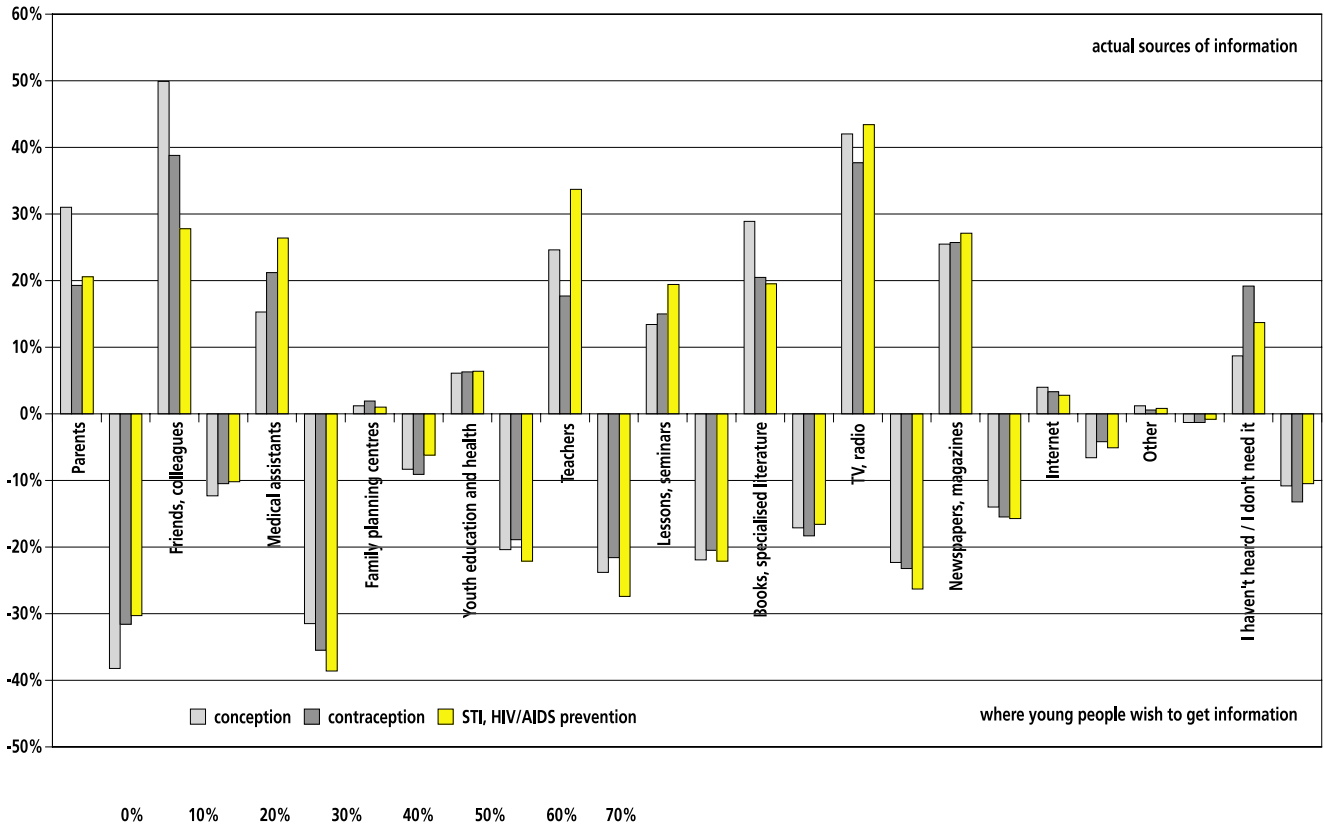
The sources from which young people would like to get information on sexual health subjects are different from their actual sources of information. Youth indicated that they wish to learn more from their parents, medical professionals, information and healthcare centers for young people and family planning centers. Although the number of Healthcare Centers for young people in Moldova is still very limited, these have been indicated as the most desired source of information on the subject, which demonstrates the necessity to extend such Centers for Young People. Lessons and seminars on the subject are also among the most requested sources of information. Mass media and peers are less requested sources of information, probably, because they are already the most available.

While the respondents identified friends/colleagues (49,9%) and TV/radio (42%) as their most common sources of information about **conception**, they would like to learn more about conception from their parents, as well as from medical professionals, youth information and healthcare centers, and family planning centers. There were no significant differences in preferred information source according to living environment or age has not been identified. While peers are a primary source of information for both genders in all the age groups, girls wish to learn more from their parents, while boys wish to learn more from their teachers.

Friends, colleagues (38,8%), followed by mass media (TV/radio – 37,7% and newspapers/ magazines – 25,7%) were identified as young people’s primary sources of information about **contraception**. Family planning centers (1,9%) were the least frequently indicated. The actual sources of information were very disparate from the desired sources of information, which were medical professionals (35,5%) and parents (31,6%), as well as family planning centers and youth healthcare centers. There were essentially no differences according to the respondents’ living environment, gender and age.

With respect to information about **STI/HIV prevention**, TV and radio (43,4%) and teachers (33,7%) have

Fig. 15. Young people's actual and requested sources of information concerning the basic issues of sexual education



been indicated as the primary sources of information. Information from friends on this subject has been less frequently indicated (27,8%) and the least frequent source of information was family planning centers (1%). As in the case of other sexual health topics, young people's preferred sources of information about STI/ HIV prevention differed significantly from the real ones. Young people would like to get more information on STI/ HIV prevention from medical professionals (38,6%) and parents (30,3%), as well as family planning centers and in education and healthcare centers.

6.1.3. Young people's attitude towards sexual education at school

The respondents were asked to indicate the necessity and acceptability of providing sexual education (about conception, contraception and STI, HIV/AIDS prevention) at school. The majority of the youth (73,5%)

supported including education about conception in the school curriculum, 66% supported education about contraception, and 86,7% supported school-based education about prevention of STIs and HIV. Young people from rural areas were about half as likely to support inclusion of these topics in the school curriculum. The opinions of girls and boys do not differ in this regard. Older youth and those in institutions of higher education were more willing to support sexual education at school.

6.1.4. Young people's attitudes towards prejudices related to sexual education

In order to evaluate the factors that could reduce the effectiveness of sexual education for youth, the study measured the extent to which young people held misconceptions related to sexual education have been evaluated. Although the majority of young people do not

share these misconceptions, 17-19% of the respondents held misconceptions about sexual education and a further 20-38% were unable to say if they agreed or disagreed with the misconceptions.

The youth indicated agreement/disagreement with the following statements:

- *Sexual education makes young people begin sexual life earlier* – 20% agreed and 59,8% disagreed in urban areas; 12,7% agreed and 54,5% disagreed in rural areas. A total of 25% did not know or were unable to decide.
- *Sexual education contradicts Christian morality* – 18,8% agreed and 50,9% disagreed in urban areas; 14,4% agreed and 36,5% disagreed in rural areas. A total of 38,2% did not know or were unable to decide.
- *Sexual education should take place in the family only* – 26,5% agreed in rural areas compared to 13,6% who agreed in urban areas. A total of 20,1% did not know or were unable to decide.

Lower levels of accurate knowledge about sexual education amongst rural youth may be explained by stronger retention of traditional values in rural areas, as well as by reduced opportunities to gather information about sexual education. Young people from rural areas were unable to express their opinion on the statements 1,5 – 2 times more frequently than urban youth.

Girls less often share the misconception that sexual education makes young people begin sexual life earlier (13,2%) in comparison with boys (23,4%) and that sexual education contradicts Christian morality (15,7% in comparison with 18,8%). Levels of misconceptions were lower as the age of the respondents increased.

6.1.5. Sexual education by parents

Parents are one of the most important sources of information for young people (both actual and desired) on the sexual health subjects. However, when young people were asked whether they had ever discussed issues of sexual education with their parents, it has been found out that in most cases their family had never discussed

According to the Reproductive Health in Moldova Study, RIMCHP, UNICEF, 1997, the following proportions of young women aged 15-24 discussed sexual health topics with their parents:

- 78% talked to their parents about menstrual cycle;
- 43% about conception;
- 24% about contraception;
- 29% about HIV/AIDS prevention;
- 24% about other STI prevention

such topics. The respondents reported that 55,6% of them had discussed sexual development in their families, 34,1% had discussed conception, 32,3% had discussed STI/HIV prevention, and 23,6% had discussed contraception. Families from urban areas talk to their children about these subjects more frequently than the ones from rural areas, and discuss all subjects more often with girls than with boys, except STI/HIV prevention, where there are no essential differences.

The study establishes the fact that families speak about sexual education with adolescents aged between 10-14 least, even though this is the age when young people mostly need them. The importance of family discussions on these topics is highlighted by the fact that the majority of young people who spoke to their family about these topics also indicated the family as the primary source of information.

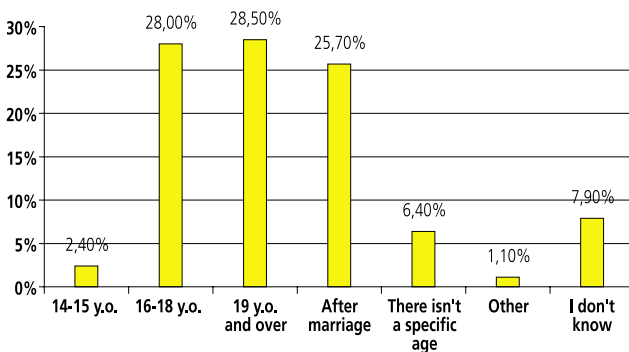
Another important finding is that young people who had discussed sexual development and conception with their parents had their first sexual contact about one year later than those who had not talked to their parents about these issues, which confirms the importance of sexual education by parents for the future sexual behavior of young people.

6.2. Young people's attitude towards sexual behavior

6.2.1. Young people's opinion about the age of the first sexual experience

Figure 16 summarizes the respondents' opinions of when young people should have their first sexual experience. The majority of the respondents believed that sexual activity should start in the age group 16-18 years of age, over the age of 19, or after marriage (fig. 16).

Fig. 16. Young people's opinion about when sexual life should begin



There was no difference based on age and living environment in the respondents' opinions of most appropriate age for sexual initiation. More than half (53,2%) of the girls from urban areas held the traditional belief that sexual relations should only be initiated after marriage, while only 9,9% of urban boys believed the same. Urban boys were most likely to indicate the age of 16-18 (48,4%) as the most appropriate age to begin sexual life.

The older youth were more likely to indicate an earlier age for the beginning of sexual relations; 16-18 years of age for sexual initiation was indicated by 15,9% of young people aged between 10-14, but by 42,5% of those aged 19-24. The idea that sexual relations should only be initiated after marriage was supported by 35,5% of youth aged 10-14, but was supported by only 9,2% of those aged 19-24. This trend is also seen with respect to educational institutions – the higher the education of the respondents, the less likely they are to express that sexual relations should wait until after marriage. Perhaps

younger adolescents (those aged 10-14) express more traditional values that are propagated by the family, while the older adolescents create and express their own values, being more influenced by their peers and the modern society.

The results confirm a direct relationship between the opinion and the experience of young people concerning the beginning of sexual life. Amongst the respondents who have had sexual relations, the majority (57%) indicated an earlier beginning of sexual life (16-18 years of age), and were less frequent in equating first sexual relations with marriage (only 4,8%). Young people who have not yet had sexual relations more often believe that it is better to begin sexual life after the age of 19 (30,2%) and after marriage (31,9%).

6.2.2. Opinions of young people regarding the best age to create a family and number of children wanted in the family

The evaluation of the opinion of youth regarding the best age to create a family and the number of children wanted in the family is one of the basic components of the estimation of reproductive tendencies of the population which make possible to forecast the possibility of ensuring the society with human potential in the nearest future.

According to the information obtained within the study, the majority of young people think that the family must be created at 23-25 years (42%) and 20-22 years (35,4%), the average age being 22,75 years.

The opinion regarding the age for the creation of the family differs between the youth in urban and rural areas with approximately 1 year, amounting in average to 22,15 years in rural areas and 23,16 in urban areas.

Also there are differences between the opinions of the boys and the girls on this subject, the girls considering that the best age to create a family is 22,16 years and the boys – 23,64 years, which confirms the traditional model of reproductive behavior, according to which men create a family at an older age than women.

As they grow older, the young people consider that it is better to create a family at an older age. While the girls at the age of 10-14 years consider that the best average age is 21,85 years, for the young men it is 19-24 years – 24,91 years.

The opinion of the youth about this subject depends also on the education of the respondents: the oldest age for the creation of a family – 24,06 years was recorded in universities and the youngest – 22,11 years among students graduating from vocational schools.

It is interesting to find out the link between the opinion of the youth about the age for first sexual intercourse and the age for the creation of the family.

You can notice that young people who chose to have their first sexual intercourse after marriage choose the earliest age for the creation of the family (22,11 years in average), while those who consider that there is no set age for the first sexual intercourse opt for the highest age for the creation of the family – 22,23 years. While the first opinion belongs to the traditional model of reproductive behavior, the last represents contemporary tendencies to detach from the realization of sexual potential after marriage.

The number of children in family wanted

by children is also a basic component of reproductive tendencies and has an essential predictive value for society providing with human potential in the nearest future. The study shows that the average number of children the youth wants to have in the family is 2,15 which seems to be an encouraging number corresponding to the level of generations replacement, which is 2,1 children for a woman at the reproductive age. But under the influence of some perturbing factors like socio-economic crisis, health problems, migration etc., in reality the number of does not correspond to of wanted children, leading to the failure to ensure the exchange of generations and to graduate depopulation of the country.

According to the data presented by Department for Statistics and Sociology of RM, the rate of fertility (nr. of living children born by a fertile woman) is of 1,2 children in 2003, which is twice lower than the level necessary to ensure the generations replacement

There are no essential differences between the opinion of youth in urban and rural areas.

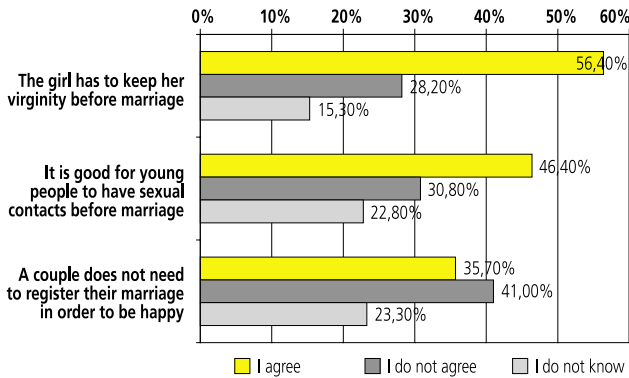
At the same time, the study reveals some differences in the opinions of girls and boys on this subject. Girls want fewer children (2,07) compared to boys (2,28).

It must be mentioned that the groups of respondents who are really close to the achievement of these objectives state that they want the lowest number of children – young girls at the age of 19-24 years (2,05) and married couples (1,98), who probably have more realistic objectives in this respect. On the basis of what was said earlier we can make the conclusion that these reproductive tendencies will not ensure the level of generations exchange.

6.2.3. Young people's attitude towards marriage-related values

The respondents were given three statements and asked to indicate their agreement with values related to virginity, sexual relations before marriage and the necessity to register a marriage. There are obvious contradictions in the opinion of young people concerning marriage-related values. On the one hand, a large proportion of young people (46,6%) consider that it is good for young people to have sexual experience before marriage, and on the other hand, more than half of the respondents (56,4%) believe that the girl must be a virgin before marriage. At the same time, the youth were ambiguous about the importance of marriage for a couple to be happy. These data show the fact that traditional models of sexual behavior and modern tendencies to modify them overlap. There are double standards that apply specifically to women, as the majority of the youth expect girls to be virgins when they get married, but yet think that couples should have sexual contact before marriage (fig. 17).

Fig. 17.
Attitudes of young people towards family-related values



There were significant differences in the opinion of young people from urban and rural areas concerning marriage-related values. Young people from rural areas adhere to traditional values; the majority agreed with virginity before marriage (70,1%) and in most cases did not support sexual relationships before marriage (42,7%) and unregistered relationships (49%). Urban youth, on the contrary, in most cases do not relate sexual relationships to marriage and only 46,4% of them believe that a girl must be a virgin before marriage. Young people from urban areas are also more tolerant towards pre-marital relationships, supporting them in 59,6% of cases, and are more likely to think that a couple does not have to register their relationship to be happy.

Girls have more traditional attitudes towards all the three of the values statements. There are fewer boys who think that the girl has to be a virgin before marriage (47,2% compared to 62,9% of girls), in most cases boys agree that young people should have sexual relations before marriage (38,3% compared to 20,2% of girls) and do not relate the happiness of a couple to the registration of the relationship (46,4% compared to 33,5% of girls).

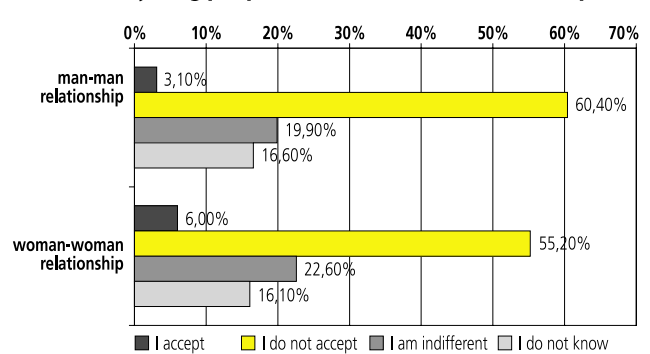
Values related to marriage vary depending on the age of the respondents: young people aged 10-14 mostly support traditional values – virginity before marriage (67,3%), disagreement with pre-marital sexual relations (41,2%) and unregistered relationships (42,6%) – while the youth aged 19-24 do not relate sexual relationships and marriage, the value of virginity is reduced more than twice, and acceptance of pre-marital and unregistered relationships goes up more than 2 times, compared to the group of those aged 10-14.

The opinion of young people on this subject is also greatly influenced by their education. The respondents from residential institutions (aged 15-18) were most likely to value virginity (82%), whereas those from higher education institutions express the greatest disagreement with this option (59,3%). Also, young people from higher education institutions most frequently agree with pre-marital (74%) and unregistered (59,1%) relationships.

6.2.4. Young people’s attitude towards sexual relations with a person of the same gender

The study evaluated the degree to which young people tolerate sexual relations with a person of the same gender. The majority of young people appeared to be intolerant of such relationships, especially man-man relationships (60,4% do not accept), compared to woman-woman relationships (55,2% do not accept). (Fig. 18)

Fig. 18.
Attitudes of young people towards same-sex relationships



Young people from urban areas show more tolerance for woman-woman relationships and intolerance of man-man relationships. However, boys express greater intolerance to both types of same-sex relationships than girls.

The older youth are more intolerant of man-man relationships (from 57,7% in the age group of 10-14 up to 63,6% in the age group of 19-24) but less intolerant of woman-woman relationships (from 57,8% in the age group of 10-14 down to 51,5% at the age of 19-24). Youth indicated more indifference regarding same-sex relationships with increasing age.

Young people from lyceums and higher education institutions proved to be the most tolerant of same-sex relationships, while those from colleges and trade schools thought they were unacceptable. Young people from higher education institutions also showed the greatest indifference to those relationships.

6.2.5. The opinion of young people about the reasons for not using condoms

The survey respondents were asked to indicate the reasons why young people do not use condoms. The most common reasons were “The partner refuses to use condoms” (64%), “There is only one trusted sexual partner” (63,1%), “Condoms are uncomfortable and decreases the pleasure of the contact” (61,1%), and “They are ashamed to suggest to their partner to use condoms” (48,6%). Limited access to condoms was the least frequently indicated reason for not using condoms: “They are expensive” (11,5%) and “It is difficult to find them” (9,3%).

Young people from urban areas indicated the following main reasons for not using condoms: “The partner refuses to use condoms” (72%), “They have only one partner whom they trust” (69,2%), and “Condoms are uncomfortable, reduce pleasure” (69,1%). Young people from rural areas emphasized the reasons: “They are ashamed to buy condoms” (54,4%) and “They are ashamed to suggest to their partner to use condoms” (48,6%).

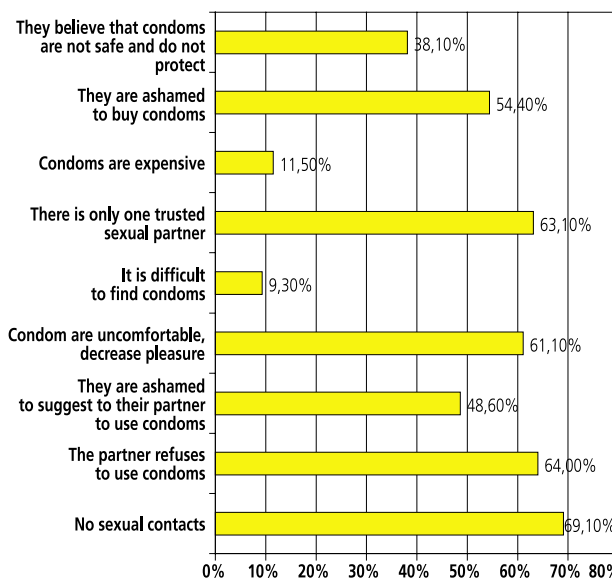
Girls in most cases have said that their partner refuses to use condoms (69,9%), and boys have claimed that condoms are uncomfortable and decrease pleasure



(62,6%). This makes us think that in most cases boys are reluctant to assume the responsibility for the consequences of unprotected sex.

Young people aged 10-14 most frequently gave the reason that they are ashamed to buy condoms (60,9%), while those aged 15-18 gave the reason that their partner refuses to use a condom (65,4%), and those aged 19-24 gave the reason that condoms are uncomfortable and reduce pleasure (83,3%).

Fig. 19. Reasons for not using condoms



Focus group participants confirmed the reasons for not using condoms measured in the survey, as well as raised additional reasons:

- **Condoms are unpleasant:** “I don’t like the taste” (20-year-old female, rural, unemployed)
- **Condoms unavailable at the time:** “The girl is here and it is dark outside” (16-year-old male, not in school, urban)
- **No money to buy a condom**
- **Heat of the moment:** “They forget to put it on” (19-year-old male, army)
- **Embarrassment:** “They feel ashamed to buy them” (19-year-old female, unemployed, rural)
- **Want to conceive:** “They want to have kids” (14-year-old female, in school, rural)

- **Feeling invulnerable:** *“They are indifferent”* (13-year-old male, in school, rural); *“Maybe others know how to protect themselves, but they do not believe that something like that may happen to them”* (14-year-old male, not in school, urban)
- **Trusting their partner:** *“When they fall into that relationship, they no longer think they might get sick”* (14-year-old male, not in school, urban); *“He trusts the girl, maybe they haven’t been anywhere, maybe she is a good, clean girl”* (20-year-old male, army)
- **Lack of knowledge:** *“Maybe they don’t even know how to protect themselves”* (14-year-old female, not in school, urban)
- **Under the influence of alcohol:** *“They are drunk and unaware of what they are doing”* (17-year-old male, in school, rural); *“Very often they are drunk and do not realize what they are doing”* (21-year-old male, army)
- **Under the influence of drugs:** *“When you are unconscious because of drugs”* (16-year-old male, street-involved)

6.3. Young people’s sexual experience and associated risks

The survey respondents were asked about their own sexual experiences and their associated risks: sexual initiation (the age of the first sexual contact, sexual initiation through violence, the use of condom during the first sexual contact), current sexual experience (permanent and occasional partners, current use of condoms) and the consequences of risky sexual behavior of young people.

6.3.1. The beginning of sexual life of young people

Of the 3,405 respondents, 22,8% have had sexual experience, the average age of sexual initiation being 16.32 years. Young people from urban areas reported that they are sexually experienced 5 times more often than those from rural areas, and boys 2 times more often reported being sexually experience than girls – 47,1%

of boys from urban areas and 32,3% of boys from rural areas have had sexual contact, compared to 25,9% of girls from urban areas and 3% of girls from rural areas. In the 10-14 age group, 3% of the youth reported having been sexually active, 24,6% in the age group 15-18, and 61,9% in the age group 19-24.

Tabel 6. **Sexual experience of young people from the Republic of Moldova** (Percentage by age and gender, average age of the first sexual contact by age and gender)

		Have had sexual experience	Average age of the first sexual contact, years
10-14 years	Girls	1,20%	13,1
	Boys	5,70%	11,91
	Total	3,00%	12,18
15-18 years	Girls	13,40%	16,37
	Boys	39,40%	15,21
	Total	24,60%	15,57
19-24 years	Girls	52,30%	17,81
	Boys	76,80%	16,85
	Total	61,90%	17,34
All ages	Girls	16,10%	17,2
	Boys	32,30%	15,7
	Total	22,80%	16,32

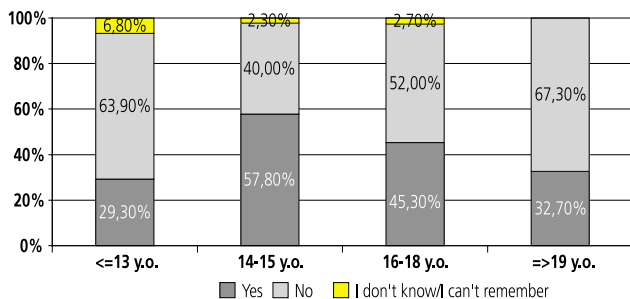
Forced sexual intercourse as a first sexual encounter is a major risk for sexual health of young people, with long-term negative impacts upon the health and psychological well-being of the victim. About 5% (37 cases) out of the total number of young people have begun their sexual life as a result of rape. It is important to note that about 10% of girls who have had sexual experience were forced during their first sexual contact. Young people who had their first sexual contact earliest (at the age of 10-14) were the ones most often subjected to violence. Of the girls aged 10-14 who have had sexual contact, 40% reported that they were forced to have their first sexual contact.

The use of condom during first sexual intercourse indicates the degree to which young people are informed about the measures of protection against unwanted pregnancy and STI/HIV/AIDS at the beginning of their sexual experience, as well as how prepared they are to take the responsibility for sexual relations. Not using a condom during the first sexual intercourse is an indicator of HIV and STI risk for young people. Of the youth that reported to have been sexually active, only 45,6% said that they used a condom during their first sexual intercourse. Girls reported that their partner have used a condom during the first sexual intercourse half as frequently as

boys, the difference being bigger in rural areas. Part of the discordance between the boys' and girls' responses may be explained by the boys not truthfully responding to the survey, or girls not always being aware whether their partner used or did not use a condom.

A pattern was noted that there was lower use of condoms during the first sexual intercourse for youth who initiated sexual contact at a young age, as well as a relationship between the risk of violence and the age at which the first sexual contact takes place. Young people under the age of 14 reported the use of a condom at their first sexual contact least frequently (29,3%), followed by those aged 19 or above (32,7%). (Fig. 20).

Fig. 20. Condom use during young people's first sexual experience

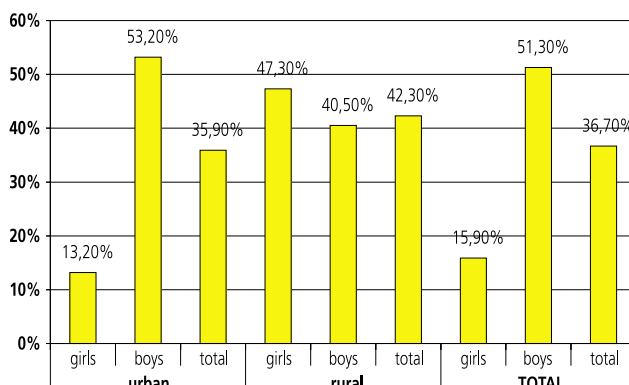


6.3.2. Current sexual activity of young people

Having a stable, mutually monogamous relationship is a key factor in prevention of STIs, including HIV/AIDS. Survey respondents were asked whether they have had a stable sexual relationship for the last 12 months (husband/wife, boyfriend/girlfriend). The majority of the respondents (63,8%) who have had sexual experience reported being in a **stable relationship**. Sexually active girls reported a stable relationship 75,5% of the time, while about half of the boys (55,5%) were in a stable relationship. Urban youth reported being involved in a stable relationship about 1.5 times more often than those from rural areas. Stable relationships were more common as the youth increased in age: 34,7% of youth aged 10-14, 56,9% of those aged 15-18, and 72,1% of youth aged 19-24 reported having a stable relationship.

At the same time, about 1/3 of young people who have had sexual experience have reported casual sexual contact within the last year, and was three times more common among boys than among girls (fig. 21).

Fig. 21. Young people's experience of casual sexual contacts within the last year, depending on their environment and gender



Youth aged 10-14 who have had sexual experience reported **casual sexual contacts** twice more frequently than young people aged 19-24 (66,9% compared to 33,2%). Casual sexual contact is more common among the students from trade schools (50,7%) compared to the total of 36,7%. Young people who have had casual sexual contacts reported an average of 3 sexual partners, the figure being about twice bigger for boys than for girls. Young people from urban areas reported about 25% more casual partners than those from rural areas.

In order to evaluate the consistency of protected sex practices, young people have been asked about their **condom use within the last year in general and with their last casual partner**. Only 34,9% of young people who have sexual contacts always use condoms, 21,6% of them have never used a condom, and 30% have used condoms only occasionally. There were no differences in consistency of condom use between the rural and urban youth. Young people aged 15-18 reported condom use most frequently (45,5%), followed by the group aged 10-14 (38,1%). Young people aged 19-24 reported the least frequent use of condoms (26,6%). At the age of 19-24, the majority of young people are likely involved in stable relationships and likely use other methods of contraception.

The majority of young people (71%) reported that they had used a condom with their last casual partner. Older youth reported higher rates of using condoms with casual partners. Girls are particularly vulnerable to STI/HIV infections, as well as unwanted pregnancy, because of their low rates of condom use with casual sexual partners, both in rural and urban settings. It should be noted that none of the sexually active girls aged 10-14 reported using a condom with their last casual partner, and only about 25% of sexually active girls aged 15-18 used a condom with their last casual partner.

Table 7. Proportion of youth (15-24 years by gender and living environment) who reported that they used a condom during their last contact with a casual sexual partner (CORE indicators)

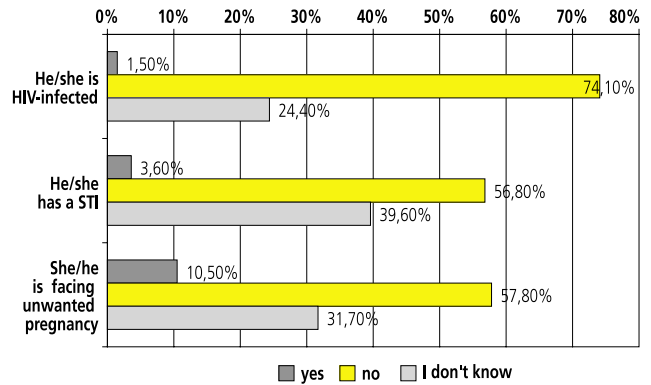
Used a condom during the last sexual contact with a non-regular partner	Boys	Girls	Total
Urban	77,16	53,85	73,31
Rural	70,59	50,00	63,16

Those young people who have the highest level of knowledge about HIV/AIDS prevention most frequently have safe sex (boys from urban areas), while young people who have the least knowledge of HIV/AIDS prevention rarely or never use condoms with casual partners (girls from rural areas).

6.3.3. The consequences of risky sexual behavior

Respondents were asked whether they know someone amongst their colleagues or friends who have experienced an unwanted pregnancy, a sexually transmitted infection or HIV infection. The results show that consequences of risky sexual behavior are quite widespread among the youth (fig. 22).

Fig. 22. Proportion of youth who know a peer who has experienced the consequences of risky sexual behaviour



10,5% of the respondents said that someone from their friends/colleagues is facing an unwanted pregnancy, particularly those from urban areas (14,6%) compared to those in rural areas (5%), and in the age group of 19-24 (17,5%) compared to 4,3% of those aged 10-14. Friends/colleagues who have an STI was reported by 3,6% of the respondents, although this figure is probably much higher as it would be unlikely that youth would know whether or not their friends had an STI. There were also differences based on living environment and age: 4,4% of urban youth and 2,5% of rural youth knew someone with an STI, while 1,2% of those aged 10-14 and 7,2% of those aged 19-24 knew of a friend/colleague who has an STI. There were no essential differences based on gender.

In 1,5% of cases, young people reported that they knew a friend or colleague that is HIV-infected. However, the largest number of HIV infections were reported by youth aged 10-14, which creates skepticism about the reliability of the responses.

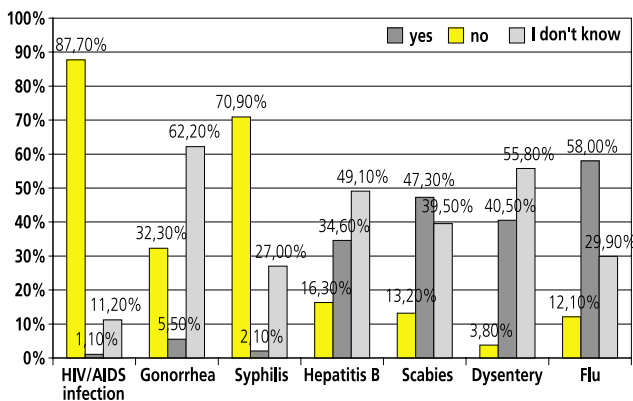
6.4. Sexually-transmitted infections and HIV/AIDS: Knowledge, attitudes and practices

This section reports the results of the young people's familiarity with various STIs, and how STIs and HIV are transmitted and prevented. Also reported here are the results of the young peoples' attitudes towards HIV/AIDS and information on the prevalence of STI symptoms.

6.4.1. Young people’s knowledge of the names of sexually-transmitted infections

In order to evaluate young people’s knowledge about STIs, the respondents were presented with a list of infectious diseases and asked to select those that are sexually transmitted (fig. 23).

Fig. 23. Young people’s ability to identify sexually-transmitted infections



Even though the majority of respondents correctly indicated HIV-infection and syphilis as sexually-transmitted infections, only 32,3% identified gonorrhoea as an STI and only 30,3% correctly indicated all three of the most wide-spread STIs.

It should be noted that young people who said that their major sources of information about STIs, HIV/AIDS

were lessons and seminars were the most often correct in identifying sexually transmitted infections. Urban youth were better able to identify the diseases that are sexually-transmitted, especially HIV/AIDS (93,8% correct compared to 79,3% in rural areas), gonorrhoea (43% correct compared to 17,7% in rural areas) and syphilis (82,7% correct compared to 54,7% in rural areas). There were no essential differences in the level of knowledge between boys and girls. Older youth had better knowledge about the sexually-transmitted infections – 17,8% of youth aged 10-14 named correctly all three STIs (HIV, syphilis, gonorrhoea), 28,3% of those aged 15-18 correctly named all three STIs and 61,2% of 19-24 year-olds correctly named all three STIs.

Youth aged 10-14 who participated in the focus groups were unable to spontaneously identify diseases that are sexually transmitted. Focus group participants from the other age groups spontaneously named the STIs of gonorrhoea, syphilis, HIV/AIDS, Hepatitis B and trichomoniasis. Youth volunteers were able to name the greatest number of STIs, including those that were not mentioned by the other groups (scabies, pediculosis pubis, herpes, chlamydia, mycoplasmosis).

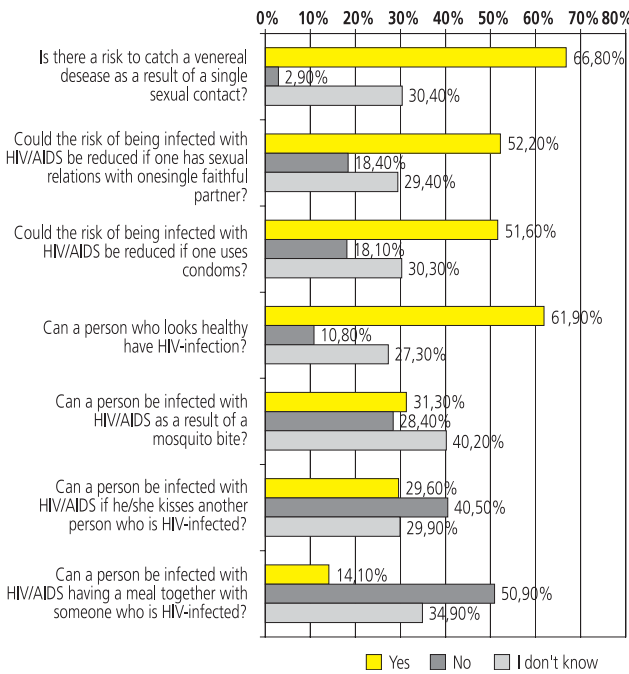
6.4.2. Young people’s knowledge about the ways of transmission and prevention of STIs, HIV/AIDS

A list of seven options concerning modes of transmission and methods of prevention for STIs and HIV/AIDS was offered to the respondents and they were asked to agree or disagree with the suggested options. Only 8,3% of the respondents answered all the questions correctly, and 4% were unable to indicate their agreement with any of the statements (fig. 24).

Only 65,8% of young people believe there is a risk of becoming infected with an STI after a single sexual intercourse, while 30,4% could not express their opinion on the issue. Only about half of the respondents believe that a relationship with a healthy, faithful partner, and use of condoms, can be a good protection against HIV-infection and 20% of the respondents did not believe that these are the ways to protect oneself against HIV/AIDS.



Fig. 24. Young people's knowledge about the ways of transmission and prevention of HIV/AIDS and other STIs



The study revealed a significant proportion of young people with misconceptions regarding the modes of HIV transmission. The most frequent misconception (31,3%) was that HIV/AIDS can be transmitted through a mosquito bite. This misconception may lead to youth underestimating the real risks of HIV infection and thus not take adequate protective measures: "If HIV/AIDS can be transmitted through a mosquito bite, then prevention of this infection depends less on the person, so protective measures, like the use of condom, are not necessary."

Another common misconception held by 14,1% of young people is the belief that a person can be infected with HIV after sharing a meal with someone who is HIV-infected, which indicates that intolerance and stigma against people living with HIV can be attributed in part to misinformation. About 10% of the respondents held the misconception that a person who looks healthy can't have HIV, which indicates that young people probably underestimate their personal risk of being infected with HIV.

Boys indicated better knowledge about STI and HIV transmission and prevention by about two times compared to girls (11,3% and 6,1% respectively). Also,

knowledge about sexually-transmitted infections and HIV/AIDS improves with age.

The level of young people's knowledge of the ways of transmission and prevention of STIs/HIV varied considerably according to the living environment; urban youth had better knowledge especially with respect to the following statements: "Is there a risk to catch a venereal disease as a result of a single sexual contact?" (76,1% correct in urban youth, 53,9% correct in rural youth); "Could the risk of being infected with HIV/AIDS be reduced if one has sexual relations with one single faithful partner?" (64,5% correct in urban youth, 35,4% correct in rural youth); "Could the risk of being infected with HIV/AIDS be reduced if one uses condoms?" (62,4% correct in urban youth, 36,3% correct in rural youth); and "Can a person who looks healthy have HIV?" (69% correct in urban youth and 52,1% correct in rural youth).

Overall, there were about three times more correct answers by urban youth than rural youth, and rural youth responded "I don't know" three times more often than urban youth (fig. 25).

Fig. 25. Young people's (10-24 years) knowledge of transmission and prevention of HIV/AIDS and other STIs by their living environment

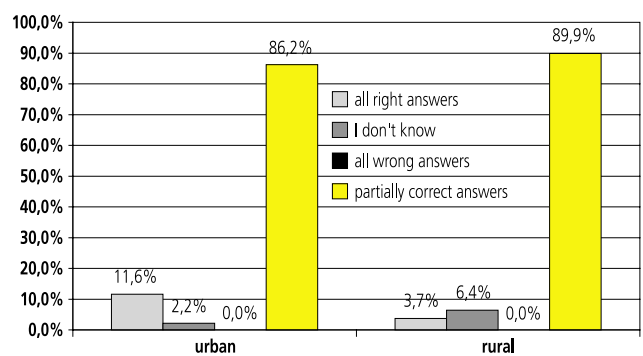
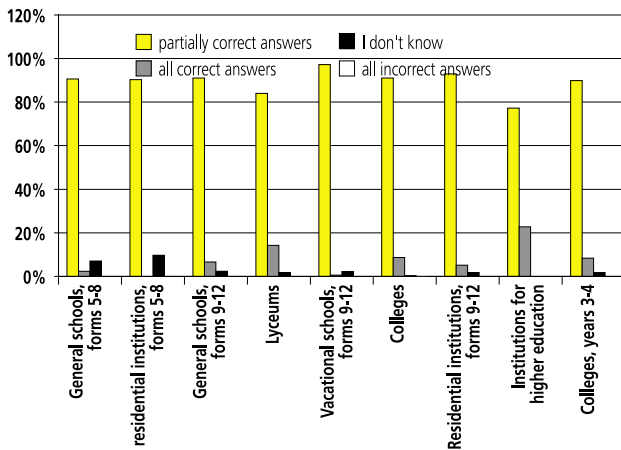


Figure 25 summarizes the level of knowledge about HIV and STI transmission and prevention, depending on their level of education and on the educational institution where they study. Students from higher education institutions have the highest level of knowledge, correctly answering all questions in 22,7% of cases. The worst level of knowledge was found in students of the 5-8 forms in residential institutions; none answered all the questions

correctly and they have the highest percentage of “I don’t know” responses (9,7%).

Fig. 26. Young people’s knowledge of transmission and prevention of HIV/AIDS and other STIs by educational institutions



Using standard methodology suggested by the UN/AIDS, the survey measured basic indices of knowledge of HIV prevention and misconceptions about HIV transmission using five standard questions. The rate of correct answers to all five of the questions was estimated among young people aged 15-24, depending on their gender and living environment. As shown in Table 8, boys from urban areas had the highest level of knowledge and girls from rural areas had the lowest.

Table 8. Proportion of youth (15-24) by gender and living area who has correct knowledges prevention and transmission

Rate of correct answers to all five standard questions	Boys	Girls	Total
Urban	23,84	15,72	19,26
Rural	11,15	3,68	6,49

The focus group participants also reflected poor knowledge and misconceptions about the ways that HIV is transmitted and how it can be prevented. Adolescents aged 10-14 had only vague knowledge of HIV/AIDS, and some of them have not even heard of it (particularly youth from rural areas). Other young people said that they had heard of HIV/AIDS, but knew nothing about it. Knowledge amongst youth aged 10-14 was mostly limited to the fact that HIV/AIDS is a

“contagious” disease, which cannot be cured and leads to death. Some of the misconceptions expressed by the youth in the 10-14 age group was that one “can get HIV/AIDS through food” (13-year-old female, in school, rural); “Those who have HIV/AIDS must have separate dishes” (13-year-old male, in school, rural); and “If you play with a girl who has HIV/AIDS you might get it, too” (11-year-old female, not in school, rural).

Some of the youth had correct information about HIV/AIDS, such as the fact that having multiple sexual partners puts one at risk for HIV infection: “You shouldn’t sleep with everybody” (17-year-old male, in school, rural); that unsterilized needles or surgical tools could lead to infection: “If the doctor’s instruments are not clean” (16-year-old male, street-involved); and the fact that HIV is incurable: “You die of HIV/AIDS, you can’t be cured” (19-year-old male, army). The most frequently mentioned way of transmission of HIV/AIDS was the “syringe” and injection drug users were perceived to be most at risk of HIV infection.

Youth in the armed forces, surprisingly, had similar levels of knowledge (and misinformation) as the youth in the 10-14 years age group. The youth from the army had the following misconceptions: “You can get the virus through cigarettes, saliva, a glass you drink water from”, “Give someone a piece of bread and the person will be infected”, “Speak to someone and you may get it...”, “I’ve heard that if you just got it and you go to the doctor immediately, you can be cured”.

Some of the street children (aged 15-18) believe that HIV can be picked up from the “dirt”: “You can get sick with HIV/AIDS because of dirt, if you don’t wash yourself” (15-year-old male, street-involved); “If you are looking through the rubbish, when your hands get dirty” (15-year-old female, street-involved).

6.4.3. Young people’s attitude towards HIV/AIDS

The survey included a question measuring the level of tolerance for people living with HIV and a question on awareness of the existence of HIV/AIDS. Tolerance of HIV-infected people was gauged by asking the question:

“If your friend tested HIV/AIDS positive, would you continue your relationship with him/her?” The distribution of answers is the following:

- Only 18,8% would continue the relationship
- 61,2% would not continue the a relationship
- 30% do not know what they would do

These opinions indicate a high degree of intolerance of the HIV-infected, which can be explained by, or is enhanced by, young people’s poor knowledge of HIV/AIDS.

Tolerance for people living with HIV varies depending on the living environment. Young people from rural areas are more intolerant of the HIV-infected (58,4% would discontinue the relationship, compared to 46% in urban areas). Also, boys were more inclined than girls to discontinue their relationship with an HIV-infected friend (54,7% and 49%, respectively). Older youth were more tolerant towards the HIV-infected than their younger counterparts – 61,2% of youth aged 10-14 *wouldn’t continue friendly relationships with an HIV-infected person*, compared to 45,4% of youth aged 15-18, and 40,9% of youth aged 19-24. However, even the older youth are overall very intolerant of people living with HIV, and older youth were more hesitant about their attitude towards the HIV-infected (39% of 19-24 year-olds did not know what they would do, compared to 22,7% of 10-14 year-olds and 33% of 15-18 year-olds). Students from secondary schools (60,2%) and those from residential institutions (55,7% – 53,6%) have proved to be the most intolerant, indicating that they would end their friendship with someone who was HIV-positive. Lyceum students (24,5%) and students from institutions of higher education and colleges (third and fourth year) (20%) proved to be the most tolerant to such people, although significant numbers still indicated that they would end their relationship with an HIV-positive friend.

Young people who reported that they knew a friend or colleague with HIV were about 2 times more tolerant than those who said that they did not know any HIV-infected people (37,8% and 19,2% respectively). This indicates that knowing someone with HIV helps to dispel some of the misconceptions, and thus builds greater tolerance towards people who are HIV-infected.

The young people were asked: “*Do you think HIV/AIDS is an important problem in your community?*” in order to assess their perception of HIV/AIDS as a problem close to them. The majority of young people (68,7%) perceive HIV/AIDS as a problem for their community, and perception of HIV as an important problem was higher amongst youth from urban areas and older age. However, 10,7% do not think that HIV/AIDS is a problem for their community, and 20,6% of the respondents could not express their opinion on this matter.

The focus group participants confirmed the finding that many young people believe that AIDS is not common in Moldova. Some of the focus group participants did, however, believe that young people from their community are at risk of HIV infection, especially due to migration, both international and internal: “*Especially those who go to the city, come to work and get infected, then they go back to the village... and transmit the infection to someone else*”; “*In the nearby village, a woman left her family and went to work in another country. When she came back, they found out she had AIDS*” (20-year-old male, army).

Most of the focus group participants indicated that young people are more at risk of being infected with HIV: “*I think that it is young people who can get AIDS*” (16-year-old female, not in school, rural). The groups of people that they focus group participants identified as being at greatest risk for HIV infection are:



- **Those who take drugs:** *“Drug addicts”* (14-year-old male, street-involved)
- **Prostitutes:** *“It is easy to get sick, especially if you do it with the ‘night butterflies’”* (18-year-old male, not in school, urban)

Young people from urban areas more often expressed that HIV/AIDS is a problem for their community than those from rural areas (73,7% and 61,7% respectively). There are no differences among the opinions of boys and girls on this matter. Perception of HIV as an issue for their community increased with the age of the respondents: 64,3% of cases at the age of 10-14, 71,5% at the age of 15-18 and 73,1% at the age of 19-24.

6.4.4. Information about the spreading of the signs of genital infections, including sexually-transmitted infections (STIs), among the young

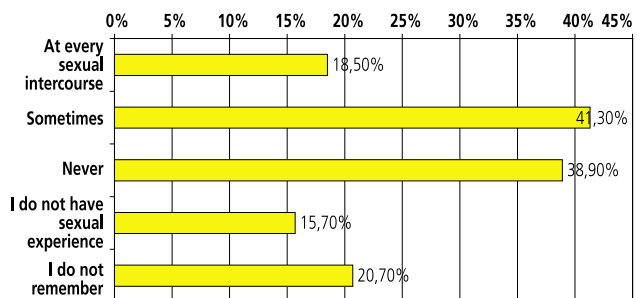
The prevalence of genital infections (GIs), including sexually-transmitted infections (STIs), is a main indicator of the reproductive health of young people. It is a well-known fact that those who have GIs/STIs have higher risk of HIV infection and transmission to their sexual partners (C.M.Huezo, C.S.Carigan, 1997). This study assessed the prevalence of GIs by asking questions about the presence of identifiable symptoms of genital infections within the last year (urethra or vaginal secretions, frequent urination, abdominal pains). It should be noted that this data is not meant to provide a conclusive estimate of the prevalence of GIs among youth in Moldova. One reason is that symptoms of a genital infection can be caused both by sexually-transmitted infections and by genital infections that are not sexually transmitted. Thus, the general term of genital infection (GI) is used to include the term of sexually-transmitted infection (STI). Also, many STIs do not manifest obvious physical symptoms; up to 70% of women and 30% of men have STIs without physical symptoms (C.M.Huezo, C.S.Carigan, 1997), and many people cannot identify the signs of genital infections.

Overall, 19,2% of all the respondents reported to have symptoms of genital infections. Girls reported these

symptoms about 6 times more frequently than boys. However, it should be noted that many girls could be incorrectly identifying normal physiological genital secretions as symptoms of genital infections. With increasing age of the respondents, young people report to have signs of genital infections more often, from 18% at the age of 15-18 up to 38,7% at the age of 19-24.

Youth who are sexually active were twice as likely to report symptoms of genital infections, not surprising given the high rates of unprotected sex among young people. There was also a direct relationship found between reports of unprotected sexual contact and symptoms of genital infections. Young people who reported using condoms during each sexual intercourse reported symptoms of genital infections with almost the same frequency as youth who have not yet been initiated into sexual activity (18,5% and 15,7% correspondingly), while youth who reported never or occasionally using condoms were twice as likely to report symptoms of genital infections. Figure 27 below also highlights that there is little difference in the prevalence of genital infection symptoms between those youth who sometimes use condoms (41,3%) and those who never use condoms (38,9%), highlighting the importance of educating youth to use a condom every time they have sexual contact.

Fig. 27. Proportion of young people who reported symptoms of GIs/STIs, according to frequency of condom use



The study assessed the **extent to which youth seek treatment for their symptoms** of genital infections. Of the young people with such infections, 67% have not received any treatment. Girls from rural areas reported getting treatment the least frequently (22,1% of cases). Urban youth generally received treatment for their GIs more often than rural youth (61,9% and 76,2% respectively). Also, older youth had greater tendency

to treat the signs of genital infections. In the age group 10-14, 72,2% of young people did not seek treatment compared to 58,1% of those aged 19-24.

Young people gave the following reasons for not seeking treatment for genital infections, in order of frequency:

- fear/shame that other people will know about it – 25,2%
- I don't know – 18,2%
- lack of trust towards medical professionals – 17,5%
- because of lack of money – 16,4%
- they had nowhere to go to – 8,4%
- Other – 6,4%.

The high proportion of respondents who did not know why they did not seek treatment would indicate that they may not fully realize the necessity to address reproductive health problems.

Rural youth were more likely to indicate lack of confidentiality (30,2% compared to 22,7% in urban areas) as a reason for not seeking treatment, while urban youth were twice more likely to indicate that they do not trust doctors and have no money for treatment. Also, 30,3% of rural could not give any reasons for not getting treatment, compared to 12,1% of urban youth.

Girls were more likely than boys to indicate fear of lack of confidentiality (28% and 14% respectively) and lack of trust in medical professionals (21,5% and 1,2% respectively) as reasons for not seeking treatment. Boys more often did not know why they did not get treatment (22% compared to 17,2% of girls). Reasons for not seeking treatment also changed with age: youth aged 10-14 mostly did not know why they haven't asked for treatment (25,7%), those aged 15-18 were afraid of lack of confidentiality (24,1%), and young people aged 19-24 indicated that they had no money (35,9%) and were afraid of lack of confidentiality (35,6%).

6.5. Contraception and Pregnancy Among Young People: Knowledge, Attitudes and Practices

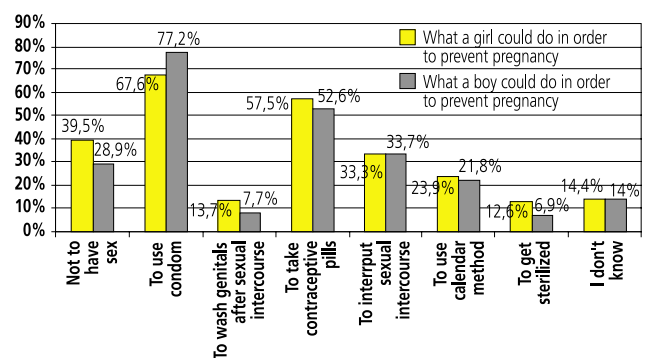
The study assessed the knowledge of young people about methods employed by men and women for preventing

unwanted pregnancies. The attitudes of young people towards the responsibility for preventing unwanted pregnancy and towards abortion, as well as contraceptive practices among young people and their pregnancy experience have been assessed.

6.5.1. Young people's knowledge about methods that can be applied by a young man and a young woman in order to avoid an unwanted pregnancy

The respondents were offered a series of options, some of which were false methods of preventing unwanted pregnancy. The respondents were asked to indicate which of the methods are the responsibility of the girl and which are the responsibility of a boy (fig. 28).

Fig. 28. Young people's knowledge of contraception methods for preventing unwanted pregnancy



Most of the respondents consider that condoms are the safest contraceptive method (77,2% of boys and 67,6% of girls), followed by contraceptive pills (57,5% of girls and 52,6% of boys) and abstinence (35,9% of girls and 28,9% of boys). Young people assigned the responsibility for condom use to boys and the use of contraceptive pills and abstinence to girls. Abstinence was also mentioned by focus group participants: “we are not animals, but people, we just have to abstain” (17-year-old male, in school, rural); and “in order not to make the wrong decision, one should not have sexual relations with anyone” (18-year-old male, not in school, urban).

It should be noted that both young men and young women quite often opted for natural contraceptive methods. About one third of young people referred to interrupted sexual intercourse: “one should control oneself, to get it out before time” (19-year-old male, army). More than a fifth of the respondents referred to the calendar method as means of preventing unwanted pregnancies: “there are days when one can have sexual contacts and there are days when one cannot” (14-year-old male, street-involved). These are less reliable methods of contraception than condoms and pills, however.

There was a significant proportion of respondents who incorrectly indicated methods of contraception, such as sterilization as a method for girls (12,6%) and as a method for boys (6,9%). Also, 13,7% of the respondents indicated the incorrect option “intimate hygiene after sexual intercourse” for girls and 7,7% for boys. In 14,4% of cases, young people did not know any contraception method.

Urban youth more frequently selected most of the listed contraception methods, including the incorrect ones, unlike rural youth, who in most cases selected abstinence and about three times more often did not know what contraception method to indicate. Knowledge about contraception methods was highest amongst the older youth, and increased with age.

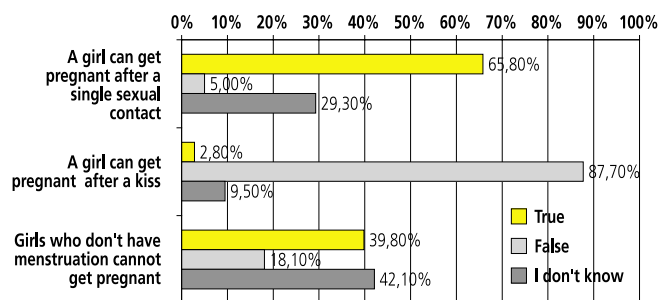
Focus group participants identified condoms and contraceptive pills as the best methods of preventing pregnancy among young people and also have indicated some methods not listed in the survey – intrauterine devices and injectable contraceptives.

6.5.2. Young people’s knowledge of conception and contraceptives (contraceptive pills and condoms)

Assessing the basic knowledge of young people about the **physiology of conception** can explain to a great

extent ineffective contraceptive practices among young people. The survey respondents were shown statements reflecting the three most common misconceptions about pregnancy, and were asked to indicate whether these are true or false (fig. 29).

Fig. 29. Young people’s knowledge regarding conception

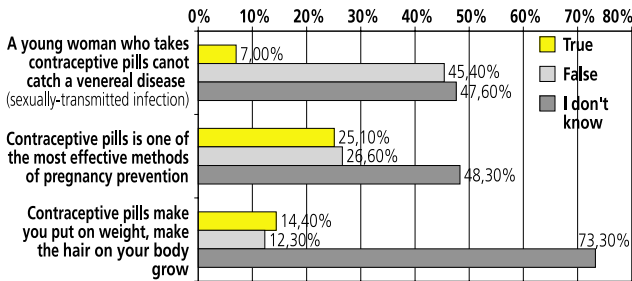


The results of the study exposes some obvious gaps in the knowledge of young people on the subject of conception. Only 65,8% of young people know that **pregnancy can result after a single sexual contact**, 5% had incorrect knowledge and almost one-third did not know. Young people from urban areas had correct knowledge on this item 1.5 times more often than young people from rural areas (73,2% and 51,5% respectively), and boys gave the correct answer in more cases than girls (71,1% and 61,2% respectively). Also, knowledge improved as the age of the respondents increased – from 51,7% at the age of 10-14, 69,4% at 15-18 and 89,1% at 19-24.

About 3% from the total number of young people wrongly consider that **pregnancy can result from kissing**, and about 10% of the respondents did not know how to answer this question. Rural youth and girls were twice as likely to give incorrect answers on this item. Almost 40% of the respondents had the misconception that a **girl who does not have menstruation yet cannot get pregnant**, 42,1% do not know and only 18,1% have correct knowledge of this matter.

The respondents were also asked to indicate their agreement with a series of statements about the use of contraceptive pills. As indicated in Figure 30, there were gaps in the knowledge of young people on this subject as well.

Fig. 30.
Young people's knowledge about contraceptive pills



Only 45,5% of young people were aware that **pills do not protect form sexually-transmitted diseases**, 7% had incorrect knowledge, and the majority (47,6%) knew nothing about it. Urban youth had twice number who answered correctly (58,1% compared to 27,9% of rural youth). There are no essential differences between the level of knowledge on this subject among boys and girls, and knowledge improved with age of the respondents.

Only 25% of the respondents agreed with the fact that pills are one of the most **efficient contraception methods**. Urban youth correctly answered this item correctly 1.5 times more frequently than rural youth (29,8% and 20,9% respectively). It should be noted that girls had a lower level of knowledge, giving less correct answers (23,4% against 27,5% of boys), as well as more "I don't know" answers – 52,2% against 42,8% of boys. Knowledge on this item also increased with the age of the participants. The majority of young people (73,3%) were unable to say if **contraceptive pills make one put on weight, or make the hair on one's body grow**.

The study also measured young people's knowledge of the **effectiveness of condoms in preventing both unwanted pregnancy as well as sexually-transmitted infections**. The majority of the youth, 66,6%, knew that condoms prevent both pregnancy and STI transmission, 9,1% did not believe this was true, and 24,4% did not know. Young people from urban areas gave more correct answers (70,4%) than youth from rural areas (61,3%). Boys had more knowledge on this subject than girls (73,3% in comparison with 61,8%). Also, the level of knowledge on this subject increases with increased age of the respondents.

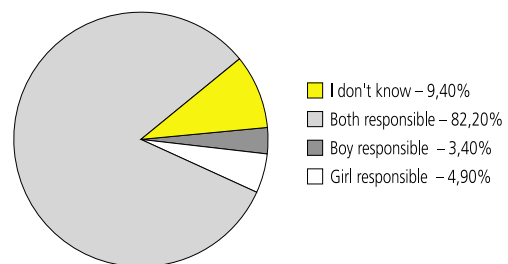


© UNICEF/Prozzi

6.5.3. Young people's attitudes towards their responsibility for preventing unwanted pregnancy

The study measured the attitudes of young people towards taking responsibility for using contraception and their level of motivation to personally take action in order to prevent unwanted pregnancy. The majority of the respondents (82,2%) consider that both partners are responsible for contraception, while 4,9% think it is the responsibility of the girl and 3,4% think it is the responsibility of the boy. About 10% of young people were not able to state an opinion (fig. 31).

Fig. 31.
Attitude of young people towards the responsibility for preventing unwanted pregnancy (percentage)



Urban youth more frequently thought that both partners are responsible for contraception (87,2%) in comparison with rural youth (75,5%). Young people from rural areas were almost twice more likely to state that the girl should be responsible for contraception. A larger proportion of rural youth (17,1%) did not know who should be responsible, compared to 3,8% of urban youth who did not know.

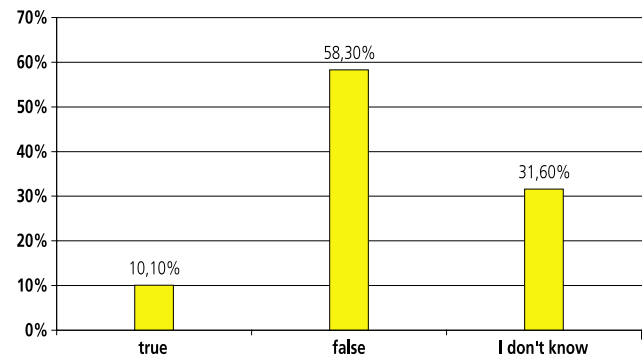
Girls more frequently indicated that both partners are responsible for contraception (85,6% compared to 77,5% of boys). Also, girls consider themselves responsible about 4 times more often than boys. Older youth were more likely to be aware of the fact that both partners are responsible for pregnancy prevention (72,2% at 10-14, 86,6% at 15-18 and 95,8% at 19-24). The higher the level of education, the more aware were the youth that both partners share the responsibility for contraception within the couple (55,1% of 10-14 year-olds from residential institutions and 96,3% of students in higher education).

The focus group participants tended to put more responsibility for contraception on girls, and reasoned that in the case of an unwanted pregnancy, the girl is the one who bears all the consequences, and thus she should be responsible. Those youth who believed that the man has the primary responsibility were mainly referring to condom use as a contraception method. Men were seen to be responsible for condom use, and in most cases, control the situation: *“Men have to take control and they are responsible, women cannot control it”* (22- year-old male, unemployed, urban). Only volunteers from Youth Centers unanimously think that both partners should be responsible.

6.5.4. Young people’s attitude towards abortion

In order to implement effective programs to reduce the abortion rate among teenage girls, it is necessary to understand young people’s attitudes towards abortion. Within the study, young people were asked to show their agreement or disagreement with the following statement: **abortion is a good method of birth control**. Only 58,3% out of the total number of young people thought it was false, about 10% of the respondents agreed with the statement, and 31,6% could not give an opinion (fig. 32).

Fig. 32. Young people’s agreement with the statement: **“Abortion is a good method of birth control”**



Young people’s attitude towards abortion differs depending on their living environment. Young people from the urban areas were more likely to answer false to the statement that abortion is a good method of birth control (65,8% against 48% in the rural areas). There were no essential differences in the opinion of boys and girls on this issue. Older youth were more likely to disagree with the statement (from 46,8% at 10-14, to 64% at 15-18 and 72% at 19-24).

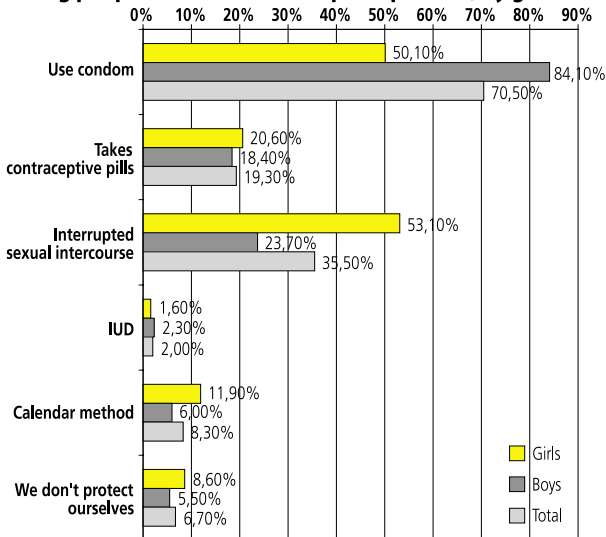
The attitudes measured in the survey were confirmed by the focus group participants. Some of the participants indicated that abortion is one measure, along with condoms, contraceptive pills, etc., for preventing unwanted pregnancy. In 5 cases the focus group participants indicated that abortion is a generally accepted measure for preventing unwanted pregnancy.

6.5.5. Contraception practices among the young

The study assessed the current contraceptive practices among young people (see Figure 33). Most often, young people reported the use of condoms (70,55%) with significant differences between condom use reported by girls and boys (50,1% against 84,1%, respectively). Young people aged 15-18 use condoms most often (82%) in comparison to 67% of 10-14 year-olds and 61,9% of 19-24 year-olds.

About 35% of sexually active young people use interrupted sexual intercourse as a method of contraception, an alarming finding because of the low effectiveness of the

Fig. 33.
Young people's current contraception practice, by gender



method and the high risk of unwanted pregnancy among young people. Girls indicate twice more often than boys that they use this method of contraception (53,1% against 23,7%), even though it is not the female during sexual intercourse who controls the early withdrawal before ejaculation. Urban youth (38,4% against 16,8% rural youth) and those aged 19-24 (45,7% against 27,2% of 15-18 year-olds and 11,6% of 10-14 year-olds) use interrupted sexual intercourse more often.

About 20% of the respondents reported that they use contraceptive pills and there were no significant differences between the answers of boys and girls. Young people from urban areas use this method more frequently (20,1%) than young people from rural areas (14,1%). The age group 15-18 uses contraceptive pills more often (21%) than young people aged 19-24 (18,6%) and those aged 10-14 (14,7%).

The calendar method and intrauterine devices were the rarest used contraceptive methods (8,3% and 2% correspondingly). Girls reported the use of the calendar method twice more frequently than boys (11,9% and 6% respectively), young people aged 19-24 used it more often than those aged 15-18 (11,6% and 5,8% respectively), and young people from urban areas used the calendar method about 3 times more frequently in comparison to young people from rural areas (9,3% against 2,5%). Also, young people from rural areas use intrauterine devices about 7 times more frequently than young people from urban areas (7,1% and 1,2% respectively).



© UNICEF/Prozdi

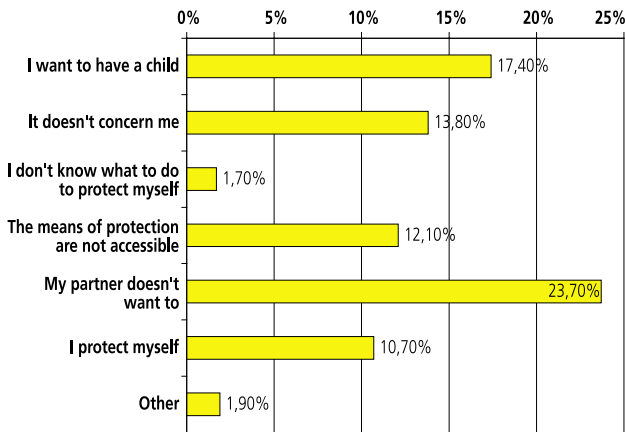
A significant proportion of youth (6,7%) who are sexually active have stated that they do not take any actions to prevent unwanted pregnancy. The percentage is higher among girls (8,6%) than among boys (5,5%). Young people from rural areas reported that they do not use any contraceptive method 3 times more often (16,4%) than urban youth (5,2%). Sexually active young people aged 10-14 are most at risk for unwanted pregnancy since a quarter (25,6%) of them do not use a contraceptive (compared to 4,5% of 15-18 year-olds and 5,5% of 19-24 year-olds).

Generally, the study shows that sexually-active young people aged 15-18 use the most effective modern contraception methods (condoms and pills) to the greatest extent and give the lowest percentage of not using contraception – a very favorable forecast for the development of a more conscious attitude towards contraception among the population of the Republic of Moldova in the nearest future. At the same time, special attention should be paid to the prevention of sexual relations among young people aged 10-14, which are associated with the risks of unwanted pregnancy to the greatest extent.

The survey also included questions to assess **reasons for not using contraception** given by sexually active young people. The results, summarized in Figure 34 indicated that the main reason for not using contraception is the desire to have a child. Other reasons are closely related to young people's inability to communicate effectively with their sexual partners about contraception:

- The partner does not want to – 23,7%;
- It does not concern me – 13,8%

Fig. 34. Young people's reasons for not using contraceptive methods



The latter reason is consistent with the finding of widespread unwillingness to take real responsibility for contraception. Lack of access to contraceptive methods was indicated in fewer cases (12,1%) and the lack of knowledge of the pregnancy protection methods was the reason least frequently given for not using contraception (1,7%).

Girls most often explained not using contraception because their partners refused to do so (34% against 12,2% of boys), while boys in most cases thought that contraception did not concern them (28,4% in comparison to 0,7% of girls).

These results are contradictory to the opinions expressed by the majority of young people who assigned responsibility for contraception to both partners. This contradiction between opinions and practices may indicate lack of honesty in answering sensitive questions (and gives doubt to the reliability of the results for these questions), or could indicate the existence of double standards with regard to sexual relations: youth believe contraception should be taken care of by both sexual partners, but in practice is usually left to the girl.

Overall, girls have a lower level of knowledge about contraception than boys. Even though girls are assigned higher responsibility, they do not communicate efficiently with their partners about the use of contraceptive methods. Boys are more informed on contraception, but do not wish to assume responsibility for contraception within a couple.

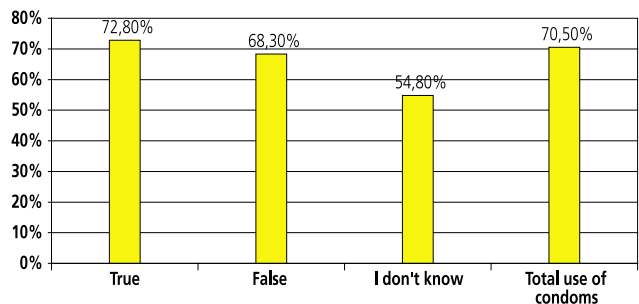
6.5.6. Knowledge and attitudes towards contraception in comparison with practices

The results of survey confirm that there is a direct interdependence between young people's contraceptive practices and their knowledge. Those who indicated correct knowledge regarding contraception, in most of cases, use effective and safe contraception methods for pregnancy prevention.

The practices of young people in using contraceptive pills was assessed by asking the youth to indicate if the statement **“Contraceptive pills are one of the most effective methods of preventing unwanted pregnancy”** is true or false. Young people who answered correctly (30,4%) use pills about three times more than those who did not know what to answer (11,7%), and about two times more than those who answered incorrectly (14,8%).

The study also assessed the **condom use practices among young people depending on their knowledge** that condoms protect from unwanted pregnancy as well as from sexually-transmitted infections (see Figure 35).

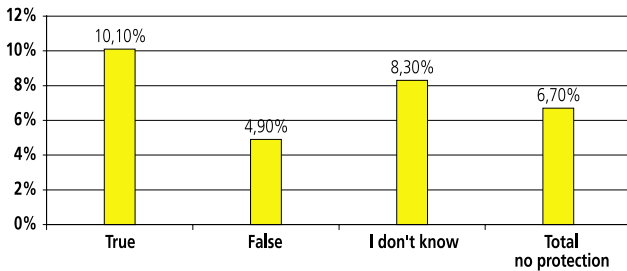
Fig. 35. Proportion of youth who use of condoms, depending on their response to the statement: **“Condoms protect from unwanted pregnancy as well as from sexually-transmitted infections”**



Young people who have correct knowledge about condoms use condoms more often (72%) than those who have not known what to answer to this question (54,8%). The high proportion of young people who use condoms but have given the incorrect answer (“false”) to this question (68,3%), was not significantly different from the proportion of youth who correctly answered the question. Perhaps the youth answered incorrectly because they were aware of only one effect of condoms – either their contraceptive role, or the one of STIs prevention, which still motivates them use condoms.

The study also assessed if young people’s **use of contraception varied based on their attitudes towards abortion** (see Figure 36).

Fig. 36. Proportion of youth who do not use contraception, depending on their response to the statement: “Abortion is a good method of birth control”



Young people who think that abortion is a good method of birth control do not use any contraception method about twice more frequently than those who disagreed, and 1.6 times more frequently than the total proportion of young people who do not take any pregnancy prevention measures.

6.5.7. Pregnancy experience among young people

In order to assess the prevalence of pregnancy amongst young people in Moldova, the respondents were asked whether they had ever been pregnant (girls) or whether they had ever caused a pregnancy (boys), and what the results of those pregnancies were (birth or abortion). According to the results of the study, about 5% out of the total number of sexually-active young people aged 10-24 (38 cases) have had pregnancy experiences (tab. 9).

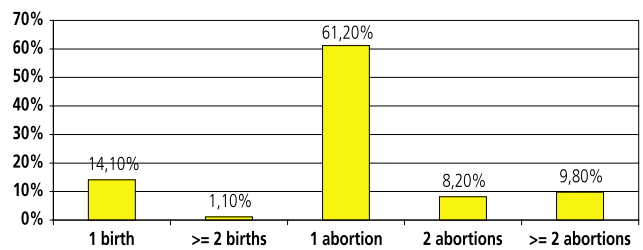
Fig. 37. Percentage of young people who had their own pregnancy experience

Age	Total		Girls		Boys	
	#	%	#	%	#	%
10-14	0	0	0	0	0	0
15-18	12	3,50	2	1,30	10	4,40
19-24	26	6,20	17	7,80	9	4,50
Total	38	4,70	19	5,60	19	4,10

About half of the pregnancies were reported by young people from institutions of higher education (53,7%). Only the pupils from residential institutions did not report any cases of pregnancy.

Only in 7,1% of cases did the first pregnancy result in childbirth, with significant differences in the births reported by girls and boys (16,7% and 1,1% respectively). Young people aged 15-18 reported birth as a result of the first pregnancy in 46% of cases, while those aged 19-24 gave birth in their first pregnancy for only 14,6% of cases. Thus, most cases of pregnancy reported by young people resulted in abortions (in 61,2% – one abortion, in 18% – 2 or more abortions).

Fig. 37. Results of pregnancy in young people (n = 38)



The widely spread practice of pregnancy interruption among young people can be explained by the fact that 89,1% (34 cases) of young people who had a pregnancy.

The problem of unwanted pregnancies was also discussed by focus group participants, who identified the methods of handling an unwanted pregnancy as abortion, marriage, abandonment, infanticide and suicide.

Abortion: “Abortion is used in most of the cases” (16-year-old male, in school, urban). Reasons that abortion is a choice for young people were explained by the focus group participants:

- **Age:** “It depends on age, if they are 16 and can’t afford to get married, I think that it is better to have an abortion, I don’t think that a 17-year-old girl with a child is the best option...” (19-year-old male, unemployed, rural)
- **Financial situation:** “If you keep the baby and don’t have sufficient resources to support it, then why should the child be responsible for the mistakes of his/her parents” (19-year-old female, unemployed, rural); “It depends on the financial situation of the mother, if she lives in poverty then it would be better for her to have an abortion than to raise another person in

poverty" (16-year-old female, not in school, rural)

- **Freedom:** *"It is better to have an abortion; a girl who has a child must stay at home and can't have fun anymore"* (20-year-old male, unemployed, rural)
- **Shame:** *"Because of the misunderstandings that can appear in a family and the shame of having a child while you are not married."* (16-year-old female, not in school, urban)

Some of the youth in the focus groups opposed abortion for the following reasons:

- **Infertility:** *"After abortion a girl might not have children anymore"* (14-year-old female, street involved)
- **Moral values:** *"The child is a human being and we cannot take its life"* (14-year-old female, street-involved); *"One must keep the child and not murder a human being"* (22-year-old female, unemployed, urban)

Marriage was identified as an alternative to abortion, but only when "they know each other for a longer time", "love each other", and was considered the boy's responsibility.

Abandonment was also been mentioned one way that young people deal with an unwanted pregnancy: "I've been in an orphanage for 6 years and I've seen how children are brought and left at the gate" (19-year-old male, army).

Infanticide was one of the serious consequences that some young people identified: "some do give birth and then kill the baby" (20-year-old male, army).

Suicide by the mother was also mentioned: "many end up in committing suicide" (16-year-old male, in school, rural) because of the isolation and marginalization of single mothers. "The boy gets scared, runs away from the girl's problems, she remains alone" (17-year-old male, in school, rural).

In the last ten years in the Republic of Moldova, the prevalence of detrimental social issues amongst youth has increased: discontinuing studies, unemployment, human trafficking, abandonment rate, poverty, etc. This KAP study gathered information on knowledge, attitude and practices that influence young people's health and development, especially HIV/AIDS, and provides data for developing and monitoring interventions concerning young people's health and development. Programs oriented towards improving young people's life skills for optimal health and development will be effective only if they are developed and implemented on the basis of a reliable assessment of the needs, knowledge, attitudes and practices of young people. Based on the results of this study, main findings were divided in encouraging and worrying aspects.

Psychosocial determinants of young people's health and development potential

ENCOURAGING ASPECTS

Knowledge

- Overall, young people have shown correct knowledge of the frequency of consuming main foodstuffs (dairy products – 91,6%, meat – 65,3%, fish – 71%, fruit – 84,8%, and vegetables – 91,7%).
- The majority of young people (80-84%) possess correct knowledge of the frequency of intimate hygiene procedures (hands, teeth, and intimate hygiene).
- Over 80% of young people have shown correct knowledge of the significance of a healthy lifestyle.

Attitudes

- The majority of young people have appreciated their health condition as good (55,7%) and satisfactory

(18,9%), which corresponds to a positive appreciation of one's own health typical for this age.

- Temele cele mai prioritare pentru discuții în cadrul instituției de învățământ indicate de tineri sunt cele cu referire la drepturile omului (21,7%), prevenirea bolilor sexual-transmisibile (16%) și sexualitate (15,6%), și igiena personală (15,1%).
- The priority discussion topics within educational institutions indicated by young people have been the following: human rights (21,7%), prevention of sexually transmitted diseases (16%) and sexuality (15,6%), personal hygiene (15,1%).
- In the opinion of young people, services offered to young people must be first of all friendly (62%), accept them the way they are (56%), cheap (49,5%) and/or free of charge (39,7%) and only after that close to home (30,7%) and confidential (22,7%).
- The main values of teenagers and young people have turned out to be the following: *Happy family life, Health, Good and loyal friends, Love.*

Practices

- Young people mostly have informed themselves about a healthy lifestyle from parents (86,9%), followed by mass-media sources (TV, radio, Internet, newspapers, magazines – 72,4%), school (44,7%) and medical assistants (40,6%).

WORRYING ASPECTS

Knowledge

- 28,7% of the respondents were not aware about the iodine utility, especially children from the 5-8th forms of secondary schools (34,3%) and residential institutions (53,7%).
- Less knowledge about the significance of the notion of violence has been registered among the respondents

from rural areas (16,3% do not know what violence is), among young people aged 10-14 (17% do not know what violence is); among those from residential institutions (one third of young people aged 10-14 and every fifth aged 15-18 does not know what violence is) and trade schools (every tenth does not know what violence is).

Attitudes

- The results of the FG discussions have revealed a number of problems that young people face today and that compromise opportunities and health and development potential of young people of the Republic of Moldova – **poverty, impossibility to continue studies, impossibility to find a job and unemployment, problems related to communication with parents and peers, bad habits.**
- The study points out the insufficient development of the abilities to assume responsibility for their health, especially among young people from residential institutions. Thus, only a little over a half of all the respondents (62,3%) consider that first of all they are responsible for their health themselves, while young people from residential institutions do not consider themselves responsible for their health, they delegate this responsibility to their family and to the educational institution.
- *Lack of money (28,8%), lack of trust in the medical staff (27,7%) and fear that someone would find out about their problem (13,1%)* have been indicated as the main reasons for not addressing to the doctor in the case of a health problem.
- Issues concerning personality development and interpersonal relations have been indicated as topics for discussion within classes in a less number of cases (12% and 8,7% respectively). The topic concerning substance abuse (drugs, alcohol, smoking) has been indicated in the least number of cases (2,6% – 9,6%) in the hierarchy of the priority topics to be discussed at school.

Practices

- The study reveals a considerable discrepancy between the good knowledge and insufficient nutrition practices of young people. Thus, young people eat fish, fruit and vegetables about 2 times more seldom than they think is necessary, which indicates an important deficiency in the consume of animal and vegetable proteins, micronutrients and vitamins in the ration of young people.

- Only about a half of young people (52,9%) have reported consuming iodine salt.
- The level of knowledge on personal hygiene does not always correspond to the level of applying it in practice, especially as far as teeth hygiene is concerned – 81,9% of young people know how to wash their teeth, but 40% of them do not do it.
- Bars and cafes are used in a larger proportion (75,8%) than the other services in localities, followed by medical institutions (73,2%).
- The existence of Culture Clubs almost in every locality (78,2%) and their frequent attendance (54,4%) by young people without a clear goal and educational purpose are sometimes rather hazardous than advantageous.
- Psychosocial counseling (3,2%) and family planning services (3,7%), as well as Youth Centers (17,2%) have been used the least. The reasons for not using these services, besides the fact that these may not exist in many localities (58,0% – 64,6%), is the lack of awareness about the necessity of these services – about a quarter of the respondents have indicated that they do not need family planning and psychosocial counseling services and 8,8% do not need Youth Centers.
- According to the results of the study, 78,3% of the respondents indicated that know someone who was physically abused and 38,3% – sexually abused. More people are physically and sexually abused at clubs/discos (58,6% and 23,8% respectively), in the street (56,9% and 23,1% respectively) and in educational institutions by other pupils/students (48,2% and 10,2% respectively).
- According to the results of the study, about a quarter of young people aged 10-24 (23%) has stated that one of their family members is working abroad. Teenagers aged 10-14 constitute the majority (42,6%) of young people who have a parent working abroad.
- Such areas of life as: *Creativity, Interesting and dynamic activity, and Knowledge* are excluded from the system of values of the majority of young people, especially of those from residential institutions. The failure to develop these values causes social maladjustment through stereotypical reactions, infantilism, and the lack of desire/impossibility to assume responsibility.
- Risky areas in the social adaptation of young people and teenagers have proven to be: *Health, Happy family life*. The subjective increase of the importance of these values against the background of appreciating the inaccessibility of accomplishing them causes fears, worry, and anxiety related to future and, respectively,

the problem of efficient integration of young people into the society.

Substance use among young people

ENCOURAGING ASPECTS

Knowledge

- The majority of young people are aware of the fact that smoking (94,5%) and alcohol drinking (60%) are harmful for one's health and development.

WORRYING ASPECTS

Knowledge

- Young people from residential institutions and trade schools have proved to be the least informed about the harm of alcohol drinking, indicating in 4 times more cases than the total number of young people that alcohol drinking is not harmful for young people's health and development.
- According to the results of the study, young people consider that the most spread drug in our country is **cannabis** – 14,6%. On the second place in this hierarchy there is **marijuana** – 4,7%, **opium/poppy** is on the third place – 2,8%, followed by **cocaine** – 1,3%.
- The least informed about the harm of drugs taking have proved to be pupils from residential institutions: 22,3% of teenagers (aged 10-14) from the respective institutions have mentioned that they are not aware about the harm of drugs taking.

Attitudes

- In spite of the fact that the majority of young people have a negative personal attitude towards young people with bad habits, they consider that a great part of their peers accept these habits – 23,3%-23,6% of the respondents consider that their peers have a positive attitude and 62,3%-62,4% are indifferent towards young smokers and those who drink alcohol. At the same time, 10,8% of the respondents consider that their peers have a positive attitude and 47,9% are indifferent towards young people who take drugs.
- According to the respondents, the main reasons that determine young people to smoke are: *to look as an adult* – 48,3%; *to calm down* – 46,6%; *to look modern* – 43%.
- The main reasons for drinking alcohol in the opinion of young people are: *to forget about the problems* – 54,4%, *to relax/calm down* – 42%, *the example of friends* – 39,8%, *to be more brave* – 32,9%.

- The most often reasons that determine young people to take drugs are: *to try new sensations* – 56,3%, *drug addiction* – 46,5%, *the example of friends* – 42,1% and *to relax* – 42%.
- About one third of the respondents consider that it is quite easy to get drugs in our country.
- The majority of the respondents consider that young people obtain drugs from street vendors (51%) and at discos (48,2%). It is quite worrying that a great part of young people (42,3%) considers that young people take drugs from their friends, which gives evidence of the pressure/ drugs offer within groups of friends.

Practices

- The critical age when young people begin to experiment bad habits (smoking, alcohol drinking and drugs taking) is **15-18**. This age has been indicated by the respondents who smoke (49,7%) as well as by the ones who drink alcohol (37,3%) and by the majority (90,7%) of young people who take drugs.
- 11,6% of young people were smoking at the time of filling in the questionnaire (19,1% of boys and 6,4% of girls) and other 9% had given up smoking.
- For about a half (46,1%) of young smokers, smoking has become a stable habit, that is, they smoke from 2 to 10 cigarettes per day and more than 10 cigarettes per day.
- 78,4% of the respondents have mentioned that they have drunk alcohol or that they drink alcohol and only 15,4% of young people and teenagers drink alcohol more often (about 1-2 times per month and more).
- Every seventh respondent has reported having been offered to take drugs. Every tenth offer to take drugs has been made at discos and bars, every third in the street and every fifth in educational institutions.
- More offers to take drugs have been registered among young people who drink alcohol. Thus, the majority of young people who smoke (55,4%) and almost a half of the respondents who drink alcohol more than 1-2 times per week (42,7%-47,7%) have mentioned that they have been offered to take drugs.
- 5,3% (169 cases) of the respondents have indicated having taken drugs – whether they have done it only once (71%) or still do it (29%).

Reproductive health and sexual behavior among young people

The study has confirmed that sexual experience is an important aspect of the life of young people. Thus, 22,8% of young people aged 10-24 have indicated having sexual relations, the average age of the first sexual intercourse being 16.32.

ENCOURAGING ASPECTS

Knowledge

- Young people who have proven to have the highest level of knowledge concerning STI's/AIDS have indicated the following major sources of information on this topic: lessons and seminars on the subject, family planning centers and teachers.
- The great majority of young people are aware of the most efficient priority contraception methods for young people (condoms (77,2% of boys and 67,6% of girls) and contraceptive pills (57,7% of girls and 52,6% of boys – their girlfriend), as well as abstinence (39,5% of girls and 28,9% of boys) as a method of preventing an unwanted pregnancy.

Attitudes

- The study shows the preferential interest of young people at different ages for specific issues of basic sexual education: at 11-12 – for conception, at 12-13 – for the prevention of STI's and HIV/AIDS and at 13-14 – for contraception.
- Young people would like to find out more on sexual education from their parents, as well as from competent sources – medical assistants, family planning centers and offices.
- The majority of young people opt for sexual education at school (66%-86,7%), which will facilitate the implementation of the respective curricula in schools.
- The opinions of young people about marriage-related values combine traditional models of sexual behavior and modern tendencies in changing these models. On the one hand, 46,6% of young people accept sexual experience before marriage, and, on the other hand, 54,6% of young people consider that a girl must keep her virginity until marriage.
- The majority of young people from the Republic of Moldova are aware of the existence of HIV/AIDS problem and 68,7% of them consider that it is an important issue for their locality.

Practices

- Peers, mass media and parents are the main sources of information on sexual education for young people.
- **An early and correct informing of young people on sexual education issues delays the initiation of sexual life.** Thus, young people, who have not yet initiated sexual life, have been informed on sexual education issues about 0.4-1.1 years earlier than their peers who have already started their sexual life.
- Young people who have discussed about sexual development and conception with their parents have had their first sexual intercourse about 1 year later than the ones who have not discussed these issues with their parents.
- Young people who have used condoms at every sexual intercourse have had GI's/STI's symptoms 2 times more seldom than the ones who have never used condoms or have used them occasionally.
- The most frequently used contraceptive methods among young people of the Republic of Moldova at present are: condoms (70,5%), interrupted sexual intercourse (35%), and contraceptive pills (19,3%).
- Young people who have shown correct knowledge of the topic use efficient and safe methods of preventing an unwanted pregnancy – condoms and contraceptive pills – the most.

WORRYING ASPECTS

Knowledge

- The study has shown a relatively low level of knowledge concerning STI's, HIV/AIDS among young people from the Republic of Moldova. Only 30,3% of the total number of young people have indicated that HIV-infection, as well as syphilis and gonorrhea are sexually transmitted infections.
- Only 8,3% of young people have shown absolutely correct knowledge about the ways of STI's/HIV/AIDS transmission and prevention, and 4% could not express their opinion on any of the suggested options, the majority of young people (87,7%) having partial correct knowledge on this topic.
- The lowest level of knowledge has been registered among young people from residential institutions aged 10-14, who have not indicated correct answers to a whole range of questions and have given the greatest number of "I don't know" answers to all of the proposed questions (9,7%).

- The basic indices (UNAIDS) point out essential differences in the level of knowledge concerning HIV prevention according to gender and living environment, the highest level of knowledge being shown by boys from the urban area (23.84%) and the lowest level by girls from the rural area (3.68%).
- Assessing the knowledge of young people regarding the effects of condoms shows that only 66,5% of the total number of young people are aware of the fact that condoms prevent both unwanted pregnancy and STI's.

Attitudes

- Every 6th teenager has the misconception that sexual education determines young people to initiate their sexual life earlier, or that it is against Christian ethics and that sexual education must take place only within the family, which would influence the efficiency of sexual education programs among young people.
- The majority of young people do not accept the concept of sexual relations with persons of the same gender, especially the man-man relationship (60,4%) compared to the woman-woman relationship (55,2%).
- The main reasons for not using condoms among young people are related to the nature of couple relations (communication, mutual trust): the partner refuses to use condoms – 64%; there is a single trusted partner – 63,1%; they are ashamed to suggest to the partner to use condoms – 48,6%.
- The fact that condoms are inconvenient and diminish pleasure has also been indicated as one of the main reasons for not using condoms within FG, as well as by the results of the survey.
- The study shows a high level of intolerance towards HIV-infected people among young people from the Republic of Moldova: 61,2% would not continue the relation with a HIV-infected person.
- About 5% (37 cases) of the total number of young people have been raped at their first sexual intercourse. 51,8% of the total number of young people did not use condom at their first sexual intercourse.
- Although 34,9% of young people who have sexual life use condoms at every intercourse, 21,6% have never used it and 30% use it occasionally.
- About 1/3 of young people with sexual experience have had occasional sexual intercourses within the last year, this experience being 3 times more spread among boys than girls.
- Risky sexual relations are more spread among young people with a low level of knowledge in this field, especially among girls from the rural area. Thus, 94,1% of girls from the rural area have not used condoms with their last occasional partner.
- 1/5 of the total number of young people (19,2%) have reported having GI's/STI's symptoms. GI's/STI's symptoms can be noticed 2 times more often among boys and girls who have sexual life than among boys and girls who do not have sexual life.
- 2/3 of young people who have GI's/STI's symptoms have not followed any treatment. The most frequently indicated by young people reasons for not addressing to the doctor are: *fear of lack of confidentiality* (25,2%) and *no trust in medical assistants* (17,5%).
- 6,7% of the total number of sexually active young people have stated that they do not take any measures to prevent an unwanted pregnancy.
- Contraceptive behavior among young men and women has some problematic tendencies, which hinder them from using efficient contraceptive methods at large: girls to a greater extent have a lower level of knowledge than boys, and although they are more responsible, they do not have skills to communicate efficiently with their partner about using contraceptive methods, and boys, to a greater extent, are more informed on this topic, but do not wish to assume responsibility for contraception within a couple.
- About 5% (36 cases) of the total number of sexually active young people aged 10-24 have had pregnancy experience. 89,1% (34 cases) of young people who have had pregnancy experience have stated that they have had at least one unwanted pregnancy.
- In most cases the pregnancies reported by young people have ended up with abortions (61,2% – 1 abortion, 18% – 2 and more abortions).

Practices

- Although family seems to be the most requested sources in sexual education, the majority of families do not discuss reproductive health with their teenage children, thus, 68% of families have not discussed the issue of contraception, 59% – STI's and HIV/AIDS prevention, 56% – conception.

8

Implications and recommendations

The study has highlighted important information about young people's knowledge, attitudes and practices regarding their own health and development in the Republic of Moldova. This information serves as a basis for recommendations to address health and development needs by various jurisdictions and sectors – policies, information, education and communication programs (for young people, professionals, and parents), youth services, as well as suggestions for additional study.

8.1. Policies

Decision-makers and executive officials at national, district and local levels must ensure that young people have access to education and information as well as to services that contribute to their health and development. The study suggests a series of interventions in this area:

- State departments should make available social and economic development programs for young people that support their social adjustment and integration into society, based on the real needs and accepted values of young people. State programs for developing and realizing social values should be guided by the findings of this study.
- The harm reduction approach is not very well developed in Moldova. Drug users, for example, are demonized by many of the youth as capable of horrible crimes and this only further compounds the stigma around addiction as a criminal offense rather than a health concern. Youth who become addicted to alcohol or drugs are less likely to seek assistance if they are stigmatized and feel socially ostracized. The harm reduction approach has been found to be a best practice in many parts of the world as a means of addressing the potential harms associated with drug

use. Health and law enforcement departments should discuss the harm reduction approach and consider adopting it as a guiding principle for their programs and policies.

- Multidisciplinary youth centres should be made available to youth, with an emphasis on health and counseling services, especially in rural areas.
- Health and education departments should develop and implement nutrition education programs for youth, including the provision of warm meals, fruit and vegetables in educational institutions.
- Local jurisdictions should assess their public gyms (including those in educational institutions) and if necessary, introduce or enhance age-appropriate recreational and extracurricular opportunities for children and young people.
- Local jurisdictions should assess the programs offered by Culture Clubs and if necessary, introduce or enhance age-appropriate recreational and extracurricular opportunities, quality leisure services and promotion of information and messages related to young people's health and development.
- Efforts should be made to raise the awareness of the society and the authorities at all levels of the impact of migration upon the risky behavior of young people, especially at the age of 10-14. High rates of parents migrating to find employment in other countries compromises young people's education, and the values and norms that they adopt. The national government, in cooperation with state departments, should develop a broad social and economic strategy for addressing the issue of widespread migration and its effects upon young people and their families.
- The national and state legislatures should develop policies that establish and enforce age limits that restrict young people's ability to purchase and

consume alcohol and cigarettes. Health departments should establish and enforce regulations in discos, bars, and schools in order to limit the selling and spreading of drugs.

- National departments responsible for culture and media content should restrict youth access to films and television programs that promote smoking, alcohol drinking and drug use.
- Health and education departments should collaborate in the development and dissemination of harm reduction messages related to drug use at discos, bars, schools and in other places where young people and teenagers spend their spare time.
- Educational and medical institutions should include social workers, counselors and/or psychologists who are trained to work with young people.
- Young people of Moldova must not miss the opportunities that new information and communication technologies offer. Thus, each educational institution should be connected the Internet so that students can access the global information network.

8.2. Development of Life Skills and Health Education for Young People

According to the results of the study, the fact that young people possess correct knowledge does not necessarily mean that they apply it in order to avoid risks related to their health and development. Additional efforts are necessary to motivate young people to apply their knowledge to their practices, and behaviour change should be emphasized in Information, Education and Communication (IEC) programs.

The study yielded a number of recommendations with respect to the content and targets of IEC programs. IEC programs targeting young people include the school curriculum, extra-curricular programs and peer-based programs, while IEC programs targeting professionals may include training and skills building for doctors, teachers, psychologists, as well as parents. Recommendations with respect to life skills and health education are:

- Pre-university “Life Skills Education” training courses and extracurricular educational programs must take into consideration the real knowledge, attitudes and

practices of young people, as well as their needs and desires. Special IEC emphasis should be placed on the social and health values that are most neglected by youth: addressing substance use, personal relationships, personality development and correct nutrition.

- IEC programs should be comprehensive and focus on life skills development among young people, and engage young people, professionals and parents using different delivery methods (school curriculum, peer-based programs and the mass-media). Such life skills programs should provide assistance to youth in the most difficult aspects of their lives, which were identified to be poverty, difficulty continuing studies and difficulty finding a job.
- Interactive teaching methods, with input from young people, should be applied in the development and delivery of the IEC programs that focus on life skills development. By including young people more actively in school and NGO programs, they will experience personal success, and gain creativity and experience in an active community position.
- The education and health departments should collaborate to develop and deliver special training and education programs for parents, particularly emphasizing parents’ skills in communicating with their children and teenagers about health issues.

The following are recommendations for IEC Programs focusing on specific health and life skills topics for young people:

8.2.1. General health condition

In general, young people are aware of the importance of a healthy lifestyle. In this sense, it would be more effective to switch the emphasis from purely informative programs to communicative ones, focusing on changing the behavior of young people.

- Health education programs, both formal and informal, should enable young people to appreciate their own health, to recognize the signs of an illness, and build their awareness about, and comfort in, consulting a medical professional in case of an illness.
- Health education campaigns should be continued (or repeated) to promote iodine salt consumption,

especially by means of television, radio and posters as information sources and especially targeting families from rural areas and the managers of residential institutions.

- IEC programs need to be developed focusing on teeth hygiene, with a special emphasis on the importance of teeth in the evening.
- IEC programs need to be developed focusing on genital hygiene, especially for boys, providing information not only about the ideal frequency of cleaning one's genitals, but also the correct methods of cleaning.

8.2.2. Personality development

- IEC programs should focus on developing the ability of young people to be responsible for their own life and health, dealing with personality development and growth, interpersonal communication and conflict resolution skills, and “knowing oneself and others.”
- One area of concern with respect to personality development was self-confidence, which was ranked by the youth as having both low importance and being difficult to attain. These results suggest the necessity to organize and undertake confidence-building activities with young people, such as activities for combating and preventing stress, recognizing and enhancing their talents and interests, and peer-based or mentorship programs.
- Life skills training for young people should develop their negotiation skills, resisting peer and adult pressure in order not to become involved in violent or risky activities, and to avoid harmful behaviours such as smoking, drinking alcohol or taking drugs.
- NGOs and educational institutions should facilitate greater youth participation, develop youth friendly programs and services, and create opportunities for youth to develop personal success, active positions in their communities and creativity.
- Young people from residential institutions displayed problems with respect to emotional attachment and development of relationships with friends and family. Thus, special programming should be introduced in residential institutions to build social integration skills and establish a more friendly and loving emotional climate within the institution to compensate for the lack of a family environment as much as possible.

8.2.3. Substance use

Young people identified substance use as the lowest priority topic for health education. Perhaps young people consider themselves sufficiently informed on this topic, or perhaps the youth do not see the school as an appropriate place for discussion of these topics because a prohibitive, rather than a pragmatic approach is taken. Every effort should be taken to provide realistic and appropriate information about substance use, using a harm reduction, rather than an abstention-based, model:

- The results of the study indicated that young people's knowledge of the effects of drug use comes from unreliable information that they gather “on the street.” Health and education sectors should collaborate on delivery of prevention strategies targeting unhealthy behaviours among young people such as smoking, alcohol and drug use, and include raising awareness on the negative effects of these behaviours.
- IEC programs need to be introduced to raise young people's awareness of the harms of passive exposure to smoking (i.e., “second-hand smoke”), in order to discourage smoking generally amongst youth and the rest of the population.
- An informational campaign to discourage drug use among youth needs to be carried out in secondary schools, especially in the urban areas, and trade schools.
- Information about the reasons that young people decide not to use drugs should be used to design drug use prevention messages. For example, emphasis should be placed on the harms of drug use (identified as a major reason for young people not to use drugs), or use messages that put a constructive angle on peer pressure: “Friends, don't let your friends take drugs.”
- Smoking prevention strategies should use information from this study to design messages that juxtapose common reasons that youth smoke. For example: “to be cool or modern means being different, that is, not to smoke” or using messages that show the unattractive physical effects on young smokers (unhealthy pallor, yellow teeth and fingers, bad breath, etc.). Attempts to prevent smoking in youth should be initiated early, in the age group of 10-14.
- According to psychologists, high prevalence of the reason “to self-assert among their peers” amongst youth aged 19-24 is worrying as it indicates an

immaturity. By the age of 19-24, young people should have other means to self-assert among their peers. This fact confirms once again the necessity to develop programs that would help young people to deal with stress. Peer pressure has a great influence on youth initiating and continuing smoking (to self-assert among peers, to look modern, the influence of friends, smoking in discos/bars, etc.). In this regard, it is necessary to develop communication strategies based on developing the abilities of young people to resist peer pressure and to be able to negotiate not smoking cigarettes.

- IEC programs targeting alcohol use should not focus on total alcohol abstinence, which is not practical given Moldova's cultural traditions. Education and prevention with respect to alcohol should focus on prevention of alcohol use, rather than use abstinence messages which the majority of youth will not relate to.
- Many youth indicated that young people get money for purchasing drugs from their parents. Thus, parents need educational programs to raise their awareness about how their children may be spending their money, and about the extent of drug use among youth.

8.2.4. Sexual education and reproductive health:

The study found that young people would like to learn more about the basic issues of sexual education (conception, contraception, prevention of STI) earlier than they actually do receive this education. These results emphasize the fact that young people need information about sexual health subjects long before they have their first sexual contact.

- The health and education sectors and NGOs (with input from youth) should review all messages (including those distributed through the mass media, community programs and school curricula) that deal with young people's health and development, especially those that addressing sexual education, to ensure that they are accurate and appropriate.
- When developing sexual education programs, health and education sectors and NGOs should take into consideration the fact that although young people

accept school as a source of information in this field, it is neither the only nor the most preferred source of information on sexual education. Healthcare Centers for young people were indicated as the most desired source of information on the subject, which demonstrates the necessity to extend such Centers for young people.

- Young people's main sources of sexual health information were their peers, mass media and parents. Thus, peer education programs would be an effective means of ensuring that youth are gathering and sharing accurate sexual health information amongst themselves. However, the youth who received their sexual health information from lessons and seminars were the most knowledgeable about HIV/AIDS and STIs, so this method of education should also be used.
- IEC programs for sexual education should be preceded by educational messages targeting parents and community members to raise awareness of the fact that comprehensive sexual education does not encourage early sexual relations and that it is aligned to many principles of Christian morality (for example, abstinence, faithfulness).
- Sexual education programs for young people should be accompanied by IEC programs that target parents, teachers, trainers, and medical professionals and refute common misconceptions about sexual health issues. Evidence indicates that good communication in families about sexual health topics leads to delayed sexual initiation; thus skills building programs to build the skills and comfort of parents in discussing sexual health topics with their children would be beneficial, especially since parents were identified by the youth as a preferred source of sexual health information.
- The study results indicate a number of gaps in young people's knowledge of the ways of transmission and prevention of STIs/HIV/AIDS and high prevalence of certain misconceptions among young people. There is a need to educate youth who believe that abortion is a method of birth control. Ineffective methods of contraception (interrupted intercourse) was often reported by girls, probably explaining the high rates of unwanted pregnancies and thus high abortion rates. Greater emphasis should be placed on informing teenagers about the physiology of pregnancy (conception), contraception and prevention of

STIs and HIV before they become sexually active (i.e., before the age of 11). The information must be delivered gradually and age-appropriate.

- The study results indicate that the majority of young people do not wish to wait until they get married in order to initiate sexual relations, which means that young people should be ensured with easy-to-access reproductive health services and comprehensive sexual health information. All sexual education should be delivered based on a continuum of risk reduction, ranging from encouraging abstinence to providing information about ways to protect oneself with a casual sexual partner. The promotion of traditional values related to sexuality (abstinence, registration of marriage) within sexual education programs are effective only in the age interval 10-14, and is wasted on older youth.
- IEC and support programs need to be introduced to raise awareness and sensitivity about the existence of same-sex relationships and to develop tolerance and acceptance of all sexual orientations. NGOs and schools should introduce community development programs to reduce stigma around same-sex relationships, and to support young people who are gay or lesbian.
- Sexual education programs need to develop communication and negotiation skills around condom use, especially among girls. Girls also need education to build their sense of ownership and responsibility for their own bodies and health, including the right to insist on the use of condoms during sexual contact. Condom promotion messages must be age-appropriate and address common misconceptions about HIV risk (for example, the myth that appearance is a sure way to evaluate the HIV status of a sexual partner).
- Youth who are sexually active were twice as likely to report symptoms of genital infections, which is not surprising given the high rates of unprotected sex among young people. There was little difference in the prevalence of genital infection symptoms between those youth who sometimes use condoms (41,3%) and those who never use condoms (38,9%), highlighting the importance of educating youth to use a condom every time they have sexual contact.
- Training should be developed and offered to professionals (doctors, counselors, teachers) so that they are able to provide accurate and sensitive

information about STIs/HIV/AIDS to young people.

- Sexual education programs need to deliver correct information about HIV and combat misconceptions in order to reduce stigmatization and marginalization of people living with HIV, and to raise awareness about the existence of HIV as a problem in Moldova. The results indicated that knowing someone with HIV helps to dispel some of the misconceptions, and thus builds greater tolerance towards people who are HIV-infected. A common education technique is to have an HIV-positive person deliver education to youth about HIV and describe what it is like to live with the infection, thereby building tolerance and increasing knowledge. People are much more likely to have compassion for individuals once they have met someone who is affected by the disease.
- STIs/HIV and pregnancy prevention education should be addressed together, while taking into account that girls are more concerned with prevention of unwanted pregnancies, while boys are more concerned with STIs. Particular education is needed with respect to the fact that condoms provide protection against STIs/HIV as well as contraception.
- Girls in most cases have said that their partner refuses to use condoms (69,9%), and boys have claimed that condoms are uncomfortable and decrease pleasure (62,6%). Education programs for girls should focus on sexual negotiation skills, and for boys, there should be a focus on marketing condoms as sexy or enhancing pleasure, and emphasize the role of the male in safe sex protection. All youth should receive education to reinforce that: 1) a person can be carrying HIV and still look healthy; and 2) “trusting” one’s partner does not protect you from HIV infection. Finally, making condoms readily available (such as in bars, clubs, health centres) and affordable to youth is essential.
- There was little difference in the prevalence of genital infection symptoms between those youth who sometimes use condoms (41,3%) and those who never use condoms (38,9%), highlighting the importance of educating youth to use a condom every time they have sexual contact.
- IEC programs must also promote education of young people concerning symptoms of genital infections, and how/when to seek treatment.

8.3. Training of Professionals and Parents

The sources most frequently indicated by young people as sources from which they would most like to receive information are parents, medical professionals and school. The successful development and delivery of IEC Programs, curriculum and youth friendly services greatly depends on the level of training of the professionals who work with young people. Thus, it is important to take into consideration the following:

- Under-graduate and post-graduate training of teachers, medical professionals and social workers in order to teach life skills and health education at school and within extracurricular activities, especially using informal and interactive teaching methods.
- Training programs should be developed for parents of young people, to build their skills and confidence in informing and developing the attitudes and practices of their children in relation to health.
- Young people often reported low use of health services due to the reason of negative experiences with, or lack of trust in, medical professionals. Therefore, undergraduate and post-graduate training is needed for medical professionals, counselors, psychologists and social workers in using communication and counseling techniques appropriate for young people.
- Development of an “Introduction to Family Psychology” chapter Psychology courses offered in high schools, secondary schools, colleges, universities. Topics of the lessons should include: “*Characteristics of Modern Families*”, “*Family Life Cycle*”, “*Psychology of Love*”, “*Couple Relationships and Child-Parents Relationships*”, “*Psychology of Divorce*”.

8.4. Youth Services

There were significant differences in the availability of services offered to young people in rural and urban areas; thus, more youth services need to be developed, especially in rural areas. Specialized youth services are important for facilitating their health and development and in order to make these services accessible and attractive to youth, we propose the following:

- Services for young people must be multi-disciplinary

(medical, psychological, social, recreation opportunities, Internet, etc.) and integrated (professional counseling with IEC activities and youth participation). These must be based on the principles of youth friendly services: free or financially accessible, confidentiality, availability, and trust in professionals. Thus, professionals must be trained to provide youth-friendly services.

- When developing services for young people, to take into consideration the necessities of the beneficiaries depending on their gender and age. (for example, messages for different groups of young people, individual treatment in the case of services for different groups of young people)
- The most commonly attended venue of young people was bars, indicating a lack of other more productive recreational opportunities either at home or in the community. Youth services should include productive and attractive recreational opportunities (e.g., sports, dances, painting, clubs, creation centers, etc.) for young people, and be offered in a variety of commonly accessed venues such as at school. These recreational opportunities should be free of charge and offered at appropriate schedules for young people (e.g., weekends and evenings). Youth clubs, offered for free of charge, would provide a social setting where they would be able to communicate with their peers, receive counseling, and spend their free time.
- Youth friendly services need to be promoted amongst youth, as well as among health and social service providers and teachers so that they may refer youth to these services.
- Youth counseling services should be available in places where young people frequently go: schools, as well as recreational venues and medical institutions. Psychological supports in schools for students is especially important, given the stresses of the educational process.
- Specialized youth services, as well as referral and educational programs, should be developed for young people who have suffered from physical or sexual use.

8.5. Additional Studies

The study raised several issues which need more detailed research with respect to their influence on young people’s health and development:

- Further study is needed in order to more fully address the problem of violence (physical and sexual) among young people, especially those in residential institutions. The significant number of young people whose first sexual experience was forced was found to be 5% and is likely an underestimate. An analysis of the education, social support programs and punitive legislation against sexual violence (particularly against women and young girls) is needed in the Republic of Moldova.
- Further study, and program development, is needed with respect to young people's personality development, especially those in residential institutions. Such research should explore young people's specific aspirations for the future, both at a personal and societal level, and lead to the development of life skills and empowerment building programs for young people.
- Further exploration is needed with respect to the interdependence between health problems, personality development, school performance and unemployment, and the amount of alcohol drunk by young people. A more in-depth understanding is needed of the role of traditional cultural practices around alcohol consumption and the spectrum from safe and accepted levels of alcohol drinking to risky and harmful levels.
- The phenomenon of commercial sex among young people was not covered in this study, nor was the issue of human trafficking. Further study is needed of the extent of the commercial sex trade amongst Moldovan youth, and the social, economic and political factors that make youth vulnerable to the sex trade. Such an understanding would presumably lead to programs that prevent entry into the sex trade, and assistance programs to help sex trade workers exit the sex trade.
- Greater exploration of the types of sexual behaviours that young people engage in, and their associated risks for HIV/STIs would be beneficial. Sexual contact was defined quite narrowly in this study (vaginal intercourse), however youth are likely to engage in a range of sexual behaviours, each with a different level of HIV/STI transmission risk.
- An important issue for the Republic of Moldova is the effects of labour migration on youth, families and Moldovan society as a whole. Greater exploration would provide national and state governments with guidance about how to stem the outbound flow of productive members of Moldovan society, and develop strategies for making Moldova a more attractive country to stay for education and work.
- The phenomenon of unemployment among youth is linked to the migration issue above. Further study of the particular barriers that are faced by youth seeking employment, and their needs in finding employment, could inform job creation and career counseling programs for young people in Moldova.
- The phenomenon of criminal involvement in youth, particularly those who are street-involved, was not explored in this study. Poverty, unemployment and drug use are just some of the factors that need to be studied with respect to criminal activity amongst young people. Such an understanding could lead to crime prevention programs and develop better inter-sectoral partnerships towards reducing crime rates among young people.
- The risks faced by street-involved youth and their service needs was not explored in any depth in this study. A better understanding of the factors leading up to young people being on the streets is needed in order to develop prevention and assistance programs.

9

Discutions and limitations

It is well known that any study has certain methodological limitations that could reduce the reliability of some parts of the survey. This refers to the present study as well.

Although efforts were made – using an anonymous, self-administered questionnaire – to encourage the respondents to answer truthfully, social desirability bias was likely a factor in many of the subject areas. That is, youth may have responded according to how they think they should according to what is socially acceptable, rather than what they authentically feel, behave or believe.

There are some limitations in measuring respondents' knowledge through multiple choice questions. In some cases, the respondents' true level of knowledge would have been better reflected by using open-ended questions where youth spontaneously indicate their knowledge, rather than be able to guess or be prompted from a list of options. Also, certain questions regarding the attitude had too few alternative answers. At the same time, the particularities of the survey analysis do not allow a large number of open questions.

Some of the questions may have been too general; for example, the questions about reasons for using substances did not distinguish between why youth try smoking, alcohol or drugs in the first place, and why they continue to use those substances. While youth may experiment for one set of reasons (e.g., peer pressure, curiosity, boredom), they likely continue use of those substances for a different set of reasons (e.g., addiction, coping, escape).

At the same time, it is necessary to mention that within an independent questionnaire it is difficult to evaluate the quantitative and the qualitative contents of the real food

consumption of the youth. The presented data may also be subjective, taking into account the fact that the daily food consumption of the respondents is not monitored. Some options were formulated in such a way that few subjects were included in a single question. For example, to the question about the reasons why young people do not use condoms, one of the options was: „I only have one partner and I completely trust him/her”, when the answer actually contains two separate problems, having one partner and trusting that partner.

An interesting approach to this survey was the estimation of the percentage of delicate subjects (for example, are you infected with STI or HIV, have you experienced an unwanted pregnancy or have you ever been sexually used). The spread of these subjects was estimated through indirect questions: „Do you know someone with such an experience, etc.”, thus, excluding the fear of disclosing something that had happened to someone. Anyway, there can be a certain level of mistrust in the answers as there is little probability that young people share such information with close people or doctors. Some of the declarations about knowing someone who had such an experience (for example, a person infected with HIV/AIDS) can be based on assumptions or stereotypes and not on the real facts.

Some subject areas in the survey may be considered quite reliable as there was confirmation of some types of information through more than one questions. Findings regarding condom use and sexual practices, for example, may be considered quite reliable as there were consistent trends between the respondents' reported frequency of condom use and their reported prevalence of genital infection symptoms (i.e., those youth who reported consistent condom use also reported lower levels of

having STI symptoms, while those youth who reported low levels of condom use reported higher rates of STI symptoms).

Focus group data provided rich responses from the youth, complementing the survey data. Many times, the focus group discussions yielded concepts that weren't covered in the survey. Future studies may be better constructed by first conducting focus groups to gather the full range of responses that could then be measured quantitatively in a survey.

References

- 1) Alexeeva Evgeniya, Gorshkova Irina, Ilona van de Braak, Lizz Frost, 2001. "This Little Thing Protect Both of Us" Mass Media Campaign CUNOȘTINȚELE, ATITUDINILE ȘI PRACTICILE /STIs Knowledge, Attitude, Practice and Behavior. MSF-FOCUS, Moscow, Russia.
- 2) Berdaga Viorica, Ștefanuț Svetlana, Bivol Octavian. Accesul Populației din Republica Moldova la Serviciile de Sănătate. UNICEF, Mișcarea Globală pentru Copii, Chișinău, Republica Moldova
- 3) Centers for Disease Control and Prevention and OPC Macro. 2003. Reproductive, Maternal and Child Health in Eastern Europe and Euroasia: A Comparative Report. Atlanta, GA (USA) and Calverton, MD (USA)
- 4) Centers for Disease Control and Prevention. 2002. National Survey on Drug Use and Health, USA
- 5) Centers for Disease Control and Prevention. Trends in Cigarette Smoking Among High School Students – United States, 1991-2001
- 6) Centers for Disease Control and Prevention. Department of health and human services. 2003. Healthy Youth: An investment in Our Nation's Future.
- 7) Centers for Disease Control and Prevention. Department of health and human services. 2003. Assessing Health Risk Behaviours Among Young People: Youth Risk Behaviour Surveillance System.
- 8) Chestnut Health Systems, Bloomington, IL. 2001. Youth Study on Substance Use: comparing the 1995, 1997, 1998 and 2000 results.
- 9) Council of Ministers of Education, Canada. 2003. Canadian Youth, Sexual Health and HIV/AIDS Study. Factors influencing knowledge, attitudes and behaviours. Toronto. Ontario. Canada.
- 10) Goergen Regina, xxxx. Cost effective and easy to handle methods for program design and evaluation in sexual and reproductive health programs for youths. Dar es Salaam, Tanzania.
- 11) Nare Cristine, Katz Karen, Tolley Elizabeth. 1997. Adolescents Access to Reproductive Health and Family Planning Services in Dakar (Senegal). Afr. Journ. of Reproductive Health, vol1, issue 2.
- 12) Orach Christopher Garimoi, international Rescue Committee (IRC). 2001. Refugee Reproductive Health. A Baseline Study of Knowledge, Attitude and Practices on

- Reproductive Health in Acholipi Refugee Settlement, Pader District. Kampala Uganda.
- 13) Priscilla R. Ulin, Elizabeth T. Robinson, Elizabeth E. Tolley, Erin T. McNell. *Qualitative Methods A field Guide for Applied Research in Sexual and reproductive Health*
 - 14) Regina Goergen, GTZ Reproductive Health Project Dar es Salaam, Tanzania. *Cost effective and easy to handle methods for program design and evaluation in sexual and reproductive health programs for youths.*
 - 15) Richard Columbia. 2003. *Study design for Adolescent and young people's Knowledge, Attitude, Practices and behaviour for healthy life style in five selected Kazakhstan municipalities.*
 - 16) Robert Thomson, Ken Legins. 1999. *Youth health, development and protection in the Former Yugoslav Republic of Macedonia.*
 - 17) UNICEF, CDC ATLANTA, ICȘOSMC. 1998. *Studiul Sănătății Reprodusei în Moldova, 1997. Raport Final. Chișinău, Republica Moldova.*
 - 18) UNICEF, Centrul Național de Resurse pentru Tineri. 2003. *Participarea Copiilor și Tinerilor. Chișinău, Republica Moldova.*
 - 19) UNICEF, Guvernul RM, Centrul Național de Medicină Preventivă, 2000. *Studiu de Indicatori Multipli în Cuiburi (MICS). Chișinău, Republica Moldova.*
 - 20) UNICEF, Guvernul RM, Departamentul Tineret și Sport, Centrul Național de Resurse pentru Lucrători de Tineri. 2004. *Strategia pentru Tineret. Chișinău, Republica Moldova.*
 - 21) UNICEF, Guvernul RM, 2002. *Situația Copiilor și Familiei în Republica Moldova. Evaluare și Analiză. Chișinău, Republica Moldova.*
 - 22) UNICEF, Guvernul RM. 2003. *Educație pentru formarea deprinderilor de Viață. Condiții, Probleme, Resurse și Oportunități de realizare. Raport de Evaluare. Chișinău, Republica Moldova.*
 - 23) UNICEF. 2000. *Young People in Changing Societies. Regional Monitoring Reports. No.7. Florence: Innocenti Research Centre.*
 - 24) UNICEF. 2002. *Social monitoring, 2002 . Florence: Innocenti Research Centre.*
 - 25) UNICEF. 2001. *Young Voices. Moldova. Chișinău, Republica Moldova*
 - 26) WHO. 2001. *WHO Regional Strategy on Sexual and Reproductive Health. Copenhagen, Denmark.*
 - 27) WHO. 2004. *Young people's health in context. Copenhagen, Denmark.*

Annexes

ANNEXES 1. Survey Questionnaire

ANNEXES 2. Focus Group Guide

ANNEXES 3. Tables

ANNEXES 4. List of personnel involved
in the study

Annex

1 Questionnaire on assessment of knowledge, attitudes and practices of young people from the Republic of Moldova regarding their health and development

Dear friend!

You have an opportunity to participate in the study regarding the health and development of young people of the Republic of Moldova. The results of the study will allow us to understand better the necessities and opinions of young people regarding their own health and development. The received information will be used for the development of several educational programs in order to build life and health skills of young people and to improve the services offered to the young people from the Republic of Moldova.

IT IS NOT NECESSARY to indicate your name. Your answers will be ANONYMOUS. NO ONE WILL KNOW what you have written. The received information WILL NOT BE used in order to find out YOUR NAME, but your answers must correspond to your real opinions and actions.

REMEMBER – YOUR OPINION IS VERY IMPORTANT!

Pay attention and answer all the questions. Encircle the number of your answer. When you finish, follow the directions of the person who has offered you the questionnaire.

MODULE I. Access to Services and Participation of Young People

1	How do you estimate your present health condition? (Choose only one answer)	1. excellent 2. good 3. satisfactory 4. bad 5. I do not know/I cannot say			
		2	Whom do you most often talk to about health issues? (Choose only one answer)	1. parents 2. brothers/sisters 3. other relatives 4. friends 5. teachers 6. medical assistants 7. I do not talk to anybody	
3	Who do you think is responsible for your health? (Choose only one answer for each column)				first of all
		medical assistants	1	1	1
		family (parents, brothers/sisters, husband/wi fe)	2	2	2
		school	3	3	3
		state	4	4	4
		myself	5	5	5
		other _____	6	6	6
I do not know	7	7	7		
4	What do you understand by a healthy lifestyle? (You can choose several answers)	1. to eat rational/healthy food 2. not to smoke 3. not to drink alcohol 4. not to do sports 5. to practice personal hygiene 6. to respect daily regime 7. to take drugs 8. other _____ 9. I do not know			
		5	Where from did you learn most about healthy lifestyle? (Choose up to 3 answers)	1. parents 2. relatives (brothers/sisters) 3. school 4. colleagues 5. friends 6. medical assistants 7. TV 8. radio 9. internet 10. newspapers, magazines, books 11. other _____	
6	Where from would you like to learn more about healthy lifestyle? (Choose only one answer for each column)				first of all
		parents	1	1	1
		relatives (brothers/sisters)	2	2	2
		school	3	3	3
		colleagues	4	4	4
		friends	5	5	5
		medical assistants	6	6	6
		TV	7	7	7
		radio	8	8	8
		internet	9	9	9
newspapers, magazines, books	10	10	10		
7	What issues are you interested in and would like to discuss at school? (Choose only one answer for each column)		first of all	secondly	thirdly
		sexuality, relations between genders, safe sex	1	1	1
		personal hygiene	2	2	2
		prevention of sexually transmitted deceases, HIV/AIDS	3	3	3
		adequate nutrition	4	4	4
		human rights	5	5	5
		drugs, alcohol, smoking	6	6	6
		interpersonal relations, communication	7	7	7
		personality development	8	8	8
nothing	9	9	9		

8	Whom do you mostly trust in your living environment? (Choose up to 3 answers)	1. parents 2. friends/colleagues 3. teachers 4. medical assistants 5. mayor 6. policemen 7. church workers 8. I do not trust anybody 9. other _____ 10. I do not know/I cannot answer																																																																																																																																																																																				
9	What services are available in your living environment? (You can choose several answers)	A) medical institution B) family planning center, office C) school (college/university) D) counseling services/psycho-social consultations E) culture club F) creation club/hobby groups G) sport/dance classes H) public baths I) youth center J) bar, cafe K) internet cafe L) other _____																																																																																																																																																																																				
10	What services in your living environment have you addressed to and what services have you not addressed to within the last year? If you have not addressed to certain services, please indicate your reasons. (You can choose several answers)	<table border="1"> <thead> <tr> <th rowspan="2"></th> <th rowspan="2">I have addressed to</th> <th colspan="11">I have not addressed to</th> </tr> <tr> <th>Are expensive</th> <th>Are far away</th> <th>The schedule does not suit me</th> <th>I do not like the staff</th> <th>Are old, old fashioned</th> <th>I am ashamed</th> <th>I do not need to</th> <th>I don't trust them</th> <th>There are no such services</th> <th>I am not allowed</th> <th>Other _____</th> </tr> </thead> <tbody> <tr> <td>A) medical institution</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> </tr> <tr> <td>B) family planning center, office</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> </tr> <tr> <td>C) school (college/university)</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> </tr> <tr> <td>D) counseling services/psycho-social consultations</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> </tr> <tr> <td>E) culture club</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> </tr> <tr> <td>F) creation club</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> </tr> <tr> <td>G) sports sections, dance classes</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> </tr> <tr> <td>H) public baths</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> </tr> <tr> <td>I) youth center</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> </tr> <tr> <td>J) bar, cafes</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> </tr> <tr> <td>K) internet cafe</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> </tr> <tr> <td>L) other _____</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> </tr> </tbody> </table>		I have addressed to	I have not addressed to											Are expensive	Are far away	The schedule does not suit me	I do not like the staff	Are old, old fashioned	I am ashamed	I do not need to	I don't trust them	There are no such services	I am not allowed	Other _____	A) medical institution	1	2	3	4	5	6	7	8	9	10	11	12	B) family planning center, office	1	2	3	4	5	6	7	8	9	10	11	12	C) school (college/university)	1	2	3	4	5	6	7	8	9	10	11	12	D) counseling services/psycho-social consultations	1	2	3	4	5	6	7	8	9	10	11	12	E) culture club	1	2	3	4	5	6	7	8	9	10	11	12	F) creation club	1	2	3	4	5	6	7	8	9	10	11	12	G) sports sections, dance classes	1	2	3	4	5	6	7	8	9	10	11	12	H) public baths	1	2	3	4	5	6	7	8	9	10	11	12	I) youth center	1	2	3	4	5	6	7	8	9	10	11	12	J) bar, cafes	1	2	3	4	5	6	7	8	9	10	11	12	K) internet cafe	1	2	3	4	5	6	7	8	9	10	11	12	L) other _____	1	2	3	4	5	6	7	8	9	10	11	12
	I have addressed to	I have not addressed to																																																																																																																																																																																				
		Are expensive	Are far away	The schedule does not suit me	I do not like the staff	Are old, old fashioned	I am ashamed	I do not need to	I don't trust them	There are no such services	I am not allowed	Other _____																																																																																																																																																																										
A) medical institution	1	2	3	4	5	6	7	8	9	10	11	12																																																																																																																																																																										
B) family planning center, office	1	2	3	4	5	6	7	8	9	10	11	12																																																																																																																																																																										
C) school (college/university)	1	2	3	4	5	6	7	8	9	10	11	12																																																																																																																																																																										
D) counseling services/psycho-social consultations	1	2	3	4	5	6	7	8	9	10	11	12																																																																																																																																																																										
E) culture club	1	2	3	4	5	6	7	8	9	10	11	12																																																																																																																																																																										
F) creation club	1	2	3	4	5	6	7	8	9	10	11	12																																																																																																																																																																										
G) sports sections, dance classes	1	2	3	4	5	6	7	8	9	10	11	12																																																																																																																																																																										
H) public baths	1	2	3	4	5	6	7	8	9	10	11	12																																																																																																																																																																										
I) youth center	1	2	3	4	5	6	7	8	9	10	11	12																																																																																																																																																																										
J) bar, cafes	1	2	3	4	5	6	7	8	9	10	11	12																																																																																																																																																																										
K) internet cafe	1	2	3	4	5	6	7	8	9	10	11	12																																																																																																																																																																										
L) other _____	1	2	3	4	5	6	7	8	9	10	11	12																																																																																																																																																																										
11	In your opinion, how should a service for young people be? (You can choose several answers)	1. free of charge 2. not expensive 3. confidential, anonymous 4. friendly 5. accepting you the way you are 6. be close to your place 7. other _____																																																																																																																																																																																				
12	What do you usually do when you feel sick? (Choose only one answer)	1. go to a doctor 2. tell my parents and they decide what to do 3. treat myself (consult literature, internet) 4. leave the illness to pass by itself 5. consult friends 6. other _____																																																																																																																																																																																				
13	How many times have you visited a doctor within the last year? (Choose only one answer)	1. 3 times and more 2. 1-2 times 3. none 4. I do not remember 5. other _____ 6. I have not had any health problems																																																																																																																																																																																				
14	If you have had a health problem and have not visited the doctor, why have you chosen not to? (You can choose several answers)	1. I had no money 2. I did not know whom to address 3. I am afraid/ashamed that somebody might find about my problem 4. I do not trust medical assistants 5. I was not allowed to miss lessons 6. I thought it would heal by itself 7. I do not know 8. other _____ 9. I have not had any health problems 10. I visited the doctor																																																																																																																																																																																				

15	<p>How did you solve the problem if you did not visit the doctor? (You can choose several answers)</p>	<ol style="list-style-type: none"> 1. I am still sick 2. It has healed by itself 3. I have consulted friends 4. I have consulted the pharmacist 5. I have visited healers 6. I have treated myself by myself 7. other 8. I addressed to the doctor 9. I have not had any health problem 				
16	<p>How do you usually spend your free time? (Choose up to 3 answers)</p>	<ol style="list-style-type: none"> 1. I watch TV, listen to the music 2. I read 3. I attend sports/dance classes 4. I draw, crochet 5. I help my parents around the house 6. I work/play on the computer 7. I go out with my friends 8. other 				
17	<p>How do you usually plan your free time, your holidays? (Choose one answer)</p>	<ol style="list-style-type: none"> 1. I decide alone what I will do, without informing my parents 2. I decide alone and then inform my parents 3. I decide together with my parents 4. My parents decide for me 5. other 				
18	<p>Do adults take your opinion into account when they make a decision regarding: (Mark one answer for each line)</p>		sometimes	most of the times	always	never
		A) the family	1	2	3	4
		B) school	1	2	3	4
		C) your living environment	1	2	3	4
19	<p>Are there any self- administration/management bodies of young people in your living environment? (You can choose several answers)</p>	<ol style="list-style-type: none"> 1. school committee 2. students/pupils representative in the management of the educational institution 3. local council/parliament of young people 4. syndicate 5. other_____ 6. there are no such bodies 7. I do not know 				
20	<p>At present you are part of: (You can choose several answers)</p>	<ol style="list-style-type: none"> 1. volunteers group 2. local council/parliament of young people 3. sports section 4. hobby group (dance, theater, music) 5. religious group, confession 6. school committee 7. I am not part of anything 8. other_____ 				

MODULE II Substance Use					
1	Some young people smoke. Do any of your friends smoke?	1. yes	2. no	3. I do not know	
2	Do you smoke?	1. yes	2. no	3. I gave up	
3	If you gave up smoking what were the reasons? (Choose only one answer)	1. I did not like it 2. It is harmful for my health 3. My parents convinced me 4. The teachers convinced me 5. My boy/girlfriend convinced me 6. My parents forced me 7. I have not given up 8. I do not smoke 9. other_____			
4	How many cigarettes do you smoke per day? (Choose only one answer)	1. I smoke, but not every day 2. A cigarette per day 3. 2-10 cigarettes per day 4. more than 10 cigarettes per day 5. a packet per day 6. I do not remember how many 7. other_____ 8. I do not smoke			
5	At what age did you start smoking? (Choose only one answer)	1. before 10 2. 10-14 3. 15-18 4. 19 and later 5. I do not remember 6. I do not smoke			
6	In your opinion, why do young people smoke? (You can choose several answers)	1. to calm down 2. to look as an adult 3. to look more modern 4. to self-assert among peers 5. because they are addicted to smoking 6. to revolt against parents 7. other_____ 8. I do not know			
7	In your opinion, where do young people take money for cigarettes? (You can choose several answers)	1. they work 2. from parents 3. they borrow 4. they steal 5. from prostitution 6. they sell empty bottles 7. other_____ 8. I do not know			
8	Why is smoking harmful for the health of young people? (You can choose several answers)	1. it is harmful for mental development and capacity 2. it is harmful for physical development 3. it is harmful for working and studying capacity 4. it leads to personality degradation 5. it causes brain and nervous system illnesses 6. it causes lung cancer and respiratory system diseases 7. I do not know 8. other_____ 9. it is not harmful for the health and development of young people			
9	What is the attitude towards the young people/teenagers who smoke? (Mark one answer for each line)		positive	indifferent	negative
		A) of parents	1	2	3
		B) of teachers	1	2	3
		C) of the majority of young people/peers	1	2	3
	D) your own	1	2	3	
10	Some young people drink alcohol (beer, wine, vodka, etc). Do any of your friends drink alcohol?	1. yes	2. no	3. I do not know	
11	What is your alcohol drinks-related experience? How often do you drink alcohol? (Choose one answer)	1. I have drunk only once 2. I drink only on special occasions (holidays) 3. I drink 1-2 times per month 4. I drink 1-2 per week 5. I drink every day 6. other_____ 7. I do not drink at all			
12	At what age did you start drinking alcohol? (Choose only one answer)	1. before 10 2. 10-14 3. 15-18 4. 19 and over 5. I do not remember 6. I do not drink alcohol			

13	In your opinion, why do young people drink alcohol? (You can choose several answers)	<ol style="list-style-type: none"> 1. to calm down 2. they are addicted to alcohol 3. they follow their parents/ traditions 4. they follow their friends 5. to look like an adult 6. to look modern 7. in order to self-assert among peers 8. to look more brave 9. to forget about problems 10. other_____ 11. I do not know 			
14	Where do you think young people take money for alcoholic drinks? (You can choose several answers)	<ol style="list-style-type: none"> 1. they work 2. from parents 3. they borrow 4. they steal 5. from prostitution 6. they sell empty bottles 7. other_____ 8. I do not know 			
15	Why do you think that alcohol is harmful for youth's health? (You can choose several answers)	<ol style="list-style-type: none"> 1. it is harmful for mental capacity and development 2. it is harmful for physical development 3. it is harmful for working and studying capacity 4. it leads to personality degradation 5. it causes brain and nervous system illnesses 6. it causes lung cancer and respiratory system diseases 7. it causes heart diseases 8. it causes digestive system diseases 9. I do not know 10. other 11. It is not harmful for the health and development of young people 			
16	What is the attitude towards young people who drink alcohol? (Mark one answer for each line)		positive	indifferent	negative
		A) of parents	1	2	3
		B) of teachers	1	2	3
		C) of the majority of young people/ peers	1	2	3
17	Some young people take drugs (narcotics). Do you know someone?	1. yes	2. no		
18	How do young people take drugs? (You can choose several answers)	<ol style="list-style-type: none"> 1. by injections 2. by smoking 3. by inhaling 4. by sniffing (breathing in through the nose) 5. as food, as pills 6. other_____ 7. I do not know 			
19	Have you ever been offered to try drugs?	1. yes	2. no		
20	Where were you offered to try drugs? (You can choose several answers)	<ol style="list-style-type: none"> 1. in the street 2. at a disco, bar 3. at school 4. at home 5. other_____ 6. I have not been offered to try drugs 			
21	What is your experience of taking drugs? (Choose only one answer)	<ol style="list-style-type: none"> 1. I used to take them and gave up 2. I take it 1-2 times per month 3. I take it 1-2 times per week 4. I take it every day 5. I take it several times per day 6. other_____ 7. I do not take it at all 			
22	If you gave up what were the reasons? (You can choose several answers)	<ol style="list-style-type: none"> 1. I did not like it 2. It is harmful for one's health 3. my parents convinced me 4. my teachers convinced me 5. my friend convinced me 6. it is too expensive 7. it is too hard to find 8. I was afraid that I would be arrested, followed 9. other_____ 10. I have not given up 11. I do not take drugs 			
23	At what age did you start taking drugs? (Choose only one answer)	<ol style="list-style-type: none"> 1. before 10 2. 10-14 3. 15-18 4. 19 and later 5. I do not remember 6. I do not take drugs 			

24	Have you injected drugs?	1. yes	2. no		
25	If you injected drugs, did you share a syringe with someone else?	1. yes 2. no 3. I have never injected drugs			
26	Why do you think young people take drugs? (You can choose several answers)	1. in order to relax, to calm down 2. they are addicted to drugs 3. they follow their friends 4. to look modern 5. in order to self-assert among peers 6. to be more brave 7. to forget about problems 8. it is prestigious 9. to try new sensations 10. they had been forced to 11. other _____ 12. I do not know			
27	Do you think one can easily get drugs in our country?	1. yes	2. no	3. I do not know	
28	What is the most widespread drug in the Republic of Moldova? (Write the name)	The name _____ 0. I do not know			
29	Where from do you think young people get drugs? (You can choose several answers)	1. from street vendors 2. from friends 3. at disco, bars 4. at school 5. from relatives (sisters, brothers) 6. prepare them by themselves 7. other _____ 8. I do not know			
30	Where do you think young people take money for drugs? (You can choose several answers)	1. they work 2. from parents 3. they borrow 4. they steal 5. from prostitution 6. they sell empty bottles 7. they sell drugs 8. other _____ 9. I do not know			
31	Why are drugs harmful? (You can choose several answers)	1. are harmful for mental development and capacity 2. are harmful for physical development 3. are harmful for working and studying capacity 4. cause personality degradation 5. cause brain and nervous system illnesses 6. cause heart diseases 7. cause hepatitis 8. cause addiction 9. may cause death 10. cause HIV/AIDS transmission 11. I don't know 12. other _____ 13. are not harmful for the health of young people			
32	What is the attitude towards young people who take drugs? (Mark one answer for each line)		positive	indifferent	negative
	A) of parents		1	2	3
	B) of teachers		1	2	3
	C) of the majority of young people		1	2	3
	D) your own		1	2	3
33	What is violence? (You can choose several answers)	1. physical aggression (beating, punching, etc.) 2. verbal threatening (using offensive language) 3. sexual abuse (sexual aggression) 4. destruction of material goods 5. neglect/indifference 6. other _____ 7. I do not know			
34	Do you know anyone who has been physically abused (beating, punching, etc.)? (Mark one answer for each line)	A) at home, in the family	1. yes	2. no	3. I do not know
		B) at school (college/university) by teachers	1. yes	2. no	3. I do not know
		C) at school (college/university) by other pupils, students	1. yes	2. no	3. I do not know
		D) in the street	1. yes	2. no	3. I do not know
		E) at a club, disco	1. yes	2. no	3. I do not know
	F) other _____	1. yes	2. no	3. I do not know	
35	Do you know anyone who has been sexually abused? (Mark one answer for each line)	A) at home, in the family	1. yes	2. no	3. I do not know
		B) at school (college/university) by teachers	1. yes	2. no	3. I do not know
		C) at school (college/university) by other pupils, students	1. yes	2. no	3. I do not know
		D) in the street	1. yes	2. no	3. I do not know
		E) at a club, disco	1. yes	2. no	3. I do not know
		F) other _____	1. yes	2. no	3. I do not know

MODULE III. Reproductive Health and Sexual Behavior

Chapter 1. Sexual Education

1	In your opinion, at what age should a person be informed about ... (Mark one answer for each line)	A) Pregnancy (where do children come from?)	1. ____ years	2. I do not know	
		B) Contraception (how can unwanted pregnancy be prevented?)	1. ____ years	2. I do not know	
		C) Prevention of sexually transmitted diseases, HIV/AIDS?	1. ____ years	2. I do not know	
2	At what age did you find out about ... (Mark one answer for each line)	A) Pregnancy (where do children come from?)	1. ____	2. I do not remember	3. I know nothing about this
		B) Contraception (how can unwanted pregnancy be prevented?)	1. ____	2. I do not remember	3. I know nothing about this
		C) Prevention of sexually transmitted diseases, HIV/AIDS?	1. ____	2. I do not remember	3. I know nothing about this
3	Where did you find out most about ...	A) Pregnancy (where do children come from?) (Choose up to 3 answers)	1. parents 2. teachers 3. friends, colleagues 4. medical assistants 5. TV, radio 6. newspapers, magazines 7. books, manuals on this topic 8. lectures, seminars 9. education and health centers for young people 10. family planning centers 11. internet 12. other _____ 13. I have not heard of it		
		B) Contraception (how can unwanted pregnancy be prevented?) (Choose up to 3 answers)	1. parents 2. teachers 3. friends, colleagues 4. medical assistants 5. TV, radio 6. newspapers, magazines 7. books, manuals on this topic 8. lectures, seminars 9. education and health centers for young people 10. family planning centers 11. internet 12. other _____ 13. I have not heard of it		
		C) Prevention of sexually transmitted diseases, HIV/AIDS? (Choose up to 3 answers)	1. parents 2. teachers 3. friends, colleagues 4. medical assistants 5. TV, radio 6. newspapers, journals 7. books, manuals on this topic 8. lectures, seminars 9. education and health centers for young people 10. family planning centers 11. internet 12. other _____ 13. I have not heard of it		
4	From what sources would you like to find out most about ...	A) Pregnancy (where do children come from?) (Choose up to 3 answers)	1. parents 2. teachers 3. friends, colleagues 4. medical assistants 5. TV, radio 6. newspapers, magazines 7. books, manuals on this topic 8. lectures, seminars 9. education and health centers for young people 10. family planning centers 11. internet 12. other _____ 13. I do not need to know		
		C) Contraception (how can unwanted pregnancy be prevented?) (Choose up to 3 answers)	1. parents 2. teachers 3. friends, colleagues 4. medical assistants 5. TV, radio 6. newspapers, magazines 7. books, manuals on this topic 8. lectures, seminars 9. education and health centers for young people 10. family planning centers 11. internet 12. other _____ 13. I do not need to know		

5	In your opinion, at school they should teach about ... (Mark one answer for each line)	A) Pregnancy.	1. yes	2. no	3. I do not know
		B) Contraception.	1. yes	2. no	3. I do not know
		C) Prevention of sexually transmitted diseases.	1. yes	2. no	3. I do not know
6	To what extent do you agree with the following statements? (Mark one answer for each line)	A) Sexual education makes young people start their sexual life earlier.	1. I agree	2. I do not agree	3. I do not know
		B) Sexual education is against Christian morality.	1. I agree	2. I do not agree	3. I do not know
		C) Sexual education is a family issue.	1. I agree	2. I do not agree	3. I do not know
7	Have you ever discussed with your parents/parent about ... (Mark one answer for each line)	A) Body transformations in adolescence (menstruation, nocturnal pollutions, etc.).	1. yes	2. no	3. I do not remember
		B) Pregnancy (where children come from).	1. yes	2. no	3. I do not remember
		C) Unwanted pregnancy prevention	1. yes	2. no	3. I do not remember
		D) Prevention of sexually transmitted diseases HIV/AIDS	1. yes	2. no	3. I do not remember
Chapter 2. Sexually Transmitted Diseases HIV/AIDS					
8	Mark the sexually transmitted diseases among the ones enumerated: (Mark one answer for each line)	A) HIV/AIDS infection	1. yes	2. no	3. I do not know
		B) gonorrhoea	1. yes	2. no	3. I do not know
		C) syphilis	1. yes	2. no	3. I do not know
		D) hepatitis B	1. yes	2. no	3. I do not know
		E) scabies	1. yes	2. no	3. I do not know
		F) dysentery	1. yes	2. no	3. I do not know
		G) flue	1. yes	2. no	3. I do not know
9	Is it possible to become infected with a sexually transmitted disease as a result of a sexual intercourse?	1. yes	2. no	3. I do not know	
10	Can the risk of HIV/AIDS infections be reduced by having sexual relations with only one not infected (trusted) partner?	1. yes	2. no	3. I do not know	
11	Can the risk of HIV/AIDS be reduced by using the condom?	1. yes	2. no	3. I do not know	
12	Can an HIV/AIDS-positive look healthy?	1. yes	2. no	3. I do not know	
13	Can a person become infected with HIV/AIDS through a mosquito bite?	1. yes	2. no	3. I do not know	
14	Can a person become infected with HIV/AIDS through kissing with an HIV/AIDS-positive?	1. yes	2. no	3. I do not know	
15	Can a person be infected with HIV/AIDS by having a meal with an HIV/AIDS-positive?	1. yes	2. no	3. I do not know	
16	If your friend becomes HIV/AIDS-positive would you still continue to be friends?	1. yes	2. no	3. I do not know	
17	Is someone from your friends /colleagues: (Mark one answer for each line)	A) HIV-positive (the infection that causes AIDS)?	1. yes	3. I do not know	3. I do not know
		B) infected with a sexually transmitted disease?	1. yes	3. I do not know	3. I do not know
		C) facing an unwanted pregnancy?	1. yes	3. I do not know	3. I do not know
18	Do you think HIV/AIDS is an important issue for your living environment?	1. yes	2. no	3. I do not know	
Chapter 3. Contraception					
19	What can a young girl (woman) do to prevent an unwanted pregnancy? (You can choose several answers)	1. not to have sex 2. to use condoms 3. to jump up several times after a sexual intercourse 4. to wash her genitals after a sexual intercourse 5. to take contraceptive pills 6. to interrupt sexual intercourse before ejaculation (her partner should protect her) 7. to avoid sexual intercourses during menstruation (the calendar method) 8. sterilization 9. other _____ 10. I do not know			
20	What can a young boy (man) do in order to prevent an unwanted pregnancy of his partner? (You can choose several answers)	1. not to have sex 2. to use condoms 3. to jump up after a sexual intercourse 4. to wash his genitals after a sexual intercourse 5. to make sure that his partner takes contraceptive pills 6. to interrupt sexual intercourse before ejaculation 7. to avoid sexual intercourses during menstruation (the calendar method) 8. sterilization 9. other _____ 10. I do not know			
21	Who do you think should take responsibility for preventing an unwanted pregnancy?	1. the young boy/the man 2. the young girl/the woman 3. both 4. I do not know			
22	What is your opinion on the following statements: (Mark one answer for each line)	A) pregnancy can be the result of a single sexual intercourse.	1. true	2. false	3. I do not know
		B) pregnancy can be the result of kissing	1. true	2. false	3. I do not know
		C) girls who do not have menstruations yet cannot become pregnant.	1. true	2. false	3. I do not know
		D) a young girl who takes contraceptive pills cannot become infected with a sexually transmitted disease	1. true	2. false	3. I do not know
		E) contraceptive pills are one of the most efficient methods of preventing an unwanted pregnancy.	1. true	2. false	3. I do not know
		F) contraceptive pills are fattening and cause body hair growth.	1. true	2. false	3. I do not know
		G) condom protects from sexually transmitted diseases, as well as from unwanted pregnancy.	1. true	2. false	3. I do not know
		H) abortion is a good method of birth control.	1. true	2. false	3. I do not know

Chapter 4. Sexual Behavior

23	In your opinion, what is the proper age to start a family?	1. ____ years	2. I do not know			
24	How many children would you like to have in your family?	____ children	99. I do not know			
25	What is your opinion on the following statements? (Mark one answer for each line)	A) girls should be virgins until they marry.	1. I agree	2. I do not agree	3. I do not know	
		B) it is good for young people to have sexual experience before marriage.	1. I agree	2. I do not agree	3. I do not know	
		C) it is not necessary to register the marriage for a couple to be happy.	1. I agree	2. I do not agree	3. I do not know	
26	What do you think is the right age for the first sexual intercourse? (Choose only one answer)	1. 14-15 2. 16-18 3. 19 and over 4. after marriage 5. there is no specific age 6. other _____ 7. I do not know				
27	Some people are (sexually) attracted to people of the same gender. What is your attitude towards the relations: (Mark one answer for each line)	A) man – man	1. I accept	2. I do not accept	3. I am indifferent	4. I do not know
		B) woman – woman	1. I accept	2. I do not accept	3. I am indifferent	4. I do not know
28	For young girls: at what age did you have the first menstruation? For young boys: At what age did your nocturnal pollutions begin?	1. ____ years 2. I do not have menstruation/nocturnal pollutions 3. I do not remember				
29	At what age did you have the first sexual intercourse?	1. ____ years 2. I have not had a sexual intercourse				
30	The first sexual contact for you was...	1. mutual 2. forced (against your will) 3. I have not had a sexual intercourses				
31	Did you use condom at your first sexual intercourse?	1. yes 2. no 3. I do not know/I do not remember 4. I have not had a sexual intercourse				
32	How often have you used condom within the last 12 months?	1. at every sexual intercourse 2. sometimes 3. never 4. I have not had a sexual intercourse 5. I do not remember				
33	Have you ever had sexual relations for: (Mark an answer for each line)	A) money	1. yes	2. no		
		B) material goods	1. yes	2. no		
		C) work employment	1. yes	2. no		
		D) grades/exams	1. yes	2. no		
		E) drugs	1. yes	2. no		
		F) other _____	1. yes	2. no		
		G) I have had no sexual relations	1. yes	2. no		
34	Have you had stable sexual relations within the last 12 months (husband/wife, boyfriend/girlfriend)?	1. yes	2. no	3. I do not have/have not had any sexual relations		
35	Have you had casual sex (with someone who is not your husband/wife, boyfriend/girlfriend)?	1. yes	2. no	3. I do not have/have not had any sexual relations		
36	How many casual partners besides your husband/wife, boyfriend/girlfriend have you had within the last 12 months?	____ partners 999. I have not had any partners besides the person I am with now				
37	If you have had casual sex have you used condoms?	1. yes 2. no 3. I do not remember 4. I have not had any partner besides the person I am with now 5. I do not have/I have not had sexual relations				
38	What do you/your partner do to prevent pregnancy? (You can choose several answers)	1. use condoms 2. take/takes pills 3. interrupted sexual relations 4. spiral 5. the calendar method 6. I do not have sexual relations (I abstain) 7. I have never had sexual relations 8. We do nothing (we do not protect)				
39	If you do nothing to prevent a pregnancy, please explain why (You can choose several answers)	1. I want to have a child 2. It does not concern me 3. I do not know how to protect 4. pregnancy prevention methods are not affordable 5. my partner does not want to 6. I protect myself 7. other _____ 8. I do not have sexual relations				
40	For young girls: Have you ever been pregnant? For young boys: Has you girlfriend ever been pregnant by you?	1. yes	2. no	3. I do not know		

41	How have your first pregnancy end? (For young boys and girls)	1. birth 2. artificial abortion 3. pregnancy interruption (spontaneous abortion) 4. I do not know 5. I have not been pregnant/have not caused pregnancy		
42	How many pregnancies have ended up with... (For young girls and boys) (Mark one answer for each line)	A) births_____	999. I do not know/do not remember	888. I have not been pregnant/I have not caused pregnancy
		B) abortions_____	999. I do not know/do not remember	888. I have not been pregnant/I have not caused pregnancy
43	For young girls: Have you ever had an unwanted pregnancy? For young boys: Have you ever caused an unwanted pregnancy?	1. yes 2. no 3. I do not know		
44	For young girls: If you have had an unwanted pregnancy, how has it ended? For young boys: If you have caused an unwanted pregnancy, how has it ended?	1. with birth, the child is raised in the family 2. with birth, the child was left at the hospital 3. with birth, dead child 4. artificial abortion 5. lost pregnancy (spontaneous abortion) 6. I do not know 7. I have not had/I have not caused pregnancy		
45	For young girls: Within the last year, have you ever had unusual flows from the genitals, pain in the lower part of the abdomen, frequent and painful urinations? For young boys: Within the last year, have you ever had unusual flows from the genitals, frequent and painful urinations?	1. yes		2. no
46	Have you followed a treatment to solve the above problems?	1. yes	2. no	3. I have not had such problems
47	If you did not follow a treatment, what were the reasons? (You can choose several answers)	1. I had no money 2. I did not have where to address 3. I am afraid/ashamed that others might find out about my problem 4. I do not trust the medical staff 5. I do not know 6. other _____ 7. I have not had any health problem		
48	In spite of knowing of condom, some young people do not use it. Why? (Mark one answer for each line)	A) they do not have sexual relations	1. yes	2. no
		B) one of the partners refuses to use it	1. yes	2. no
		C) they are ashamed to suggest to the partner to use it	1. yes	2. no
		D) condoms are uncomfortable, they reduce the pleasure	1. yes	2. no
		E) it is hard to find condoms	1. yes	2. no
		F) they have only one sexual partner whom they trust	1. yes	2. no
		G) condoms are expensive	1. yes	2. no
		H) they are ashamed to buy condoms	1. yes	2. no
		I) they think that condoms are not safe and don't protect	1. yes	2. no
		J) other	1. yes	2. no

MODULE IV. General Data

MODULE IV. General Data								
1	How old are you?		_____ years					
2	You are:		1. a girl/ woman 2. a boy/ man					
3	At the moment your status is: (Choose one answer)		1. not married 2. married (and registered) 3. married (and not registered) 4. divorced/separated					
4	Who do you live with at the moment? (You can choose several answers)		1. mother 2. father 3. step father and mother 4. father and step mother 5. grandparents 6. relatives 7. brothers/sisters 8. wife/husband 9. friend, lover 10. colleagues, friends 11. alone					
5	Is one parent or husband/wife working abroad at the moment?		1. yes	2. no	3. I do not know			
6	If so, who is away? (You can choose several answers)		1. mother 2. father 3. wife/husband 4. there is no one left					
7	Where do you live at the moment? (Choose one answer)		1. house 2. apartment 3. hostel 4. orphanage 5. other					
8	Your present place of living... (Choose one answer)		1. belongs to your family or to you 2. is rented, has a host 3. belongs to your relatives, friends 4. I do not know 5. other _____					
How often do you think that it is good to eat the following products? (Mark one answer for each line)								
9		daily	2-3 times per week	once a week	once in two weeks	once per month	less frequently than once per month	never
	A) dairy products (milk, cheese, sour milk, etc.)	1	2	3	4	5	6	7
	B) meat products	1	2	3	4	5	6	7
	C) fish products	1	2	3	4	5	6	7
	D) fruit (apples, pears, etc.)	1	2	3	4	5	6	7
	E) vegetables (carrot, beet root, cabbage, etc.)	1	2	3	4	5	6	7
How often do you eat? (Mark one answer for each line)								
10		daily	2-3 times per week	once a week	once in two weeks	once per month	less frequently than once per month	never
	A) dairy products (milk, cheese, sour milk, etc.)	1	2	3	4	5	6	7
	B) meat products	1	2	3	4	5	6	7
	C) fish products	1	2	3	4	5	6	7
	D) fruit (apples, pears, etc.)	1	2	3	4	5	6	7
	E) vegetables (carrot, beet root, cabbage, etc.)	1	2	3	4	5	6	7
11	How many times per day do you eat? (Choose one answer)		1. 4-5 times 2. 2-3 times 3. 1 time 4. other _____					
12	What kind of salt do you use?		1. regular	2. iodine	3. I do not know			
13	What is the iodine salt good for? (You can choose several answers)		1. conservations 2. intellectual development 3. physical development 4. preventing illnesses of the thyroid gland 5. preventing congenital illnesses 6. better taste 7. other _____ 8. I do not know					
14	Have you ever heard of/seen a iodine salt promotion campaign ?		1. yes			2. no		

15	What did you see or hear about the campaign for the promotion of iodated salt? (You can choose several answers)	<ol style="list-style-type: none"> 1. advertising spot on TV 2. advertising spot on the radio 3. posters 4. booklets 5. stickers 6. I have not seen or heard anything 																				
16	When should one wash one's hands? (You can choose several answers)	<ol style="list-style-type: none"> 1. in the morning 2. five times per day and more 3. before meals 4. before WC 5. after WC 6. before going to bed 7. I do not think that it is important 																				
17	When do you wash your hands? (You can choose several answers)	<ol style="list-style-type: none"> 1. in the morning 2. 5 times per day and more 3. before meals 4. before WC 5. after WC 6. before going to bed 7. I do not think that it is important 																				
18	How often do you think you should brush your teeth? (You can choose several answers)	<ol style="list-style-type: none"> 1. only in the morning 2. in the morning and in the evening 3. only in the evening 4. after each meal 5. once a week 6. I do not think that it is important 																				
19	How often do you brush your teeth? (You can choose several answers)	<ol style="list-style-type: none"> 1. only in the morning 2. in the morning and in the evening 3. only in the evening 4. after every meal 5. once a week 6. I do not think that it is important 																				
20	How often do you think you should wash you genitals (personal hygiene)? (Choose one answer)	<ol style="list-style-type: none"> 1. 2 times per day 2. once per day 3. 2 times per week 4. once per week 5. less than once per week 6. I do not think that it is important 																				
21	How often do you wash your genital organs? (Choose one answer)	<ol style="list-style-type: none"> 1. twice a day 2. once a day 3. twice a week 4. once a week 5. once a month 6. I do not think that it is important 																				
22	Have you been vaccinated since November?	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">1. yes</th> <th colspan="2" style="text-align: center;">2. no</th> </tr> </thead> <tbody> <tr> <td>A) scarlet-rash</td> <td style="text-align: center;">1. yes</td> <td style="text-align: center;">2. no</td> <td style="text-align: center;">3. I do not know</td> </tr> <tr> <td>B) rubella</td> <td style="text-align: center;">1. yes</td> <td style="text-align: center;">2. no</td> <td style="text-align: center;">3. I do not know</td> </tr> <tr> <td>C) diphtheria</td> <td style="text-align: center;">1. yes</td> <td style="text-align: center;">2. no</td> <td style="text-align: center;">3. I do not know</td> </tr> <tr> <td>D) other_____</td> <td style="text-align: center;">1. yes</td> <td style="text-align: center;">2. no</td> <td style="text-align: center;">3. I do not know</td> </tr> </tbody> </table>	1. yes		2. no		A) scarlet-rash	1. yes	2. no	3. I do not know	B) rubella	1. yes	2. no	3. I do not know	C) diphtheria	1. yes	2. no	3. I do not know	D) other_____	1. yes	2. no	3. I do not know
1. yes		2. no																				
A) scarlet-rash	1. yes	2. no	3. I do not know																			
B) rubella	1. yes	2. no	3. I do not know																			
C) diphtheria	1. yes	2. no	3. I do not know																			
D) other_____	1. yes	2. no	3. I do not know																			
23	Have you been vaccinated against:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>A) scarlet-rash</td> <td style="text-align: center;">1. yes</td> <td style="text-align: center;">2. no</td> <td style="text-align: center;">3. I do not know</td> </tr> <tr> <td>B) rubella</td> <td style="text-align: center;">1. yes</td> <td style="text-align: center;">2. no</td> <td style="text-align: center;">3. I do not know</td> </tr> <tr> <td>C) diphtheria</td> <td style="text-align: center;">1. yes</td> <td style="text-align: center;">2. no</td> <td style="text-align: center;">3. I do not know</td> </tr> <tr> <td>D) other_____</td> <td style="text-align: center;">1. yes</td> <td style="text-align: center;">2. no</td> <td style="text-align: center;">3. I do not know</td> </tr> </tbody> </table>	A) scarlet-rash	1. yes	2. no	3. I do not know	B) rubella	1. yes	2. no	3. I do not know	C) diphtheria	1. yes	2. no	3. I do not know	D) other_____	1. yes	2. no	3. I do not know				
A) scarlet-rash	1. yes	2. no	3. I do not know																			
B) rubella	1. yes	2. no	3. I do not know																			
C) diphtheria	1. yes	2. no	3. I do not know																			
D) other_____	1. yes	2. no	3. I do not know																			
24	If you have not been vaccinated, why?	<ol style="list-style-type: none"> 1. I had no time 2. I was not informed about the necessity to be vaccinated. 3. I was not at school on the vaccine day 4. I was sick on the vaccine day 5. I asked to, but I was refused 6. the doctor has forbidden me 7. I refuse, I do not want to 8. my parents have forbidden me 9. I was pregnant 10. other_____ 11. I have been vaccinated 																				

MODULE V. Psychological Portrait

1

Dear friend!

We would like you to express your opinion on your future adult life. Please be sincere. Here is the list of 12 values:

1. Active life	7. Good and devoted friends
2. Health	8. Self-esteem
3. Interesting activity	9. Knowledge (the possibility of enlarging your knowledge and views)
4. Nature and art beauty	10. Freedom of action
5. Love	11. Happy family life
6. Financially secured life	12. Creation

Examine Table 1. There are pairs of numbers. Each number corresponds to a value, which is listed under this number. For example: 2 – „Health”, 3 – „Interesting activity”. Encircle in each pair the value that you think is more important, more attractive.

You can encircle only one number for each pair! No pair is to be omitted! Fill in the table vertically, by columns

Table. 1 From the two values choose the one that is more important for you

I	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12
II	1	3	2	4	3	5	4	6	5	7	6	8	7	9	8	10	9	11	10	12		
III	1	4	2	5	3	6	4	7	5	8	6	9	7	10	8	11	9	12				
IV	1	5	2	6	3	7	4	8	5	9	6	10	7	11	8	12						
V	1	6	2	7	3	8	4	9	5	10	6	11	7	12								
VI	1	7	2	8	3	9	4	10	5	11	6	12										
VII	1	8	2	9	3	10	4	11	5	12												
VIII	1	9	2	10	3	11	4	12														
IX	1	10	2	11	3	12																
X	1	11	2	12																		
XI	1	12																				

In Table 2 encircle in each pair the value, which, in your opinion, can be easily attained in the future. Fill in the table vertically, by columns.

Table. 2 From the two values choose the value, which, in your opinion, can be easily attained in the future.

I	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12
II	1	3	2	4	3	5	4	6	5	7	6	8	7	9	8	10	9	11	10	12		
III	1	4	2	5	3	6	4	7	5	8	6	9	7	10	8	11	9	12				
IV	1	5	2	6	3	7	4	8	5	9	6	10	7	11	8	12						
V	1	6	2	7	3	8	4	9	5	10	6	11	7	12								
VI	1	7	2	8	3	9	4	10	5	11	6	12										
VII	1	8	2	9	3	10	4	11	5	12												
VIII	1	9	2	10	3	11	4	12														
IX	1	10	2	11	3	12																
X	1	11	2	12																		
XI	1	12																				

2

Note:

15 different personality qualities are listed below. List the qualities in the order you like in the left column (I). Then list these qualities in the order they describe you best in the right column (II).

I	Personality qualities	II
	Thoughtful attitude, tolerance, forgiveness	
	Boldness, courage	
	Impetuosity, impatience	
	Insistence, tenacity, perseverance	
	Patience	
	Passivity	
	Passion	
	Caprices, fuss, whims	
	Indecision, hesitation	
	Energy	
	Optimism, joy of living	
	Presumption, distrust	
	Stubbornness, obstinacy	
	Indifference, irresponsibility	
	Shyness	

What are the **major problems** young people face nowadays? (focus – group members participate in the brainstorming)

Find out what are the problems young people face nowadays. If problems will be mentioned, which are not included in the guidelines, explore them. Why do young people face such problems.

Drugs

Is drug use a problem young people face?

Find out if the youth in the focus-groups really perceive drugs as the major problem of the youth.

What are the drugs? Discover the associations.

Types of drugs. What drugs did they hear about from friends, acquaintances, colleagues and from other sources?

How are these taken? Explore their knowledge about the way people take drugs. What is the source of the knowledge?

How spread is the drug use? Find out if the drugs are spread in the region where the young people from the target group live. Do many young people use drugs in the opinion of the participants?

Is it simple for the youth to find drugs? Where does the youth usually find drugs? Find out about what they heard about finding drugs from friends, colleagues.

Why do some young people use drugs? Explore – the

influence of the group, conflicts in the family, relaxation, leisure time, need – addiction.

What are the effects of drug use. Explore – positive and negative effects, opinion of the youth regarding „exaggeration about negative effects of the drugs” by the media, the adults. Are the drugs harmful for health? Why/Why not?

What is the difference between drug use, drug use and drug addiction? When does a drug user become addicted? What are the signs of addiction? Are many young people drug addicts?

If a person wants to give up drugs, must she/he be helped? Would you help her/him? How? What can we do in order to solve the problem of drugs? What must be done in order to prevent young people from using drugs? Explore- what are the methods of influencing youth

Alcohol

Is alcohol use a problem faced by many young people nowadays? (Find out if the young people from the focus – group really see the use of alcohol as a major problem of youth).

What is the attitude of youth towards alcohol? (Explore – positive and negative attitudes). Why is it good/bad to use alcohol?

How spread is alcohol use in your region? Are young people from your locality using alcohol? How often? What quantity? (What does it mean „to drink moderately”? Explore – what is the opinion of participants about „moderation”).

What is the difference between alcohol use, use and addiction?

When does a person who uses alcohol become addicted?

Is it simple for young people to find alcohol? Where? When? Are there any restrictions, barriers, difficulties for youth to get hold of alcohol?

Is alcohol a drug? Why? Why is it not a drug?

Why do young people use alcohol? (Explore – family habits, traditional parties, free time, the influence of the group. How, in which cases, do young people usually use alcohol)

Is alcohol harmful for health? Why? Why not?

If a person wants to give up alcohol, must she/he be helped? Would you help her/him? How?

(explore – besides medical help, group integration of people who do not use alcohol).

What must be done in order for young people not to use alcohol?

Smoking

Is smoking a problem many young people face nowadays? (Find out if the youth from the focus-group really perceive smoking as a major problem of young people).

What is the attitude of youth towards smoking? (Explore – positive and negative attitudes). Why is it good/bad to smoke?

How spread is smoking among youth in your region? Do many young people from your locality smoke? Explore their behavior in the group, the influence of the family

Why do some young people smoke? Explore – family, friends, self-assertion.

Is it simple for young people to get cigarettes? Where? When? Are there any restrictions, barriers, difficulties for youth to get cigarettes?

What is the difference between tobacco use, use and addiction? When does a user become an addict?

Is tobacco a drug? Why? Why is it not a drug?

Is smoking harmful for health? Why? Why not?

What is the difference between tobacco use, use and addiction?

If a person wants to quit smoking, must she/he be helped? Would you help her/him? How?

What must be done in order for young people not to smoke?

HIV-AIDS.

What is it? Name the associations.

How spread is HIV-AIDS in our country, in your region? What do you think, do many young people suffer from AIDS?

Are young people exposed to the infection? Explore – which young people can be suffering from AIDS; are they aware of the fact that everyone is exposed to the infection when they do not protect themselves?

Can one protect himself from HIV/AIDS? How? (explore – is protection possible and what are the protection methods and practices among young people)

Do all young people use protection? Why? Why not? Why do young people not use protection? Why do young people not use condoms?

Reproductive health

Premarital sexual relations. The attitude towards premarital sex.

The attitude of adults/society towards premarital sex.

Contraception. What is it? What types of contraception do you know? (find out what types of contraception they know)

What is the result of not using contraception?

Who is/who should be responsible for the contraception in a couple? Why is the girl/the boy or both of them responsible for contraception?

Unwanted pregnancy? Is it a problem? How can the problem of unwanted pregnancies be solved? (explore – what should young people do in such situations and what they usually do)

Abortions among young girls. Is it a problem? Why?

What impedes young people to be responsible/protect themselves?

What are the STIs?

What kind of infections do you know? (explore – list all the sexually transmitted diseases you know)

Do young people protect themselves against STIs? How? (explore – is protection possible? What are the protection methods and practices among young people)

Who in the couple is responsible for protection against STIs? Why is it the girl/the boy/both? Do all young people use protection? Why/Why not?

Why do young people not use protection methods against STIs?

Youth Friendly Services

Where do young people go in case of a health problem? Why do they go to friends, brothers/sisters, parents, relatives, doctors etc.? Why do they not to friends/brothers/sisters, parents, relatives, doctors etc.? (Explore what are the reasons for not asking for help)

Where do young people go in case they suspect an STI? Why do they go to friends, brothers/sisters, parents, relatives, doctors etc.? Why do they not go to friends, brothers/sisters, parents, relatives, doctors etc.?

Who do young people trust today? Why do they trust friends, brothers/sisters, parents, relatives, doctors, psychologists? Why do they not friends, brothers/sisters, parents, relatives, doctors, psychologists etc.?

Where do young people go in case of a problem? Why to friends, brothers/sisters, parents, relatives, doctors etc.? Why not to friends/brothers/sisters, parents, relatives, doctors etc.?

What types of services are necessary to the youth for the solution of the problems? In your opinion, what do the youth need?

If you had the possibility, what kind of services would you provide to young people? Explore – health services, entertainment, sports and others. How?

Participation

Can you make decisions in what you do today? Usually, who decides what to do in certain situations? Who decides what is best for you? Explore – decision making is a personal prerogative or someone else decides for young people). Why you/parents/friends etc.? How do you usually make a decision in case of a problem?

Let us think about the future. How do you imagine your life in 5 years? Who will you become? What will you do? Explore the thoughts about the future – positive, negative, didn't think about it.

Explore the wishes of young people for the future in their private and professional life.

What do you do today in order to achieve your goals in the future?

Annex 3 Table

Table. 1 (part I). Percentage calculation

Type of educational institution	Total number of children in such institutions (N _i)	Total number of children in institutions selected for examination (M _i)	Cluster number	Name of institution	Number of pupils in the institution (m _{ij})	Number of interviewed pupils (cluster volume) (s _{ij})	Percentage
1. Secondary schools, V-VIII forms	228121	3450	2	Hăsnășenii Noi	79	22	1,577798
			9	Călugăr	178	23	3,400471
			10	Cătranăcul Vechi	39	23	0,745047
			17	Soroca, Technological Grammar School	62	23	1,184434
			18	Bălți, D.Cantemir	339	23	6,476178
			19	Ocnita, No 3	179	21	3,745249
			26	Paladea	46	17	1,188929
			44	Cotiujenii Mari	131	22	2,616348
			49	Rezina, No 1	623	21	13,035139
			51	Bolohan	107	20	2,350719
			60	Huluboaia	67	20	1,471945
			74	Cioc Maidan	100	25	1,757547
			75	Abaclia	181	24	3,313708
			76	Basarabeasca, No 2	158	23	3,018396
			95	Bulboaca, m, high school form	373	30	5,463041
			96	Stauceni, No 80	276	27	4,491509
			132	No 21, Grammar School, V.Voda	277	19	6,405796
139	Mascauti	170	21	3,556940			
147	Bârboieni	65	20	1,428007			
2. Residential institutions, V-VIII forms	2744	2120	12	Bălți, str. T.Vladimirescu, 86	158	21	0,064645
			21	Cernoleuca, sect. Donduseni, j. Edinet	27	19	0,012076
			29	Cupcini, str. Chișinăului, 11, j. Edineț	98	20	0,042065
			40	Văscăuți, j. Soroca	124	23	0,046554
			45	Căzânești, sect. Telenești, j. Orhei	105	21	0,042975
			53	Cahul, str. Doinelor, 2	110	20	0,047227
			63	Ceadăr Lunga, str. Lenin, 3, UTAG	136	24	0,048916
			79	Cârpineni, str. Gagarin, 7, j. Lăpușna	184	21	0,075389
			83	Leova, str. Ștefan cel Mare, 90, j. Lăpușna	195	21	0,079942
			93	Bender, str. P.Morozov, 13, j. Tighina	144	27	0,045747
			97	Chișinău, No 3, str. Gh. Casu, 10	174	23	0,065176
			112	Unghei, str. Romană, 49	156	17	0,079181
			122	Orhei, str. Unirii, 156	197	22	0,077177
			141	Chișinău, Boarding School No 10, str. Pelivan, 36	40	19	0,018114
			3. Secondary schools, IX-XII forms	96086	2342	152	Strășeni, str. T.Ciorbă, 11, j. Chișinău
1	Bălți, No 14	247				23	2,927811
7	Chetriș	36				22	0,446122
14	Volovița	40				23	0,474139
15	Vădeni	116				21	1,505957
24	Edinet, Girbova	24				24	0,272630
31	Sirauti	125				21	1,622799
37	Petrușeni	25				18	0,378653
48	Salcia	23				21	0,298595
55	Burlaceni	139				24	1,578983
65	Congaz, No 3	157				24	1,783456
80	Cioara	172				23	2,038800
81	Pogănești	38				22	0,470907
85	Pleseni	66				20	0,899680
89	Sărata Galbenă	220				23	2,607767
100	Săiți	152				24	1,726658
103	J. Chișinau, Anenii Noi, ro	223				21	2,895073
114	Cornești	40	23	0,474139			
119	m.Chișinau, Secondary School No 4	381	21	4,946291			
126	Seliște	43	20	0,586155			
154	j. Chișinau, Lozova	45	19	0,645703			
160	Vărzărești, No 2	30	25	0,327156			
4. High schools	48932	5901	4	Nicoreni	130	23	0,311447
			32	Edinet, "Pan Halippa"	218	21	0,572012
			46	Florești, I.Creangă	256	23	0,613310
			57	"Ștefan cel Mare"	508	23	1,217038
			61	Straseni, "I.Vatamanu"	319	30	0,585919
			64	Ciadăr Lunga, "Guboglo"	289	22	0,723841
			71	Tvardița	221	20	0,608878
			84	Hâncești, M.Sadoveanu	326	28	0,641546
			86	Cociulia	256	20	0,705307
			90	Mingir	355	24	0,815052
			99	Sălcuța	45	20	0,123980
			101	Magdacești	342	20	0,942246
			104	"M.Eliade"	340	23	0,814553
			109	"Ștefan cel Mare"	508	19	1,473256
			113	Ungheni, V.Alecsandri	268	27	0,546939
			118	"A.Cantemir"	558	18	1,708165
			120	"N.V.Gogol"	463	21	1,214870
123	Orhei, A. Russo	282	20	0,776940			
153	Călărăși, M.Sadoveanu	217	19	0,629324			

Table 1 (part II). Percentage calculation

Type of educational institution	Total number of children in such institutions (N _i)	Total number of children in institutions selected for examination (M _i)	Cluster number	Name of institution	Number of pupils in the institution (m _{ij})	Number of interviewed pupils (cluster volume) (s _{ij})	Percentage
5. Vocational schools, IX-XII forms	15754	4481	3	SPP, Drochia	236	21	0,262548
			28	SPP, No 4, Bălți	466	19	0,572993
			33	SPP, No 1, Bălți	425	22	0,451318
			35	SPP, Alexandreni	212	23	0,215340
			39	SPP, Tirgu Veriujeni	118	9	0,306306
			43	SM, No 7 Bălți	197	20	0,230119
			47	SPP, Soroca	236	21	0,262548
			54	SM No 13, Ciurmai	109	16	0,159156
			59	SPP No 1, Cahul	293	22	0,311144
			66	SPP, Comrat	174	22	0,184775
			94	SM No 12, Ștefan Vodă	220	19	0,270511
			117	SPP No 6, Chișinău	318	18	0,412735
			124	SPP, Orhei	323	20	0,377302
			128	SPP No 10, Chișinău	343	20	0,400664
			134	SM No 5, Chișinău	153	25	0,142978
			138	SPP No 2, Criuleni	223	22	0,236809
		149	SPP No 1 Chisinau	435	18	0,564590	
6. Colleges, year 1-2	11263	5967	5	Agroindustrial College of Riscani	188	23	0,102525
			20	Agroindustrial College of Grinauti	107	23	0,058352
			23	Medical College of Balti	254	20	0,159295
			27	Agricultural College of Taul	162	22	0,092362
			36	Zootechny College of Bratuseni	48	17	0,035415
			38	Agricultural Technical College of Soroca	94	20	0,058952
			42	Ecological College of Chisinau	466	22	0,265682
			69	Pedagogical College, Taraclia	359	20	0,225145
			70	Medical College of Cahul	148	21	0,088398
			73	Pedagogical College "Mihail Ceachir", Comrat	213	22	0,121438
			105	Pedagogical College "Mihai Eminescu", Soroca	379	17	0,279633
			110	College of Industry and Constructions	120	19	0,079218
			115	Republican College of Music "Ștefan Neaga"	453	21	0,270569
			125	Medical College of Orhei	237	20	0,148634
			131	National College of Viticulture and Wine-Making	147	23	0,080166
			137	Pedagogical College A.Mateevici	598	24	0,312528
			142	College of Banking and Finances	616	20	0,386322
			148	College of Economics	116	20	0,072749
		155	Pedagogical College "Alexandru cel Bun", Calarasi	553	19	0,365065	
		156	College of Transport	709	22	0,404224	
7. Residential institutions, IX-XII forms	686	681	6	Bălți, str. T.Vladimirescu, 86	39	20	0,013213
			8	Fălești, str. Ștefan cel Mare, 2, j. Bălți	30	22	0,009135
			34	Cupcini, str. Chișinăului, 11, j.Edinet	24	23	0,006991
			41	Napadova, j. Soroca	69	21	0,021977
			52	Căzănești, sect. Telenești, j. Orhei	26	20	0,008709
			58	Cahul, str. Doinelor, 2	27	20	0,009193
			68	Ceadir Lunga, str. Lenin, 3, UTAG	34	20	0,011426
			78	Leova, str. Ștefan cel Mare, 90, j. Lăpușna	49	27	0,012103
			91	Cârpineni, str. Gagarin, 7, j. Lăpușna	46	23	0,013399
			98	Bender, str. P.Morozov, 13, j. Tighina	36	25	0,009647
			107	Văscăuți, j. Soroca	31	17	0,012260
			108	Napadova, j. Soroca	69	19	0,024329
			130	Orhei, str. Unirii, 156	49	23	0,014370
			140	Chișinău No 3, str. Gh. Cașu, 10	44	22	0,013263
			145	Unghei, str. Romană, 49	39	20	0,013101
			159	Strășeni, str. T.Ciorbă, 11, j. Chișinău	68	23	0,019742
8. Institutions of higher education	95019	42468	56	Exact Science and Humanities University of Cahul	1318	19	1,031362
			62	State Pedagogical University (UPS) Creanga	5208	20	3,871599
			67	Academy of Economic Studies (ASE)	9782	24	6,059905
			72	Commercial Cooperative University	1937	18	1,599950
			77	Institute of Intellectual Property	121	21	0,085667
			82	Academy of Telecommunications and IT	431	19	0,337266
			87	University of Humanities	1061	21	0,751183
			92	Institute of Integrated Applied Science	589	22	0,398054
			102	Moldovan Branch of Modern Liberal Arts Institute (Russia)	723	20	0,537474
			111	Technical University of Moldova (UTM)	12783	18	10,558681
			116	Institute of Public Policies and International Relations	1004	27	0,552865
			121	Municipal University	175	20	0,130094
			129	Slavic University	1559	18	1,287725
			136	Academy of Transport, IT and Communications	1228	22	0,829899
		144	International Academy of Economic Law	580	20	0,431169	
		151	International Management Institute	814	21	0,576308	
		157	International Free University of Moldova (ULIM)	3155	22	2,132191	

Table. 1 (part III). Percentage calculation

Type of educational institution	Total number of children in such institutions (N _i)	Total number of children in institutions selected for examination (M _i)	Cluster number	Name of institution	Number of pupils in the institution (m _{ij})	Number of interviewed pupils (cluster volume) (s _{ij})	Percentage
9. Colleges, year 3-4	13803	4065	11	College of Light Industry, Balti	242	21	0,260022
			13	Vitruviu College	37	24	0,034786
			16	College of Agrobusiness	84	20	0,094768
			22	Agricultural College of Taul	151	23	0,148137
			25	Agroindustrial College of Grinauti	142	22	0,145640
			30	Pedagogical College, Lipcani	236	25	0,213003
			50	Pedagogical College "Vasile Lupu", Orhei	364	21	0,391107
			88	Constructions College of Hincesti	110	22	0,112819
			106	Pedagogical College "Mihai Eminescu", Soroca	358	17	0,475169
			127	Politechnical College	345	21	0,370692
			133	Ecological College of Chisinau	294	18	0,368543
			135	Republican College of IT	692	20	0,780710
			143	Technological College of Chisinau	352	20	0,397124
			146	Medical College of Ungheni	259	20	0,292202
			150	Technical College of Chisinau	96	17	0,127420
		158	College of Economics and Law "Socrate"	303	20	0,341843	
Total:	512408	71475			71474	3405	

Table 2. Opinion of respondents regarding the meaning of healthy lifestyle

Variable		Rational/ healthy nutrition	No smoking	No alcohol	Sports	Hygiene rules	Daily regime	No dugs	Other	Do not know
		%	%	%	%	%	%	%	%	%
Region	Urban	85,4	99	50,6	98,1	81,2	47,2	99,3	14,1	0,3
	Rural	81,9	98,3	54	98,4	77,5	60	98,9	7,5	2,5
Total		83,9	98,7	52	98,2	79,7	52,6	99,2	11,3	1,2
Gender	Girls	85,9	99,4	52	98,3	83,8	56	99,5	8,8	1
	Boys	81,1	97,7	52,1	98	73,8	47,8	98,7	14,8	1,5
Total		83,9	98,7	52	98,2	79,7	52,6	99,2	11,3	1,2
Age of respondents	10-14 years	77,4	98,2	52,5	97,1	76,3	53,7	98,8	7,2	1,9
	15-18 years	87,2	98,8	54,1	98,8	81,4	50,8	99,2	14,3	0,8
	19-24 years	91,7	99,8	47,1	99,5	83,6	53,6	100	14,5	0,3
Total		83,9	98,7	52	98,2	79,7	52,6	99,2	11,3	1,2
Educational institution	Secondary Schools, 10-14 years	77,6	98,2	53,4	97,3	77,2	52,7	98,9	6,7	1,8
	Residential institutions, 10-14 years	72,6	99,1	59,3	94,8	72,9	73,4	99,3	15,4	1,7
	Secondary schools, 15-18 years	86	98,8	54,7	98,6	81,7	51,7	99,2	11,2	1,3
	High schools 15-18 years	90,4	98,3	54,9	99,1	81,1	47,1	98,7	20,1	0,3
	Vocational schools, 15-18 years	83	97,9	48,8	97,1	72,2	43,7	98,8	10,4	1,1
	Colleges 15-18 years	88,2	99,3	52,4	99,4	87,5	57,7	100	16	0,8
	Residential institutions, 15-18 years	80,6	97,4	54,6	96,8	74,2	57,4	99,8	9,8	1,4
	Institutions of higher education, 19-24 years	93,5	100	44,7	99,6	83,6	55	100	17,8	0,3
Total		84,2	98,7	52,1	99,1	76,8	61,3	99,7	9,4	0,3
Total		83,9	98,7	52	98,2	79,7	52,6	99,2	11,3	1,2
Do you smoke at present?	Yes	83,8	98,7	46,2	96,8	77,1	39,5	99,6	14,7	1,6
	No	83,5	98,6	52,9	98,4	79,7	54,3	99,1	10,8	1,2
	I quit	87,8	99,4	51,9	98,8	82,5	54,7	99,5	11,1	0,5
Total		83,9	98,7	52	98,2	79,6	52,6	99,2	11,3	1,2
How often do you drink alcohol?	I've drunk it once	74,5	98,4	62,1	90,1	76,1	45,7	96,7	6,9	0
	Only on special occasions	86,9	99,4	48,3	98,6	81,8	52,2	99,2	10,6	0,7
	1-2 times per month	90,1	97,7	50,7	98	85,9	51	99,4	21	1,7
	1-2 times per week	83,4	99,1	36,5	99,1	69,7	36,5	100	14,3	1,3
	Every day	95,6	100	51,4	100	82,9	70,5	95,6	0,7	0
	Other	96,2	100	74	99,7	97,9	38,9	100	38,4	0
	I do not drink at all	74,2	97,1	59,6	98,8	71,9	60,1	99,7	7,1	2,7
Total		83,9	98,7	52	98,2	79,6	52,6	99,2	11,3	1,2
What is your experience with drugs?	I used to do drugs and I quit	88,9	98,8	44,7	99,1	72,1	53,2	100	8,6	0,1
	I do drugs 1-2 times per month	81,8	99,7	24	98,8	87,8	29,1	100	53,1	0
	I do drugs 1-2 times per week	88,3	100	12,9	100	45,6	12,9	100	54,4	0
	I do drugs every day	100	100	86,4	100	100	72,7	100	0	0
	I do drugs a couple of times per day	35,4	100	35,4	100	35,4	35,4	35,4	0	0
	Other	70,6	100	45,3	98,2	77,9	12,5	95,3	34,8	0
Total		83,9	98,7	52,6	98,2	80	53,2	99,2	11	1,3
Total		83,9	98,7	52,1	98,2	79,7	52,6	99,2	11,3	1,2
Usually, how many times per day do you eat?	4-5 times	82,9	98,1	50,9	97,9	79	52,5	98,3	14,1	1,5
	2-3 times	84,4	98,8	52,8	98,3	79,3	52,3	99,6	10,7	1,1
	1 time	83,9	99,4	45,9	95,7	82,3	59,5	96	6	0,1
	Other	73,6	98,6	47,4	99,9	92,9	59,6	99,7	16,8	2,5
Total		83,8	98,7	52,1	98,2	79,7	52,7	99,2	11,3	1,2

Table 3. Sources from which young people have got the most of the information about healthy lifestyle

	Parents		Relatives (brothers/sisters)		School		Colleagues		Friends		Medical workers		TV		Radio		Internet		Newspapers, magazines, books	
	have got	would like to get (in the I place)	have got	would like to get (in the I place)	have got	would like to get (in the I place)	have got	would like to get (in the I place)	have got	would like to get (in the I place)	have got	would like to get (in the I place)	have got	would like to get (in the I place)	have got	would like to get (in the I place)	have got	would like to get (in the I place)	have got	would like to get (in the I place)
Region																				
Urban	85,8	31,3	10,5	10,3	42,2	12,2	1,6	0,2	14,5	0,9	37,3	26,6	34,1	10,2	1,7	0,9	3,3	2,4	38,1	4,9
Rural	88,5	50,4	9,4	6	48,1	10,4	4,2	0,7	9	0,9	45,1	20,6	30,5	4	5,3	0,6	1,1	3	29	3,4
Total	86,9	39,4	10	8,5	44,7	11,4	2,7	0,4	12,2	0,9	40,6	24,1	32,6	7,6	3,2	0,8	2,4	2,7	34,2	4,3
Gender																				
Girls	86,2	41,3	11	8,9	42,5	8,5	2,5	0,4	13,3	1	40,3	26,6	28,7	6,3	2,7	0,4	1,6	2,5	38,8	4,3
Boys	87,9	36,7	8,6	7,9	47,8	15,6	2,8	0,4	10,6	0,7	40,9	20,5	38,1	9,5	3,9	1,4	3,5	3	27,7	4,3
Total	86,9	39,4	10	8,5	44,7	11,4	2,7	0,4	12,2	0,9	40,6	24,1	32,6	7,6	3,2	0,8	2,4	2,7	34,2	4,3
Age of respondents																				
10-14 years	91,4	52,7	10,3	8,5	50,3	11,1	3,3	0,1	9,2	0,5	42,4	17,8	26,1	4	3,8	0,7	1,4	2,9	27,8	1,7
15-18 years	81,8	33,2	10,1	11,2	43,8	12,2	2,8	0,8	13,9	1,6	41,6	22,3	35,3	10,1	3,1	0,3	3,1	2,3	34,6	5,8
19-24 years	87	22,2	9,2	3,2	34,2	10,6	0,9	0,1	15,3	0,3	34,7	41,2	41,4	10,8	2,3	1,9	3	3	47,4	6,8
Total	86,9	39,4	10	8,5	44,7	11,4	2,7	0,4	12,2	0,9	40,6	24,1	32,6	7,6	3,2	0,8	2,4	2,7	34,2	4,3
Educational institution																				
Secondary schools, 10-14 years	91,6	51,7	10,3	9,3	48,7	11,2	3,1	0,1	9,8	0,4	42,7	17,7	26,8	3,8	3,6	0,6	1,8	3,2	28	2
Residential institutions, 10-14 years	77,2	47,3	15,2	15,2	57,2	6,6	6,4	0,8	11,6	1,3	53,2	21,2	17,8	1	7,2	1	2,6	2,8	26,9	2,9
Secondary schools, 15-18 years	80,6	37,3	9,9	10,8	48,5	10,5	3,5	1,1	12,4	1,6	42,3	21,5	36,6	9,3	3,3	0,4	1,9	1,5	28,9	6,1
High schools 15-18 years	82,5	32,1	9,6	10,5	40,3	15,8	1,9	0,2	12	2,2	41,3	25,3	39,5	6,8	3	0,4	5,8	3,8	40,7	3
Vocational schools, 15-18 years	80,2	40,8	9,8	13,7	47,7	10,7	3,2	1,6	15,9	1,6	47,8	18,7	29,6	8	4,3	0,1	2,7	1,4	33,6	3,5
Colleges 15-18 years	83	30,9	7,9	6,1	39,7	9,8	4,8	0,7	16,1	1,9	48,1	35,1	29,9	6,8	3,9	0,1	3,4	3,3	41,4	5,3
Residential institutions, 15-18 years	75,7	45	12	8,3	61,3	5,4	8	1,3	15,7	1,2	61,7	28,4	13,9	3,4	5,6	0,5	2,8	2,9	22,9	3,6
Institutions of higher education, 19-24 years	86,9	17,8	10,3	3,4	32,7	11,1	0,4		16,6	0,4	31,1	39,3	40,1	15,2	1,7	1,9	2,3	2,3	49,3	8,7
Colleges, 19-24 years	82,6	27,3	6,8	1,7	47,8	12,9	4,2	1	13	0,4	38,2	35,6	34	12,7	5,4	1	2,6	2,7	45,2	4,8
Total	86,9	39,4	10	8,5	44,7	11,4	2,7	0,4	12,2	0,9	40,6	24,1	32,6	7,6	3,2	0,8	2,4	2,7	34,2	4,3

Table 4. Opinion of young people regarding topics they would like to discuss at school

		In the I place (ac07A)																										
	Sexuality, gender relations, protected sex	Personal hygiene			Prevention of sexually transmitted diseases, HIV/AIDS			Correct nutrition			Human rights			Drugs, alcohol, smoking			Interpersonal relations, communication			Personality development			Nothing					
		in the I place	in the II place	in the III place	in the I place	in the II place	in the III place	in the I place	in the II place	in the III place	in the I place	in the II place	in the III place	in the I place	in the II place	in the III place	in the I place	in the II place	in the III place	in the I place	in the II place	in the III place	in the I place	in the II place	in the III place			
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%			
Region	Urban	17,1	14,3	16,2	9,9	9,8	5	14,6	18,2	15	6,6	10,4	10,1	21,1	15,1	13,3	2,7	7,2	8,9	11,7	12,8	13,2	15,8	11,9	17	0,5	0,3	1,2
	Rural	13,5	7,2	12,4	22,2	11,2	9,2	17,8	20,6	8,4	9,3	16,3	10,4	22,6	23,5	16	2,5	6,4	10,5	4,7	5,1	14,6	6,7	9,5	17,1	0,7	0,1	1,4
Gender	Girls	13,9	11	15,3	17,4	12,6	7,5	12,9	19,2	13,2	7,3	13,4	10,5	20,7	17	12,9	2,8	6,2	8,1	10,8	9,3	14,6	13,9	11,1	17,4	0,3	0,2	0,5
	Boys	17,8	11,6	13,6	11,9	7,2	5,7	20,3	19,3	10,9	8,5	12,1	9,8	23,1	21	16,7	2,2	7,9	11,7	5,7	9,9	12,6	9,3	10,6	16,4	1,1	0,4	2,5
Total		15,6	11,3	14,6	15,1	10,4	6,8	16	19,2	12,2	7,8	12,9	10,2	21,7	18,6	14,5	2,6	6,9	9,6	8,7	9,5	13,8	12	10,9	17	0,6	0,3	1,3
Age of respondents	10-14 years	10,2	5,6	14,7	22,2	10,6	6,4	14,8	20,5	10,3	10	19,9	9,8	24,4	21,6	15,6	3,1	8	11,7	7,1	4,7	12,4	7,8	8,9	18,1	0,5	0,2	1
	15-18 years	20,1	15,9	16	12,4	10,1	7,7	19,5	20,6	12,2	5,2	8,8	8,9	18	16,1	14,5	2,4	6,8	9,4	9,1	11,3	13,4	12,4	10	15,8	0,9	0,3	2,1
	19-24 years	18,5	14,8	11,7	4,8	10,3	5,8	11,9	13,9	16,6	8	5,5	13,9	22,8	17	12,1	1,9	4,5	5,5	11,5	16,7	17,4	20,3	17	16,8	0,2	0,2	0,3
Total		15,6	11,3	14,6	15,1	10,4	6,8	16	19,2	12,2	7,8	12,9	10,2	21,7	18,6	14,5	2,6	6,9	9,6	8,7	9,5	13,8	12	10,9	17	0,6	0,3	1,3
Educational institution	Secondary schools, 10-14 years	10,1	5,5	15,2	21,3	12,1	6	14,9	20	9,7	9,5	19,7	9,7	25,7	20,4	15	3	7,6	11,6	7,2	5,7	13,8	7,8	8,8	18	0,5	0,2	1
	Residential institutions, 10-14 years	11,4	6,8	10,6	26,1	10,1	13	22,1	20	9,2	8,2	15,6	10,5	19,9	23,5	19,3	2,7	9,5	8,9	2,2	5,8	8,3	5,5	8,2	19,4	1,9	0,5	1,3
	Secondary schools, 15-18 years	21,4	16,3	15,5	14,5	8,1	8,1	18,6	23,3	13,5	5,7	7,2	8,7	15,3	19	14,6	1	7,2	9,1	10,3	10,2	13	12,4	8,7	16,7	0,8		0,8
	High schools 15-18 years	21,7	15,8	16	9,3	7,8	9,2	18,3	21,2	11,9	4,5	8,5	7,4	18,3	12,5	15,3	2,4	6,4	10,4	11	11	12,8	12,9	15,6	14,4	1,5	1,1	2,7
	Vocational schools, 15-18 years	24,6	11	12,4	13,8	10,6	9,4	17,7	21,1	14,3	7,8	13,5	6,4	24,3	19,2	18,5	3,7	9	12,6	2,8	6,7	9,7	4,7	8,5	15,2	0,7	0,5	1,4
	Colleges, 15-18 years	20,3	14,9	20,2	16,2	12,3	8	14	19,3	12,4	6,5	12,5	12,2	17,4	18,8	16	2,7	5,4	7,5	4,4	7,2	10,1	18,3	9,4	12,6	0,2	0,2	1,1
	Residential institutions, 15-18 years	16,3	9,6	9,4	23,4	13,1	9,9	17,3	18,2	13,4	9,8	17,1	11,5	19,8	17,5	16,8	3,5	5,7	9,6	3,2	6,7	9,2	4,3	9,5	16,3	2,4	2,6	3,9
	Institutions of higher education, 19-24 years	15,7	16,5	11,2	4	9,5	4,8	15,2	11,9	16,8	7,7	5,2	15,1	20,9	16,9	10,7	3,3	5	4,7	11,6	18,4	17,2	21,5	16,4	17,5	0,3	0,2	2
	Colleges, 19-24 years	28,5	17,5	16,1	11,9	10,4	8,5	10,5	20,4	12,4	6,4	7	10,3	18,8	18,8	20,5	2,3	6,3	9,3	7,1	7,7	8,6	14,4	11,9	13,6			0,6
	Total		15,6	11,3	14,6	15,1	10,4	6,8	16	19,2	12,2	7,8	12,9	10,2	21,7	18,6	14,5	2,6	6,9	9,6	8,7	9,5	13,8	12	10,9	17	0,6	0,3

Table 5. Information about the reasons of young people for not using services existing in the locality

			do not use because:										
			use	those are expensive	those are far away	their time-table is not convenient	do not like the staff	those are old, out of fashion	they are ashamed	do not need those	do not trust those	those do not exist	are not allowed
				%	%	%	%	%	%	%	%	%	%
medical institution	Region	Urban	72,4	7,7	1,9	1,3	1,9	1,9	1,6	14,3	4,3	0	0
		Rural	74,2	6,6	0,8	1,1	1,8	0,8	1,1	14,6	2,3	0	0,2
	Total	73,2	7,3	1,4	1,2	1,9	1,4	1,4	1,4	14,4	3,4	0	0,1
family planning center, office	Region	Urban	5,4	4,4	1,7	2,7	0,6	0	0,9	38,2	1,7	42,8	1,4
		Rural	1,5	1,1	0,2	0,8	0,6		0,8	8,2	0,6	86,5	0,4
	Total	3,7	3	1	1,9	0,6	0	0,8	25,4	1,3	61,5	1	
school (college, university)	Region	Urban	100	99,4	99,8	99,6	99,7	100	100	99,4	99,3	99,7	100
		Rural	100	99,3	99,8	99,8	99,7	99,8	100	99,8	100	99,8	100
	Total	100	99,3	99,8	99,7	99,7	99,9	100	99,6	99,6	99,7	100	
psycho-social counseling services	Region	Urban	3,5	3,4	0,5	1,4	2,6	0,1	1,5	35,5	3,4	48,9	0,1
		Rural	2,9	0,3	0,9	1	0,5	0,2	0,3	7,7	0,4	85,4	0,4
	Total	3,2	2	0,7	1,2	1,7	0,1	1	23,6	2,1	64,6	0,2	
cultural club	Region	Urban	54,5	4	2,6	3,2	1,7	4,7	0,2	11,6	0,8	13,4	2,1
		Rural	54,4	0,5	1,1	1,6	2,7	6	0,8	7,9	0,5	23,8	1,8
	Total	54,4	2,5	2	2,5	2,1	5,3	0,5	10	0,7	17,9	2	
creative club	Region	Urban	19,1	3,7	5	12,4	1,3	5,9	0,8	20	0,9	28,6	0,4
		Rural	19	1,4	2	4,8	0,9	1,3	0,3	5,9	0,4	63	1,1
	Total	19	2,7	3,7	9,1	1,1	3,9	0,6	13,9	0,7	43,3	0,7	
sports sections, dance classes	Region	Urban	47,7	10	2,5	16	0,8	1,4	0,3	8,4	0,7	10,3	1,2
		Rural	46	3,1	1,2	5,8	3,1	1,9	0,9	5,6	0,2	30,1	2
	Total	46,9	7	1,9	11,6	1,8	1,6	0,5	7,2	0,5	18,8	1,6	
youth center	Region	Urban	20,7	2,9	2,9	5,3	1,2	1,6	0,9	12,5	1,4	47	2
		Rural	12,7	1,2	1,2	2,2	1,5	0,4	0,8	4	0,2	72,6	4,1
	Total	17,2	2,1	2,2	3,9	1,4	1,1	0,9	8,8	0,9	58	2,9	
bar, cafe	Region	Urban	80,2	6,7	0,5	0,2	1,8	0,8	0,2	4,2	0,5	2,8	2,2
		Rural	69,9	6,6	1	0,9	1,8	0,1	0,6	6,1	0,7	8,6	4,6
	Total	75,8	6,6	0,7	0,5	1,8	0,5	0,3	5	0,6	5,3	3,2	
internet cafe	Region	Urban	60,2	11,4	0,5	1,1	0,5	0,1	0,2	6,7	0,1	17,7	1,4
		Rural	11,6	5,9	1,6	1,1	1,2		1,1	4,9		73,1	0,8
	Total	39,3	9	1	1,1	0,8	0,1	0,6	5,9	0	41,5	1,2	

Table 6. Reasons for not going to the doctor in case of illness within the last year

		did not have money	did not have where to go	am afraid/ashamed of people around to find out about my problem	do not trust medical staff	was not allowed to miss classes	thought it would go away	Do not know
		%	%	%	%	%	%	%
Region	Urban	15,5	2	5,8	17,1	3,6	29,3	3,3
	Rural	7,2	2,8	5	3,9	1,4	20,3	3,2
Total		12	2,4	5,5	11,5	2,7	25,5	3,3
Gender	Girls	13,7	2,2	6,5	12	2,4	27,5	2,2
	Boys	9,5	2,6	4	10,8	3	22,8	4,7
Total		12	2,4	5,5	11,5	2,7	25,5	3,3
Age of respondents	10-14 years	4,1	1,9	4,7	4,3	3,3	18,5	4,8
	15-18 years	11,8	2,5	5	12,9	2,6	24,9	2,8
	19-24 years	29,5	3,1	8,1	24,5	1,5	41,9	0,9
Total		12	2,4	5,5	11,5	2,7	25,5	3,3
Education institution	Secondary schools, 10-14 years	3,8	2,1	4,9	5,8	3,1	19,4	5,4
	Residential institutions, 10-14 years	12,7	3,3	11,3	6	6,7	21,6	3,5
	Secondary schools, 15-18 years	12,8	2,4	5,9	6,3	2	22,3	1,8
	High schools, 15-18 years	8,6	2	2,8	14,2	2,8	26,8	2,7
	Vocational schools, 15-18 years	19,7	3,7	6,4	11	5,9	23,1	1,8
	Colleges, 15-18 years	22,2	0,6	7,8	10,7	6,9	27	1,5
	Residential institutions, 15-18 years	14,5	2,6	7,8	5,7	6,7	20,2	1,9
	Institutions of higher education, 19-24 years	27,5	2,9	7,2	29,5	1,1	41	0,8
Total		12	2,4	5,5	11,5	2,7	25,5	3,3
Do you smoke at present?	Yes	13,2	2,4	5,9	14	1,7	23,6	4,2
	No	10,7	2,2	4,7	10,8	2,9	25	3,2
	I quit	21,4	4	11,5	14,8	2,3	32,6	2,9
Total		12	2,4	5,5	11,5	2,7	25,5	3,3
How often do you drink alcohol?	I've drunk it once	4	3,3	1,1	3,7	4,1	20,6	3,7
	I drink only on special occasions	14,2	2,4	7,3	14,1	2,2	29,2	2,4
	I drink 1-2 times per month	17,4	1,6	2,1	15,3	1,6	34,6	3,6
	I drink 1-2 times per week	8,3	1,4	4,5	18,5	0,5	27,3	2,5
	I drink every day	14,1	9,3	17,8	4,9		34,6	23,5
	Other	9,9	2,3	3	10,4	0,6	30,3	14,5
	I do not drink at all	6,9	2,3	3,2	4,4	4,7	12,2	3,6
Total		11,9	2,4	5,5	11,5	2,7	25,5	3,3
What is your experience with drugs?	I used to do drugs and I quit	21,5	0,8	9,5	22,9	2,5	25,2	2
	I do drugs 1-2 times per month	51,6	4,1		3,5	2	48,8	8,2
	I do drugs 1-2 times per week	11,7		1,1	32,7			
	I do drugs every day	59,1				27,3	86,4	
	I do drugs a couple of times per day						64,6	
	Other	4,7	4,7	1,1	6,7		21,5	
Total		11,6	2,4	5,4	11,2	2,7	25,5	3,3
Is someone of your parents or husband/wife working abroad at present?	Yes	13,2	3,5	5,9	11,3	2,2	25,3	7
	No	11,7	2	5,4	11,6	2,8	25,6	2,2
	Do not know	4,8	0	3,7	8,2	4,8	19,5	
Total		12	2,4	5,5	11,5	2,7	25,5	3,3

Table 7. Information about young people who smoke

Variable		Smoke at present	Do not smoke at present	Quit	Total
		%	%	%	%
Region	Urban	17,3	71,8	10,9	100
	Rural	3,9	89,6	6,5	100
Total		11,6	79,3	9,0	100
Gender	Girls	6,4	87,2	6,4	100
	Boys	19,1	68,1	12,8	100
Total		11,6	79,3	9,0	100
Age of respondents	10-14 years	3,4	89,7	7,0	100
	15-18 years	14,3	75,9	9,9	100
	19-24 years	24,6	63,4	11,9	100
Total		11,6	79,3	9,0	100
Educational institution	Secondary schools, 10-14 years	3,2	89,8	7,0	100
	Residential institutions, 10-14 years	4,7	83,4	11,8	100
	Secondary schools, 15-18 years	12,6	79,2	8,2	100
	High schools, 15-18 years	15,3	70,4	14,3	100
	Vocational schools, 15-18 years	31,0	57,1	11,9	100
	Colleges, 15-18 years	15,8	71,7	12,6	100
	Residential institutions, 15-18 years	20,2	69,6	10,2	100
	Institutions of higher education, 19-24 years	24,5	64,4	11,1	100
Total		19,1	71,4	9,5	100
Total		11,6	79,3	9,0	100

Table 8. Information regarding the age of starting to smoke

Variable		At what age did you start smoking?					Total
		Before 10 years	10-14 years	15-18 years	19 years and over	I do not remember	
		%	%	%	%	%	
Region	Urban	8,5	21,2	55,6	5,8	8,8	100
	Rural	17,9	32,9	26,8	0,4	22	100
Total		10,4	23,6	49,7	4,7	11,5	100
Gender	Girls	2,7	26,9	48,1	6,1	16,2	100
	Boys	15,3	21,5	50,7	3,9	8,5	100
Total		10,4	23,6	49,7	4,7	11,5	100
Age of respondents	10-14 years	29	40,7	2,7	0,7	27	100
	15-18 years	7,4	26,9	54,9	0	10,8	100
	19-24 years	1,1	6,5	77	14,2	1,1	100
Total		10,4	23,6	49,7	4,7	11,5	100
Education institution	Secondary schools, 10-14 years	24,8	44,7	2,3	0,6	27,6	100
	Residential institutions, 10-14 years	36,6	29,2	5,9	0	28,4	100
	Secondary schools, 15-18 years	6	23,3	59,6	2	9,1	100
	High schools, 15-18 years	10,5	24,6	54,9	0	10	100
	Vocational schools, 15-18 years	11,9	19,6	62,1	0	6,3	100
	Colleges, 15-18 years	5,7	14,9	62	6	11,4	100
	Residential institutions, 15-18 years	14,1	40,6	36,9	0	8,5	100
	Institutions of higher education, 19-24 years	0,6	6,9	80,9	10,9	0,7	100
Total		4,4	12,8	56,8	22	3,9	100
Total		10,4	23,6	49,7	4,7	11,5	100
How do you assess your present health condition?	Excelent	2,7	13,1	75,4	5,7	3,1	100
	Good	13,9	22,9	49,1	5,9	8,2	100
	Satisfactory	3,9	23,4	57,2	4,1	11,4	100
	Bad	0,4	29,6	58,2	5,3	6,5	100
	Do not know/cannot assess	14,4	28	30,4	1,5	25,8	100
How many times have you been to the doctor within the last year?	3 times or more	2,5	29,6	48,8	7,3	11,8	100
	1-2 times	12,1	21,4	51,3	4	11,3	100
	Not a single time	10,1	26,1	45,5	7,4	10,8	100
	I cannot remember	13,7	24,9	41	1,2	19,2	100
	Other	44	48,5	7,5	0	0	100
Total		10,2	17,8	60,8	4,5	6,8	100
Total		10,4	23,6	49,7	4,7	11,5	100

Table 9. Distribution of respondents according to the frequency of alcohol drinking

Variable		I have drunk once	I drink only on special occasions	I drink 1-2 times per month	I drink 1-2 times per week	I drink every day	I do not drink at all	Total	
		%	%	%	%	%	%	abs.	%
Region	Urban	4,6	62,5	9,6	5,2	0,4	13,8	1965	100
	Rural	7,0	50,5	6,2	2,0	0,8	32,2	1437	100
Total		5,6	57,5	8,2	3,9	0,5	21,6	3401	100
Gender	Girls	5,1	63,2	5,6	2,8	0,2	20,7	1993	100
	Boys	6,2	49,4	11,9	5,4	1,1	22,8	1409	100
Total		5,6	57,5	8,2	3,9	0,5	21,6	3401	100
Age of respondents	10-14 years	9,2	48,6	3,6	1,7	0	34,6	1454	100
	15-18 years	4,2	61,1	9,5	4,9	1,4	16,1	1280	100
	19-24 years	0,2	69,8	15,5	6,8	0,1	3,8	667	100
Total		5,6	57,5	8,2	3,9	0,5	21,6	3401	100
Educational institution	Secondary schools, 10-14 years	9,3	48,6	3,8	1,6	0	34,1	1516	100
	Residential institutions, 10-14 years	9,0	34	4,7	1,5	0	49,5	18	100
	Secondary schools, 15-18 years	5,1	59,9	8,5	5,6	2,4	16,0	638	100
	High schools, 15-18 years	2,0	62,8	11,9	4,7	0,7	14,5	324	100
	Vocational schools, 15-18 years	2,0	63,7	13,4	7,1	0	13,2	104	100
	Colleges, 15-18 years	1,7	68,3	11,0	2,0	0	14,3	75	100
	Residential institutions, 15-18 years	7,4	50	5,0	1,8	0	34,9	5	100
	Institutions of higher education, 19-24 years	0,5	70	14,9	7	0,1	4,1	629	100
Total		0,6	72	11,4	4,6	0,3	8,2	92	100
Total		5,6	57,5	8,2	3,9	0,5	21,6	3401	100
How many times have you addressed to the doctor within the last year?	3 times or more	6,7	56,2	7,4	3,4	0,2	21,4	546	100
	1-2 times	5,9	59,7	7,8	3,2	0,6	19,3	1406	100
	Not a single time	7,0	57	9,2	6,8	0,4	18	481	100
	I do not remember	1,8	56,4	8,6	4,3	1,1	26	426	100
	Other	0	65,2	32,3	0	0	2,6	42	100
	I did not have any health problems	5,6	53,3	6,9	3,4	0,4	29,6	500	100
Total		5,6	57,5	8,2	3,9	0,5	21,6	3401	100
Smoking at present	Yes	2,4	53,8	19,2	16	0,1	2	395	100
	No	6,1	56,9	6,4	1,9	0,6	25,8	2695	100
	I quit	5,3	67,3	10,1	5,1	0,3	10,4	307	100
Total		5,6	57,5	8,2	3,9	0,5	21,6	3398	100
Age of starting smoking	Before 10 years	21,6	59,7	3,9	10,2	1	2,7	78	100
	10-14 years	4,9	65	12,8	11,5	1,2	3,1	178	100
	15-18 years	1,2	59,4	19,8	13,4	0	2,1	376	100
	19 years and over	0	67	27,9	4,7	0	0	36	100
	I do not remember	5,2	49,7	4,7	2,2	0	15,3	87	100
	I do not smoke	5,9	56,7	6,2	1,9	0,6	26,6	2647	100
Total		5,6	57,5	8,2	3,9	0,5	21,6	3401	100
How do you spend your free time?	I watch TV, listen to the music	5,9	58,9	7,9	4,1	0,5	20,2	2702	100
	I read fiction	6	55,9	5,2	1,6	0,3	28,4	1045	100
	I attend a sports section, dance classes	4,9	59,9	8,6	2,4	1	20,4	613	100
	I draw, embroider	9,3	43	4,3	5,6	0	37,1	277	100
	I help my parents around the house	6,6	55,1	7,2	3,5	0,6	24,2	1771	100
	I work/play games on the computer	4,3	58,6	13	4,6	0,3	17,9	564	100
	I go out with friends	4,9	58,8	9,2	4,9	0,7	18,7	2212	100
	Other	2,3	36,2	16,2	1,9	0,9	28,7	157	100
Total		5,6	57,5	8,2	3,9	0,5	21,6	3401	100

Table 10. Distribution of respondents according to the age of starting drinking

		Before 10 years	10-14 years	15-18 years	19 years and over	I do not remember	Total
		%	%	%	%	%	%
Region	Urban	5,1	20,8	45,1	7,2	21,9	100
	Rural	5,4	41,5	22,7	0,3	30,1	100
Total		5,2	28	37,3	4,8	24,8	100
Gender	Girls	4,5	27,9	34,3	6,1	27,3	100
	Boys	6,2	28,2	41,6	2,9	21,1	100
Total		5,2	28	37,3	4,8	24,8	100
Age of respondents	10-14 years	8,9	51,8	3,6		35,7	100
	15-18 years	3,2	21,9	54,4	0,3	20,2	100
	19-24 years	3,2	4,7	56,5	18,8	16,9	100
Total		5,2	28	37,3	4,8	24,8	100
Educational institution	Secondary schools, 10-14 years	8,3	51	5,5	0	35,2	100
	Residential institutions, 10-14 years	13,4	44,7	3,6	0	38,4	100
	Secondary schools, 15-18 years	3,8	26	49,9	0,3	19,9	100
	High schools, 15-18 years	4,3	20,1	54,6	0,5	20,5	100
	Vocational schools, 15-18 years	3,6	16,4	57	3,7	19,3	100
	Colleges, 15-18 years	1	11,8	64,5	2,8	19,9	100
	Residential institutions, 15-18 years	6,9	27	42,4	0	23,7	100
	Institutions of higher education, 19-24 years	3	3,6	60	16,5	16,8	100
Total		5,2	28	37,3	4,8	24,8	100
How many times have you addressed to the doctor within the last year?	3 times or more	5,6	27,5	39,7	5,8	21,3	100
	1-2 times	3,6	30,4	38,8	5	22,1	100
	Not a single time	8,2	18	38,7	7,1	28,1	100
	I do not remember	6,6	24,8	23,2	1,4	44,1	100
	Other	6,8	33,8	33,6	2,1	23,6	100
	I did not have any health problems	4,8	34,9	40,5	3,2	16,6	100
Total		5,2	28	37,3	4,8	24,8	100
Age of starting smoking	Before 10 years	15,1	34,4	14,7		35,9	100
	10-14 years	13,1	41,5	30,8	0,6	14	100
	15-18 years	2,4	12	69,4	2,8	13,5	100
	19 years and over		15,3	53,3	25,6	5,9	100
	I do not remember	0,3	4,4	12,7	0,8	81,7	100
	I do not smoke	4,9	30,7	33	5,5	25,8	100
Total		5,2	28	37,3	4,8	24,8	100
How do you spend your free time?	I watch TV, listen to the music	5,3	27,6	36,6	5,1	25,4	100
	I read fiction	4,3	35,7	31,3	6,9	21,7	100
	I attend a sports section, dance classes	6,1	29,8	43,3	2,2	18,6	100
	I draw, embroider	14,8	20,5	26,4	9,7	28,7	100
	I help parents around the house	5,7	30,2	35,1	3,5	25,5	100
	I work/play games on the computer	5,2	26,8	43,2	5,8	19	100
	I go out with friends	4,9	25,9	40,2	4,4	24,5	100
Total		5,2	28	37,2	4,8	24,8	100
Self-assessment of health condition	Excellent	3,9	34	36,1	5,1	20,9	100
	Good	6,8	31,3	35,6	4,9	21,4	100
	Satisfactory	2,4	19,4	48,1	6,9	23,2	100
	Bad	1,5	14,7	31,8	2,3	49,7	100
	Do not know/Cannot assess	5	28,6	29,8	1,7	34,9	100
Total		5,2	28	37,3	4,8	24,8	100
Is someone from your family gone to work abroad	Yes	3,8	26,1	38,8	4,3	27,2	100
	No	5,7	28,5	36,7	4,9	24,1	100
	Do not know	0,1	46,9	41,4	3,4	8,2	100
Total		5,2	28	37,3	4,8	24,8	100

Table 11. Proportion of respondents who indicate they know someone (friends, acquaintances) who do drugs

		I know someone		I do not know anyone		Total	
		N	%	N	%	N	%
Region	Urban	643	32,8	1317	67,2	1961	100
	Rural	288	20,2	1136	79,8	1424	100
Total		931	27,5	2454	72,5	3385	100
Gender	Girls	552	27,7	1438	72,3	1989	100
	Boys	380	27,2	1016	72,8	1395	100
Total		931	27,5	2454	72,5	3385	100
Age of respondents	10-14 years	349	24,2	1091	75,8	1439	100
	15-18 years	332	26	945	74	1277	100
	19-24 years	250	37,4	418	62,6	668	100
Total		931	27,5	2454	72,5	3385	100
Educational institution	Secondary schools, 10-14 years	359	23,9	1142	76,1	1501	100
	Residential institutions, 10-14 years	3	17,2	15	82,8	18	100
	Secondary schools, 15-18 years	146	22,8	492	77,2	637	100
	High schools, 15-18 years	105	32,5	219	67,5	324	100
	Vocational schools, 15-18 years	33	32,5	69	67,5	103	100
	Colleges, 15-18 years	19	25,1	56	74,9	75	100
	Residential institutions, 15-18 years	1	19,6	4	80,4	4	100
	Institutions of higher education, 19-24 years	242	38,4	388	61,6	631	100
Colleges, 19-24 years	23	25,3	68	74,7	92	100	
Total		931	27,5	2454	72,5	3385	100
Where the respondents have learnt most about healthy lifestyle?	Parents	798	27,1	2143	72,9	2942	100
	Relatives (brothers/sisters)	89	26,4	247	73,6	336	100
	School	395	26,1	1121	73,9	1516	100
	Colleagues	17	21,1	65	78,9	83	100
	Friends	124	29,9	290	70,1	413	100
	Medical workers	381	27,8	991	72,2	1372	100
	TV	324	29,4	777	70,6	1101	100
	Radio	13	11,5	97	88,5	110	100
	Internet	30	36,6	51	63,4	81	100
	Newspapers, magazines, books	361	31,1	798	68,9	1159	100
Total		931	27,5	2453	72,5	3383	100

Table 12. Information regarding the proposals to do drugs

		Proposed to do drugs		Not proposed to do drugs		Total	
		N	%	N	%	N	%
Region	Urban	373	19	1594	81	1967	100
	Rural	75	5,2	1361	94,8	1437	100
Total		448	13,2	2956	86,8	3404	100
Gender	Girls	127	6,4	1868	93,6	1995	100
	Boys	321	22,80	1088	77,2	1409	100
Total		448	13,2	2956	86,8	3404	100
Age of respondents	10-14 years	56	3,8	1399	96,2	1454	100
	15-18 years	196	15,3	1085	84,7	1281	100
	19-24 years	197	29,5	472	70,5	669	100
Total		448	13,2	2956	86,8	3404	100
Educational institution	Secondary schools, 10-14 years	55	3,6	1461	96,4	1516	100
	Residential institutions, 10-14 years	1	3,5	18	96,5	18	100
	Secondary schools, 15-18 years	70	11	569	89	638	100
	High schools, 15-18 years	72	22,2	253	77,8	325	100
	Vocational schools, 15-18 years	28	27,1	76	72,9	105	100
	Colleges, 15-18 years	12	15,8	63	84,2	75	100
	Residential institutions, 15-18 years	0	5,8	4	94,2	5	100
Institutions of higher education, 19-24 years	Institutions of higher education, 19-24 years	193	30,5	439	69,5	631	100
	Colleges, 19-24 years	17	19	74	81	91	100
	Total	448	13,2	2956	86,8	3404	100
Civil status	Not married	423	12,7	2922	87,3	3346	100
	Married (registered)	11	51,6	10	48,4	22	100
	Married (not registered)	7	25,8	20	74,2	27	100
	Divorced/separated	3	74	1	26	4	100
Total		444	13,1	2954	86,9	3399	100
How do you spend your free time?	I watch TV, listen to the music	358	13,2	2347	86,8	2705	100
	I read fiction	71	6,8	974	93,2	1045	100
	I attend a sports section, dance classes	110	17,9	504	82,1	613	100
	I draw, embroider	12	4,2	265	95,8	277	100
	I help parents around the house	187	10,6	1586	89,4	1773	100
	I work/play games on the computer	133	23,6	431	76,4	565	100
	I go out with friends	330	14,9	1884	85,1	2214	100
Total		448	13,2	2955	86,8	3403	100
Smoking at present	Yes	220	55,4	177	44,6	396	100
	No	143	5,3	2554	94,7	2697	100
	I quit	85	27,7	222	72,3	308	100
Total		448	13,2	2953	86,8	3401	100
Age of starting smoking	Before 10 years	24	30,1	55	69,9	79	100
	10-14 years	54	30,1	125	69,9	178	100
	15-18 years	198	52,6	178	47,4	376	100
	19 years and over	14	38,5	22	61,5	36	100
	I do not remember	12	13,4	75	86,6	87	100
I do not smoke	148	5,6	2501	94,4	2649	100	
Total		448	13,2	2956	86,8	3404	100
Frequency of drinking	I've drunk once	4	1,9	185	98,1	189	100
	I drink only on special occasions	250	12,8	1705	87,2	1955	100
	I drink 1-2 times per month	86	30,7	193	69,3	279	100
	I drink 1-2 times per week	63	47,7	69	52,3	132	100
	I drink every day	8	42,7	11	57,3	18	100
	Other	16	17,1	78	82,9	94	100
I do not drink at all	23	3,1	712	96,9	734	100	
Total		448	13,2	2952	86,8	3401	100
Age of starting drinking	Before 10 years	20	15	113	85	133	100
	10-14 years	89	12,3	632	87,7	720	100
	15-18 years	215	22,5	743	77,5	958	100
	19 years and over	20	16,1	103	83,9	123	100
	I do not remember	82	12,8	554	87,2	636	100
I do not drink at all	23	2,7	811	97,3	834	100	
Total		448	13,2	2956	86,8	3404	100

Table 13. Information regarding the proposal to do drugs

	Proposed drugs in the street			Proposed drugs at the disco, bar			Proposed drugs at school			Proposed drugs at home			Proposed drugs in other places		
	N	%		N	%		N	%		N	%		N	%	
Region															
Urban	142	38,1	179	48,1	33	43,4	43	56,6	80	17,9	55	12,3	42	9,4	
Rural	33	39,0	222	49,6	34	26,4	81	63,2	8	6,3	12	9,4	15	12,1	
Gender															
Girls	141	39,0	222	49,6	141	44,1	141	44,1	72	22,5	43	13,4	27	8,3	
Boys	175	39,0	222	49,6	27	48,5	28	50,4	0	0,2	10	18,0	4	8,1	
Total	99	50,5	85	43,8	49	24,9	108	55,1	40	20,1	32	16,4	21	10,7	
Age of respondents															
10-14 years	175	39,0	222	49,6	175	39,0	222	49,6	80	17,9	55	12,3	42	9,4	
15-18 years	27	48,5	28	50,4	0	0,0	0	0,0	0	0,0	10	18,1	4	8,2	
19-24 years	99	50,5	85	43,8	49	24,9	108	55,1	40	20,1	32	16,4	21	10,7	
Total	175	39,0	222	49,6	175	39,0	222	49,6	80	17,9	55	12,3	42	9,4	
Educational institution															
Secondary schools, 10-14 years	27	48,5	28	50,4	0	0,0	0	0,0	0	0,0	10	18,1	4	8,2	
Residential institutions, 10-14 years	0	27,7	0	52,8	38	54,8	32	45,1	15	21,0	2	3,2	8	11,2	
Secondary schools, 15-18 years	31	43,3	35	48,4	12	16,8	12	16,8	5	7,1	5	7,1	5	7,1	
High schools, 15-18 years	12	41,4	14	48,9	9	31,4	2	7,3	2	7,3	2	7,3	2	5,6	
Vocational schools, 15-18 years	5	42,3	5	44,2	1	11,4	1	10,2	1	10,2	1	10,2	1	7,7	
Colleges, 15-18 years	0	61,9	0	31,7	56	29,0	101	52,6	38	20,0	33	17,0	21	10,7	
Residential institutions, 15-18 years	6	32,1	7	40,5	5	26,1	2	9,5	1	8,6	1	8,6	1	8,6	
Institutions of higher education, 19-24 years	175	39,0	222	49,6	90	41,1	111	50,5	59	26,9	16	7,1	18	8,1	
Colleges, 19-24 years	63	44,4	71	50,1	21	24,9	39	46,2	8	9,4	20	22,9	17	19,9	
Yes	175	39,0	222	49,6	15	62,0	11	45,2	2	7,8	1	3,8	5	21,4	
No	33	26,6	72	57,5	24	44,3	25	45,8	20	38,1	9	15,9	1	2,3	
I quit	141	43,9	150	46,7	69	34,7	103	52,2	43	21,7	10	5,2	25	12,4	
Total	3	19,1	5	34,1	3	19,1	5	34,1	1	4,0	2	12,1	5	35,6	
Age of starting smoking															
I do not remember	5	43,8	1	11,6	60	40,7	77	52,5	13	8,5	30	20,3	6	4,1	
I do not smoke	175	39,0	222	49,6	175	39,0	222	49,6	80	17,9	55	12,3	42	9,4	
Yes	33	26,6	72	57,5	29	33,6	38	44,7	23	26,7	13	15,2	7	7,9	
No	141	43,9	150	46,7	0	34,1	0	0,0	1	60,5	0	0,0	0	0,0	
Do not know	175	39,0	222	49,6	2	57,1	1	20,7	7	43,9	1	4,7	1	6,9	
I've drunk once	2	57,1	1	20,7	97	38,8	137	55,0	30	12,1	32	12,7	26	10,6	
I drink only on special occasions	29	33,6	38	44,7	23	26,7	23	26,7	13	15,2	7	7,9	7	7,9	
I drink 1-2 times per month	23	37,0	26	41,8	7	95,0	2	26,9	18	28,2	5	7,5	8	12,0	
I drink 1-2 times per week	7	95,0	2	26,9	3	16,9	8	52,8	8	52,8	1	4,7	1	6,9	
I drink every day	3	16,9	8	52,8	14	60,5	9	40,1	2	10,1	4	17,7	0	0,7	
Other	175	39,0	222	49,6	9	46,3	3	15,4	3	16,6	1	6,3	3	35,6	
I do not drink at all	51	57,0	36	40,2	81	37,7	116	54,0	40	18,5	30	13,7	23	10,6	
Before 10 years	0	1,7	16	82,9	20	24,6	41	51,0	14	17,2	17	21,5	5	6,5	
15-18 years	13	56,9	9	41,2	13	56,9	9	41,2	1	6,5	0	1,2	4	17,6	
19 years and over	174	39,0	222	49,6	141	39,6	167	46,7	80	17,9	54	12,2	42	9,4	
I do not remember	31	43,5	37	52,8	41	37,8	55	50,1	21	19,6	22	19,7	7	6,8	
I do not drink at all	75	40,0	96	51,2	1	11,2	6	47,7	1	5,1	0	4,1	5	42,6	
I watch TV, listen to the music	49	36,6	65	48,8	7	40,0	96	51,2	22	12,0	23	12,5	21	11,0	
I read fiction	127	38,7	169	51,2	49	36,6	65	48,8	26	19,9	19	14,1	11	8,2	
I attend a sports section, dance classes	175	39,0	222	49,6	127	38,7	169	51,2	63	19,2	31	9,5	31	9,5	
I draw, embroider	175	39,0	222	49,6	175	39,0	222	49,6	80	17,9	55	12,3	42	9,4	
I help parents around the house															
I work/play games on the computer															
I go out with friends															
Total	175	39,0	222	49,6	175	39,0	222	49,6	80	17,9	55	12,3	42	9,4	

Table 14. Information regarding their own experience with drugs

	I've done it once and quit			Occasionally (more rarely than monthly)			1-2 times per month			1-2 times per week			Daily			A couple of times per day			Total		
	N	%		N	%		N	%		N	%		N	%		N	%		N	%	
Region																					
Urban	103	73	20	14,2	12	8,5	3	2,1	2	1,4	1	0,7	141	100							
Rural	17	60,7	2	7,1	5	17,9	2	7,1	1	3,6	1	3,6	1	3,6	28	100					
Total	120	71	22	13	17	10,1	5	3	3	1,8	2	1,2	169	100							
Gender																					
Girls	23	74,2	4	12,9	3	9,7	1	3,2	0	0	0	0	31	100							
Boys	97	70,3	18	13	14	10,1	4	2,9	3	2,2	2	1,4	138	100							
Total	120	71	22	13	17	10,1	5	3	3	1,8	2	1,2	169	100							
Age of respondents																					
10-14 years	3	100	0	0	0	0	0	0	0	0	0	0	3	100							
15-18 years	67	64,4	18	17,3	11	10,6	3	2,9	3	2,9	2	1,9	104	100							
19-24 years	50	80,6	4	6,5	6	9,7	2	3,2					62	100							
Total	120	71	22	13	17	10,1	5	3	3	1,8	2	1,2	169	100							
Education institution																					
Secondary schools, 10-14 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
Residential institutions, 10-14 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
Secondary schools, 15-18 years	9	64,3	4	28,6	0	0	0	0	0	0	0	0	14	100							
High schools, 15-18 years	20	66,7	8	26,7	1	3,3	0	0	0	0	0	0	30	100							
Vocational schools, 15-18 years	25	64,1	5	12,8	6	15,4	1	2,6	2	5,1	0	0	39	100							
Colleges, 15-18 years	15	75	1	5	3	15	0	0	1	5	0	0	20	100							
Residential institutions, 15-18 years	4	80	0	0	0	0	0	0	0	0	0	0	5	100							
Institutions of higher education, 19-24 years	33	75	4	9,1	6	13,6	1	2,3					44	100							
Colleges, 19-24 years	12	80	0	0	1	6,7	2	13,3	0	0	0	0	15	100							
Total	120	71	22	13	17	10,1	5	3	3	1,8	2	1,2	169	100							
How do you spend your free time?																					
I watch TV, listen to the music	90	70,3	13	10,2	4	3,1	3	2,3	2	1,6	16	12,5	128	100							
I read fiction	14	58,3	3	12,5	1	4,2			2	8,3	4	16,7	24	100							
I attend a sports section, dance classes	31	72,1	4	9,3	2	4,7	1	2,3					43	100							
I draw, embroider	2	50			1	25							4	100							
I help parents around the house	54	78,3	6	8,7	1	1,4	1	1,4					69	100							
I work/play games on the computer	21	65,6	6	18,8	1	3,1			1	3,1	3	9,4	32	100							
I go out with friends	98	72,1	14	10,3	1	0,7	2	1,5	2	1,5	19	14	136	100							
Total	120	71	17	10,1	5	3	3	1,8	2	1,2	22	13	169	100							
Smoking at present																					
Yes	74	66,7	17	15,3	14	12,6	2	1,8	2	1,8	3	2,7	111	100							
No	20	74,1	2	7,4	3	11,1	1	3,7	0	0	0	0	31	100							
I quit	26	83,9	3	9,7	0	0	2	6,5	0	0	0	0	31	100							
Total	120	71	22	13	17	10,1	5	3	3	1,8	2	1,2	169	100							
Age of starting smoking																					
Before 10 years	11	78,6	0	0	1	7,1	1	7,1	1	7,1	0	0	14	100							
10-14 years	23	59	7	17,9	7	17,9	1	2,6	1	2,6	0	0	39	100							
15-18 years	61	74,4	13	15,9	5	6,1	1	1,2	1	1,2	1	1,2	82	100							
19 years and over	3	100	0	0	0	0	0	0	0	0	0	0	3	100							
I do not remember	3	50	0	0	2	33,3	1	16,7	1	16,7	0	0	6	100							
I do not smoke	19	76	2	8	2	8	1	4	1	4	0	0	25	100							
Total	120	71	22	13	17	10,1	5	3	3	1,8	2	1,2	169	100							
Frequency of drinking																					
I've drunk once	1	100	0	0	0	0	0	0	0	0	0	0	1	100							
I drink only on special occasions	63	75	6	7,1	3	3,6	2	2,4	1	1,2	9	10,7	84	100							
I drink 1-2 times per month	26	74,3	5	14,3	0	0	0	0	0	0	4	11,4	35	100							
I drink 1-2 times per week	19	57,6	5	15,2	2	6,1	1	3	0	0	6	18,2	33	100							
I drink every day	2	66,7	0	0	0	0	0	0	1	33,3	0	0	3	100							
Other	3	42,9	1	14,3	0	0	0	0	0	0	0	0	7	100							
I do not drink at all	6	100	0	0	0	0	0	0	0	0	0	0	6	100							
Total	120	71	17	10,1	5	3	3	1,8	2	1,2	22	13	169	100							
Age of starting drinking																					
Before 10 years	8	61,5	2	15,4	0	0	0	0	0	0	1	7,7	13	100							
10-14 years	29	65,9	6	13,6	1	2,3	3	6,8	0	0	5	11,4	44	100							
15-18 years	57	73,1	5	6,4	4	5,1	0	0	1	1,3	11	14,1	78	100							
19 years and over	3	100	0	0	0	0	0	0	0	0	0	0	3	100							
I do not remember	17	73,9	3	13	0	0	0	0	0	0	0	0	23	100							
I do not drink at all	6	85,7	0	0	0	0	0	0	0	0	0	0	7	100							
Total	120	71,4	16	9,5	5	3	3	1,8	2	1,2	22	13,1	168	100							

Table 15. Distribution of respondents according to the age of starting doing drugs

		Before 10 years		10-14 years		15-18 years		19 years and over		I do not remember		Total	
		N	%	N	%	N	%	N	%	N	%	N	%
Region	Urban	0	0	16	10,6	97	66,2	24	16,4	10	6,7	147	100
	Rural	7	38,6	2	13,1	7	41	0	1	1	6,3	18	100
Total		7	4,3	18	10,9	105	63,4	24	14,7	11	6,7	165	100
Gender	Girls	0	0	1	2,2	23	90,7	2	6,3	0	0,8	25	100
	Boys	7	5	17	12,4	82	58,6	23	16,2	11	7,7	140	100
Total		7	4,3	18	10,9	105	63,4	24	14,7	11	6,7	165	100
Age of respondents	10-14 years	7	82,6	1	17,4	0	0	0	0	0	0	9	100
	15-18 years	0	0	15	18,4	57	69,7	0	0,1	10	11,8	82	100
	19-24 years	0	0	1	1,8	48	63,8	24	32,6	1	1,8	75	100
Total		7	4,3	18	10,9	105	63,4	24	14,7	11	6,7	165	100
Educational institution	Secondary schools, 10-14 years	7	82,7	1	17,3	0	0	0	0	0	0	9	100
	Residential institutions, 10-14 years	0	0	0	100	0	0	0	0	0	0	0	100
	Secondary schools, 15-18 years	0	0	8	22,6	28	77,4	0	0	0	0	36	100
	High schools, 15-18 years	0	0	5	15,5	18	60,7	0	0	7	23,7	29	100
	Vocational schools, 15-18 years	0	0	1	10,3	10	72,8	0	0	2	16,9	13	100
	Colleges, 15-18 years	0	0	0	14,4	2	53,2	0	14,9	1	17,5	3	100
	Residential institutions, 15-18 years	0	0	0	54,1	0	45,9	0	0	0	0	0	100
	Institutions of higher education, 19-24 years	0	0	2	2,6	45	63,7	23	32,2	1	1,5	71	100
Total		7	4,3	18	10,9	105	63,4	24	14,7	11	6,7	165	100
Smoking at present	Yes	5	5,3	15	14,6	62	60	15	14,6	6	5,4	103	100
	No	2	6,5	3	10,9	10	41,4	8	32,1	2	9	24	100
	I quit	0	0	0	0,9	33	86,2	2	4,2	3	8,6	39	100
Total		7	4,3	18	10,9	105	63,4	24	14,7	11	6,7	165	100
Age of starting smoking	Before 10 years	5	52,8	1	11,1	2	23,3	1	7,3	1	5,5	10	100
	10-14 years	0	0	6	18,3	24	68,7	1	3	3	10,1	34	100
	15-18 years	0	0	8	9,9	57	67,9	15	18,2	3	4	85	100
	19 years and over	0	0	0	0	0	62,2	0	37,8	0	0	1	100
	I do not remember	0	0	0	6,8	1	41,9	0	0	1	51,3	3	100
	I do not smoke	2	4,8	2	6,1	20	61	7	21,4	2	6,6	33	100
Total		7	4,3	18	10,9	105	63,4	24	14,7	11	6,7	165	100
Self-assessment of health condition	Excellent	0	0	1	23,4	3	51,1	0	6,3	1	19,2	6	100
	Good	7	7,3	2	1,7	62	64,2	20	20,5	6	6,3	97	100
	Satisfactory	0	0	13	31,2	25	58,6	2	4,3	2	5,9	42	100
	Bad	0	0	0	2,5	3	92,5	0	3,8	0	1,2	3	100
	Do not know/cannot assess	0	0	2	9,5	12	70,6	2	12,8	1	7,1	17	100
Total		7	4,3	18	10,9	105	63,4	24	14,7	11	6,7	165	100
Whom do you talk to about health issues most frequently?	Parents	7	8,3	7	8,5	47	55,6	18	21,1	5	6,5	85	100
	Brothers/sisters	0	0	1	17,5	1	44,4	0	0	1	38,1	3	100
	Other relatives	0	0	0	0	0	50,2	0	23,1	0	26,7	0	100
	Friends	0	0	9	17,4	35	66,1	6	10,8	3	5,6	53	100
	Medical workers	0	0	0	0	4	98	0	0	0	2	4	100
	I do not talk to anyone	0	0	1	4,8	17	86,2	1	2,7	1	6,3	20	100
Total		7	4,3	18	10,9	105	63,4	24	14,7	11	6,7	165	100
Age of starting drinking	Before 10 years	2	12	1	11,3	3	24,4	6	46,1	1	6,2	13	100
	10-14 years	0	0	6	21,3	20	71,5	1	3,9	1	3,3	28	100
	15-18 years	5	6,2	1	0,6	74	82,9	6	6,5	3	3,8	89	100
	19 years and over	0	0	0	0	0	0	4	100	0	0	4	100
	I do not remember	0	0	9	33,4	5	20,6	7	29	4	16,9	26	100
	I do not drink at all	0	0	1	27,4	2	43	0	0	2	29,6	5	100
Total		7	4,3	18	10,9	104	63,3	24	14,8	11	6,7	165	100

Table 16 (part II). Informing young people about healthy reproduction in family (distribution by percent)

	sexual development			conception			contraception			STI, HIV/AIDS prevention		
	Yes	No	Do not remember	Yes	No	Do not remember	Yes	No	Do not remember	Yes	No	Do not remember
	%	%	%	%	%	%	%	%	%	%	%	%
Parents	74,9	18,4	6,7	68,3	24,7	7,0	55,4	34,0	10,6	54,9	34,2	10,9
Teachers	63,3	28,9	7,8	40,2	49,5	10,4	34,4	56,8	8,8	34,9	54,5	10,6
Friends, colleagues	60,1	34,3	5,6	39,6	50,4	10,0	24,9	69,4	5,7	37,4	56,9	5,6
Medical workers	65,2	30,0	4,8	44,5	46,6	9,0	32,1	62,9	5,1	36,7	56,6	6,7
TV, radio	58,0	38,0	4,0	37,3	55,2	7,5	24,6	69,0	6,5	35,6	59,3	5,1
Newspapers, magazines	58,3	36,2	5,5	31,4	58,5	10,1	21,8	74,4	3,8	33,5	59,4	7,1
Thematic books, manuals	62,7	31,3	5,9	41,9	48,3	9,9	27,6	66,9	5,6	36,3	56,7	7,0
Lessons, seminars	63,3	31,0	5,7	41,8	45,8	12,4	24,0	66,1	9,9	28,9	63,5	7,6
Youth education and health centers	55,6	40,4	4,0	42,1	46,2	11,7	22,5	73,0	4,5	35,6	57,3	7,1
Family planning centers, offices	57,0	39,0	4,1	39,9	52,6	7,5	33,5	53,0	13,5	35,5	58,0	6,6
Internet	26,3	63,6	10,1	36,4	58,8	4,8	10,7	81,2	8,1	21,4	74,0	4,5
Other	34,4	54,7	10,8	38,2	55,6	6,2	18,4	76,4	5,2	25,2	67,6	7,2
I've heard nothing about it	32,8	54,7	12,5	12,8	75,6	11,6	8,4	80,6	11,0	19,8	71,4	8,9
Parents	69,6	24,5	5,9	62,7	30,7	6,6	51,9	40,9	7,2	69,4	22,3	8,3
Teachers	57,9	36,4	5,7	35,5	55,4	9,1	29,1	63,0	7,9	36,2	55,1	8,7
Friends, colleagues	60,3	34,9	4,7	39,4	48,9	11,7	23,3	70,3	6,3	35,4	57,7	6,8
Medical workers	64,8	31,0	4,2	43,5	47,2	9,3	32,1	62,8	5,1	39,1	54,3	6,6
TV, radio	54,6	40,3	5,1	33,1	56,6	10,3	21,7	72,4	5,9	32,6	61,1	6,3
Newspapers, magazines	54,4	39,3	6,2	30,9	58,9	10,2	20,0	75,6	4,4	29,3	63,2	7,5
Thematic books, manuals	61,0	34,0	5,1	39,8	52,5	7,7	27,6	66,5	5,9	34,8	59,2	6,1
Lessons, seminars	60,5	34,5	5,0	42,7	45,4	11,8	28,4	63,8	7,8	29,3	62,8	7,8
Youth education and health centers	59,2	35,6	5,2	44,9	52,1	3,0	31,4	63,1	5,5	34,6	57,5	7,9
Family planning centers, offices	46,3	49,4	4,4	41,2	51,4	7,4	36,6	63,2	0,3	32,8	59,4	7,8
Internet	39,1	50,5	10,4	33,1	57,6	9,3	12,8	69,8	17,4	25,4	66,5	8,2
Other	33,6	66,4	6,4	33,5	66,4	0,0	8,9	74,7	16,3	22,0	72,6	5,4
I've heard nothing about it	34,5	49,5	16,0	16,6	74,9	8,5	4,7	82,9	12,3	12,9	77,3	9,8
Have learnt about illnesses prevention from:	16,75	15,94	15,34	16,79	15,94	16,09	16,51	16,26	16,16	16,30	16,40	15,72
yes	51,3	43,5	5,2	43,7	49,1	7,2	28,6	64,2	7,3	36,6	58,1	5,3
no (%)	56,7	35,6	7,7	31,5	57,8	10,7	22,2	70,1	7,6	31,0	60,4	8,6
Total	55,5	37,4	7,2	34,2	55,8	9,9	23,7	68,8	7,6	32,3	59,9	7,9

Table 17. Opinion of young people regarding the best age to create a family (distribution by percent)

				The age to create a family (opinion)							Total		
				<=17 years	18-19 years	20-22 years	23-25 years	26-30 years	31 years	Average age	Do not know	Row	
				%	%	%	%	%	%	%	%	%	
Region	Urban	Gender:	Girls	0,4	4,8	39,6	45,0	5,5	0,0	22,57	4,7	100	
			Boys	0,4	2,7	17,5	57,0	14,5	0,5	24	7,3	100	
			Total	0,4	3,9	30,4	50,0	9,3	0,2	23,16	5,8	100	
	Rural	Gender:	Girls	0,1	10,5	51,5	24,6	4,6		21,59	8,7	100	
			Boys	0,2	4,1	29,2	40,2	8,3		23,07	17,9	100	
			Total	0,1	7,9	42,4	31,0	6,1		22,15	12,5	100	
Total				0,3	5,6	35,4	42,0	7,9	0,1	22,75	8,6	100	
Gender:			Girls	0,2	7,2	44,7	36,4	5,1	0,0	22,16	6,4	100	
			Boys	0,4	3,3	22,4	50,0	11,9	0,3	23,64	11,7	100	
Total				0,3	5,6	35,4	42,0	7,9	0,1	22,75	8,6	100	
The age of the respondents (years)	10-14	Gender:	Girls	0,5	6,8	47,6	32,0	4,4	0,0	21,85	8,6	100	
			Boys	0,5	5,7	33,2	39,9	5,3		22,66	15,4	100	
			Total	0,5	6,3	41,8	35,2	4,8	0,0	22,16	11,4	100	
	15-18	Gender:	Girls	0,1	9,2	48,9	32,8	5,2		22,09	3,9	100	
			Boys	0,4	2,1	19,2	57,2	12,5	0,6	24,02	8,1	100	
			Total	0,2	6,1	36,0	43,4	8,3	0,2	22,9	5,7	100	
	19-24	Gender:	Girls	0,1	4,6	30,9	51,9	6,5		22,95	6,0	100	
			Boys	0,1	0,4	4,8	57,6	25,6	0,3	24,91	11,2	100	
			Total	0,1	3,0	20,6	54,1	14,0	0,1	23,7	8,1	100	
	Total				0,3	5,6	35,4	42,0	7,9	0,1	22,75	8,6	100
	Educational institution	Secondary schools 10-14 years			0,5	6,0	40,8	37,6	4,5		22,25	10,6	100
		Residential institutions 10-14 years			0,9	5,5	35,8	25,1	10,3	0,6	22,64	21,8	100
Secondary schools 15-18 years				8,2	38,5	39,3	7,5		22,56	6,5	100		
High schools 15-18 years			0,2	3,6	32,9	47,9	9,4	0,8	23,25	5,2	100		
Vocational schools 15-18 years			1,1	7,7	38,9	38,4	4,3	0,5	22,32	9,0	100		
Colleges 15-18 years			0,6	6,3	36,9	42,3	5,3		22,54	8,5	100		
residential institutions 15-18 years			0,7	5,0	39,4	37,8	5,8	0,2	22,57	11,0	100		
Universities 19-24 years				1,6	19,3	54,2	17,3	0,1	24,06	7,5	100		
Colleges, 19-24 years				0,7	11,7	40,3	36,3	4,1	0,1	22,11	6,7	100	
Total				0,3	5,6	35,4	42,0	7,9	0,1	22,75	8,6	100	
How many children they want to have	0					34,3	14,2		29,4	26,91	22,1	100	
	1			0,1	3,7	38,1	41,6	10,7	0,0	23	5,8	100	
	2			0,3	5,4	37,2	43,3	7,5	0,1	22,7	6,1	100	
	3			0,5	7,6	33,5	45,3	11,6		22,75	1,7	100	
	4			0,1	16,7	25,5	48,1	8,0		22,54	1,7	100	
	=>5			1,5	13,6	36,3	44,7	3,0		22,14	0,8	100	
	do not know			0,0	3,2	21,1	26,1	4,3	0,0	23,24	45,3	100	
Total				0,3	5,6	35,4	42,1	7,9	0,1	22,75	8,6	100	
What do you think is the appropriate age for the first sexual intercourse	14-15 years			0,0	8,1	33,2	32,7	18,9		23,04	7,0	100	
	16-18 years			0,5	6,4	26,5	49,8	11,3	0,1	23,17	5,2	100	
	19 years and later			0,2	5,8	37,1	44,4	6,2	0,1	22,77	6,3	100	
	After marriage				6,0	46,2	36,4	4,5	0,2	22,11	6,7	100	
	There is no particular age				3,2	35,9	35,4	13,5	0,1	23,23	12,0	100	
	Other					39,0	46,8	8,7		23,37	5,5	100	
	Do not know			1,1	2,6	26,2	31,0	5,8		22,74	33,2	100	
Total				0,3	5,6	35,5	42,0	7,9	0,1	22,75	8,6	100	
Marital status	Single			0,3	5,5	35,7	42,0	7,8	0,1	22,75	8,7	100	
	Married (registered)				26,2	20,4	9,9	43,0		23,53	0,6	100	
	Married (unregistered)				1,1	28,1	62,9	2,0		22,95	5,9	100	
	Divorced/separated				37,0	25,5	37,5			20,51		100	
Total				0,3	5,6	35,5	41,9	8,0	0,1	22,75	8,6	100	

Table 18. Opinion of young people about the age of the beginning of sexual relations (distribution by percent)

				What age do you think is appropriate for the beginning of sexual relations?							Total
				14-15 years	16-18 years	19 years and later	After marriage	There is no particular age	Other	Do not know	Row %
				%	%	%	%	%	%	%	%
Region	Urban	Gender:	Girls	0,2	25,8	37,4	20,6	9,5	2,1	4,5	100
			Boys	5,9	48,4	25,8	9,9	6,9	1,3	2,0	100
		Total		2,5	35,3	32,6	16,1	8,4	1,7	3,4	100
	Rural	Gender:	Girls	1,0	8,9	24,8	53,2	2,4	0,1	9,7	100
			Boys	4,1	31,7	20,4	17,8	5,3	0,7	20,1	100
		Total		2,3	18,2	23,0	38,8	3,6	0,3	13,9	100
Total				2,4	28,0	28,5	25,7	6,4	1,1	7,9	100
Gender:			Girls	0,5	18,6	32,0	34,5	6,5	1,2	6,7	100
			Boys	5,1	41,4	23,5	13,2	6,2	1,0	9,5	100
Total				2,4	28,0	28,5	25,7	6,4	1,1	7,9	100
The age of the respondents (years)	10-14	Gender:	Girls	1,1	7,3	28,9	47,2	4,1	1,9	9,5	100
			Boys	3,4	28,4	23,3	20,7	5,0	1,1	18,1	100
		Total		2,0	15,9	26,6	36,5	4,4	1,6	13,0	100
	15-18	Gender:	Girls	0,1	22,0	31,4	31,1	8,7	0,9	5,7	100
			Boys	7,7	50,4	22,4	10,2	4,7	1,3	3,3	100
		Total		3,4	34,3	27,5	22,0	7,0	1,1	4,7	100
	19-24	Gender:	Girls	0,1	36,4	39,8	13,5	7,5	0,2	2,5	100
			Boys	3,6	51,9	26,3	2,5	12,2	0,2	3,3	100
		Total		1,5	42,5	34,5	9,2	9,3	0,2	2,8	100
	Total				2,4	28,0	28,5	25,7	6,4	1,1	7,9
Educational institution	Secondary schools 10-14 years			2,3	16,9	26,5	36,0	4,2	1,5	12,5	100
	Residential institutions 10-14 years			0,8	6,3	26,5	36,2	3,1	2,5	24,6	100
	Secondary schools 15-18 years			2,0	32,8	26,3	25,0	6,7	1,8	5,5	100
	High schools 15-18 years			4,9	38,5	26,2	20,5	7,4	0,6	2,0	100
	Vocational schools 15-18 years			7,0	41,2	20,5	16,5	6,9		7,9	100
	Colleges 15-18 years			2,2	38,1	28,1	19,7	6,2	0,8	5,0	100
	residential institutions 15-18 years			3,8	15,6	25,5	41,4	1,8	0,3	11,6	100
	Universities 19-24 years			1,2	40,6	38,3	6,9	10,4	0,2	2,5	100
Colleges, 19-24 years			2,7	37,6	28,4	19,6	8,4	0,4	2,9	100	
Total				2,4	28,0	28,5	25,7	6,4	1,1	7,9	100
Did you have sexual relations?			Yes	4,8	57,1	23,1	4,8	6,6	1,3	2,2	100
			No	1,7	19,3	30,2	31,9	6,3	1,1	9,4	100
Total				2,4	28,0	28,6	25,7	6,4	1,1	7,8	100

Table 19. Statement of young people about the beginning of their sexual life relation
 (distribution by percent)

				Young people who have had sexual relations					Did not have sexual relations	Total	
				Age at the first intercourse							In all have had sexual relations
				<=13 years	14-15 years	16-18 years	>=19 years	Average age			
				%	%	%	%	%	%		
Region	Urban	Gender:	Girls	0,1	1,9	18,6	5,2	17,43	25,9	74,1	100
			Boys	2,9	13,2	28,0	3,0	16,02	47,1	52,9	100
		Total	1,3	6,6	22,5	4,3	16,63	34,7	65,3	100	
	Rural	Gender:	Girls	0,7	1,1	1,1	0,1	14,83	3,0	97,0	100
			Boys	3,7	5,6	2,2		13,83	11,5	88,5	100
		Total	1,9	2,9	1,6	0,0	14,1	6,5	93,5	100	
Total				1,6	5,1	13,7	2,5	16,32	22,8	77,2	100
Gender:			Girls	0,4	1,6	11,1	3,0	17,22	16,1	83,9	100
			Boys	3,2	10,0	17,3	1,7	15,69	32,3	67,7	100
Total				1,6	5,1	13,7	2,5	16,32	22,8	77,2	100
The age of the respondents (years)	10-14	Gender:	Girls	0,5	0,6			13,1	1,2	98,8	100
			Boys	4,6	1,1			11,91	5,7	94,3	100
		Total	2,2	0,8			12,18	3,0	97,0	100	
	15-18	Gender:	Girls	0,2	2,9	10,3		16,37	13,4	86,6	100
			Boys	2,8	19,5	17,1		15,21	39,4	60,6	100
		Total	1,3	10,1	13,3		15,57	24,6	75,4	100	
	19-24	Gender:	Girls	0,4	1,1	36,0	14,8	17,81	52,3	47,7	100
			Boys	1,0	10,2	56,3	9,3	16,85	76,8	23,2	100
		Total	0,6	4,7	44,0	12,6	17,34	61,9	38,1	100	
Total				1,6	5,1	13,7	2,5	16,32	22,8	77,2	100
Educational institution	Secondary schools 10-14 years			2,1	1,0			12,29	3,1	96,9	100
	Residential institutions 10-14 years			1,5	1,0			,	2,6	97,4	100
	Secondary schools 15-18 years			0,5	10,7	8,2	0,5	15,4	19,8	80,2	100
	High schools 15-18 years			2,7	9,9	18,3		15,62	30,9	69,1	100
	Vocational schools 15-18 years			4,6	16,7	27,0		15,44	48,3	51,7	100
	Colleges 15-18 years			0,5	10,1	27,5	1,6	16,27	39,7	60,3	100
	residential institutions 15-18 years			2,9	3,7	1,5		,	8,2	91,8	100
	Universities 19-24 years			0,6	4,3	42,2	11,7	17,35	58,7	41,3	100
Colleges, 19-24 years			0,8	5,2	40,9	7,3	17,15	54,3	45,7	100	
Total				1,6	5,1	13,7	2,5	16,32	22,8	77,2	100
Your first sexual intercourse was...		By mutual consent		5,9	22,8	60,9	10,5	16,34	100		100
		Forced (against your will)		20,5	13,4	49,7	16,3	16,02	100		100
		Did not have sexual relations								100	
Total				1,5	5,1	13,7	2,4	16,32	22,7	77,3	100
Did you use a condom during your first sexual intercourse		Yes		4,4	28,2	59,6	7,8	16,23	100		100
		No		8,4	17,2	60,2	14,2	16,42	100		100
		Do not know/do not remember		18,0	19,7	62,3		16,17	100		100
		Did not have sexual relations								100	
Total				1,6	5,1	13,7	2,5	16,32	22,8	77,2	100

Table 20. Statement of young people in relation to the use of condom in the first sexual intercourse
(distribution by percent)

				have you used a condom in your first sexual intercourse			TOTAL
				Yes	No	Do not know/do not remember	
				%	%	%	
Region	Urban	Gender:	Girls	26,6	70,3	3,2	100
			Boys	58,9	39,1	1,9	100
		Total		45,0	52,6	2,5	100
	Rural	Gender:	Girls	37,3	59,3	3,4	100
			Boys	55,2	41,3	3,5	100
		Total		50,3	46,2	3,5	100
Total				45,6	51,8	2,6	100
Gender:			Girls	27,4	69,4	3,2	100
			Boys	58,4	39,4	2,2	100
Total				45,6	51,8	2,6	100
The age of the respondents (years)	10-14	Gender:	Girls	54,9	45,1		100
			Boys	47,6	41,9	10,6	100
		Total		49,2	42,6	8,2	100
	15-18	Gender:	Girls	32,8	63,8	3,3	100
			Boys	57,1	40,6	2,3	100
		Total		49,6	47,8	2,6	100
	19-24	Gender:	Girls	23,6	73,1	3,2	100
			Boys	61,6	37,8	0,6	100
		Total		42,2	55,8	2,0	100
Total				45,6	51,8	2,6	100
Education institution		Secondary schools 10-14 years		52,0	40,3	7,7	100
		Residential institutions 10-14 years		31,0	44,4	24,5	100
		Secondary schools 15-18 years		52,3	45,4	2,3	100
		High schools 15-18 years		38,9	58,9	2,2	100
		Vocational schools 15-18 years		53,1	44,6	2,3	100
		Colleges 15-18 years		50,9	47,7	1,4	100
		Residential institutions 15-18 years		65,1	31,3	3,6	100
		Universities 19-24 years		42,5	55,2	2,3	100
Colleges, 19-24 years		48,6	49,3	2,2	100		
Total				45,6	51,8	2,6	100

Table 21. Statement of sexually active young people about the use of condom in the last 12 months
(distribution by percent)

				How often have you used a condom in the last 12 months (sr32)				TOTAL
				In each sexual intercourse	Sometimes	Never	Do not remember	
				%	%	%	%	
Region	Urban	Gender:	Girls	16,7	43,0	31,1	7,8	100
			Boys	47,2	22,2	13,8	11,5	100
		Total		34,0	31,2	21,3	9,9	100
	Rural	Gender:	Girls	14,7	30,9	46,0	2,6	100
			Boys	49,7	17,9	18,2	10,6	100
		Total		42,0	20,8	24,3	8,9	100
Total				34,9	30,0	21,6	9,8	100
Gender:			Girls	16,6	42,3	32,0	7,5	100
			Boys	47,6	21,5	14,5	11,4	100
Total				34,9	30,0	21,6	9,8	100
The age of the respondents (years)	10-14	Gender:	Girls			100		100
			Boys	43,2	21,6	26,9	7,2	100
		Total		38,1	19,1	35,5	6,4	100
	15-18	Gender:	Girls	27,6	37,6	28,7	2,3	100
			Boys	53,5	17,5	11,6	13,2	100
		Total		45,5	23,7	16,8	9,8	100
	19-24	Gender:	Girls	11,9	45,3	32,0	10,1	100
			Boys	42,0	25,9	15,5	10,1	100
		Total		26,6	35,8	23,9	10,1	100
Total				34,9	30,0	21,6	9,8	100
Education institution		Secondary schools 10-14 years		42,6	18,1	33,4	5,9	100
		Residential institutions 10-14 years		31,0		41,1	14,0	100
		Secondary schools 15-18 years		48,5	16,0	18,5	11,4	100
		High schools 15-18 years		35,9	25,6	23,1	9,7	100
		Vocational schools 15-18 years		36,9	36,8	17,5	7,3	100
		Colleges 15-18 years		35,3	27,1	25,9	10,5	100
		residential institutions 15-18 years		36,9	37,2	3,6	14,1	100
		Universities 19-24 years		30,4	36,0	20,3	9,9	100
Colleges, 19-24 years		23,9	34,0	28,0	10,4	100		
Total				34,9	30,0	21,6	9,8	100

Table 22. Statement of young people who have had casual sexual intercourse within the last year about the use of condom in their last casual intercourse (distribution by percent)

				Yes	No	Do not remember	Total	
				%	%	%	%	
Region	Urban	Gender:	Girls	53,9	36,4	9,7	100	
			Boys	77,9	15,7	6,4	100	
		Total	74,1	19,0	6,9	100		
	Rural	Gender:	Girls	2,3	94,1	3,6	100	
			Boys	73,5	14,7	11,8	100	
		Total	51,9	38,8	9,3	100		
Total				71,0	21,7	7,3	100	
Gender:			Girls	41,8	50,0	8,2	100	
			Boys	77,4	15,6	7,0	100	
Total				71,0	21,7	7,3	100	
The age of the respondents (years)	10-14	Gender:	Girls		100		100	
			Boys	81,8	6,1	12,1	100	
		Total	54,1	37,9	8,0	100		
	15-18	Gender:	Girls	27,5	43,0	29,5	100	
			Boys	77,3	17,3	5,4	100	
		Total	72,3	19,9	7,8	100		
	19-24	Gender:	Girls	62,0	35,6	2,4	100	
			Boys	76,7	15,6	7,7	100	
		Total	73,6	19,8	6,6	100		
Total				71,0	21,7	7,3	100	
Education institution				Secondary schools 10-14 years	57,8	34,9	7,3	100
				Residential institutions 10-14 years	100			100
				Secondary schools 15-18 years	86,1	13,9		100
				High schools 15-18 years	57,5	18,8	23,7	100
				Vocational schools 15-18 years	63,0	25,9	11,1	100
				Colleges 15-18 years	64,8	25,4	9,8	100
				residential institutions 15-18 years	83,1	11,2	5,7	100
				Universities 19-24 years	78,9	18,6	2,5	100
				Colleges, 19-24 years	45,8	36,3	17,9	100
Total				71,0	21,7	7,3	100	

Table 23. Estimation of basic unified indicators (CORE indicators) in relation to the evaluation of risky sexual practices among young people

NPBI-8

The use of condom by young people with casual partners

Data source: name

KAP study on health and development of youth in the Republic of Moldova

Data source: type

Quantitative study with self-filled questionnaire

Period of data collection

year 2003

PART I

Initial data

On 01.01.2003 (without Transnistria)

DENOMINATOR

Men			Women			Both		
Urban	Rural	National	Urban	Rural	National	Urban	Rural	National
136555	208708	345263	130125	206819	336944	266680	415527	682207

Instructions:

- i) calculate the average age of the first sexual intercourse, write it down in the line 1
- ii) select only those respondents who have answered to questions 2 to 5 below (excluding 'do not know')
- iii) Line 2: introduce the number of respondents who have said that they have started their sexual life
- iv) Line 3: introduce the number of respondents who have said that they have had sexual relations within the last 12 months
- v) Line 4: introduce the number of respondents who have said that they have had a casual partner within the last 12 months
- vi) Line 5: introduce the number of respondents who have answered "yes" to the question on the line 2 and reported to have used condoms in their last intercourse with a casual partner

1. average age at the first sexual intercourse
2. started their sexual life
3. sexual partner within the last 12 months
4. casual sexual partner within the last 12 months

16,15	14,69
375	45
217	19
197	17

17,43	15,96
294	15
230	11
39	2

16,71	15,01
669	60
447	30
236	19

5. had a casual partner and reported to have used condoms in the last intercourse with a casual partner

152	12
-----	----

21	1
----	---

173	12
-----	----

DENOMINATOR

6. number of respondents (15-24years) who have reported about a casual partner within the last 12 months (line 4 above)
8. Percentage of the national population (15-24 years) who lives in the urban area*

197	17
-----	----

39	2
----	---

236	19
-----	----

30,6	20,0	30,3	19,1	60,9	39,1
------	------	------	------	------	------

PART II

Calculation of indicators

VALUES OF INDICATORS DEPENDING ON GENDER AND RESIDENCE

9. Divide the number of respondents who have reported to have used the condom with their last casual partner (line 5) by the number of those who have reported to have had a casual sexual partner within the last 12 months (line 6) and multiply by 100.

77,16	70,59
-------	-------

53,85	50,00
-------	-------

73,31	63,16
-------	-------

VALUES OF INDICATORS BY GENDER (NATIONAL)

10. i) calculate the balanced average for rural and urban values of indicators (line 9), using the percentage of those who live in urban and rural area as balance (line 8)
- ii) take the simple average of national values for men and women and obtain the combined value

25,07

25,43

49,19

25,25

* According to the national statistics (the census)

! Only underlined cells will be filled in

! Only respondents of 15-24 years will be included

Table 24 (part I). Knowledge of young people regarding STIs transmission (distribution by percent)

Region	The age of respondents (years)	Is there a risk to get a sexually transmitted disease after only one sexual intercourse			Can the risk of HIV/AIDS transmission be reduced by having sex with only one faithful partner			Can the risk of HIV/AIDS transmission be reduced by using a condom			Can a person who looks healthy be infected with HIV							
		Yes	No	Do not know	Yes	No	Do not know	Yes	No	Do not know	Yes	No	Do not know					
		%	%	%	%	%	%	%	%	%	%	%	%					
Urban	Gender:	Girls	74,9	2,8	22,3	100	62,3	15,4	22,4	100	54,5	17,5	28,0	100	66,5	9,0	24,5	100
		Boys	77,8	2,9	19,2	100	67,5	18,0	14,5	100	73,3	14,4	12,3	100	72,5	8,8	18,7	100
Rural	Gender:	Girls	76,1	2,9	21,0	100	64,5	16,5	19,1	100	62,4	16,2	21,4	100	69,0	8,9	22,1	100
		Boys	54,7	2,0	43,3	100	32,2	21,6	46,2	100	32,3	19,6	48,1	100	53,4	12,4	34,2	100
Total	Gender:	Boys	52,7	4,3	43,0	100	40,1	20,5	39,4	100	43,3	22,4	34,3	100	50,1	15,0	34,8	100
		Girls	53,9	2,9	43,2	100	35,4	21,2	43,4	100	36,8	20,7	42,5	100	52,1	13,5	34,4	100
Total	Gender:	Boys	66,8	2,9	30,4	100	52,2	18,4	29,4	100	51,6	18,1	30,3	100	61,9	10,8	27,3	100
		Girls	66,3	2,5	31,2	100	49,4	18,0	32,5	100	45,0	18,4	36,7	100	60,9	10,5	28,6	100
10-14	Gender:	Boys	67,4	3,5	29,1	100	56,1	19,1	24,8	100	60,8	17,7	21,4	100	63,2	11,4	25,4	100
		Girls	66,8	2,9	30,4	100	52,2	18,4	29,4	100	51,6	18,1	30,3	100	61,9	10,8	27,3	100
15-18	Gender:	Boys	53,7	4,5	41,8	100	31,7	23,9	44,4	100	29,9	22,7	47,4	100	52,8	15,8	31,4	100
		Girls	49,3	6,1	44,6	100	35,5	25,5	39,0	100	42,5	20,6	36,9	100	47,1	17,0	36,0	100
19-24	Gender:	Boys	51,9	5,1	42,9	100	33,2	24,6	42,2	100	35,1	21,8	43,1	100	50,5	16,3	33,3	100
		Girls	66,7	1,2	32,0	100	52,8	16,7	30,5	100	46,8	17,5	35,7	100	64,8	7,4	27,9	100
Total	Gender:	Boys	72,6	2,2	25,2	100	62,4	19,1	18,4	100	69,1	17,8	13,0	100	68,7	9,0	22,3	100
		Girls	69,3	1,7	29,1	100	57,0	17,7	25,3	100	56,5	17,6	25,9	100	66,5	8,1	25,5	100
Total	Gender:	Boys	92,3	0,4	7,3	100	81,2	7,8	11,0	100	73,1	10,9	16,0	100	71,1	4,8	24,2	100
		Girls	97,1	0,3	2,6	100	89,0	4,5	6,5	100	84,4	11,2	4,4	100	87,7	3,9	8,3	100
Total	Gender:	Boys	94,2	0,4	5,4	100	84,3	6,5	9,2	100	77,5	11,0	11,5	100	77,6	4,4	17,9	100
		Girls	66,8	2,9	30,4	100	52,2	18,4	29,4	100	51,6	18,1	30,3	100	61,9	10,8	27,3	100
Education institution	Secondary schools	10-14 years	51,3	4,8	43,9	100	34,8	24,1	41,1	100	36,5	21,6	41,9	100	51,2	16,6	32,3	100
		15-18 years	41,2	3,3	55,5	100	26,8	24,0	49,3	100	26,5	29,7	43,8	100	32,6	19,4	48,0	100
Education institution	High schools	15-18 years	65,3	1,4	33,3	100	50,1	20,1	29,8	100	51,6	17,0	31,3	100	60,7	8,8	30,5	100
		15-18 years	80,0	2,4	17,6	100	68,0	14,6	17,4	100	65,0	16,1	18,9	100	77,4	3,4	19,2	100
Education institution	Colleges	15-18 years	60,7	2,6	36,7	100	46,0	22,4	31,7	100	52,2	23,4	24,4	100	49,5	11,4	39,1	100
		15-18 years	78,1	1,9	20,0	100	66,4	16,1	17,4	100	61,6	16,2	22,1	100	71,2	7,6	21,2	100
Education institution	Universities	15-18 years	58,2	6,2	35,5	100	37,2	22,6	40,2	100	31,5	39,2	29,3	100	49,9	20,3	29,8	100
		19-24 years	96,7	0,2	3,0	100	87,0	4,9	8,1	100	78,6	11,1	10,3	100	81,3	3,7	15,0	100
Total	Colleges, 19-24 years	Boys	81,8	1,8	16,4	100	59,6	16,2	24,3	100	59,8	16,2	24,0	100	68,2	6,9	24,9	100
		Girls	66,8	2,9	30,4	100	52,2	18,4	29,4	100	51,6	18,1	30,3	100	61,9	10,8	27,3	100

Table 24 (II part). Knowledge of young people regarding STIs transmission (distribution by percent)

Region	The age of respondents (years)	Can a person get infected with HIV/AIDS after a mosquito bite				Can a person get infected with HIV/AIDS after kissing an HIV positive person				Can a person get infected with HIV/AIDS after having lunch with an HIV positive person				Correct answers to all questions	Wrong answers to all questions	"Do not know" answer to all questions	Partially correct answer to all questions	Total	
		yes	No	Do not know	Total	yes	No	Do not know	Total	yes	No	Do not know	Total						
																			%
Urban	Gender:	Girls	34,1	23,3	42,6	100	30,2	41,6	28,2	100	12,2	54,2	33,5	100	8,8	0,0	2,3	100	100
		Boys	32,7	40,7	26,6	100	29,2	48,5	22,3	100	11,6	59,5	28,9	100	15,6	0,0	2,0	100	100
Rural	Gender:	Girls	33,5	30,6	35,9	100	29,8	44,5	25,7	100	12,0	56,4	31,6	100	11,6	0,0	2,2	100	100
		Boys	21,3	26,3	52,4	100	30,9	31,4	37,7	100	16,9	40,6	42,4	100	2,6	0,0	4,5	100	100
Total	Gender:	Girls	38,6	24,2	37,2	100	27,0	40,3	32,7	100	17,3	47,4	35,3	100	5,3	0,0	9,1	100	100
		Boys	28,4	25,5	46,2	100	29,3	35,0	35,7	100	17,1	43,4	39,5	100	3,7	0,0	6,4	100	100
Total	Gender:	Girls	31,3	28,4	40,2	100	29,6	40,5	29,9	100	14,1	50,9	34,9	100	8,3	0,0	4,0	100	100
		Boys	28,6	24,6	46,8	100	30,5	37,2	32,3	100	14,2	48,5	37,3	100	6,1	0,0	3,3	100	100
Total	Gender:	Girls	35,2	33,8	31,0	100	28,3	45,1	26,6	100	14,0	54,4	31,6	100	11,3	0,0	4,9	100	100
		Boys	31,3	28,4	40,2	100	29,6	40,5	29,9	100	14,1	50,9	34,9	100	8,3	0,0	4,0	100	100
10-14	Gender:	Boys	25,1	20,9	53,9	100	35,2	25,9	38,9	100	20,8	35,2	44,0	100	1,8	0,0	4,8	100	100
		Girls	35,6	30,8	33,6	100	27,1	37,7	35,2	100	19,8	45,8	34,4	100	2,5	0,0	10,5	100	100
15-18	Gender:	Boys	29,4	25,0	45,6	100	31,9	30,7	37,4	100	20,4	39,5	40,1	100	2,1	0,0	7,1	100	100
		Girls	31,1	26,2	42,7	100	26,1	44,2	29,7	100	10,1	53,2	36,8	100	6,0	0,0	3,1	100	100
19-24	Gender:	Boys	37,4	31,4	31,2	100	28,5	47,9	23,6	100	10,4	54,1	35,5	100	13,3	0,0	1,3	100	100
		Girls	33,8	28,5	37,7	100	27,1	45,8	27,1	100	10,2	53,6	36,2	100	9,2	0,0	2,3	100	100
Total	Gender:	Boys	31,6	29,5	38,9	100	28,3	49,0	22,8	100	7,8	68,1	24,2	100	15,6	0,0	0,4	100	100
		Girls	29,6	45,6	24,8	100	30,7	55,9	13,5	100	8,6	74,5	16,9	100	27,0	0,0	0,0	100	100
Total	Gender:	Boys	30,8	35,8	33,4	100	29,2	51,7	19,1	100	8,1	70,6	21,3	100	20,0	0,0	0,2	100	100
		Girls	31,3	28,4	40,2	100	29,6	40,5	29,9	100	14,1	50,9	34,9	100	8,3	0,0	4,0	100	100
Total	Gender:	Boys	29,7	25,3	45,1	100	31,5	31,5	37,0	100	19,8	40,5	39,7	100	2,3	0,0	7,1	100	100
		Girls	28,8	26,7	44,5	100	42,5	20,1	37,4	100	27,2	34,6	38,3	100	0,0	0,0	9,7	100	100
Education institution	Gender:	Boys	30,7	26,4	42,9	100	28,8	42,1	29,2	100	11,9	46,9	41,2	100	6,6	0,0	2,3	100	100
		Girls	32,0	33,1	35,0	100	24,3	52,2	23,5	100	6,6	66,5	26,9	100	14,2	0,0	1,8	100	100
Total	Gender:	Boys	40,2	20,7	39,1	100	34,5	29,9	35,7	100	15,0	36,5	48,5	100	0,6	0,0	2,2	100	100
		Girls	36,3	30,5	33,2	100	25,0	53,7	21,3	100	8,6	61,3	30,1	100	8,7	0,1	0,3	100	100
Total	Gender:	Boys	28,1	38,9	32,9	100	33,6	46,9	19,4	100	16,1	61,8	22,1	100	5,2	0,0	1,8	100	100
		Girls	33,4	35,6	31,0	100	29,0	54,1	16,9	100	7,7	72,4	19,9	100	22,7	0,0	0,0	100	100
Total	Gender:	Boys	33,2	35,5	31,4	100	21,2	48,3	30,5	100	7,1	59,5	33,4	100	8,4	0,0	1,7	100	100
		Girls	31,3	28,4	40,2	100	29,6	40,5	29,9	100	14,1	50,9	34,9	100	8,3	0,0	4,0	100	100

Table 25. Estimation of basic unified indicators (CORE indicators) in relation to the evaluation the knowledge of youth about HIV prevention

NPBL-7

Knowledge of youth regarding HIV prevention

Data source: name

KAP study on health and development of youth in the Republic of Moldova

Data source: type

quantitative study with self filled questionnaire

Period of data collection

year 2003

PART I

Initial data

On 01.01.2003 (without Transnistria)

DENOMINATOR

Men			Women			Both		
Urban	Rural	National	Urban	Rural	National	Urban	Rural	National
136555	208708	345263	130125	206819	336944	266680	415527	682207

Instructions:

- i) Select only those respondents who have answered to all five questions (including "do not know")**
- ii) Lines 1-5: write down the number of respondents who answered correctly according to categories of respondents (e.g.: men-urban, men-rural etc.,)**
- iii) Line 6: write down the number of respondents who have given correct answers to all 5 questions**

1. Can the risk of HIV/AIDS transmission be reduced by having sex only with one faithful partner ?	490	89	584	120	1074	209
2. Can the risk of HIV/AIDS transmission be reduced by using a condom?	488	115	511	117	999	232
3. Can a person who looks healthy be infected with HIV?	502	107	572	180	1074	287
4. Can a person get infected with HIV/AIDS after a mosquito bite?	246	48	230	78	476	126
5. Can a person get infected with HIV/AIDS after having lunch with an HIV positive person?	407	87	496	156	903	243
6. The number of respondents who have given correct answers to all 5 questions above	147	22	125	12	272	34

DENOMINATOR

7. Number of respondents (15-24 years) who have answered (including " do not know") to all 5 questions above.	617	197	795	326	1412	524	
8. Percentage of the national population (15-24 years) who lives in the urban area*		30,6	20,0	30,3	19,1	60,9	39,1

PART II

Calculation of indicators

Values of indicators depending on gender and residence

9. Divide the number of respondents who have given correct answers to all 5 questions (line 6) to the total number who have answered to all 5 questions (line7) and multiply by 100.	23,84	11,15	15,72	3,68	19,26	6,49
--	-------	-------	-------	------	-------	------

VALUES OF INDICATORS BY GENDER (NATIONAL)

10. i) calculate the balanced average for rural and urban values of indicators (line 9), using the percentage of those who live in urban and rural area as balance (line 8)	23,39	55,91	44,59
ii) take the simple average of national values for men and women and obtain the combined value			39,65

* According to the national statistics (the census)

! Only underlined cells will be filled in

! Only respondents of 15-24 years will be included

Table 26. Attitude of young people towards HIV/AIDS (distribution by percent)

		If your friend would get infected with HIV/AIDS will you continue your relation with him						Do you think HIV/AIDS is an important problem for your locality					
		Yes		No		Do not know		Yes		No		Do not know	
		%	%	%	%	%	%	%	%	%	%	%	%
Region	Urban	Gender:	Girls	42,2	34,1	23,7	100	73,4	7,7	18,9	100		
		Boys	51,3	28,6	20,1	100	74,2	13,5	12,3	100			
		Total		46,0	31,8	22,2	100	73,7	10,1	16,2	100		
Rural	Gender:	Girls	57,7	24,3	18,0	100	63,6	12,3	24,1	100			
		Boys	59,5	32,2	8,3	100	59,4	10,4	30,2	100			
	Total		58,4	27,5	14,0	100	61,9	11,5	26,6	100			
Total			51,2	30,0	18,8	100	68,7	10,7	20,6	100			
Gender:	Girls		48,8	29,9	21,3	100	69,2	9,6	21,2	100			
		Boys	54,7	30,1	15,2	100	68,0	12,2	19,8	100			
Total			51,2	30,0	18,8	100	68,7	10,7	20,6	100			
The age of the respondents (years)	10-14	Gender:	Girls	62,6	18,2	19,1	100	66,8	9,2	24,0	100		
		Boys	59,0	29,3	11,7	100	60,6	11,8	27,6	100			
	Total		61,2	22,7	16,1	100	64,3	10,2	25,5	100			
15-18	Gender:	Girls	39,0	38,1	22,9	100	69,6	12,6	17,8	100			
		Boys	53,8	27,6	18,6	100	74,0	12,0	14,0	100			
	Total		45,4	33,6	21,0	100	71,5	12,3	16,2	100			
19-24	Gender:	Girls	37,0	40,1	22,9	100	73,6	5,3	21,1	100			
		Boys	46,8	37,3	15,9	100	72,2	13,7	14,1	100			
	Total		40,9	39,0	20,2	100	73,1	8,6	18,4	100			
Total			51,2	30,0	18,8	100	68,7	10,7	20,6	100			
Education institution	Secondary schools 10-14 years			22,4	17,4	18,8	100	65,7	9,7	24,6	100		
	Residential institutions 10-14 years			53,6	31,1	15,3	100	58,4	11,9	29,7	100		
	Secondary schools 15-18 years			48,8	33,0	18,2	100	74,1	10,4	15,5	100		
	High schools 15-18 years			39,1	36,3	24,6	100	66,3	14,1	19,6	100		
	Vocational schools 15-18 years			52,6	31,5	15,9	100	68,8	10,4	20,8	100		
	Colleges 15-18 years			45,5	37,4	17,2	100	73,7	13,6	12,7	100		
	residential institutions 15-18 years			55,7	25,6	18,6	100	66,3	13,5	20,3	100		
	Universities 19-24 years			39,8	40,0	20,2	100	70,9	11,1	18,0	100		
	Colleges, 19-24 years			44,2	35,8	20,0	100	72,7	12,4	14,9	100		
		Total		51,2	30,0	18,8	100	68,7	10,7	20,6	100		
Is anyone of your friends, colleagues, acquaintances infected with HIV (the virus that causes AIDS) ?	Yes			25,7	37,8	19,2	100	76,7	4,8	18,5	100		
	No			27,1	19,2	100	70,0	11,4	18,6	100			
	Do not know			39,0	16,4	18,8	100	64,2	9,1	26,7	100		
Total			30,0	51,2	18,8	100	68,7	10,7	20,6	100			

Table 27. Statement of young people about signs of genital infections, including sexually-transmitted infections (STIs)

				For young women: Did you have discharges within the last year			
				For young men: Did you have discharges within the last year			
				Yes		No	
				% of all young people	% of young people who have sexual experience	% of all young people	% of young people who have sexual experience
Region	Urban	Gender:	Boys	35,8	61,3	64,2	38,7
			Girls	5,1	9,1	94,9	90,9
		Total		23,0	31,7	77,0	68,3
	Rural	Gender:	Boys	20,8	26,7	79,2	73,3
			Girls	4,0	10,4	96,0	89,6
		Total		14,0	14,8	86,0	85,2
Total				19,2	29,7	80,8	70,3
Gender:		Boys	29,5	58,6	70,5	41,4	
		Girls	4,6	9,3	95,4	90,7	
Total				19,2	29,7	80,8	70,3
The age of respondents (years)	10-14	Gender:	Boys	16,9	0	83,1	100
			Girls	3,0	8,2	97,0	91,8
		Total		11,2	6,3	88,8	93,7
	15-18	Gender:	Boys	28,7	46,5	71,3	53,5
			Girls	3,9	6,6	96,1	93,4
		Total		18,0	19,0	82,0	81,0
	19-24	Gender:	Boys	57,6	66,9	42,4	33,1
			Girls	9,6	12,3	90,4	87,7
		Total		38,7	40,3	61,3	59,7
Total				19,2	29,7	80,8	70,3
Education institution	Secondary schools 10-14 years			11,4	5,8	88,6	94,2
	Residential institutions 10-14 years			5,0	14,0	95,0	86,0
	Secondary schools 15-18 years			15,1	18,9	84,9	81,1
	High schools 15-18 years			22,6	21,6	77,4	78,4
	Vocational schools 15-18 years			14,6	16,7	85,4	83,3
	Colleges 15-18 years			30,4	32,4	69,6	67,6
	residential institutions 15-18 years			14,7	16,8	85,3	83,2
	Universities 19-24 years			37,3	39,4	62,7	60,6
	Colleges, 19-24 years			38,7	34,2	61,3	65,8
Total				19,2	29,7	80,8	70,3
Found out about HIV/AIDS prevention from:	Parents			19,1	18,4	80,9	81,6
	Teachers			18,8	28,3	81,2	71,7
	Friends, colleagues			24,2	29,6	75,8	70,4
	Health workers			24,1	37,2	75,9	62,8
	TV, radio			18,2	26,5	81,8	73,5
	Newspapers, magazines			24,9	32,0	75,1	68,0
	Books, textbooks on the topic			17,7	27,5	82,3	72,5
	Lessons, seminars			31,1	38,4	68,9	61,6
	Centres for youth education and health			16,0	18,7	84,0	81,3
	Family planning centres			15,9	17,2	84,1	82,8
	Internet			13,8	26,8	86,2	73,2
	Other			0	0	100	100
	Did not find out			10,2	20,9	89,8	79,1
How often did you use a condom within the last 12 months	in every sexual intercourse			18,6	18,5	81,4	81,5
	Sometimes			41,3	41,3	58,7	58,7
	Never			38,1	38,9	61,9	61,1
	Did not have sex			16,1	15,7	83,9	84,3
	Do not remember			20,5	20,7	79,5	79,3
Total				19,2	29,8	80,8	70,2

Table 28 (part I). Contraception methods used by young people (distribution by percent)

		Use condoms %	Use/uses oral contraception %	Coitus interruptus %	IUD %	Calendar method %	Do not use protection %	
Region	Urban	Girl, woman	47,9	20,8	54,9	0,5	12,0	9,0
		Boy, man	86,7	19,6	26,1	1,8	7,2	2,3
	Rural	Total	70,1	20,1	38,4	1,2	9,3	5,2
		Girl, woman	76,5	18,8	31,6	14,5	10,1	3,6
		Boy, man	72,0	12,8	12,5	4,9	0,3	20,1
		Total	73,0	14,1	16,8	7,1	2,5	16,4
Total	70,5	19,3	35,5	2,0	8,3	6,7		
Gender: (dg02)	Girl, woman	50,1	20,6	53,1	1,6	11,9	8,6	
	Boy, man	84,1	18,4	23,7	2,3	6,0	5,5	
Total		70,5	19,3	35,5	2,0	8,3	6,7	
The age of the child	10-14	Girl, woman	98,5	31,9	31,9	31,9	1,5	1,5
		Boy, man	61,8	11,9	13,5	2,4	2,4	29,5
	15-18	Total	67,0	14,7	11,6	6,6	25,6	6,1
		Girl, woman	65,6	20,2	47,7	1,2	13,5	6,1
		Boy, man	89,2	21,4	18,3	2,6	2,4	3,8
		Total	82,0	21,0	27,2	2,2	5,8	4,5
19-24	Girl, woman	40,8	20,4	57,9	0,5	11,6	10,0	
	Boy, man	84,4	16,8	32,6	2,0	11,7	0,8	
Total		61,9	18,6	45,7	1,2	11,6	5,5	
Education institution	Secondary schools 10-14 years	70,5	19,3	35,5	2,0	8,3	6,7	
	Residential institutions 10-14 years	69,0	14,4	11,2	10,8	23,8	49,9	
	Secondary schools 15-18 years	50,1		7,7				
	High schools 15-18 years	84,5	18,3	20,2	0,4		5,1	
	Vocational schools 15-18 years	73,0	23,6	39,7	0,3	9,0	3,3	
	Colleges 15-18 years	79,9	17,4	20,4	5,2	8,7	6,9	
	Residential institutions 15-18 years	71,6	17,9	40,2	2,1	10,4	5,7	
	Universities 19-24 years	74,8	6,0	12,6	8,3	17,0	19,2	
	Colleges, 19-24 years	64,8	20,5	45,5	1,2	11,2	5,0	
	Not have sex (sr191)	62,3	14,9	38,8	1,3	16,4	7,4	
	Use condom (sr192)	70,5	19,3	35,5	2,0	8,3	6,7	
	Jump several times after having sex (sr193)	76,4	11,4	33,8	2,8	7,2	5,5	
	Wash genitals after having sex (sr194)	73,7	19,1	37,2	2,5	8,4	4,6	
	Take pills (sr195)	61,4	14,6	46,0	2,3	29,5	0,8	
Interrupt the sexual intercourse before ejaculation (the partner should protect her) (sr196)	66,5	16,2	46,0	3,4	16,4	5,9		
Avoid sex in certain days (calendar method) (sr197)	69,8	21,4	38,2	2,3	9,0	4,5		
Get sterilized (sr198)	67,2	17,6	47,0	1,5	9,6	2,7		
Other (sr199)	69,8	21,7	49,6	1,4	17,7	2,5		
Do not know (sr1910)	67,1	15,2	35,2	3,5	11,4	3,0		
Do not have sex (sr1910)	97,6		2,4					
Not have sex (sr201)	56,8	28,3	4,2	0,5	2,5	35,1		
Use condom (sr202)	80,4	12,5	32,1	1,3	5,8	4,6		
Jump several times after having sex (sr203)	73,6	18,8	36,3	2,2	8,6	4,6		
Wash genitals after having sex (sr204)	60,3	21,7	4,2	0,1	4,6	35,5		
Take care that the partner takes pills (sr205)	69,1	20,9	48,5	3,3	17,2	4,7		
Interrupt the sexual intercourse before ejaculation (sr206)	70,3	23,4	39,9	2,0	9,7	4,8		
Avoid sex in certain days (calendar method) (sr207)	66,7	17,5	47,7	1,7	9,8	3,0		
Sterilization (sr208)	64,7	20,9	47,6	1,7	19,1	2,4		
Other (sr209)	77,5	28,7	22,8	10,1	10,5	2,0		
Do not know (sr2010)	90,2				90,2	9,8		
		41,1	20,8	2,5	1,3	47,0		

Table 28 (part II). Contraception methods used by young people (distribution by percent)

		Use condoms %	Use/uses oral contraception %	Coitus interruptus %	IUD %	Calendar method %	Do not use protection %
Contraceptive pills are one of the best contraception methods (sr22E)	True	65,5	30,4	37,1	1,6	8,4	3,2
	False	73,0	14,8	35,6	2,8	8,6	5,1
	Do not know	73,6	11,7	33,7	1,9	7,8	12,2
The condom protects both against an unwanted pregnancy and a sexually transmitted infection (sr22G)	True	70,5	19,3	35,5	2,0	8,3	6,7
	False	72,8	18,1	36,2	1,8	9,8	4,9
	Do not know	68,3	21,9	47,2	1,5	3,3	7,7
Abortion is a good birth control method (sr22H)	True	54,8	25,7	17,6	4,3	1,8	20,1
	False	70,5	19,3	35,5	2,0	8,3	6,7
	Do not know	77,8	14,4	40,2	3,8	2,4	10,1
Total	True	70,8	18,4	37,5	1,5	9,5	4,9
	False	66,6	19,3	27,4	2,8	9,4	8,3
	Do not know	70,7	18,2	35,6	2,0	8,7	6,3

True	False	Do not know	total use pills
30,4	14,8	11,7	19,3

Contraceptive pills are one of the best contraception methods

True	False	Do not know	total use condom
72,8	68,3	54,8	70,5

The condom protects both against an unwanted pregnancy and a sexually transmitted infection

True	False	do not know	total do not use protection
10,1	4,9	8,3	6,7

Abortion is a good birth control method

Table 29. The statement of sexually active young people about their experience with pregnancies
(distribution by percent)

				For young girls: Have you ever been pregnant. For young men: Has your partner ever become pregnant from you			Total
				Yes	No	I don't know	
				%	%	%	%
Region	Urban	Gender:	Girls	5,9	94,1		100
			Boys	3,8	90,8	5,4	100
		Total		4,7	92,2	3,0	100
	Rural	Sexual:	Girls	2,0	98,0		100
			Boys	5,7	93,4	0,9	100
		Total		4,7	94,7	0,7	100
Total				4,7	92,5	2,8	100
Sexual:			Girls	5,6	94,4		100
			Boys	4,1	91,2	4,7	100
Total				4,7	92,5	2,8	100
The age of respondents (years)	10-14	Gender:	Girls		100		100
			Boys	0,0	100		100
		Total		0,0	100		100
	15-18	Gender:	Girls	1,3	98,7		100
			Boys	4,4	92,8	2,7	100
		Total		3,5	94,6	1,9	100
	19-24	Gender:	Girls	7,8	92,2		100
			Boys	4,5	88,0	7,6	100
		Total		6,2	90,1	3,7	100
Total				4,7	92,5	2,8	100
Education institution	Secondary schools 10-14 years				100		100
	Residential institutions 10-14 years				100		100
	Secondary schools 15-18 years			2,6	94,7	2,7	100
	High schools 15-18 years			2,7	94,6	2,7	100
	Vocational schools 15-18 years			9,3	89,5	1,3	100
	Colleges 15-18 years			4,6	93,1	2,3	100
	Residential institutions 15-18 years			2,6	87,2	10,3	100
	Universities 19-24 years			5,3	91,0	3,7	100
	Colleges, 19-24 years			9,6	90,2	0,2	100
Total				4,7	92,5	2,8	100

Table 30. Information regarding family members going abroad (distribution by percent)

		Mother	Father	Husband/wife	Both parents	
		%	%	%	%	
Region	Urban	10,1	16,8	0,4	4,37%	
	Rural	12,9	14,8	0,1	4,8	
Total		11,3	16,0	0,3	4,55%	
Gender (dg02)	Woman, girl	12,2	16,2	0,2	4,36%	
	Man, boy	10,0	15,8	0,4	4,9	
Total		11,3	16,0	0,3	4,55%	
Child's age	10-14	14,5	14,9	0,3	6,6	
	15-18	8,5	16,4	0,1	3,28%	
	19-24	9,7	17,7	0,4	2,54%	
Total		11,3	16,0	0,3	4,55%	
Education institution	Secondary schools gr. 5-8		13,7	14,7	0,3	6,4
	Residential institutions 5-8		19,6	17,4	0,3	5,48%
	Secondary schools gr. 9-12		9,3	19,9	0,2	3,6
	High schools		9,4	13,5		3,08%
	Vocational schools gr. 9-12		8,5	16,0		3,83%
	Colleges		10,9	19,6	0,8	4,01%
	Residential institutions 9-12		11,8	13,4		0,0
	Universities		8,8	16,0	0,3	1,9
Colleges, year 3-4		11,0	16,1	1,1	5,45%	
Total		11,3	16,0	0,3	4,55%	
Marital Status (dg03)	Single		11,3	16,0	0,2	4,54%
	Married (registered)		6,2	12,6	7,6	4,62%
	Married (unregistered)		13,0	11,1	3,1	7,43%
	Divorced/separated			37,0		0
Total		11,3	16,0	0,3	4,56%	
Lives with the mother		7,1	14,4	0,0	2,72%	
Lives with the father		7,9	13,2	0,0	2,86%	
Lives with the mother and the step father		6,5	18,4		5,22%	
Lives with the father and the stepmother		1,4	5,2	4,7	0,0	
Lives with the grandparents		24,4	13,8	0,5	7,59%	
Lives with relatives		32,5	23,6	1,9	11,67%	
Lives with brothers/sisters		9,1	15,2	0,1	3,47%	
Lives with husband/wife		4,0	6,3	6,0	2,46%	
Lives with the boyfriend/girlfriend		18,8	30,8	0,9	7,57%	
Lives with colleagues/friends		8,7	16,1	0,1	3,8	
Lives alone		21,0	25,4		5,97%	
Total		11,3	16,0	0,3	4,55%	

Annex 4

List of personnel involved in the study

1. Coordination Team of the Study:

1.	Larisa Lazarescu-Spetețchi	Coordinator of the UNICEF ‘Youth Health, Development and Participation’ Program
2.	Dr. Galina Leșco	Coordinator of the Study
3.	Dr. Svetlana Ștefanef	Technical Director of the Study
4.	Valeriu Ciorbă	Project Assistant

2. Work group for study planning and development of the questionnaire for the survey

1.	San Patten	Expert of the Canadian Public Health Association
2.	Larisa Lazarescu-Spetețchi	UNICEF, Moldova
3.	Diana Botnaru-Sturges	UNICEF, Moldova
4.	Galina Leșco	Association ‘Health for Youth’
5.	Svetlana Ștefanef	UNICEF, Moldova
6.	Veaceslav Moșin	National Scientific-Practical Center for Reproductive Health, Human Genetics and Family Planning
7.	Varfolomei Calmăc	National Scientific-Practical Center for Preventive Medicine
8.	Sergiu Oglindă	National Scientific-Practical Center for Preventive Medicine
9.	Oleg Bulgaru	Moldova State University
10.	Constantin Jucovschii	Cardiology Institute
11.	Anastasia Ocerednii	Moldova State University
12.	Irina Caunenco	Moldova Academy of Science
13.	Lucia Gașper	Moldova Academy of Science
14.	Claudia Coadă	Resource Center for Youth
16.	Larisa Chirev	Association ‘Health for Youth’
17.	Nadejda Bordian	Association ‘Health for Youth’

3. Work Group for the development of Focus Group guide and techniques of qualitative analysis of FG results (soft QSR nr6)

1.	San Patten	Expert of the Canadian Public Health Association
2.	Larisa Lazarescu-Spetețchi	UNICEF, Moldova
3.	Diana Botnaru-Sturges	UNICEF, Moldova
4.	Galina Leșco	Association ‘Health for Youth’
5.	Svetlana Ștefanef	UNICEF, Moldova
6.	Angela Capcelea	USMF ‘N. Testemițanu’
7.	Larisa Chirev	Association ‘Health for Youth’
8.	Nadejda Bordian	Association ‘Health for Youth’
9.	Natalia Vladicescu	Institute for Development and Social Initiatives ‘Viitorul’
10.	Andrei Luchian	Institute for Development and Social Initiatives ‘Viitorul’
11.	Eugen Cheptene	Association ‘Health for Youth’
12.	Florin Soltan	Association ‘Health for Youth’
13.	Lilia Toderășcu	Association ‘Health for Youth’
14.	Claudia Coadă	Resource Center for Youth

4. The team who carried out the qualitative study (Focus Groups)

1.	Angela Capcelea	Focus Groups Coordinator
2.	Natalia Vladicescu	Focus Groups Moderator
3.	Andrei Luchian	Focus Groups Moderator
4.	Nadejda Bordian	Focus Groups Moderator
5.	Larisa Chirev	Focus Groups Moderator
6.	Eugen Cheptene	Focus Groups Assistant
7.	Florin Soltan	Focus Groups Assistant
8.	Lilia Toderășcu	Focus Groups Assistant

5. People involved in the verification and statistical analysis of data collected from the field:

1.	Oleg Bulgaru	statistician
2.	Constantin Jucovschi	statistician
3.	Petru Jucovschi	statistician
4.	Larisa Boderscov	editor
5.	Claudia Midrigan	editor

6. Work group for collection of data from the field for the quantitative study

	Name, surname	Position
Team 1	Daniliuc Natalia	Supervisor, Field Administrator
	Alexandeanu Andrei	Field Administrator
	Timotin Tatiana	Field Assistant
	Ghețivu Anatol	Field Assistant
	Corobceanu Sergiu	Driver
Team 2	Butnaru Valentin	Supervisor, Field Administrator
	Leahu Daniela	Field Administrator
	Bujac Diana	Field Assistant
	Nicolaev Vadim	Field Assistant
	Teaca Dumitru	Driver
Team 3	Serbușca Dorin	Supervisor, Field Administrator
	Ciurac Ana	Field Administrator
	Gușan Liudmila	Field Assistant
	Capcelea Eugen	Field Assistant
	Serbușca Leonid	Driver
Team 4	Țurcan Lucian	Supervisor, Field Administrator
	Rusu Ecaterina	Field Administrator
	Mănăstereanu Elena	Field Assistant
	Medvedi Mihail	Field Assistant
	Capcelea Eugen	Driver
Team 5	Paiu Mariana	Supervisor, Field Administrator
	Viesa Eugen	Field Administrator
	Violeta Ghețivu	Field Assistant
	Cebotari Dorin	Field Assistant
	Vlas Tudor	Driver
Team 6	Midrigan Victoria	Supervisor, Field Administrator
	Molozea Alexandru	Field Administrator
	Gramă Natalia	Field Assistant
	Coșciug Igor	Field Assistant
	Beiu Ion	Driver
Team 7	Josanu Nelly	Supervisor, Field Administrator
	Chitic Sergiu	Field Administrator
	Soltan Svetlana	Field Assistant
	Grosu Vladimir	Field Assistant
	Eugen	Driver
Team 8	Midrigan Inga	Supervisor, Field Administrator
	Stratulat Mihai	Field Administrator
	Creangă Elena	Field Assistant
	Chiriac Sergiu	Field Assistant
	Nicolaev Vitalie	Driver
Team 9	Gurghiș Radu	Supervisor, Field Administrator
	Istrati Mariana	Field Administrator
	Cîrlan Cristina	Field Assistant
	Capcelea Sergiu	Field Assistant
	Gurghiș Călin	Driver
Team 10	Dogari Radu	Supervisor, Field Administrator
	Gandrăbur Natalia	Field Administrator
	Bounegru Inga	Field Assistant
	Mironov Ion	Field Assistant
	Aculov Tudor	Driver

Coperta: Vladimir ZMEEV

Machetare computerizată: Dumitru MAZEPA

Corector: Ileana PUICĂ



Firma Editorial-Poligrafică TRIGRAF-TIPAR
bd Ștefan cel Mare nr. 79,
Chișinău, MD-2012, Republica Moldova
Tel./fax: 210-963, gsm: 0 691 37 166



Published with Financial support
of UCIMP TB/AIDS