

SUMMARY REPORT



HBSC REPUBLIC OF MOLDOVA, 2014 RESEARCH

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REPUBLIC OF MOLDOVA

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HEALTH BEHAVIOR IN SCHOOL-AGED CHILDREN (HBSC)
STUDY IN THE REPUBLIC OF MOLDOVA

BEHAVIORAL AND SOCIAL DETERMINANTS OF ADOLESCENT HEALTH

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HBSC in the Republic of Moldova, 2014 research

The 2014 assessment study of Health Behavior in School-aged Children (hereinafter referred to as HBSC) in the Republic of Moldova has been carried out by the national HBSC research team under the “Healthy Generation – Youth-friendly Health Services” project implemented by the Health for Youth Association, in partnership with “Neovita” Youth-friendly Health Center, with financial support from the Swiss Agency for Development and Cooperation, technical assistance from the World Health Organization, organizational support from the Ministry of Health, University of Medicine and Pharmacy “N. Testemițanu”, and Ministry of Education.

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For quotes: Behavioral and social determinants of adolescent health. Summary report of the health behaviors in school-aged children study in the Republic of Moldova. G. Lesco. Chisinau. 2015

INTRODUCTION

Adolescents in the Republic of Moldova represent approximately 12 percent of the country population as of January 1, 2014. The spectrum of health issues facing adolescents and youth is very diverse: use of psychoactive substances, STI/HIV/AIDS, unwanted pregnancies, mental health, violence, trauma, stigma and discrimination, etc. According to recent data, over one third of teenagers have at least one parent working abroad and about 10 percent of adolescents have both parents left for work abroad.

Collection of strategic information is one of the main actions that should be carried out by the health sector to improve adolescent health and development.

In this context, membership in the HBSC research network can provide for collection of such strategic information for the Republic of Moldova in a systematic manner, comparable with international data.

“Neovita” National Resource Center for youth-friendly health services has been delegated the task of organizing the national multi-disciplinary research working team (MH order no. 449 of 12.03.2013)

Thus, the initiative group of researchers from the Republic of Moldova, with the support of WHO, has joined the international HBSC network in October 2013 (official submission of the application and vote in the Assembly of the HBSC network), when Moldova became the 44th member country of the HBSC network.

The 2014 study used the mandatory modules of the international protocol to develop the national questionnaire, and will serve as a reference to the Republic of Moldova in the network.

The national research protocol was approved by the Ethics Committee of the “N. Testemițanu” SUMP in February 2014.

CHAPTER I.

PURPOSE OF THE STUDY AND RESEARCH METHODS

Purpose of the study

Obtaining new evidence and increasing the level of awareness in relation to health behaviors, health and lifestyle of adolescents in their social context.

The study is both a scientific research and a tool for international monitoring of health and health behaviors in school-aged children.

Objectives of the study

- Initiate and support national and international research on health, wellbeing, health behaviors, health and social context of school-aged children;
- Contribute to the development of theoretical, conceptual and methodological research in health, wellbeing, health behaviors and social context of health in school-aged children;
- Gather relevant evidence on school-aged children and monitor the health, wellbeing, health behaviors, health and social context of school-aged children in member countries;
- Contribute to increasing knowledge on

health, wellbeing, health behaviors, health and social context of school-aged children;

- Disseminate research results to the relevant public, including researchers, policy makers in health and education, adolescent health practitioners, teachers, parents and young people;
- Correlation with WHO objectives in the field, especially those listed in the Child and Adolescent Health Strategy;
- Support through evidence the development of health promotion programs for school-aged children;
- Increase expertise at national level in the area of health, wellbeing, health behaviors and social context of health in school-aged children; and
- Establish and support a network of international experts in this field.

Target groups of the study:

Adolescents/children of 11, 13, 15, 17 years of age, enrolled in the education system.

Frequency of study – every 4 years

Type of study: Trans-national study, based on surveys and opinions collected in education facilities. The study has been carried out in compliance with the international HBSC protocol, which is a document approved in all the 44 member countries of the HBSC network and determines the survey methodology.

- Sampling point – education facility selected randomly based on data of the Ministry of Education
- Sampling unit (cluster) - 386 units, one grade (5th, 7th, 9th, 11th/corresponding groups in colleges and vocational schools)

The sample of the 2014 survey included:

6642 respondents

118 education facilities

- 90 secondary general/high schools and
- 38 colleges/vocational schools

386 clusters (study grades/groups)

Table 1. Composition of the HBSC national representative sample, 2014

		AGE				Total
		11 y.o.	13 y.o.	15 y.o.	17 y.o.	
Gender	Boys	881	827	813	737	3258
	Girls	836	773	825	950	3384
Total		1717	1600	1638	1687	6642

Note: Boys and girls (ages 11, 13, 15, and 17)

Sample: stratified, probabilistic, two-staged

Stratification criteria:

- Age groups (11, 13, 15 and 17 years)
- Type of education facility (118 units, of which 90 secondary general/high schools and 38 colleges/vocational schools)
- Residential settings (rural/urban)
- Language of study (Russian or Romanian)

Representativeness: the sample is representative for each age group, with an error margin of $\pm 2,3\%$ (IC 95%)

Data collection:

The self-filled questionnaire was applied as a method of data collection, which was developed based on mandatory modules, further translated and adapted to Romanian and Russian languages, offering respondents the possibility of choosing the right option. Also, two questionnaire versions were used, for age groups 11-13 and 15-17.

Data were collected with the active participation of YFHP volunteers, as administrators in the field.

Place of data collection – education facility, selected grade.

Period of data collection – April 3-18, 2014.

Data processing and analysis:

Data processing was accomplished in accordance with the HBSC study protocol, in coordination with the common data center of the HBSC network, the final base was verified and validated by the international coordinators. The SPSS program was used for data processing and analysis.

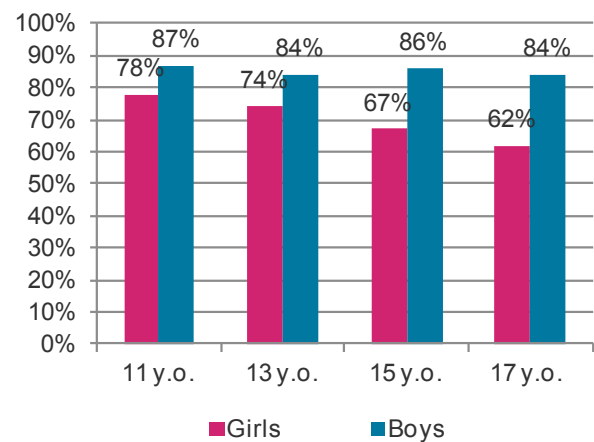
CHAPTER II.

STATUS OF ADOLESCENT HEALTH

II.1. Self-assessment of health status

- Most adolescent respondents (77.4%) have positively assessed their health status, indicating it as being good or excellent (Figure 1). However, about one fifth (22.6%) of them have negatively assessed their health, considering it to be „so-so“ (fair) and poor.
- The number of respondent boys who believe that their health status is excellent obviously outruns the number of girls by 8% in 11-year olds, 11% in 13-year olds, 15% in 15-year olds, and 14% in 17-year olds.
- It is noted that the percentage of respondents who negatively assess their health status increases with the age of respondents, being 17.3% in 11-year olds, 21.1% in 13-year olds, 23.2% in 15-year olds, and

Figure 1. Share of adolescents who positively assess their health status (good and excellent)



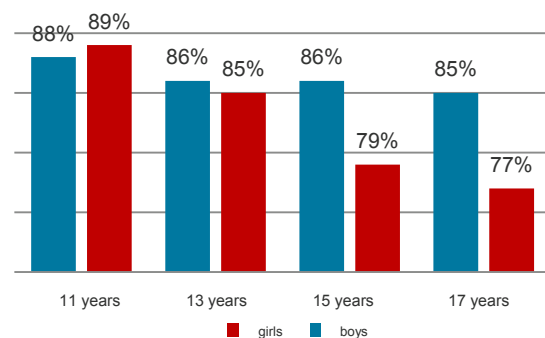
28.8% in 17-year olds, especially among girls. Also, girls report more often than boys a worse health status at all ages.

II.2. Self-assessment of wellbeing (life satisfaction)

- Most adolescent respondents (84%) assess their life as prosperous, i.e. with a high degree of life satisfaction (Figure 2).
- 12.3% of adolescents show restlessness /anxiety, assessing their lives as average, and 3.7% of adolescents can be referred to as suffering, assessing their lives with a lower score.
- Boys have generally indicated a higher degree of life satisfaction as compared to girls (86.1% versus 81.9%), without significant differences in terms of residential settings.
- As age increases, the life satisfaction level shows a decreasing trend – the share of adolescents who assess their wellbeing with a high degree of satisfaction decreases from 89% in 11-year olds to 80% in 17-year olds.

This decline is larger among girls – from 89% in 11-year olds to 77% in 17-year olds compared with boys (88% and 85%, respectively) (Figure 2).

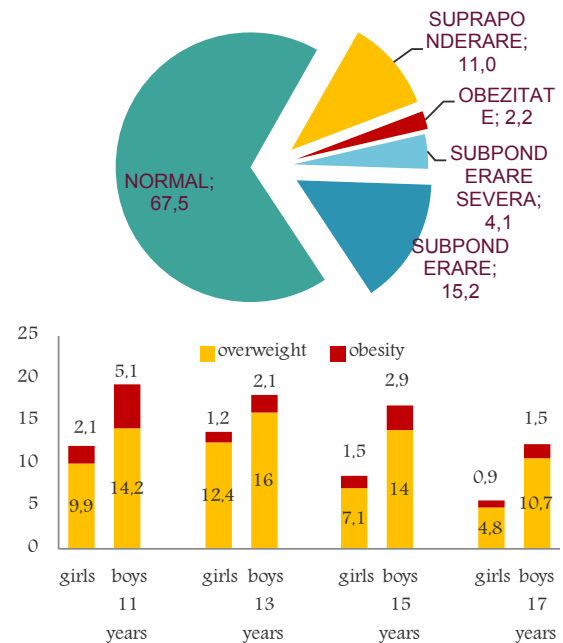
Figure 2. Share of adolescents who assess their life as prosperous (with a high degree of life satisfaction)



II.3. Body Mass Index (BMI)

- Although most adolescents have a BMI within the normal range, depending on their age and gender (67%), excess body weight was found in every 8th teenager and body mass deficit was found in every 5th teenager (Figure 3).
- As age increases, a BMI normalization trend is observed – from 57.8% in 11-year olds to 75% in 17-year olds.
- Overweight and obesity rates are higher among boys compared with girls in all age groups. The highest rate is in 11 year-old boys (19.3%), which drops to 12.2% in 17-year olds. Among girls, the overweight rate reaches its peak in 13-year olds (13.5%). Their share decreases more than twice by the age of 17 (5.6%).

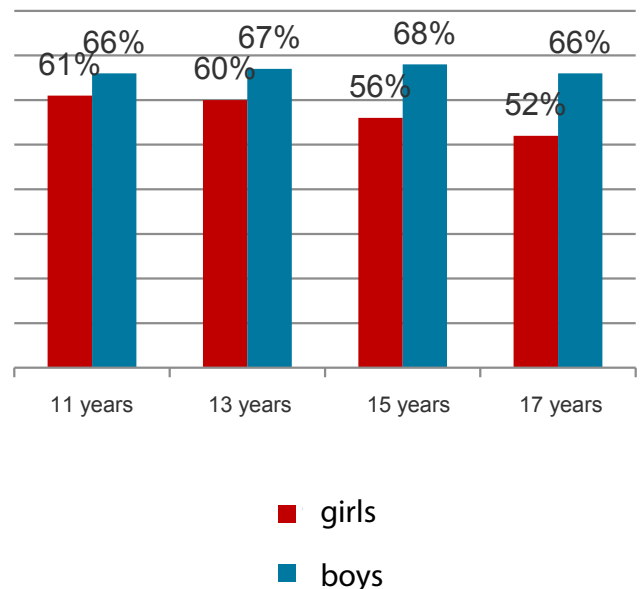
Figure 3. BMI in adolescents (entire sample)



II.4. Body image

- 62% of adolescents believe their own body weight to be adequate (Figure 4), about 21% - that their weight exceeds the norms, and 19% - that they have weight deficit.
- With age increase, the share of adolescents assessing their weight to be adequate decreases from 64% in 11-year olds to 58% in 17-year olds.
- In all age categories more boys believe that their body weight is adequate.
- Only 44% of those who believe that they are "too thin," and 41.8% of those who believe that they are "a bit too thin," in reality have body weight deficit. Also, the overweight state is overrated – only 30% of those who believe that they are "a bit overweight" have excess body weight, and although the majority of those who believe that they are „too overweight,, (58.6%) have excess body weight, only in 21.2% of cases they have obesity in reality.

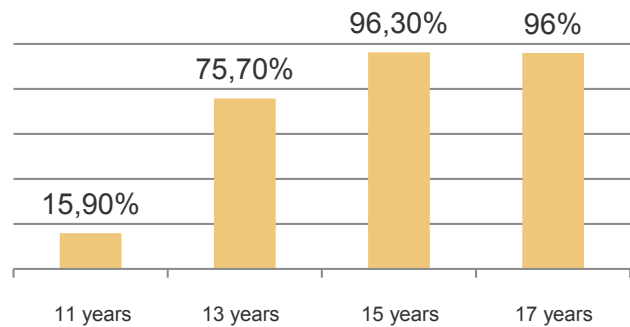
Figure 4. Share of girls and boys in different age groups, who assessed their body weight as adequate



II.5. Pubertal development (girls)

- For the absolute majority of 15 year-old respondents (96.3%), their first menstruation came between 9 and 16 years of age (Figure 5).
- The average age for the first menstruation is 12.6 years.
- 4% of girls did not have their menstruation by the age of 17, which makes us assume that this is the share of girls with retarded pubertal development.

Figure 5. Share of adolescents with menstruation, by age groups



II.6. Subjective signs of disease

- 4 in every 10 adolescents have indicated mood disorders (irritation / nervousness / bad mood and apathy) during the last six months, and every third of 10 respondents – headaches, anxiety or back pain. Every fifth respondent has indicated stomach ache, sleep disorders during the last six months, and every sixth – dizziness (Figure 6).
- With age increase, the frequency of reporting these signs increases more among girls than boys.
- One in three (37.8%) respondent has indicated the presence of two or more symptoms at least once a week or more often during the last six months (Figure 7).
- Among boys, in those with two or more symptoms no differences are observed by age groups, representing an average of 27.7%. Among girls, the frequency of health complaints increases with age, and in 17-year olds represents almost double the rate of complaints in 11-year olds.

Figure 6. Frequency of adolescent reporting of signs of disease

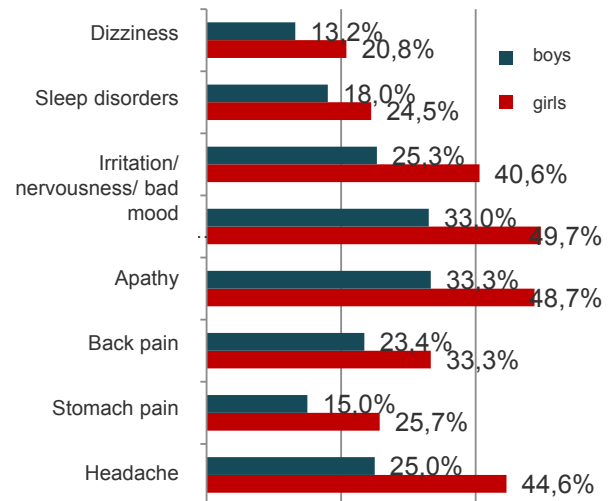
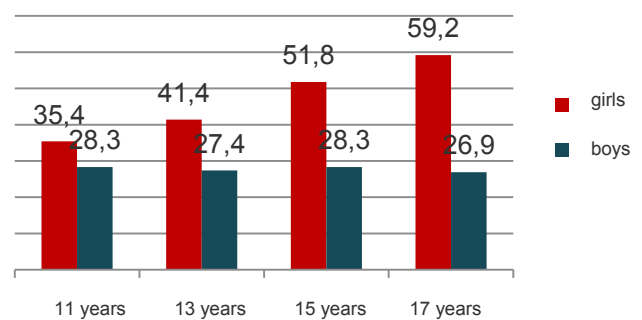


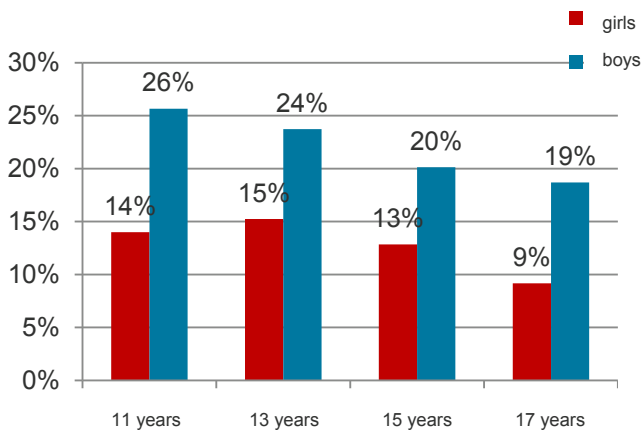
Figure 7. Share of adolescents with 2 or more signs of disease



II.7 Trauma and accidents

- 4 in 10 respondents (every second boy and every third girl) were wounded / injured over the last year, so as they needed to seek medical care.
- In over half of cases (23.3%) it happened only once, and in somewhat less than half (17.3%) - teenagers have suffered two or more accidents (Figure 8).

Figure 8. Share of adolescents who have been injured or have been in accidents two or more often during the last year

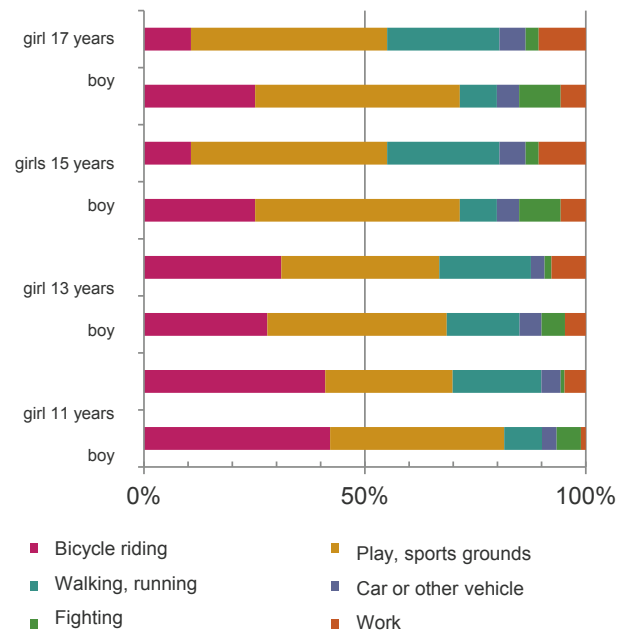


- Boys, almost twice as often as girls, have had repeated accidents/trauma (22% and 12%, respectively).
- 40.8% of those injured indicated that they needed more serious medical care, such as casts, stitches, surgery, or needed to stay overnight in a hospital. Among boys, such serious trauma or injury was reported 8% more frequently than among girls (44.2% vs. 36.4% respectively).
- Concerning the locations of accidents/

trauma, most often these were indicated as homes and courtyards, followed by sports grounds and street. This is relevant for all age groups. Home or courtyard accidents have a higher share among 11-, 13- and 15-year old girls, but boys prevail in accident/trauma occurrence on sports grounds and on the street, also relevant for all age groups.

- Most often, adolescents have suffered trauma/accidents when riding a bicycle, during play, sports training, walking and running. With age increase, the risk of riding the bicycle decreases, particularly among girls, and the risk of sports activities increases among both boys and girls. For girls, the risk of accidents/trauma increases with age when running and at work, and for boys – during fights (Figure 9).

Figure 9. Activities causing trauma/accidents



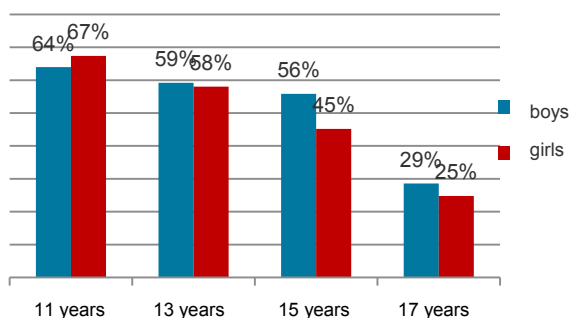
CHAPTER III.

HEALTH BEHAVIORS IN ADOLESCENTS

III.1. Food behavior

- Only 6 in 10 respondents indicated having breakfast every weekday and every 10th – having no breakfast at all.
- Girls more often than boys do not have breakfast during the week (13.1% and 8.4%, respectively), and 17-year olds have no breakfast at all about 2.5 times more often (15.8%) than 11-year olds (6.5%).
- More frequently (in 76.9% cases) adolescents have breakfast on both weekend days. However, in 8.2% of cases they do not have breakfast even on weekends, with the same trends by age and gender, without significant differences.
- Only half (50.2%) of respondents have indicated having breakfast and slightly over half (57.4%) having dinner daily with their mother or father.
- Girls (47.9%) versus boys (52.7%) have breakfast less often, and boys have dinner with one of the parents as often (Figure 10).

Figure 10. Share of adolescents having breakfast with one of the parents

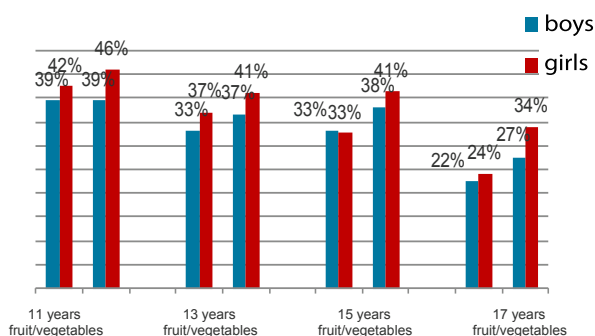


- In 11-year olds and 13-year olds there are no significant differences in having breakfast and dinner with parents, but 15-year old and 17-year old adolescents less often have meals with their parents, largely be-

cause they leave for studies in colleges or vocational schools.

- Only a third of respondents (33%) have indicated eating fruits daily and one fifth (20.9%) eating fruits once a week or less often.
- Only 4 in 10 respondents eat vegetables daily, and one-fifth (18.2%) eat vegetables once a week and less often.
- Girls eat fruits and vegetables more often than boys, and with age increase there is an essential drop in fruit consumption and less in vegetable consumption (Figure 11).

Figure 11. Share of girls and boys consuming fruit and vegetables daily

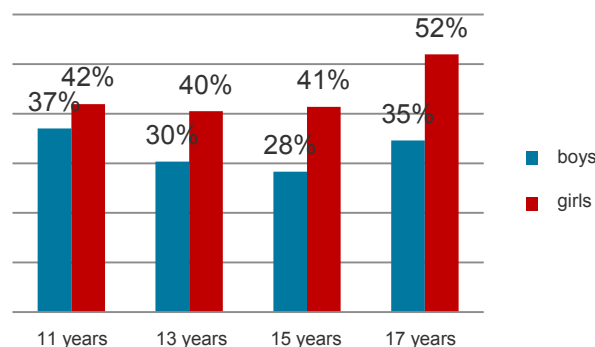


- 30.1% of adolescents have indicated eating once a day and eating often sweets (candy or chocolate), 10% of them drink Coca-cola or other sugary soft drinks once a day or more often, without significant differences by gender and type.
- Approximately 12% of respondents have indicated being on a fasting diet. Girls have indicated being on a fasting diet twice as often as boys (16.4% versus 7.2%, respectively).

III. 2. Dental hygiene

- The absolute majority of respondents (89.9%) have indicated brushing their teeth once a day and half of them brush teeth more often (Figure 12).
- 11.1 % of respondents have indicated brushing their teeth even less often. Boys have reported such behavior more often than girls (12.9% versus 7.4%, respectively), and with increasing age – less often (13.9% in 11-year olds, 12.3% in 13-year olds, 8.4% in 15-year olds, and 5.7% in 17-year olds).

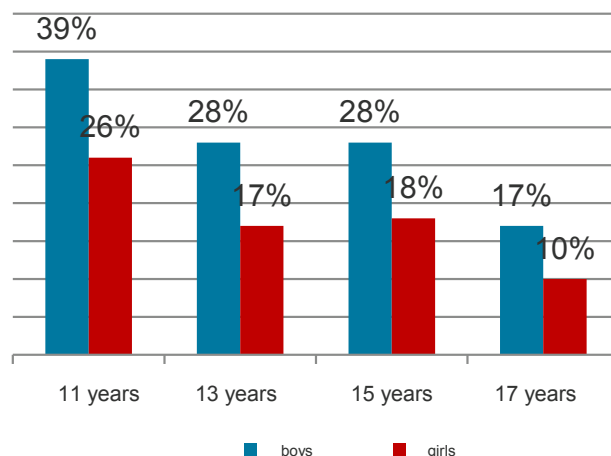
Figure 12. Share of adolescents brushing their teeth more than once a day



III.3. Physical activity

- Only 23% of adolescents have practiced physical activity for a total of minimum 60 minutes a day during the last week (Figure 13), and 4.6% - had no physical activity on any day.
- Physical activity at least one hour a day is decreasing with age for both girls and boys. In all age groups boys practice more often daily physical activity, at least one hour a day, compared with girls.
- 78.8% of respondents have indicated engaging in daily physical exercise in their spare time, till experiencing shortness of breath or sweating, 2-3 times a week and more often, with the same trends by gender and age as for moderate daily physical activity.
- Only a third of respondents (33.2%) - 42.5% of boys and 24.3% of girls have indicated engaging in physical exercise in their spare time, till experiencing shortness of breath or sweating, 2-3 times a week and more often, without significant differences by age groups.

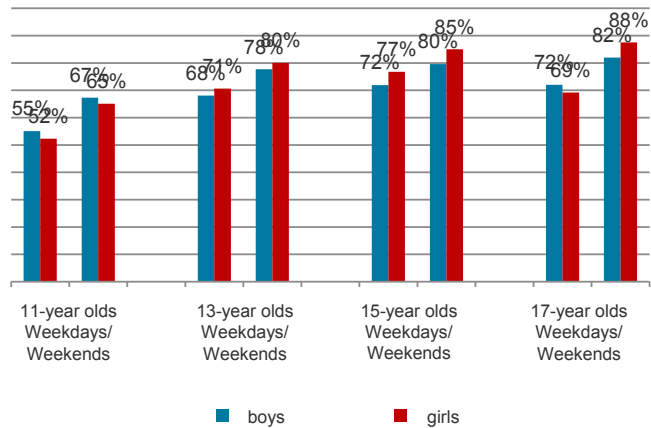
Figure 13. Share of adolescents practicing daily physical activity at least one hour a day during the last week



III.4. Use of information technologies

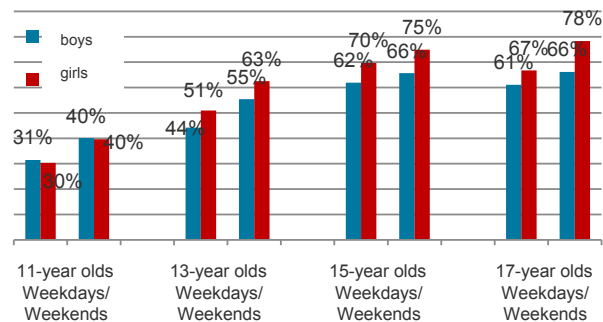
- 66.8% of respondents have indicated spending time watching TV, videos (including YouTube or other similar programs), DVDs and other entertainment programs, which use screen projection, 2 hours a day and more during weekdays, and 78% - during weekends.
- Girls and boys equally use information technologies for entertainment, reaching a peak in 15-year olds, further maintained at the same level (Figure 14).

Figure 14. Share of adolescents using daily, for 2 hours and more, information technologies for entertainment



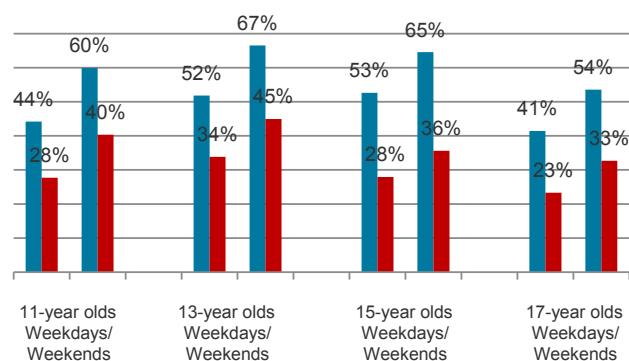
- 52% of respondents have indicated using daily, 2 hours or more, information technologies for socializing and studying during weekdays, and 60.4% - during weekends.
- Daily use of information technologies for over 2 hours to socialize or study shows the most obvious trend to increase with age, doubling in 17-year olds compared with 11-year olds, particularly among girls (Figure 15).

Figure 15. Share of adolescents that use over 2 hours a day information technologies for socialization and studying



- 37.6% of respondents have indicated spending 2 hours a day and more of their free time during weekdays playing games on the computer, console, tablet (i.e. iPad), smartphone or other electronic devices (aside from physical games or fitness), and half (49.5%) – during weekends.
- Boys in all age groups have indicated more often than girls playing electronic games for over 2 hours a day (Figure 16).

Figure 16. Share of adolescents playing electronic games for 2 hours or more a day during weekdays

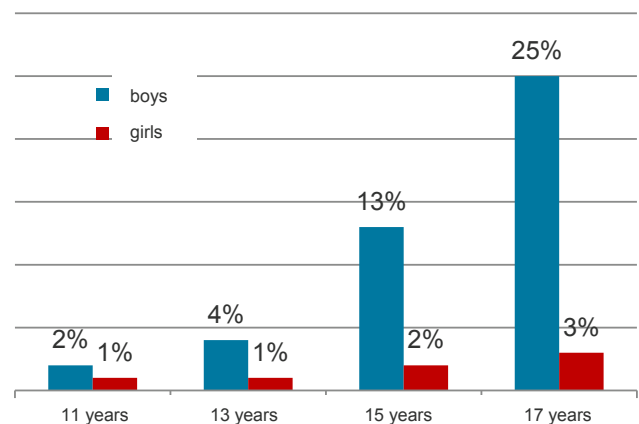


RISK BEHAVIORS IN ADOLESCENTS

IV.1. Use of psychoactive substances. Smoking

- Every fifth adolescent (every tenth girl and one third of boys) have tried smoking during their lifetime, and one in ten (14.1% of boys and 3.3% of girls) respondent has tried it during the last month.
- From the age of 15, the share of adolescents who smoke starts to increase significantly compared with previous age groups (9.9% versus 1.8% in 11-year olds and 3% in 13-year olds). In 17-year olds already 16.8% of adolescents indicate that they are currently smoking.
- Every fifth 15-year old respondent and every seventh 17-year old respondent mentions having started smoking at 13 years of age or less.
- 8% of respondents have indicated that they are currently smoking – 13.6% of boys and 2.4% of girls.
- 6.1% of all respondents smoke (10.5% of boys and 1,9% of girls) once a week or more often. Boys are considerably exposed to this risk (25% in 17-year olds) with age increase, compared with girls (Figure 17).

Figure 17. Share of adolescents indicating smoking once a week or more



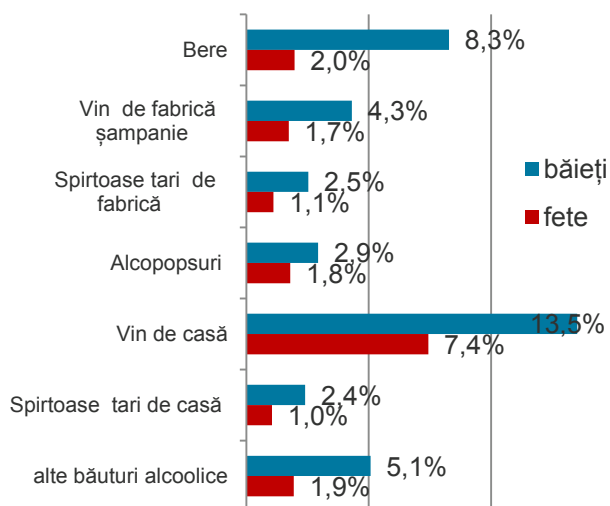
IV.2. Use of psychoactive substances. Cannabis

- 4.9% of respondents have indicated using cannabis (marijuana, hashis, weed) during their lifetime, and 1.4% - recently, in the last month.
- Boys have reported 3 times more often than girls experimenting with cannabis during their lifetime (7.5% and 2.5%, respectively) and 5 times more often in the last month (2.4% and 0.5%, respectively).
- The share of those who used cannabis at least once in their lifetime increases with age, representing 0.6% in 11-year olds, 1.7% in 13-year olds, 5.7% in 15-year olds, and 11.3% in 17-year olds. Use over the last 30 days also increases with age and represents 0.6% in 11-year olds, 1% in 13-year olds, 1.1% in 15-year olds, and 2.9% in 17-year olds.
- 0.9% of 15-year olds and 0.6% of 17-year olds have used cannabis for the first time at the age of 13. Adolescents start experimenting more with cannabis at the age of 14 and later. The highest prevalence of cannabis use in the Republic of Moldova is in 15-year olds and above, accounting for 10.3 among 17-year old respondents.

IV.3. Use of psychoactive substances. Alcohol

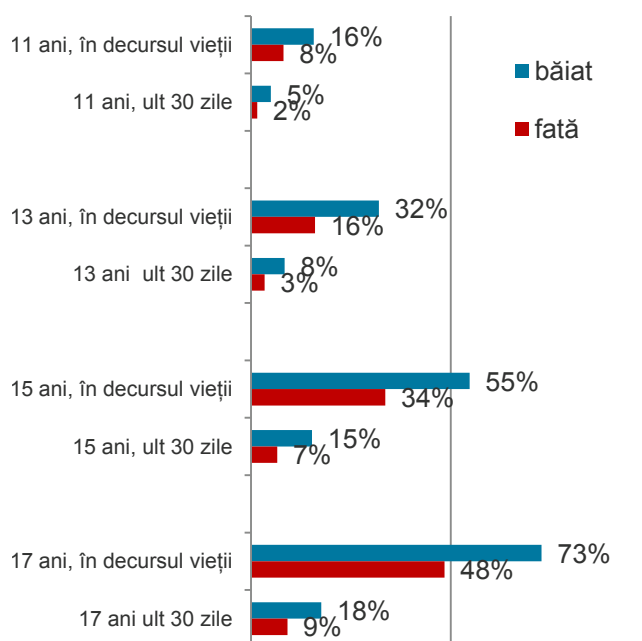
- Alcohol consumption during lifetime, at least once, was reported by 28.3% of 11-year olds, 42.7% of 13-year olds, 73% of 15-year olds and 81.9% of 17-year olds. Every eighth 11-year old consumed alcohol in the last 30 days, and so did every fifth 13-year old, every third 15-year old, and every second 17-year old.
- Boys consume alcohol more often than girls in all age groups. The consumption increases with age for both genders.
- The most common type of alcohol consumed is home-made wine, probably because it is available in all households. Thus, 6.9% of 11-year olds drink home-made wine at least once a week, similarly to 7.2% in 13-year olds, 13% in 15-year olds, and 14.5% in 17-year olds (Figure 18).

Figure 18. Share of adolescents consuming different types of alcohol once a week and more often



- One in ten 11-year olds and one in four 13-year olds have gotten drunk at least once in their life. 44.2% of 15-year olds and 59.1% of 17-year olds have gotten drunk at least once in their life. 3.6% of 11-year olds, 6% of 13-year olds, 10.8% of 15-year olds, and 12.8% of 17-year olds have gotten drunk in the last 30 days (Figure 19).

Figure 19. Share of adolescents who have gotten drunk at least once (during their life or in the last 30 days)

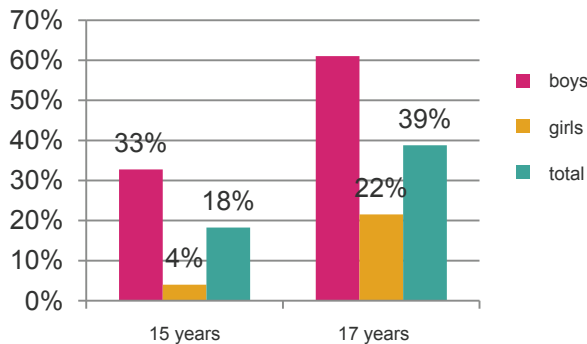


- Every tenth adolescent starts consuming alcohol at the age of 11 and earlier. The next critical stage to start consuming alcohol is 14-15 years, when every sixth adolescent starts consuming alcohol.

IV.4 Sexual behavior

- 18.3% of 15-year olds and 38.8% of 17-year olds have reported having had a sexual intercourse. Among boys the share of those who reported having a sexual intercourse is higher than among girls. This can confirm the persistence of stereotypes, such as the one that boys must be more experienced than girls, which could lead to over-reporting of this experience by boys and underreporting by girls (Figure 20).

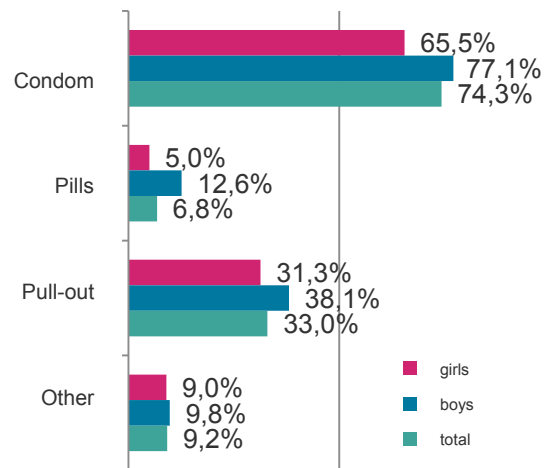
Figure 20. Share of adolescents having reported sexual intercourse



- 6.2% of respondents who have had sexual contact reported the first intercourse at the age of 11 or earlier, 8.1% at the age of 12-13, 12.6% at the age of 14, 28% at the age of 15, and 44.9% at the age of 16.
- Two thirds of sexually active adolescents have reported using a condom during their last sexual intercourse, without significant differences among 15-year olds and 17-year olds. Boys report more often using condoms (in 77.1% of cases) compared with girls.
- One third of sexually active adolescents have reported using “coitus interruptus” (pull-out) during the last sexual intercourse, the 17-year olds indicating it 10% more often than 15-year olds, and boys 7% more frequently than girls.
- 5% of girls and 12.6% of boys have indicated using contraceptive pills during the last

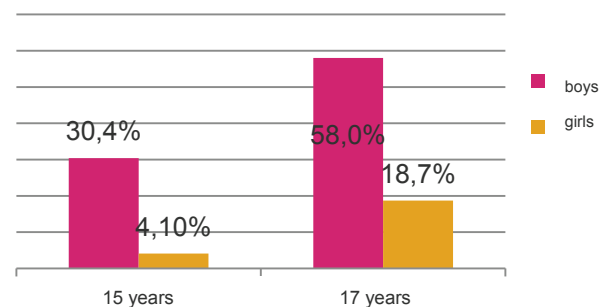
sex. The large discrepancy in boys’ and girls’ opinions could be explained by over-reporting of their sexual experience by boys and the illusory confidence trend, that girls will take this responsibility without prior communication (Figure 21).

Figure 21. Use of contraception in the last sexual intercourse in sexually active 15 and 17-year olds (total sample)



- It is very worrisome that about one third of 15-year old boys and more than half of 17-year old boys have never used contraception in their last sexual intercourse, this indicator being much lower among girls (Figure 22).

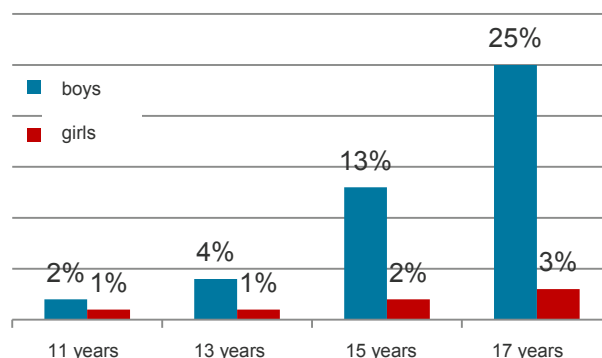
Figure 22. Share of adolescents who have not used any contraception during their last sexual intercourse



IV.3. Physical violence

- 36.7% of respondents have indicated being involved at least once in a fight in the last 12 months. Boys have reported involvement in a fight in the last 12 months 3 times more often than girls (56% and 18% of cases, respectively).
- 18.7% of respondents have been repeatedly involved in physical aggression in the last year, and boys – 5 times more often than girls (31.5% and 6.5%, respectively).
- With increasing age, boys' repeated involvement in fighting is reduced and for girls stays without significant deviations (Figure 23).

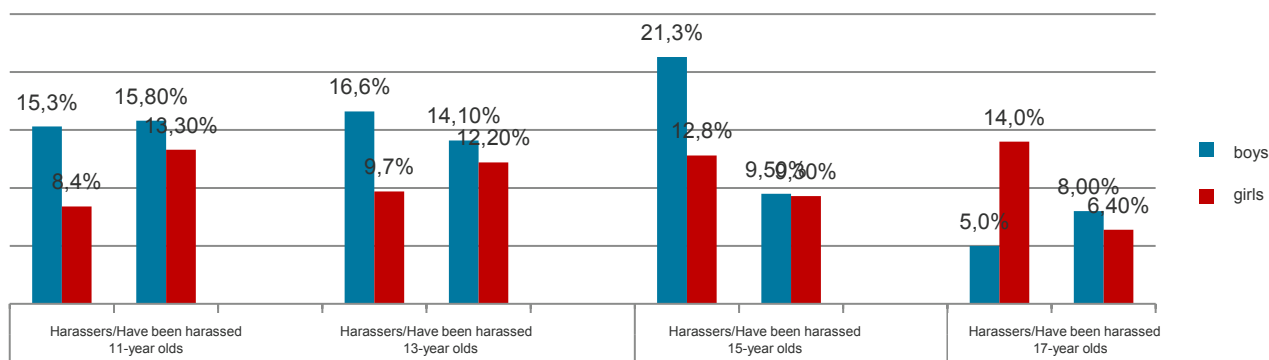
Figure 23. Share of adolescents involved in fights twice or more often in the last 12 months



IV.4. Harassment/intimidation (bullying)

- 4 in every 10 respondents have reported being among those who have intimidated / mocked / aggressed other students at school, and 3 in every 10 respondents – that they were intimidated / mocked / aggressed in school during the last two months.
- Aggressors are more often encountered among boys than girls. But the percentage of respondents with aggressor roles increases with age for boys and girls, in 17-year olds every fifth boy and every seventh girl being aggressors.
- 17-year olds (17.5%) have indicated intimidating someone 5.5% more than 11-year olds. Boys are more often aggressors than girls. Also, boys are more often intimidated than girls. 11-year olds are more often intimidated. Written messages, is most often used as a harassment method, without major deviations by age groups and by gender (Figure 24).

Figure 24. Share of adolescents involved in bullying



SOCIAL CONTEXT

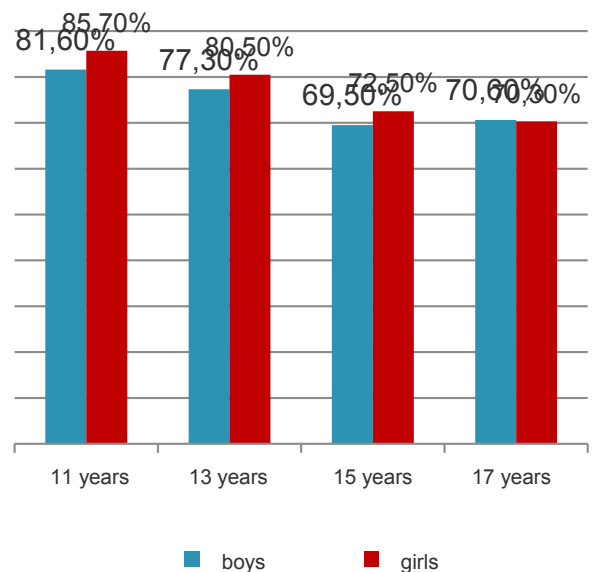
V.1.1. Family. Communication and relations

- The study showed the value of family as a key factor of adolescent health protection and development, which remains a resource not fully harnessed.
- The mother is the person with whom you „talk to easily,, and „very easily,, as reported by most respondents among all age categories.
- The share of respondents reporting talking „very easily,, and „easily,, with their father is lower than the share of those reporting talking „easily,, and „very easily,, with their mother; lower by 14% in 11-year olds, 18% in 13-year olds, 19% in 15-year olds, and 27% in 17-year olds. Boys, more often than girls, discuss „easily,, and „very easily,, with their father, step father/ boyfriend of their mother and step mother/ girlfriend of their father.
- In the majority of families (85-92%), important issues are discussed in the family; when the adolescent talks to the family, someone listens to what he/she has to say; the family asks questions when someone does not understand what the other family member said; the family talks when there is a misunderstanding, until it is solved.
- In the opinion of the majority of adolescents (over 80%) their families try to truly help them; they get the emotional support and assistance; can talk to their family about their problems, and their family is willing to help them take decisions. But with

age increase the share drops in the majority of cases. Girls have agreed more with these statements compared with boys.

- The age when perception of family help is the lowest for boys is 13 years of age, and for girls – 15 years of age. The age of 15 seems to be the most fragile regarding relations with parents, perception of family support, feeling of being listened to and heard. These phenomena are more acute for girls than boys.
- The share of students who can talk about their problems with their family decreases with age, being 83.6% in 11-year olds, 78.9% in 13-year olds, 71.0% in 15-year olds, and 70.5% in 17-year olds (Figure 25).

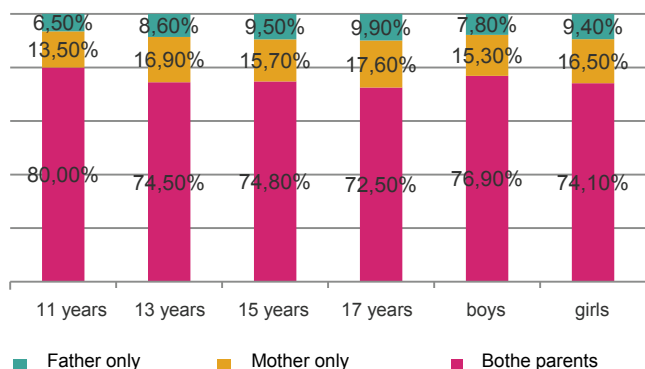
Fig. 25 Proportia adolescenților care pot vorbi despre problemele sale cu familia



V.1.2. Family. Social Inequalities

- Three quarters of the surveyed respondents have stated to have been living with both parents, every sixth child lives only with their mother and 8.6% live only with their father (Figure 26).

Figure 26. Share of respondents living with both parents or with one parent only



- Slightly two thirds of respondents' fathers have jobs (76.9%). The 11-year old group shows the highest share of fathers with jobs (79.7%).
- Mothers with jobs have a relatively lower share (71%). The 13-year old group shows the highest share of mothers with jobs (72,7%).
- For 44.2% of respondents their family has no car, minivan or truck, 41.9% have only one, and 13.9% have two or more.
- 66% of respondents have their own room, which they don't share with any other family member, and 34% don't.

- At the moment of the interview, 13% had no computer, 44.1% had a computer, and 42.9% had two or more computers.
- Regarding bathrooms, 15.4% of family respondents had no such facilities, 70.3% had a bathroom, and 14.2% had two or more bathrooms.
- Only 27.2% of household respondents had a washing machine.
- 40.7% of all respondents have not travelled with their family for vacation outside Moldova last year, 27.3% travelled once and 31.9% travelled more than twice.
- The majority of respondents stated an average or high social-economic status. Indicators are assessed through children's perception. More than half of respondents (59.7%) have mentioned that their families were well-off financially, 32% chose the average response option, and 8.3% believed their families weren't well-off and poor (Figure 27).

Figure 27. Distribution of respondents according to their family's financial status



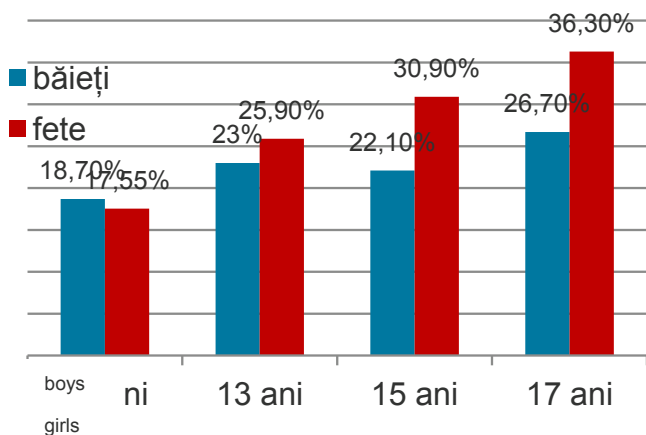
V.2. Peers. Friends and classmates

- Nearly three quarters of teens have friends with whom they can share their joys and sorrows. Up to 15 years of age, more often girls than boys report having friends with whom they can share anything.
- Two thirds of respondents can talk about their problems with friends, with no large difference by age or gender. For all indicators, girls up to 15 years of age seem to feel comfortable with friends more often than boys, ratio which decreases at the age of 17.
- The trends are similar for the question whether they can rely on their friends when things go wrong. Thus, with age increase, the number of those who agree and strongly agree to that statement decreases.
- More than half of respondents agree and strongly agree that their friends tried to help, but with age increase their number drops. By age of 15, the proportion of girls who claim it is higher than boys, and at 17 the share of boys is higher than the share of girls.
- The most used means of communication for all and among all age groups is the telephone, followed by internet-based programs (skype, facebook) and SMS. The least used means is e-mail.
- Less than one fifth of respondents meet with their peers daily after school hours. Boys, more often than girls, meet with their peers after school hours. The share of boys increases with age. Among girls, the age difference after 13 is insignificant. Both girls and boys meet with their peers before 8 pm rather than after 8 pm.
- The study also revealed what are the relationships with classmates of respondents. Thus, more than 80% of 11-year olds have good and very good relationships with their classmates. The share decreases with age, the decline being more notable among 15-year old girls. Boys report better relationships with classmates for all ages.
- In all age groups boys versus girls report more often that colleagues like to spend time together. In 11-year olds and 13-year olds the difference between boys and girls is very low (3.4 and 2.7 pp, respectively), and in 15-year olds and 17-year olds differences are increasingly larger (12.8 and 9.5 pp, respectively) (Figure 53).
- The percentage of respondents who believe that their classmates are kind and friendly decreases with age, being 81.1% in 11-year olds, 72.2% in 13-year olds, 67.3% in 15-year olds, and 65.7% in 17-year olds. More boys than girls believed their colleagues to be good and friendly at all ages.
- On average, 8 children in 10 reported that they are accepted by peers as they are. Age differences are very small, within 5 pp. Among boys there are almost no significant differences by age. 11- and 13-year old girls who believe that they are accepted by peers is higher than among 15- and 17-year old girls.

V.3. Școala

- The number of respondents who said they liked school follows a downward sloping trend, growing prominently with age. At age 11 and 13, the number of girls who said they liked school outruns the number of boys, and for the other two age groups the shares do not differ significantly.

Figure 28. Share of adolescents who are stressed in school



The share of respondents who do not feel any stress / tension associated with school tasks drops significantly with age increase. In all age categories the number of boys exceeds the number of girls (Figure 28).

- The number of respondents who believe that school teachers think of their perfor-

mances as very good compared to other classmates drops significantly with age increase. In all age groups, the number of girls who have such a concept is higher than among boys.

- The share of those who agree and strongly agree with the statement that classmates like to spend time together drops with age increase. The number of boys who agree and strongly agree with this statement is higher than among girls in all age groups, with higher differences in older ages.
- The number of those who agreed or strongly agreed with the statement that teachers care about them as individuals also drops as age increases. At age 15, the proportion of boys and girls who share this idea is almost equal, at ages 11 to 13 the number of girls exceeds the number of boys, and at 17 the number of boys outruns the number of girls.
- The share of those who agreed or strongly agreed with the statement that "I feel I can have confidence in teachers" drops significantly with age increase. At age 11 and 13, there are small gender differences, which become more prominent in the following age categories, where the share of boys is higher than the share of girls.

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