



Youth Well-being Policy Review of Moldova



YOUTH WELL-BEING POLICY REVIEW OF MOLDOVA



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Foreword

Today's world youth population aged 10-24 is 1.8 billion strong, the largest cohort ever to be transitioning into adulthood. More than 85% live in developing countries. In many places, they represent 30% of the population – and the numbers keep growing. Many developing countries have the potential to realise a demographic dividend, if the right social and economic policies and investments are in place. As such, youth is increasingly taking centre stage in policy debates as a driver of development. Targeting young people, however, requires addressing challenges on multiple fronts, from decent employment and quality education to youth-friendly health services and active citizenship.

Timely interventions directed at young people are likely to yield a greater return for sustainable development than attempts to fix their problems later in life. Gaps in initial education and skills, for example, are forcing too many young people to leave education at an early age, unprepared for work and life. Today, one out of four children in the world drops out of primary education. Surprisingly, no progress has been made in this area over the last decade. Youth joblessness and vulnerable employment are widespread; young people are three times more likely to be unemployed than adults. Adolescent reproductive and sexual health needs are poorly addressed, while new health risks have emerged. Moreover, not all youth have equal opportunities for mobility, and too many remain excluded from decision making processes that affect their lives.

The opportunity to close the youth well-being gap is nonetheless real. Measuring and analysing the problems of disadvantaged youth is a prerequisite for developing evidence-based policies. Sharing good practices and exchanging information on what works and doesn't plays a crucial role in youth policy making in both developing and developed countries. Policies that intervene at critical stages can significantly reduce the risks of youth becoming further disadvantaged. For example, facilitating the transition into the world of work through labour market counselling and comprehensive on-the-job training is helping the economic inclusion of youth. Evidence also suggests that cultural and creative activities, violence prevention programmes and juvenile justice services can support active citizenship among youth.

The Youth Inclusion project, co-financed by the European Union and implemented by the Development Centre of the Organisation for Economic Co-operation and Development (OECD), analyses these aspects in nine developing and emerging economies (Cambodia, Côte d'Ivoire, El Salvador, Jordan, Malawi, Moldova, Peru, Togo and Viet Nam) through Youth Well-being Policy Reviews. The reviews are intended to support governments by providing evidence and concrete advice on how to assess youth challenges from a multi-dimensional perspective and how to involve youth in national development processes. The reviews shed light on the determinants of youth vulnerabilities and what constitute successful transitions in each of the countries. Tapping into the evidence to design better policies is one of the best ways to minimise challenges and maximise potential, turning the youth bulge into a youth dividend. The Youth Inclusion project is part of the work of

the Development Centre on inclusive societies and aims to support countries in finding innovative solutions to social challenges and to build more cohesive societies.

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Abbreviations and acronyms

ANOFM	National Employment Agency
ARTICO	Republican Centre for Children and Youth
CSO	Civil Society Organisation
ECA	European and Central Asian
ERSDP	Evaluation Report of the SDP
EU	European Union
HBSC	Health Behaviour in School-aged Children
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
ILO	International Labour Organization
IOM	International Organization for Migration
LGBT	Lesbian, Gay, Bisexual and Transgender
LMC	Lower middle-income country
MDL	Moldovan leu
MoE	Ministry of Education
MoEc	Ministry of Economy
MoECR	Ministry of Education, Culture and Research
MoHLSP	Ministry of Health, Labour and Social Protection
MoLSPF	Ministry of Labour, Social Protection and Family
MoYS	Ministry of Youth and Sports
NBS	National Bureau of Statistics
NCP	National Council for Participation
NDSYS	Development Strategy of the Youth Sector 2020
NEET	Neither in education, employment or training
NGOs	Non-Governmental Organisations
NSGE	National Strategy on Gender Equality
NYCM	National Youth Council of Moldova
NYDS	National Youth Development Strategy
NYRC	National Youth Resources Centre
OECD	Organisation for Economic Co-operation and Development
PISA	Programme for International Student Assessment
SDGs	Sustainable Development Goals
SDP	Strategic Development Program
SIGI	Social Institutions and Gender Index

SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
UNDP	United Nations Development Programme
UNECE	United Nations Economic Commission for Europe
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund
USD	United States dollar
WHO	World Health Organization
YFHC	Youth Friendly Health Centre
Y-MDI	Youth Multi-dimensional Deprivation Indicator

Executive summary

With 16% of the population below age 15, and youth (aged 14-35) accounting for one-third of the population, Moldova is a youthful country. Young Moldovans face multiple and interconnected challenges which require a comprehensive approach to youth challenges. The *Youth Well-Being Policy Review of Moldova* aims to support the government in assessing the situation of the country's youth and to provide policy recommendations. Chapter 1 provides an in-depth analysis of the situation of Moldovan youth in the areas of education, employment, health and civic participation. Chapter 2 describes key youth policies and programmes in Moldova, and discusses the situation of youth workers. Chapter 3 explores the impact of social norms on health discrepancies between young men and women and indicates paths to decrease these discrepancies.

Young people in Moldova enjoy high access to education, but the quality of education faces challenges. The high access to education is reflected in the high attainment rate: 39.3% of 25-29-year-olds have a post-secondary or higher degree. However, the quality of education is a particular concern. Moldovan students' lag their OECD peers by more than two years of schooling according to the Programme for International Student Assessment (PISA).

Many young Moldovans have limited access to decent employment matching their aspirations. Close to one-third of young people in Moldova are not in employment, education or training (NEET). Access to well-paid jobs and high skill employment is especially low as shown by increasing unemployment rates among youth with tertiary education. Given these challenges, more than half of youth consider changing job.

Overall, the health status of young people has improved in recent years, but important gender disparities in health prevail. This entails differences in the prevalence of sexually transmitted diseases, use of tobacco and alcohol, as well as risk taking behaviours. Social norms and gender roles have an important role in explaining these differences. Yet, despite important discrepancies in youth health behaviours, few health and youth policies include a gender dimension. More importantly, Youth Friendly Health Centres (YFHCs) have limited capacities for targeting vulnerable youth. Often, vulnerable youth do not receive necessary services, because health centres do not have programmes to identify and actively assist young people in rural areas, from vulnerable families, without parental supervision or with drug addictions. And lastly, the absence of an integrated approach to providing detailed and comprehensive sexual and reproductive health information in schools reduces young people's sources of quality information.

While youth recognise the importance of civic participation and show concern for societal problems, they show little interest in politics. Voter absenteeism is rather high and trust in public and political institutions is concerningly low posing as potential risks to social cohesion.

Young Moldovans are relatively satisfied with their lives, compared to peers in lower-middle income countries. The prevalence of negative feelings is below OECD and EU

averages. Young Moldovans are also hopeful of the future, they perceive that life has not improved significantly in recent years, but believe that living standards will be better in five years.

Despite continuous progress, Moldova lacks an effective and operative co-ordination mechanism for youth legislation, policies and interventions across different sectors and organisations. Although the responsibility of youth affairs falls under the mandate of the Ministry of Education, Culture and Research (MoECR), different ministries and government entities develop and supervise policies affecting young people from a sectoral perspective. These are complemented by the work of NGOs and international actors. The principle of co-management of the Council of Europe practiced in Moldova gives youth tools to officially engage in the policy making processes; yet the different line ministries could do more to involve youth in policy making processes. Moreover, the implementation of youth policies is limited by frequent institutional and staff changes and limited financial resources.

Recommendations

Youth policy environment

- Mainstream youth in all sectoral ministries.
- Activate the cross-sector co-ordination mechanism to implement youth policies.
- Ensure institutional stability for the ministry mandated for youth policy, and formulate a clear institutional vision.
- Support and train staff in the mandated ministry and local public administration.
- Increase the budget for youth programmes and apply results-based management.
- Create an information system on youth, and monitor and evaluate youth policies.

Professionalise local youth services provision

- Establish structures for youth policy implementation at the local level.
- Harmonise the occupational responsibilities and requirements of youth workers.
- Consider youth work specialists education professionals.

Increase the gender sensitivity of health policies

- Include SRH and gender specificities in education curricula.
- The education system has to equilibrate gender role perceptions.
- Create and promote healthy models of femininity and masculinity among adolescents and society in general.
- YFHCs need mechanisms to advertise their services and identify vulnerable youth with reduced access.
- Health services should be adapted to gender-specific needs by increasing the number of experts in YFHCs.
- Train health and education professionals in youth and gender-sensitive work.

Assessment and recommendations

Young people aged 14-35 account for one-third of Moldova's population, providing a unique socio-economic development opportunity. In the past decade, Moldova has made considerable progress in socio-economic and welfare development, attributed to a reduction in poverty and promotion of inclusive growth. However, young people continue to face multiple and interconnected challenges. As a result, many suffer simultaneous well-being deprivations. Sectoral policies are insufficient to alleviate multi-dimensional deprivations; a comprehensive approach to youth challenges is necessary. The *Youth Well-being Policy Review of Moldova* aims to support the Government in assessing the situation of the country's youth using a multi-dimensional approach, and to provide recommendations to address major policy gaps in youth well-being.

Youth well-being and the main challenges

One in three young Moldovans faces difficulties in multiple aspects of well-being. The Youth Multi-dimensional Deprivation Indicator (Y-MDI) comprehensively measures whether the youth achieve the minimum levels of education, employment, health, civic participation and social inclusion to allow them to be protagonists of their own lives. The Y-MDI clearly shows that there are systematic gaps. The indicator revealed that rural, young women and Russian-speaking youth are more likely as their peers to suffer multi-dimensional deprivation. These high levels of deprivation are partially explained by poor labour market outcomes and low sense of political representation.

Young people are attaining higher levels of education, but improving education quality remains a challenge. While secondary and tertiary enrolment remained high, net secondary enrolment declined in recent years, from 81.3% in 2006 to 76.4% in 2016. By contrast, gross tertiary enrolment increased from 39.4% in 2006 to 41.2% in 2016. However, education quality is a concern. Although the Programme for International Student Assessment (PISA) results have improved, they remained below the Organisation for Economic Co-operation and Development (OECD) average; Moldovan students lagged by 2.6 years of schooling in reading, 2.3 years in mathematics and 2.2 years in sciences. Furthermore, almost one-third had insufficient basic skills to fully integrate into professional and social life. Low performance can indicate lack of efficiency and quality in the education sector, inadequate curricula, outdated learning materials and poorly trained teachers, among the main barriers to education quality.

Many young people have limited access to decent employment. In 2014, 40% of Moldovan youth were not in employment, education or training (NEET), an increase of seven percentage points, compared to 2004. However, cautious analysis is advised; official statistics from the National Bureau of Statistics of the Republic of Moldova (NBS) include youth who have left the country, inflating the NEET rate. Excluding emigrated youth who are still registered within the country, gives a lower share of NEET in 2015 (28.9%), but still above the European average. In 2016, Moldova forewent 5.6%

of GDP in earnings and tax revenues given NEET's inactivity. Two-thirds of working youth had jobs matching their education level. While few were underqualified, more than one-quarter (27.9%) were overqualified. High skill employment creation has not kept pace with progress in educational attainment; indeed, the share of unemployed youth with tertiary education increased from 17.6% in 2004 to 32.2% in 2014. In 2015, most employed youth (86.5%) were paid below the average wage or were in informal employment (30.7%). Given these challenges, 57.3% of youth considered changing job.

Overall, the health status of young people has improved in recent years. In 2013, approximately 75% of youth aged 16-29 considered themselves in very good health, which is lower than the European Union (EU) average (92%). The youth mortality rate declined, from 91.0 per 100 000 in 2004 to 70.5 in 2014. Nevertheless, lack of awareness about youth-friendly services and lack of comprehensive knowledge about sexual and reproductive health (SRH) make youth vulnerable to health risks, such as HIV/AIDS. Young women were at risk of unwanted adolescent pregnancies. Alcohol and tobacco consumption was also high among youth, threatening their health.

Although concerned about societal problems, youth were little inclined to be civically engaged, and many turned their backs on politics. In 2016, the rate of youth volunteering remained low at 18.1%, and only 12.1% stated they would certainly participate in protests or demonstrations for societal problems they cared about. Interest in politics was also low, accounting for young voter absenteeism. In 2016, 25.0% expressed interest in politics, while 37.1% voted in the 2014 parliamentary elections, and 39.0% voted in the 2015 local elections. Low youth turnout stems from their alarmingly low trust in public institutions, including the Parliament (3.0%), the President (4.1%), the Government (5.2%) and political parties (6.8%).

Migration significantly affects Moldova's economy and demographics. In 2014, 24.6% of youth aged 15-29 lived abroad, a growing number leaving for economic reasons. Poverty, lack of decent employment opportunities, and low salaries were the main push factors for youth migration. Migration can have both positive and negative impacts on youth well-being. Remittances contribute to the well-being of children left behind through increased consumption of food and necessities, health care expenditure and investment in education. However, parent migration can also negatively affect the education continuity, risk of social exclusion, development of community values and social initiative, and health of children and youth left behind.

Youth were generally more satisfied with their lives compared to lower middle-income countries. But the level of satisfaction was below the OECD and EU average. Concerning negative feelings, half (53.6%) reported experiencing worry, sadness, stress or anger in the past 24 hours, above the average for lower middle-income countries but below OECD and EU averages. Yet, more than half had a positive outlook on life in the future: 50.4% believed living standards will be better in five years, and another 10.8% believed they will be much better.

Youth policies and institutional framework

Youth policies require engagement by numerous stakeholders. No single ministry can address the range of topics affecting youth; rather, different ministries and government entities develop and supervise policies affecting young people from a sectoral perspective, complemented by non-governmental organisations (NGOs) and international actors. These non-governmental agents are important service providers in sectors and

areas in which the Government is less active. At the same time, stepping in and filling the gaps can slow down or crowd out Government assuming responsibility. To avoid this, and to implement successful youth policies, it is essential the parties work closely together.

The institutional framework for youth policies is fragmented. As various institutions implement youth policies, Moldova needs an implementation framework and harmonised national and local strategic planning. However, stakeholders are fragmented and disconnected, reducing potential synergies and multiplier effects. While the ministry mandated with implementation of the national youth policy collaborates with NGOs, the relationship is not institutionalised, with the result that stakeholder consultations remain ad hoc and dependent on responsible policy makers' personal convictions. Still, NGOs are regularly consulted during the set-up of new activities and documents; for this, the ministry relies on its database on youth organisations and the National Youth Council of Moldova (NYCM).

The youth policy co-ordination mechanism is not operative. The Governmental Commission for Youth Policies, headed by the Prime Minister and following the Council of Europe's principle of co-management, is the official youth policy co-ordination body. However, the Commission does not have adequate representation by all stakeholders and is *de facto* not operative (it never meets). Some ministries important to youth well-being do not officially form part of the Commission, such as the Ministry of Labour, Social Protection and Family. Members of the Commission, including civil society representatives, are not very active and do not make use of their right to request meetings. Other obstacles to co-ordinating, designing and implementing efficient youth policies across sectors include limited communication channels and platforms, competition in budget allocation and insufficient data. These limit fine-tuning of policies and ensuring they address youth needs.

The implementation of recent shifts in Moldova's vision for youth faces challenges at the local level. Since the adoption of the National Youth Strategy for 2009-2013, young people's role as important agents of economic and social development has grown in political discourse. This growing importance brought a paradigm shift, increasing emphasis on youth development, health and empowerment over sports and leisure. In 2014, the Government adopted the National Strategy of Youth Sector Development 2020, aimed at developing policies for civic engagement and employment, and strengthening the legal framework for the establishment and functioning of regulatory mechanisms for youth sector activities. While these strategies set a clear vision for youth inclusion and empowerment, implementation is weak. The institutional frameworks of regional and local governments for implementing youth policy are especially underdeveloped. Experts in the youth field, particularly local-level civil servants, do not always fully comprehend youth needs and youth policies, causing discrepancies between central and local administrations' understanding and prioritisation of policy goals. Youth workers also play a crucial role in supporting youth at the local level; however, they are not adequately trained or paid, which may affect the quality of services.

The new Ministry of Education, Culture and Research (MoECR) should learn from obstacles faced by the former Ministry of Youth and Sports (MoYS). The short-lived MoYS (2009-17) was constantly developing and strengthening. Yet, until its absorption into the MoECR, it did not fully develop the convening power to lead implementation of a comprehensive national youth strategy and struggled to function as a co-ordinating force. The frequent changes of the minister and deputies partially explain this situation.

Significant obstacles to the delivery of quality programmes included insufficient financial resources to carry out all responsibilities, understaffing of the Youth Division (especially experts in the field of youth policies), high staff turnover and consequent training costs, a high administrative load, and insufficient strategic planning of resources. The MoYS was overextended, given its financial and human capacities.

Youth civic engagement plays an important role in political discourse, but government action lags. The National Strategy of Youth Sector Development 2020 prioritises support for youth engagement in public and political life; nevertheless, youth NGOs wish they were more included in policy-making processes. Beyond the activities carried out by the Youth Department, there are few government initiatives to foster youth participation, prompting NGOs and international actors to step in and implement programmes that enable youth to engage in their communities through volunteerism, life skills training, grants, and technical support and information tools. Furthermore, there are few official youth representatives: in 2015, 4 of 101 parliamentarians were aged 18-30, and only 30 local public authority representatives were young.

Gender social norms and health disparities among youth

Moldovan youth face important gender disparities in health. From 2005 to 2015, incidence of syphilis among young women aged 15-17 increased, from 82.7 to 126.0 per 100 000, while it was relatively stable among men, at 23.0 to 40.0. According to official statistics from 2008 to 2015, HIV/AIDS incidence among women aged 15-24 was twice that among men. This can be explained by insufficient SRH education and discriminating stereotypes that stigmatise young women having sexual relations, leading many young women to avoid medical examination. Young men consume more substances than women. Two times more males aged 11-17 consumed alcohol than women; 25.0% of males aged 17 reported smoking tobacco at least once in their lives, compared to 3.0% of women; and 2.4% of young men reported smoking cannabis more frequently during past month, compared to 0.5% of women.

Gender stereotypes influence gender roles and perceptions among youth, affecting young women's life satisfaction. Focus groups (FGs) revealed similar perceptions of unequal gender roles by both genders; adolescents attributed more domestic responsibilities to women and noted school performance expectations were higher for women. Adolescent girls have more social responsibilities, which increase with age; whereas boys are raised with the widespread perception men are superior to women. Masculinity is commonly associated with taking risks, which endangers young people's lives and longevity. Notions of femininity lead to internalising problems and following contradictory societal pressures, resulting in reduced quality of life among girls. Adolescent FG participants also mentioned young women try to conform to mainstream media ideals, which may foster unrealistic expectations, lower self-esteem and decrease life satisfaction. Gendered patterns in young people's self-rated health and well-being persist, with women reporting lower subjective health. This suggests different reactions to mental health issues, which is not considered by government youth health services.

Despite important gender discrepancies in youth health behaviours, few health and youth policy provisions include the gender dimension. The National Public Health Strategy for 2014-2020, National Health Promotion Program for 2016-2020 and other specific health promotion programmes, such as Tabaco Control 2012-20 and Alcohol Control for 2012-20, do not stipulate gender-specific interventions. The National Strategy on Child Protection for 2014-20 contains the specific objective of "re-dimensioning the

social significance of maternity and paternity and the role of both parents in raising and educating children”, but a gender dimension in assessing vulnerabilities is absent. Gender differences are also not addressed in provisions of the National Strategy of Youth Sector Development 2020.

Youth Friendly Health Centres (YFHCs) provide basic health services for youth but do not have capacities for specialised services and targeting vulnerable youth. Health services are oriented towards diagnosis and basic treatment and do not provide the necessary support to prevent individuals from having similar problems later, or link and refer youth to other services they may need. Despite substantial reforms, the health system still does not fully meet young people’s particular needs. Vulnerable youth do not receive necessary services, because health centres do not have programmes to identify and actively assist young people in rural areas, from vulnerable families, without parental supervision or with drug addictions.

Families and upbringing tend to reinforce gender stereotypes. Families have a crucial impact on building children’s gender identity and consolidating gender norms and values during adolescence. Adolescent and parent FGs revealed communication gaps and habits reinforcing gender stereotypes in families. Mothers were more prominent in health education; fathers were generally less implicated in child rearing. Many parents left some aspects of upbringing, such as informing youth about risky behaviours and consequences, to education institutions, which lack capacity to take on this role.

Despite SRH education being compulsory under the 2012 Law on Reproductive Health, few education institutions include it in curricula. Most SRH education is included in life skills, a subject no longer mandatory. Civic education and biology include some aspects of SRH, such as HIV/AIDS and tuberculosis infections, and the human reproductive system. The absence of an integrated approach to providing detailed, comprehensive SRH information in schools reduces young people’s sources of quality information.

Recommendations

Mainstream youth in all sectoral ministries. Policy makers in sectoral ministries often lack knowledge of young people’s challenges and are unaware of unintended effects of policies on youth. Limited consideration of youth challenges and needs when designing policies affects subsequent implementation and the achievement of intended results. Therefore, it is important to generate awareness, mainstream youth in sectoral ministries and consult with the ministry mandated for youth policy when designing policies.

Enforce cross-sector co-ordination mechanisms to implement youth policies efficiently. Youth policies and strategies need to be coherent with other sectoral strategies. Implementation of the national youth strategy and youth policies can only succeed if it is supported by a broad coalition of ministries, NGOs and youth organisations, and if it does not duplicate or compete with existing sectoral strategies but brings them together and reinforces ministry commitments. Successfully implementing the strategy requires a co-ordination mechanism to prevent it becoming a mere list of sectoral policies. Thus, reinstating the functionality of the Governmental Commission for Youth Policy is indispensable. A good co-ordination mechanism should involve all relevant sectoral ministries, and representatives from the NYCM, civil society, education institutions and employers. This will avoid duplication of actions through regular review of the legislation and policy framework, ensuring synergy among stakeholders’ activities.

Ensure institutional stability for the ministry mandated for youth policy, and formulate a clear institutional vision. It is important the mandated ministry maintain a stable structure in order to develop a long-term perspective and provide stability for planning, including for related stakeholders. It needs to have a specific mission, vision and clearly defined relations with other public institutions.

Support and train staff in the ministry mandated for youth policy. Insufficient financial resources for wages and youth policy implementation hamper efficiency in providing for the interests of young people, and leads to high staff turnover. Progressive salary rises according to years of service could reduce turnover. The mandated ministry should invest in continuous staff training to ensure it is at the forefront of youth policies. It is important to provide internships and training for Youth Division staff to increase policy-making capacities. On the other hand, outsourcing some services, such as grants programme management, would free time and human resources for core activities.

Increase the budget and transparency of the mandated ministry's youth programmes, and implement results-based management. To increase the coverage of youth activities and introduce new programmes demanded by young people, the mandated ministry needs to introduce a results-based management structure, ensure transparent financial management and balance the different responsibilities with a stronger youth focus. At the same time, the Ministry of Finance should allocate more funds to the mandated ministry. The youth sector can also benefit from better co-ordination among different United Nations and international co-operation agencies, which play an important role in financing youth policies and programmes. A thorough mapping and analysis of agencies' funding priorities is an important basis for better co-ordination. Moreover, sectoral ministries usually do not have budget lines for youth, which makes assessing total public expenditure on youth difficult. More transparent reporting on expenditure flows can help detect synergies and savings.

Institutionalise consultations with NGOs. Relations between the mandated ministry and NGOs should be institutionalised to establish clear mechanisms of collaboration and consultation, which can inform the debate on improvements. The NYCM could play a key role in organising youth NGOs.

Create an information system on youth, and monitor and evaluate youth policies. Developing, planning and implementing youth policies and programmes need sound and comprehensive quantitative and qualitative data about young people lives and situation, disaggregated by gender, age, income, geographic area, education level and other factors. It is important to ensure a common effort by key ministries and the NBS for improved data collection and mechanisms for monitoring results. This will help increase the understanding of youth needs among policy makers, who are at times unfamiliar with young people's challenges. An information system is also crucial to regular monitoring and evaluation, a key to successful policies, which should be carried out for all youth programmes and interventions. It contributes to realistic institutional strategic development plans that do not put overly ambitious objectives and goals on the ministry's agenda, and ensures the feasibility of proposed scopes.

Professionalise local youth services provision

Establish structures for youth policy implementation at the local level. Civil servants in municipal Departments of Education and Sports (responsible for youth) should be trained to include youth correctly in their work and to implement national policies. Creating an agency for accreditation and quality control of youth services is another

important step in promoting the interests of young people and boosting the local implementation of policies.

Harmonise the occupational responsibilities and requirements of youth workers. Based on a review of the status quo of youth workers and international best practices, Moldova should harmonise the occupational responsibilities and requirements of youth workers, including, crucially, specific activities youth workers should carry out based on agreed quality standards. Requirements of youth workers should be based on agreed knowledge requirements and practical skills applicable across Moldova.

Consider youth work specialists education professionals. While some European countries created a new occupational category, Moldova should consider integrating them as a subgroup of the teaching profession. The strong informal learning component of youth work and the use of teaching methodologies favour grouping youth work specialists with teaching professionals. Moreover, the small number and high turnover of youth workers is an argument against a separate profession. Youth work can also benefit from the flexibility of integrating professionals who receive additional training.

Increase the gender sensitivity of health policies

Include SRH and gender specificities in education curricula. SRH education should be obligatory in all schools. Official and hidden curricula should help shape positive gender stereotypes. Education programmes for parents should promote non-violent communication and fathers' involvement in child rearing.

The education system has to equilibrate gender role perceptions. Curricula should promote gender equality and positive role models; young people should be taught both genders have the same rights and opportunities. Equalising gender roles in curricula will diminish societal pressure on young women to perform better at school and assume more tasks at home than men.

Create and promote healthy models of femininity and masculinity among adolescents and society in general. Comprehensive information and communication campaigns have to be designed and targeted not only at adolescents but parents and other community stakeholders. It is important to change the association of masculinity with risk-taking behaviours. The role of femininity should also be reviewed, as it reduces self-esteem among vulnerable young women. Health promotion and disease prevention strategies have to be tailored differently for boys and girls, considering existing stereotypes. Health promotion should address particular vulnerable groups, taking in account their area of residence, social background and living environment. Targeting particular groups would allow designing more efficient mechanisms to overcome stereotypes.

YFHCs need mechanisms to advertise their services and identify vulnerable youth with reduced access. Most youth not using YFHCs did not know about them, calling for continuous information campaigns. Health centres need programmes to identify and actively assist young people in rural areas and from vulnerable families. Adequately promoting YFHC services is important for keeping youth informed of support they can receive if necessary and fighting stereotypes that stigmatise young people with sexually transmitted diseases or mental health problems.

Health services should be adapted to gender-specific needs by increasing the number of experts in YFHCs. For instance, life satisfaction decreases among girls aged 11-17; more psychologists could provide adequate help. Persistent gendered patterns in self-rated

health and well-being require attention. Apply a gender-sensitive lens when designing and implementing health policies and services. This requires training staff and improving official health statistics by disaggregating data by gender and age.

Train health and education professionals in youth and gender-sensitive work and resource YFHCs adequately. Professionals should be trained to account for differences in behavioural and health patterns among young women and men. Health centre workers should develop a more youth-friendly approach and improve their attitudes towards youth; many youth report feeling stigmatised when seeking services. YFHCs also need to receive more financial support. At present the available financial resources do not suffice to provide quality services and the co-payment can be a deterring factor for poor and vulnerable youth.

Introduction

The Republic of Moldova has reduced poverty and inequality, in the face of numerous challenges. Despite volatile growth Moldova reduced its level of inequality and poverty since the turn of the century. Poverty is a third of its 2003 level: in 2015 poverty measured at the national poverty line was 9.6% compared to 29% in 2003; poverty measured at the \$5.5 a day poverty line (2011 PPP) also decreased sharply from 68.5% in 2003 to 16.3% in 2015. Despite these impressive achievements Moldova remains one of the poorest countries in Europe. The country's economy strongly depends on external factors and still needs to embark a sustainable growth path; remittances represent close to a quarter of GDP, one of the highest shares in the world. In recent years the country experienced increasing polarisation and political tensions fuelled by the disagreement on the strategic orientation, high perceived levels of corruption, low business confidence, deindustrialisation and an urban-rural division. These and other challenges limit youth's labour market integration, quality of education and youth engagement in public policy formulation.

Youth is a social construct based on the notion of the transitions between childhood and adulthood. This period involves several stages, with specific opportunities and challenges: attending school, becoming sexually active, accessing paid work, making independent decisions and becoming accountable for the consequences, forming close relationships outside the family circle, and exercising citizenship. These transitions might be longer or shorter, depending on the prevailing social and legal norms and the cultural and economic context. That said, specifying an age group is often needed to monitor youth development and well-being outcomes. The United Nations (UN) defines a young person as aged 15-24, Eurostats commonly defines a young person between age 15 and 29; according to Moldova's 2016 Law on Youth a young person is aged between 14 and 35, prior to 2016 Moldova considered the population between 16 and 30 as youth. This review defines youth, based on data availability, as a young person aged 15-29, unless specified otherwise. The review uses "youth" and "young people" interchangeably.

Today, Moldova can benefit from the so-called demographic dividend. The demographic, or window of demographic opportunity, is a situation in which the working-age population is greater than the dependent population. In 2017, 72.9% of the population was working age (15-64), 15.9% was 14 or younger, and 11.2% was over 65. If used wisely, this demographic dividend can address outstanding challenges and increase productivity and sustainable growth. With one-third of the population aged 14-35 (33% in 2017, according to the NBS), youth should be a transversal theme in Moldova's public policies, preparing the country to take advantage of the demographic dividend.

Youth inclusion and well-being should be an important pillar of national development, as they are the present and future of Moldova. The successful inclusion of young people must take into account the heterogeneity of their backgrounds, needs, experiences and life aspirations, as well as the different socio-economic contexts that may

affect their inclusion and well-being. Efforts to improve youth well-being should not be limited to work and cognitive skills but extend to social skills, health, engagement and political participation, so that young people can fulfil their life goals and become productive members of society. While poverty has declined, volatile economic growth and high level of emigration impact young people's well-being. It is therefore necessary to focus on youth for three reasons: the importance of this stage for personal development, the large share of youth in the population, and the diversity of young people, who can belong to different groups with different needs at different times.

This review is part of a series of publications of the EU-OECD Youth Inclusion project. The analytical framework of this review is based on OECD's (2017) toolkit on Evidence-based Policy Making for Youth Well-being. Topics of review were determined during the OECD Development Centre's mission in Moldova in May 2015. Meetings with ministry representatives, youth representatives, international agencies and NGOs contributed to selecting the foci. Chapter 1 discusses youth well-being in Moldova, giving special attention to key dimensions that enable decision making and successful transition into adulthood. Well-being cannot be isolated from the policies and institutions that influence and shape it. Chapter 2 presents the main policies targeting youth, and analyses the institutional landscape and the body responsible for youth, the MoY. Chapter 2 also includes a special focus on the local provision of youth services through youth workers. Chapter 3 explores the impact of social norms on health discrepancies between young men and women and indicates paths to decrease these discrepancies.

1. Youth well-being and the major challenges

In the past two decades, Moldova has made considerable progress in socio-economic and welfare development, attributed to a reduction in poverty and promotion of inclusive growth (World Bank, 2017a). To guarantee the sustainability of these advances and take advantage of the country's beneficial demographic dividend, youth must be included in national development, not only as a rights-based approach but as a benefit for the state and society. When the state invests in education and creates job opportunities, young people contribute with greater income and productivity in the future (de Hoyos, Rogers and Székely, 2016). This chapter analyses young Moldovans' well-being and the basic conditions required to become agents of change and sources of innovation. This analysis uses Moldova's National Bureau of Statistics (NBS) data and the OECD and MoYS's National Youth Survey.

The analytical framework of this chapter is based on the Organisation for Economic Co-operation and Development (OECD) *Evidence-based Policy Making for Youth Well-being: A Toolkit* (OECD, 2017). The toolkit takes a life cycle approach and puts forward a multi-dimensional analytical framework to assess five key dimensions of youth well-being: education, health, employment, civic participation and subjective well-being. The analysis makes it possible to establish a profile of disadvantaged youth and to gain a better understanding of the determinants of certain vulnerabilities and negative outcomes faced by young people. The toolkit framework is based on the OECD well-being framework, which identifies 11 dimensions of well-being, emphasising both objective and subjective aspects, such as quality of life (OECD, 2011).

1.1. Multi-dimensional challenges among youth

The different dimensions of well-being are intertwined. While it is important to analyse each dimension in depth, well-being is a complex concept in which different dimensions interact. Young people confront problems in a number of areas affecting their well-being, and deprivations may reinforce each other, further complicating the provision of appropriate and effective solutions. Moreover, sectoral policies may be inappropriate in alleviating multi-dimensional deprivations, whereas a comprehensive approach to youth challenges is more promising. Thus, the OECD (2017) developed the Youth Multi-dimensional Deprivation Indicator (Y-MDI), which measures the share of youth affected by multiple deficits in the areas of education, employment, health, civic participation and social inclusion at the same time (OECD, 2017).

The Y-MDI measures the percentage of young people experiencing deprivation in different dimensions of well-being simultaneously. The components of the Y-MDI measure satisfaction of the minimum requirements in the different dimensions that allow young people to take charge of their lives and contribute to society (Table 1.1). The Y-MDI is based on the available data and chooses, when possible, objective measures of well-being. In their absence, subjective measures are used following international

agreements, such as the Sustainable Development Goals (SDGs). For example, secondary education provides young people with important life and labour market skills. The education must also be of quality. Both components are thus measures of educational attainment. Through this method, the Y-MDI measures education (in accordance with SDGs 4.1 and 4.4), health (SDGs 3.4), employment (SDGs 8.6 and 8.8), civic participation (SDGs 16.9 and 16.10) and social inclusion (SDG 10.2). In addition, following a life cycle approach, the Y-MDI differentiates the components used for adolescents (aged 15-17) and young adults (aged 18-29). The Y-MIDI for Moldova was calculated using the National Youth Survey of Moldova, commissioned by the EU-OECD Youth Inclusion project and the Ministry of Youth and Sports.

Table 1.1. Composition of the Youth Multi-dimensional Deprivation Indicator (Y-MDI)

Dimension of well-being	Components	Variables (ages 15-17)	Variables (ages 18-29)
Education	Early school-leavers and lower secondary school attainment	Not enrolled and not completed lower secondary education	Not completed lower secondary education
	Education quality	Very dissatisfied with the quality of the education system	
Employment	Unemployment and inactivity	Neither in education, employment or training	
	Job quality and child labour	Working more than 48 hours per week	Very dissatisfied with aspects of the workplace: <ul style="list-style-type: none"> - Working conditions - Duration of work day - Employer
Health	Functioning	<ul style="list-style-type: none"> - Greatly in need of extra help in overcoming psycho-emotional problems - Largely in need of extra help in overcoming health problems - In terms of physical health, feeling bad most of the time/very sick in the past 12 months 	
	Substance abuse	<ul style="list-style-type: none"> - Drinking 6 glasses of strong drink daily - Injected drugs in the past month 	
Civic participation	Political representation	Feel voting has no impact on government decision making	
	Access to information	No household Internet connection	
Social inclusion	Inter-group relations	Feel (very) often discriminated against based on gender, poverty, religion, ethnicity, education, politics, region or area residence	

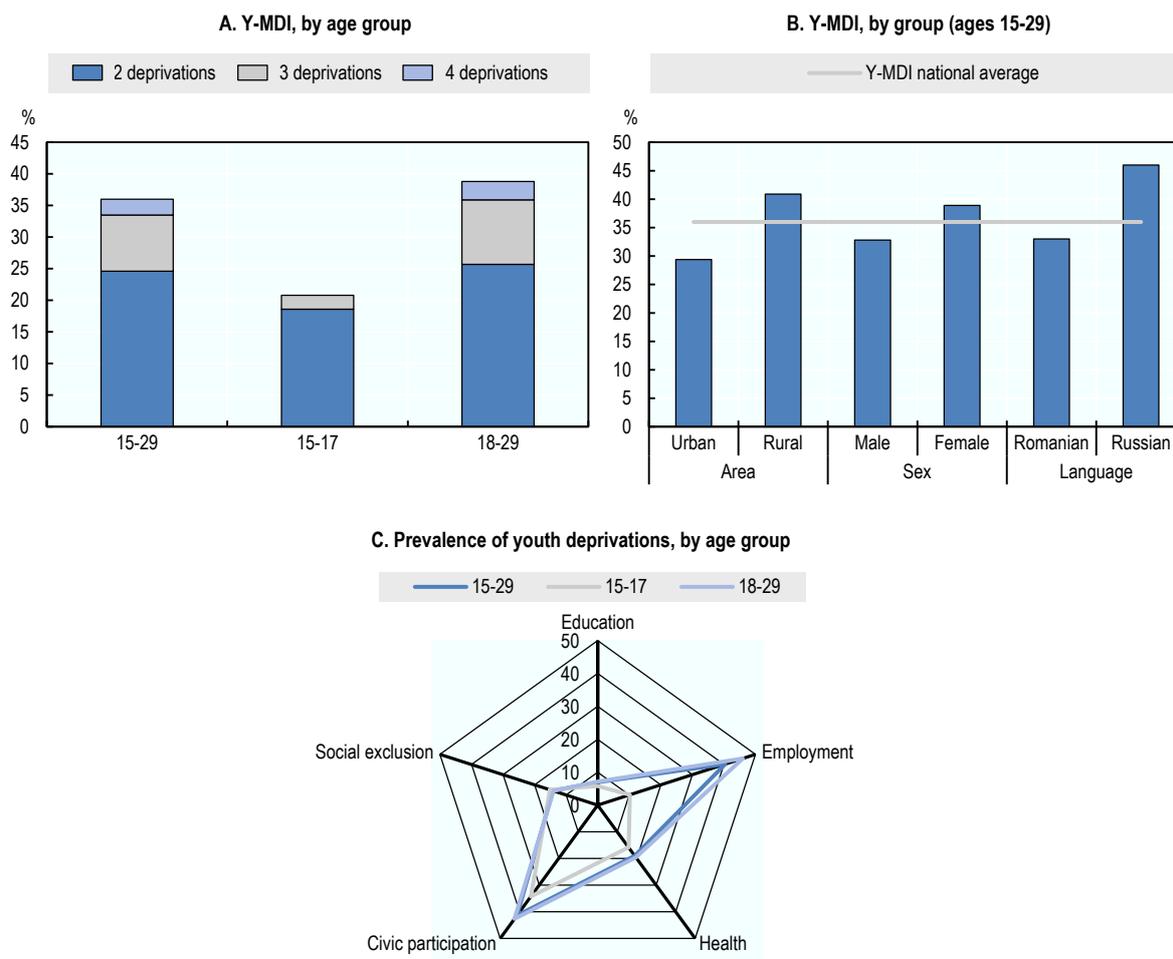
Note: NEET = Youth not in employment, education or training.

Source: Own elaboration based on OECD/MOYS/CBS-AXA (2016)

More than one-third (36.2%) of young people suffer deprivations in multiple well-being dimensions. Youth from the older cohort (aged 18-29) are more likely to face higher levels of multiple well-being deprivations than youth from the younger cohort (aged 15-17) (37.4% vs. 20.8%) (Figure 1.1.A). In fact, 13.1% of older youth face three or more deprivations, compared to 2.2% of younger youth. In addition, strong gaps exist between population groups. The proportion is higher among young women than men (38.9% vs. 32.8%), rural youth than urban youth (40.9% vs. 29.4%), and Russian-

speaking youth than Romanian-speaking youth (46.0% vs. 33.0%) (Figure 1.1.B). Young people suffer the highest levels of deprivation in employment, civic participation and, to a lesser degree, health (Figure 1.1.C). Deprivation in employment and civic participation are particularly noteworthy (40.5% and 41.4%, respectively).

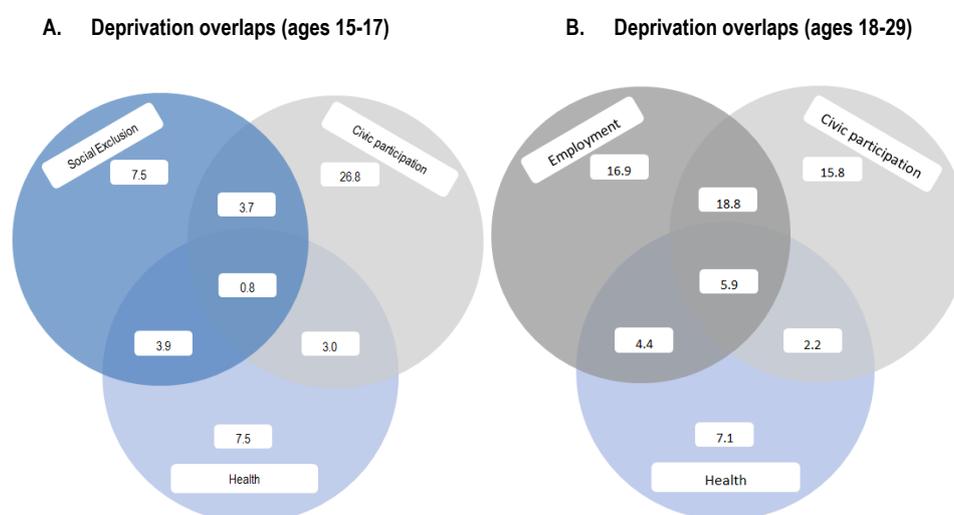
Figure 1.1. Youth Multi-dimensional Deprivation Indicator (Y-MDI) for Moldova, 2016
(in percent)



Source: Own calculations based on OECD/MOYS/CBS-AXA (2016), *Young Moldova: Problems, Values and Aspirations*.

Improving well-being requires joint efforts by various government sectors. Social exclusion and health exhibit the strongest overlap for the cohort aged 15-17 (3.9%), while employment and civic participation do for the cohort aged 18-29 (18.8%) (Figure 1.2). This highlights the relationship between deprivations and the need for co-ordinated government actions in various dimensions to improve well-being. The overlap is particularly high for youth aged 18-29: 5.9% suffer deprivations in all three dimensions of employment, civic participation and health. For the younger cohort, 0.8% suffer deprivations in civic participation, health and social exclusion. This is not surprising, as most younger youth are still studying and less likely to encounter employment issues or be categorised as youth not in employment, education or training (NEET).

Figure 1.2. Overlaps in well-being deprivations for youth aged 15-29, by dimension, 2016
(in percent)



Source: OECD/MOYS/CBS-AXA (2016), *Young Moldova: Problems, Values and Aspirations*.

1.2. Education and skills

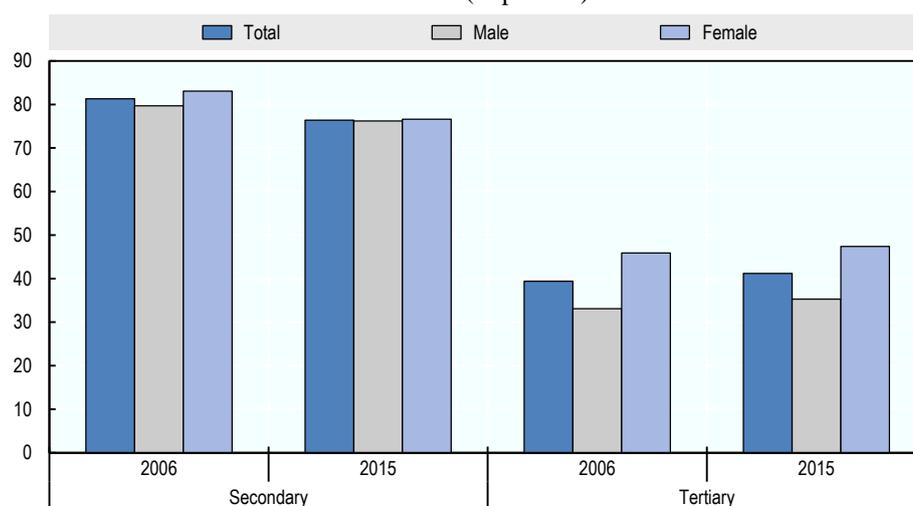
With education comes a set of opportunities and competences. At present, youth are attaining higher levels of education than their parents, indicating new opportunities to improve different dimensions of well-being. Although policy makers are focused on expanding access to education, improving education quality and efficiency continues to be a challenge. This section offers an overview of youth's educational participation, attainment and learning achievement.

Moldova's education system has four stages: pre-primary, primary (lower and upper) secondary and tertiary. Education is compulsory at the pre-primary, primary and lower secondary (gymnasium) levels (grades 1-9). After compulsory education, students may take an entrance examination for the general upper secondary schools (vocational) or the lyceums (academic) (grades 10-12). Tertiary education is provided by private and public universities, academies and institutions, and students who have obtained their general upper secondary or lyceum certificate or diploma are eligible to apply (UNESCO, 2011).

Secondary and tertiary enrolment rates have been high and stable. In recent years, secondary net enrolment dropped from 81.3% in 2006 to 76.4% in 2015 (Figure 1.3).

Some explanations for this trend are poverty (compelling youth to earn income); emigration and not deregistering from a commune; disparities in education funding; and a legislative system lacking established responsibilities among main stakeholders regarding schooling (Gagauz and Buciuceanu-Vrabie, 2016). At the tertiary level, the gross enrolment rate slightly increased, from 39.4% in 2006 to 41.2% in 2015. Secondary and tertiary enrolment was higher among young women than men (the difference being greater at the tertiary level), supporting the notion that men integrate earlier into the labour market, as they are expected to support the family or be financially independent.

Figure 1.3. Enrolment rate in secondary and tertiary education, 2006 and 2015
(in percent)

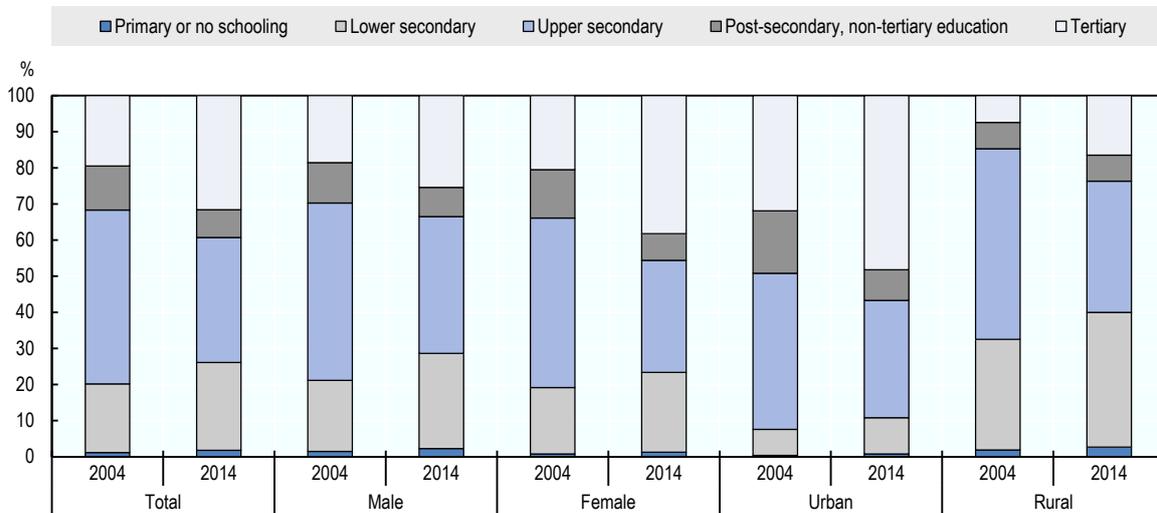


Note: Secondary includes both upper and lower secondary education.

Source: UNESCO (2017), *UNESCO Institute for Statistics* (database), <http://data.uis.unesco.org/Index.aspx>.

Overall, education attainment is high. In 2014, 31.6% of youth aged 25-29 obtained a tertiary diploma (Figure 1.4). In fact, the share of young people with tertiary education almost doubled between 2004 and 2014, from 19.5% to 31.6%. These changes are largely due to the increasing number of higher education institutions, especially private institutions, which has increased access to higher education. At present, not all tertiary admissions require an entrance examination, but they are based on upper secondary grades. However, there are concerns this may lower education quality and make vocational education less attractive, reflected in the declining number of vocational students (12.2% in 2004 vs. 7.7% in 2014). The distribution changed mostly at the higher education levels, whereas the share of students with lower secondary education or below increased from 20.2% in 2004 to 26.1% in 2014.

Figure 1.4. Educational attainment of youth aged 25-29, 2004 and 2014
(in percent)

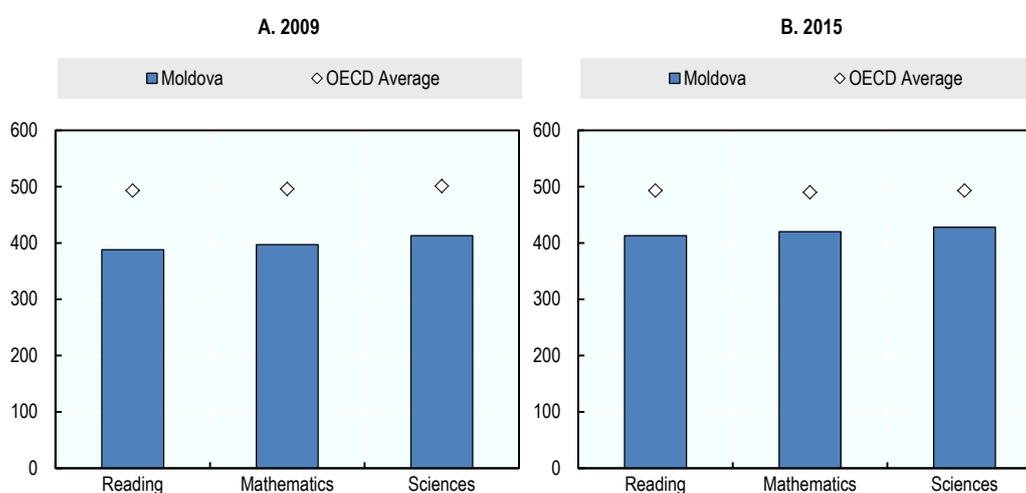


Source: Own calculations based on NBS (2014), "Labour Force Survey (2014)", www.statistica.md/category.php?l=en&idc=107.

The level of educational attainment varied significantly by gender and area of residence. In 2014, young women's tertiary attainment level was higher than that of men (38.2% vs. 25.4%) (Figure 1.4). The share of young women with tertiary education doubled between 2004 and 2014, from 20.5% to 38.2%. In fact, the share of young men with upper secondary or higher attainment decreased, from 78.8% in 2004 to 71.4% in 2014. In general, young women represented more than half of those enrolled at the secondary and tertiary levels, while young men were more likely to enrol in secondary vocational education. The difference in the attainment level between urban and rural youth was significant. While tertiary attainment increased between 2004 and 2014 in both rural and urban areas, attainment in urban areas was substantially higher than in rural areas (48.2% vs. 16.5% in 2014). This is partially explained by the urban location of higher education institutions, which may make it difficult for some youth to continue studies. In most cases, youth move to urban areas to seek quality higher education.

Moldova's performance in the Programme for International Student Assessment (PISA) substantially improved. In 2015, Moldova's average PISA results were 416 in reading, 420 in mathematics and 428 in sciences, lower than the OECD averages (493, 490 and 493, respectively) (Figure 1.5). Where 30 points correspond to one year of schooling, Moldovan students lagged their OECD peers by 2.6 years of schooling in reading, 2.3 years in mathematics and 2.2 years in sciences. Nevertheless, these were considerable improvements over 2009 results (388, 397 and 413, respectively). Between 2009 and 2015, the Government took measures to reform the education system, such as introducing school reports cards and per capita financing, and strengthening baccalaureate examination transparency. Implementation of the Education Management Information System supported the reforms, enabling decision making processes based on evidence, making school ranking and performance marks available to parents, and encouraging school involvement in decision making (Casap, 2017).

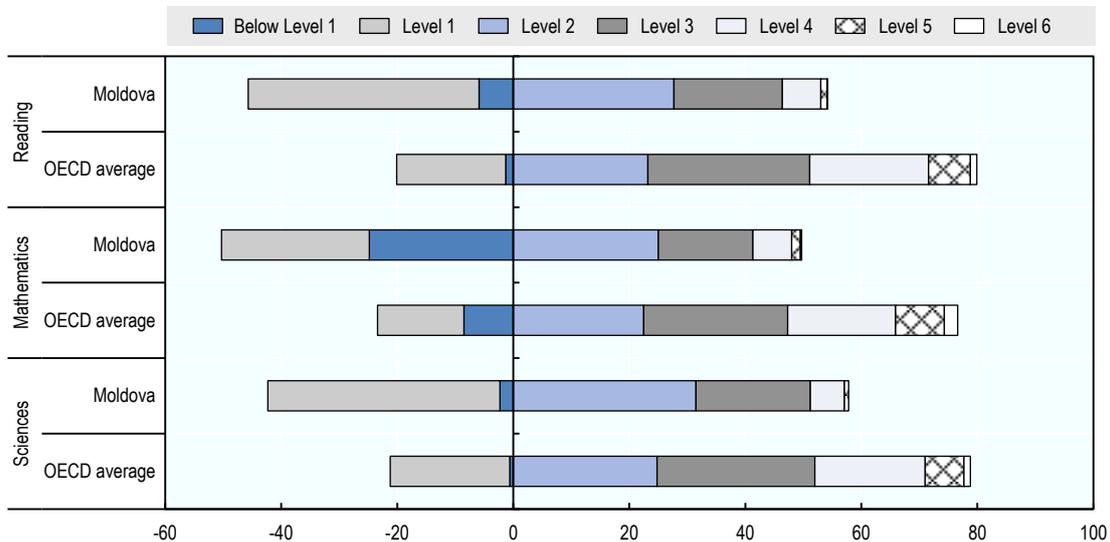
Figure 1.5. Moldova PISA scores, 2009 and 2015



Source: OECD (2009) and OECD (2016).

Close to one-third of students have insufficient basic skills to fully integrate into professional and social life. The PISA scale ranks student proficiency across six levels. Students who perform at level 2 or higher have the basic skills to integrate fully into social and professional life; students who perform below level 2 often face significant disadvantages in their transition to higher education and the labour force (OECD, 2014). Compared to the OECD average of 15.3%, 30.1% of Moldovan students had scores below level 2 in 2015 (Figure 1.6), indicating the education system struggles to provide students with minimum proficiency. Moreover, the share of top performers in at least one subject (level 5 or 6) was 2.8%, compared to the OECD average of 13.0% (OECD, 2016). Low student performance may indicate lack of efficiency and quality in the education sector, inadequate curricula, outdated learning materials and poorly trained teachers are among the main barriers to quality education.

Figure 1.6. PISA proficiency levels in reading, mathematics and sciences, 2015
(in percent)



Source: OECD (2016).

1.3. Employment

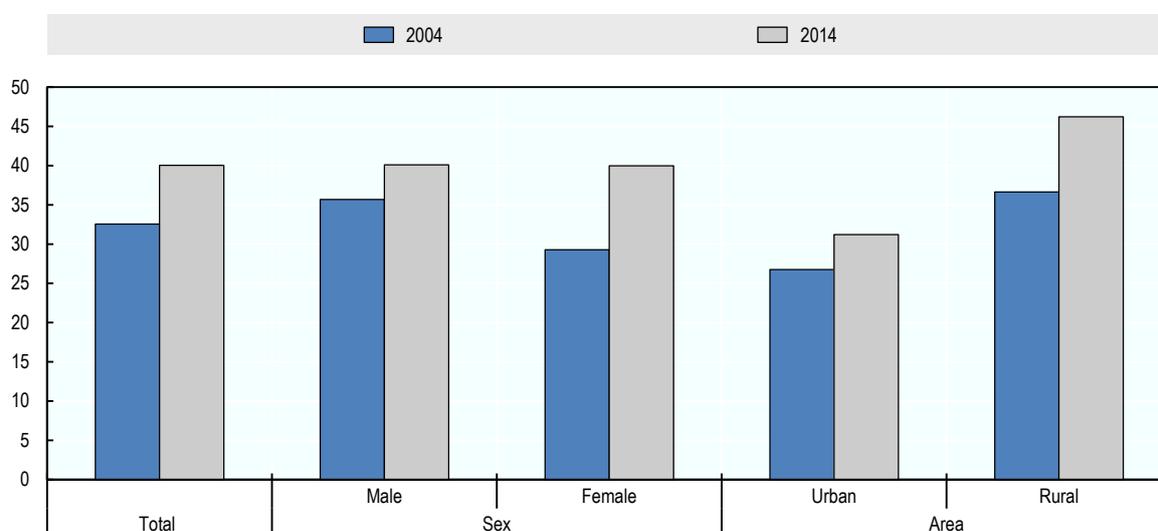
Employment is an important dimension and challenge of youth well-being in Moldova. The main challenge is access to decent jobs. In the past decade, Moldova's employment rate increased, and unemployment decreased. However, the rate of inactivity also rose, which may signify that previously unemployed youth stopped searching for jobs owing to disillusionment. Young people who manage to enter the labour market do so at low wages and often in the informal sector, leaving them vulnerable to economic shocks and with little chance to improve their economic situation.

Many youth are NEET. In 2014, 40% were NEET, an increase of 7 percentage points over 2004 (Figure 1.7). The rate was especially high in rural areas (46.2% vs. 31.2% in urban areas), while there was no significant difference between young men and women (40.1% vs. 40.0%). These NBS NEET rates are higher than those of the International Labour Organization's School-to-Work Transition Survey (28.9% in 2015) (ILO/NBS, 2015) because NBS calculations include youth who have been abroad longer than one year (Box 1.1). Many young people disillusioned with the labour market situation, low income and economic and social crises opt to emigrate to neighbouring countries or the European Union. In most cases, emigrated youth do not deregister from their commune; given this lack of information, the NBS thus includes them as inactive youth, inflating the national NEET rate.

Young people not working represent a cost for the individual and society. Being unemployed or a NEET is an important source of unhappiness (Layard, 2005), which can increase risk-taking behaviours, such as substance abuse, with subsequent costs to individuals and to society. Not being in employment, education or training creates financial costs for the individual such as looking for a job (going to job centres, screening vacancies, travelling to interviews) and for society such as providing (re-)training programmes and active labour market policies targeted at young people. These financial

costs are, however, difficult to measure. Next to these financial costs there are opportunity costs such as foregone earnings and fringe benefits due to inactivity and foregone tax revenues. Following the OECD (2017) methodology, estimations show that in 2016 foregone earnings and tax revenues due to NEET's inactivity represented 5.7% of GDP (own calculations based on OECD/MOY/CBS-AXA, 2016). That is an annual opportunity cost of MDL 26 352 (Moldovan leu) or USD 1 313.6 (United States Dollar) per young person not in employment, education or training,

Figure 1.7. NEET youth rate, by gender and area of residence, 2004 and 2014
(in percent)



Source: Own calculations based on NBS (2014), “Labour Force Survey (2014)”, www.statistica.md/category.php?l=en&idc=107.

The majority of NEET youth are inactive non-students. NEET youth can be subdivided into unemployed non-students and inactive non-students. The former are without work but ready to work and therefore considered part of the labour force. The latter are not looking for work due to disillusionment, family responsibilities, and sickness or disability, among other reasons. In 2014, 95.1% of NEET youth were inactive non-students, and 4.9% were unemployed non-students (Table 1.2). While the distribution of unemployed non-students and inactive non-students was similar for young men and women, there were more unemployed non-students among urban youth than rural youth.

Table 1.2. Share of unemployed and inactive non-students among NEET youth aged 15-29, 2014
(in percent)

	Total	Male	Female	Urban	Rural
Share of unemployed non-students among NEET youth	4.9	5.5	4.2	8.4	3.2
Share of inactive non-students among NEET youth	95.1	94.5	95.8	91.6	96.8

Source: Own calculations based on NBS (2014), “Labour Force Survey (2014)”, www.statistica.md/category.php?l=en&idc=107.

Box 1.1. Population statistics

Despite a functioning population registry, Moldova’s official demographic indicators are seriously biased. Moldova has high levels of emigration, producing substantial differences between the *de facto* and the *de jure* population numbers. In the period 2004-14, there was significant difference between the number of young people currently living in the country for more than 12 months (*de facto* population) and the *de jure* population, which includes migrants who have been abroad more than 12 months. Moldovans who have emigrated without deregistering are considered to have a “usual residence” and are therefore counted as part of the *de jure* population. Official NBS statistics tend to be based on the *de jure* population, without excluding youth who emigrated. Therefore, some youth may appear inactive when in fact they are abroad, pushing up the NEET rate.

Table 1.3. Different estimates of young people aged 15-29, 2004-14

Year	Population with usual residence in Moldova (CDR estimates)	<i>De jure</i> population (in national statistics, stable population) (NBS estimates)	Difference (absolute number)	Difference (%)
2004	826 985	999 591	172 605	17.3
2005	829 428	1 002 808	173 379	17.3
2006	820 377	988 666	168 288	17.0
2007	810 085	975 716	165 630	17.0
2008	801 359	976 755	175 395	18.0
2009	792 217	973 385	181 167	18.6
2010	782 193	964 777	182 584	18.9
2011	777 730	951 506	173 775	18.3
2012	767 159	934 996	167 836	18.0
2013	750 812	913 313	162 500	17.8
2014	727 720	885 695	157 974	17.8

Note: A person is considered to have a usual residence in a specific geographic area if she/he lived in that usual residence for at least 12 months prior to the reference moment.

Data show the difference between the *de facto* and *de jure* population aged 15-29 is significant, with percentage differences between 17.0% and 18.9%. This discrepancy leads to distortion of socio-economic and demographic indicators.

Sources: Penina, Jdanov and Grigoriev (2015), “Producing reliable mortality estimates in the context of distorted population statistics: The case of Moldova”, www.demogr.mpg.de/en/projects_publications/publications_1904/mpidr_working_papers/producing_reliable_mortality_estimates_in_the_context_of_distorted_population_statistics_the_case_5498.htm.

Many unemployed youth have high levels of education. In 2014, two in five had a post-secondary degree. The share of unemployed youth with higher levels of education increased from 17.6% in 2004 to 32.2% in 2014, while the rate of those with lower levels of education decreased (Table 1.4). The change in the distribution of unemployed youth by education level reflects the educational achievements and higher attainment rates discussed above. At the same time, it clearly highlights a mismatch between labour demand and supply, the oversupply of university degrees and the inefficiency of

professional and vocational education in responding to labour market needs. Job creation, especially of decent jobs, is not keeping pace with the increasing share of youth with tertiary education, leaving many unable to find employment. Some factors explaining the increasing share of unemployed youth with higher education are unattractive job vacancies, low wages, gender inequality, and lack of work experience and training required for the labour market. In 2014, 42% of unemployed youth had no previous work experience, revealing the difficulty in transiting from education to employment (Gagauz and Buciuceanu-Vrabie, 2016).

Table 1.4. Share of unemployed youth by education level, 2004 and 2014
(in percent)

Education level	Total		Male		Female		Urban		Rural	
	2004	2014	2004	2014	2004	2014	2004	2014	2004	2014
Primary or none	1.2	1.5	1.8	1.9	0.7	0.9	0.4	0.1	2.0	3.0
Lower secondary	25.6	23.9	28.9	26.5	21.9	20.2	10.9	8.6	38.9	40.0
Upper secondary	45.8	34.1	45.3	36.4	46.3	31.0	44.1	33.2	47.3	35.1
Post-secondary, non-tertiary	9.9	8.2	8.2	7.7	11.7	9.0	13.6	9.7	6.5	6.7
Higher (tertiary)	17.6	32.2	15.8	27.4	19.4	38.8	31.0	48.4	5.3	15.2

Source: Own calculations based on NBS (2014), “Labour Force Survey (2014)”, www.statistica.md/category.php?l=en&idc=107.

Three-quarters of working youth were dependent employees. This high share is comparable to other European countries and illustrates Moldova’s economic structure (Table 1.5). One-fifth of young people were self-employed (own-account workers and employers), less than in countries with comparable levels of unemployed and inactive youth. This proportion was higher in rural areas, where over one-third of youth were self-employed. Most own-account workers were subsistence workers employed in agriculture, which, due to low productivity, small land lots, little investment and low competitiveness, cannot ensure a decent living and offers low prospects. The share of contributing family workers is rising, although minimally. The rate was higher among young men and rural youth, reflecting the higher share of agricultural employment in rural areas.

Table 1.5. Employment of youth aged 15-29, by employment status, 2004-14
(in percent)

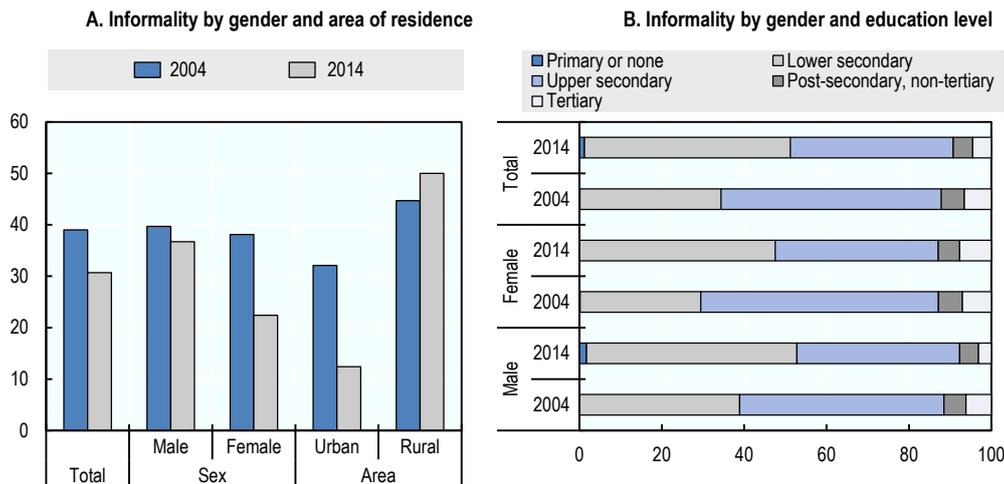
	2004	2006	2008	2010	2012	2014
Employers	0.3	0.4	0.5	0.2	0.3	0.1
Employees	70.5	72.6	74.2	74.5	76.5	74.8
Own-account workers	27.0	21.0	21.2	20.4	19.7	21.6
Members of producer co-operatives	0	0.1	0	0	0	0
Contributing family workers	2.2	5.9	4.2	4.9	3.5	3.5

Source: Own calculations based on NBS (2014), “Labour Force Survey (2014)”, www.statistica.md/category.php?l=en&idc=107.

Youth employment is characterised by high levels of informality. Although informal employment has decreased since 2004 (from 39.0%), 30.7% of youth in the labour market are informally employed (Figure 1.8.A). Most informal workers are in rural areas, where

50% of youth are informal, compared to 12.4% in urban areas. High rural informality reflects the prevalence of agricultural work: 38% of rural youth work in agriculture, and 63% of the informal sector is related to agricultural activities. Informal workers tend to have lower levels of education. In 2014, more than half of informal youth had attained lower secondary education or lower (Figure 1.8.B). Informal young women tended to have slightly higher educational attainment than men.

Figure 1.8. Youth (aged 15-29) informal employment rates, 2004 and 2014
(in percent)



Source: Own calculations based on NBS (2014), “Labour Force Survey (2014)”, www.statistica.md/category.php?l=en&idc=107.

Underemployment has decreased over the past decade. The youth underemployment rate represents the share of underemployed youth out of the total employed youth population. Time-related underemployment includes those willing and available to work additional hours who have worked less than a threshold of working time in all jobs during the reference period. Current labour legislation sets this threshold at 40 hours per week. In 2014, the underemployment rate among youth was about 9%, down from 24% in 2006 (Gagauz and Buciuceanu-Vrabie, 2016). Young men had the highest underemployment rate, which exceeded the average for the total youth population. In 2014, one in ten young employed men were underemployed.

Two-thirds of young people work in jobs matching their education levels. Skills mismatch measures whether young people have the level of education (International Standard Classification of Education category) corresponding to their occupation (International Standard Classification of Occupations category). A consequence of skills mismatch is failure to reach the productive potential of the individual and the company. In Moldova, skills matching is high (66.1%) (Table 1.6). While few youth are underqualified, more than one-quarter are overqualified (27.9%). Employment creation has not kept pace with advancements in educational attainment, resulting in the high level of overqualification.

Table 1.6. Youth qualifications mismatch, 2013
(in percent)

	Youth employment	Non-vulnerable employment	Vulnerable employment
Overqualified	27.9	20.6	56.6
Underqualified	6.0	6.6	3.5
Well matched	66.1	72.8	39.9

Source: Own calculations based on ILO/NBS (2013), *School-to-Work Transition Survey*, 2013 edition, www.ilo.org/employment/areas/youth-employment/work-for-youth/WCMS_191853/lang--en/index.htm.

Most employed youth are paid below the average wage, accounting for the unemployment, informality and underemployment rates. In 2015, 86.3% of young people earned less than the average monthly wage of USD 225 (Table 1.7). Overall, 7.0% of youth earned up to USD 54 per month, 20.2% earned USD 54-107, and 36.0% earned USD 108-161 (Table 1.8). The share of low-paid women was much higher than that of men (93.8% vs. 80.7%). Low wages are a concern for many young people and the most common reason for refusing job offers. In 2015, 62% of employed youth and 77% of unemployed youth refused jobs due to low wages (ILO/NBS, 2015).

Table 1.7. Share of young employees earning less than the average monthly wage, 2015
(by percent)

	Total	Male	Female	Urban	Rural
Less than the USD 225 average	86.3	80.7	93.8	84.1	88.8
More than the USD 225 average	13.7	19.4	6.2	15.9	11.2

Note: Average exchange rate at the time of the survey (March 2015) was MDL 18.6 (Moldovan leu) for USD 1.

Source: Own calculations based on ILO/NBS (2015), *School-to-Work Transition Survey*, 2015 edition, www.ilo.org/employment/areas/youth-employment/work-for-youth/WCMS_191853/lang--en/index.htm.

Table 1.8. Distribution of employees aged 15-29 by monthly wage, 2015
(in percent)

Monthly wage (USD)	Total	Male	Female	Urban	Rural
Below 54	6.7	6.1	7.6	2.0	12.3
54-108	20.2	15.6	26.4	17.5	23.5
108-161	36.1	33.9	39.1	38.9	32.8
161-215	23.3	25.2	20.7	25.8	20.2
215-269	8.1	10.2	5.3	9.0	7.0
Above 269	5.6	9.3	0.9	6.9	4.3

Note: Average exchange rate at the time of the survey (March 2015) was MDL 18.6 for USD 1.

Source: Own calculations based on ILO/NBS (2015), *School-to-Work Transition Survey*, 2015 edition, www.ilo.org/employment/areas/youth-employment/work-for-youth/WCMS_191853/lang--en/index.htm.

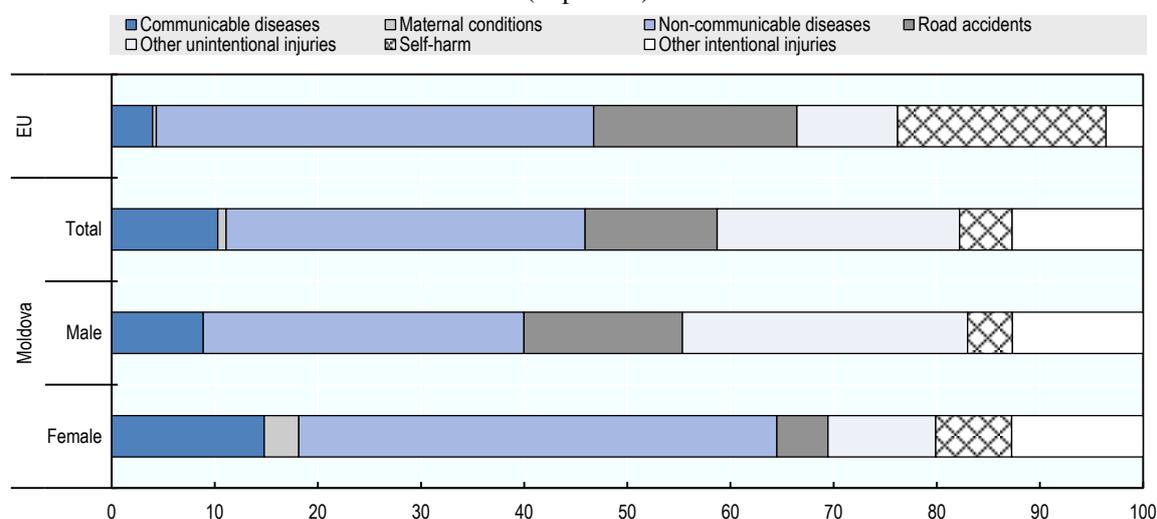
Despite the challenges, young people evaluated their employment conditions positively. The National Youth Survey consulted young people on attitude and behaviour of colleagues and employers, overall job satisfaction, hours, conditions and wages. In 2016, 15.9% of youth were very satisfied and 64.4% were satisfied with their work environments (OECD/MOYS/CBS-AXA, 2016). Yet, 57.3% considered changing jobs, and the share was higher among youth with lower socio-economic status than among those with higher status (63.8% vs. 49.2%). As is to be expected, a large share of youth reported dissatisfaction with their wages; 74.1% of youth looking for another job reported doing so because of dissatisfaction with wages.

1.4. Health

The health status of youth is an important dimension of well-being, as it sets the stage for well-being later in life. Good health enhances both quality of life and participation in social activities, which fosters inclusion in society. Overall, young people's health status has improved in recent years. In 2013, approximately 75% of youth aged 16-29 considered themselves in very good health (Gagauz and Buciuceanu-Vrabie, 2016), lower than the EU average (92%) (Eurostat, 2015). Nevertheless, health challenges persist. Lack of awareness of youth-friendly services and lack of comprehensive knowledge about sexual and reproductive health make youth vulnerable to health risks, such as HIV/AIDS. Young women are also at risk of unwanted adolescent pregnancies than in EU countries. Alcohol and tobacco consumption are also higher than the EU average, threatening adolescent and youth health.

Youth mortality declined in the past ten years. The mortality rate per 100 000 youth decreased from 91.0 in 2004 to 70.5 in 2014 (Gagauz and Buciuceanu-Vrabie, 2016). In 2015, unintentional injuries were the leading cause of youth deaths: 12.8% of all deaths were due to road accidents, and 23.5% were due to other unintentional injuries (Figure 1.9). Road accidents were a more important cause of deaths among young men than among women (15.3% vs. 4.9%). The rapid increase in vehicles without adequate implementation of regulatory controls or traffic law enforcement contributes to the high fatality rate from traffic accidents. Non-communicable diseases made up the second highest cause of youth mortality (34.8%). These include different cancers, mental and substance use disorders, neurological conditions, and cardiovascular and digestive diseases. The third highest cause was intentional injuries (17.8%), and death due to intentional self-harm was higher among young men than among women (7.36% vs. 4.35%). The risk factors are psychological and social in nature, including discrimination, social isolation, relationship conflicts with family and friends, unemployment and poverty. Drug abuse and alcohol consumption are also important determinants (Mars et al., 2014). Compared to EU averages, Moldova had higher deaths from communicable diseases (10.3% vs. 4.0%), maternal conditions (0.8% vs. 0.4%), other unintentional injuries (23.5% vs. 9.8%) and other intentional injuries (12.7% vs. 3.6%).

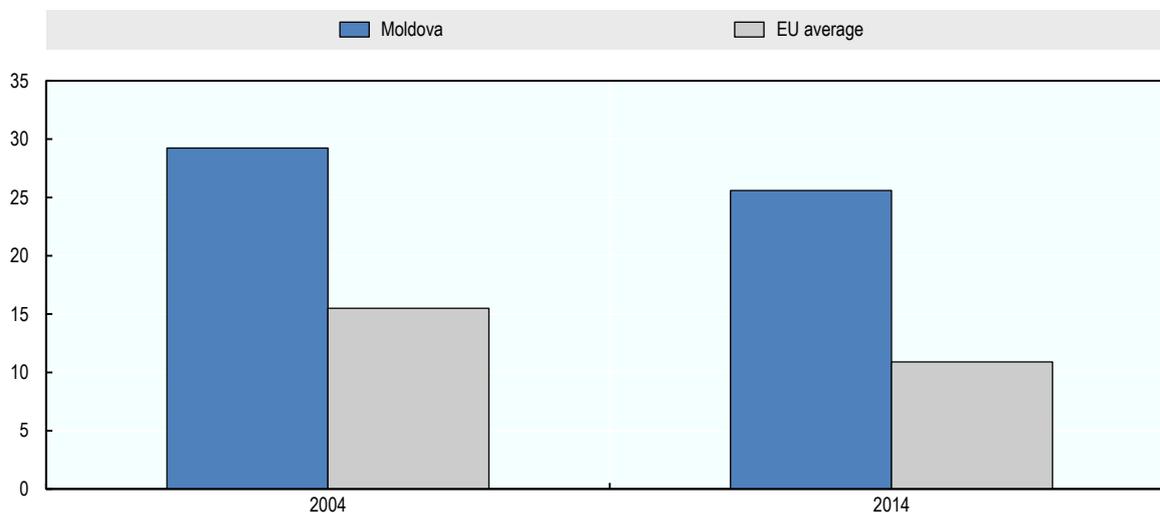
Figure 1.9. Causes of mortality in Moldova and the European Union, by gender, 2015
(in percent)



Source: WHO (2016)

Moldova still has high levels of adolescent pregnancy, despite recent declines. The adolescent birth rate dropped from 29.2 per 1 000 young women aged 15-19 in 2004 to 26.7 in 2014, still more than twice the EU average (10.9) (World Bank, 2017b) (Figure 1.10). Adolescent birth in rural areas was almost three times higher than in urban areas (31.9 vs. 12.7). Adolescent pregnancy owes mainly to poor socio-economic background, low education, lack of parental support and, in many cases, sexual violence and coercion (Gagauz and Buciuceanu-Vrabie, 2016). Lack of sexual education programmes, low awareness about health services and limited access to contraceptives also present significant barriers for specific groups of young women. The number of abortions per 1 000 adolescents has remained constant: 9.5 in 2004 and 9.3 in 2014. Young people place greater responsibility for birth control on women, and they have rather conservative views on gender roles. In 2016, about 25% considered abstinence a value or virtue for both men and women, while another 25% considered it had greater value for women (OECD/MOYS/CBS-AXA, 2016).

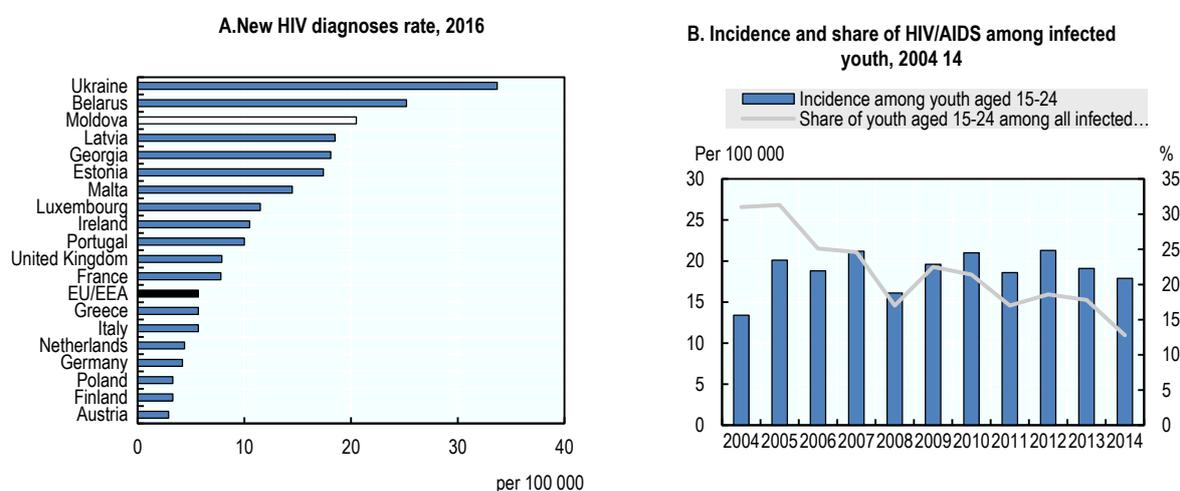
Figure 1.10. Adolescent birth rates aged 15-19 in Moldova and the European Union, 2004 and 2014
(per 1 000)



Sources: Own calculations based on NBS (2004-2014) and World Bank (2017b), *World Development Indicators* (database), <http://data.worldbank.org/data-catalog/world-development-indicators>.

The increasing prevalence of HIV/AIDS among youth is of particular concern. In 2016, the HIV/AIDS diagnosis rate for the general population was 20.5 per 100 000 individuals, significantly higher than the 5.7 EU/European Economic Area (EEA) average (herein European average) (Figure 1.11.A). The rate of new infections was one of the highest in Europe. While the share of youth among total infected decreased from 31.0% in 2004 to 12.8% in 2014, incidence of HIV/AIDS increased from 15.9 per 100 000 youth to 20.0 (Figure 1.11.B). The Government has made efforts to inform young people about protection; however, incidence remains high, while the share of young people with comprehensive knowledge of HIV/AIDS is diminishing (Gagauz and Buciuceanu-Vrabie, 2016).

Figure 1.11. Incidence and share of HIV/AIDS among infected youth
(per 100 000)



Notes: EU/EEA countries include Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and the United Kingdom.

The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Footnote by Turkey

The information in this document with reference to « Cyprus » relates to the southern part of the Island. There is no single authority representing both Turkish and Greek Cypriot people on the Island. Turkey recognizes the Turkish Republic of Northern Cyprus (TRNC). Until a lasting and equitable solution is found within the context of the United Nations, Turkey shall preserve its position concerning the “Cyprus issue”.

Footnote by all the European Union Member States of the OECD and the European Union

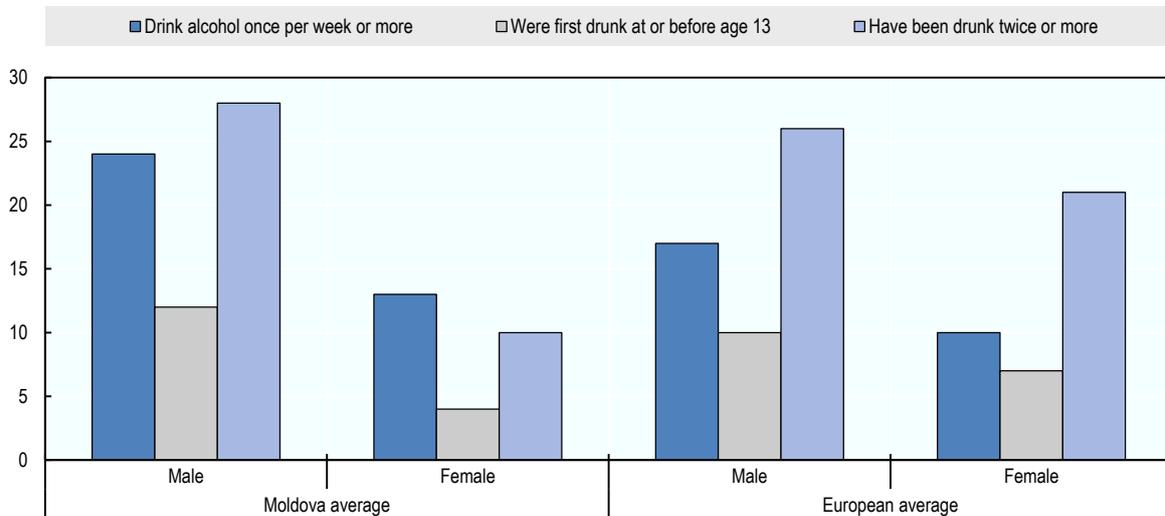
The Republic of Cyprus is recognised by all members of the United Nations with the exception of Turkey. The information in this document relates to the area under the effective control of the Government of the Republic of Cyprus.

Source: Own calculations based on the Ministry of Health (2004, 2014), *Incidența HIV/SIDA*, www.statistica.md/public/files/Metadate/ODM/ODM6_Incidenta_%20HIV_SIDA.pdf (Romanian).

Moldova has a high rate of adolescent alcohol consumption. In 2013/14, rates of weekly alcohol use by 15-year-olds were 24% for men and 13% for women, higher than the European averages (17% and 10%, respectively) (Figure 1.12). The share of 15-year-olds who reported first being drunk at or before age 13 was 12% for men and 4% for women, also higher than the European averages (10% and 7%, respectively). Moreover, 28% of 15-year-old men and 10% of women had been drunk on two or more occasions, higher than the European average for men (26%) but almost half the European average for women (21%).

A high share of youth consume tobacco. According to Health Behaviour in School-aged Children data (2016), the prevalence of 15-year-olds who reported smoking at or before age 13 was 27% for men and 21% for women, higher than the European averages (22% and 17%, respectively) (Figure 1.13). However, fewer 15-year-olds smoked at least once per week than the European averages: 9% and 6% vs. 13% and 12%, respectively.

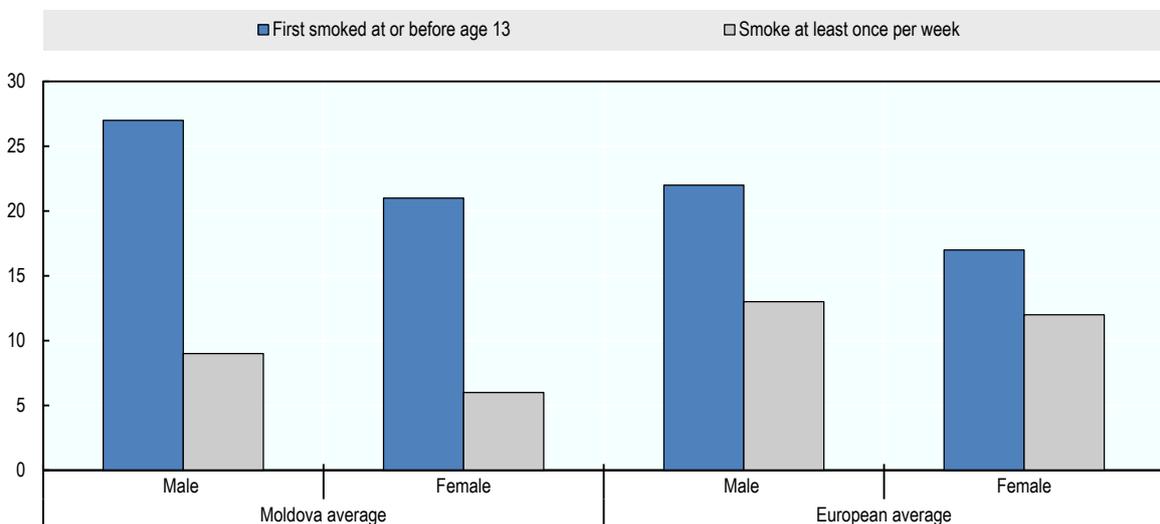
Figure 1.12. Alcohol consumption of 15-year-olds, 2013/14
(in percent)



Note: The European average is for 32 countries: Albania, Austria, Belgium, Bulgaria, Croatia, Czech Republic, Denmark, Estonia, Finland, FYR Macedonia, France, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, the Netherlands, Norway, Poland, Portugal, Moldova, Romania, Russian Federation, Slovakia, Slovenia, Spain, Sweden, Switzerland, Ukraine and the United Kingdom (excluding N. Ireland).

Source: HBSC (2016), *Growing Up Unequal: Gender and Socioeconomic Differences in Young People's Health and Well-being*, www.euro.who.int/__data/assets/pdf_file/0003/303438/HSBC-No.7-Growing-up-unequal-Full-Report.pdf.

Figure 1.13. Prevalence of smoking among 15-year-olds, 2013/14



Note: The European average is for 32 countries: Albania, Austria, Belgium, Bulgaria, Croatia, Czech Republic, Denmark, Estonia, Finland, FYR Macedonia, France, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, the Netherlands, Norway, Poland, Portugal, Moldova, Romania, Russian Federation, Slovakia, Slovenia, Spain, Sweden, Switzerland, Ukraine and the United Kingdom (excluding N. Ireland).

Source: HBSC (2016), *Growing Up Unequal: Gender and Socioeconomic Differences in Young People's Health and Well-being*, www.euro.who.int/__data/assets/pdf_file/0003/303438/HSBC-No.7-Growing-up-unequal-Full-Report.pdf.

1.5. Other factors: Active citizenship and subjective well-being

Feeling part of society largely depends on perceptions and other “soft” indicators. Civic participation, social capital, a sense of security and subjective well-being are important for young people to live their lives fully and contribute to the development of the country. An inadequate education system, limited policy engagement and high unemployment can negatively affect youth well-being, but public policies should focus on subjective indicators as well. This section presents some hard and soft indicators on civic engagement, migration and subjective well-being. Analysis of additional dimensions of youth well-being is beyond the scope of this discussion.

1.5.1. Civic engagement

Social capital and civic engagement are prerequisites for inclusive legal, institutional and policy frameworks. Opportunities for youth to contribute to and influence policy decisions can help legitimise the process and policies, and provide youth the means to hold government accountable (OECD, 2017). Civic engagement is not limited to political activity, such as voting and joining political parties, but includes volunteerism and involvement in local organisations. Volunteering provides a viable, sustainable way for young people to pursue their aspirations and learn about themselves, their assets and their communities.

Social capital is an important factor for youth well-being and a successful transition into adult life. The definition of social capital varies by context but generally refers to the productive value of social connections and conveys the idea that human relations and norms of behaviour are of instrumental value in improving various aspects of people’s lives (Scrivens and Smith, 2013). Social capital can be interpreted as personal relationships, social network support at the individual level or civic engagement and trust in co-operative norms at the collective level (Scrivens and Smith, 2013). Oftentimes, networks facilitate young people’s access to the relevant information that enables them to navigate their opportunities. Networks support positive transitions and function as personal safety nets. The vast majority of young Moldovans (80.2%) affirm they can count on their families for help. The importance of the family is reflected in the high level of trust in family (95.5%) and relatives (73.9%) (Table 1.9). Few trust their neighbours (30.6%), people of other religions (23.9%) or people with other political opinions (20.8%). Lower levels of trust pose potential risks to social cohesion. Youth most seek the help of their trusted people for financial assistance (46.7%), followed by for health problems (15.4%), social problems (12.6%) and psycho-emotional problems (9.7%).

Table 1.9. Trust levels, by type of relationship, 2016
(in percent)

		Family	Relatives	Neighbours	People of other religions	People with other political opinions
Total	Total	95.5	73.9	30.6	23.9	20.8
Sex	Male	94.4	68.8	31.2	19.6	20.3
	Female	96.3	78.3	30.0	27.7	21.3
Age group	14-18	99.2	83.7	34.5	24.8	18.6
	19-24	95.9	71.2	28.8	23.6	20.3
	25-29	92.5	70.2	29.9	23.6	23.1
Area	Urban	95.2	77.7	30.0	28.7	24.1
	Rural	95.6	71.1	31.1	20.4	18.5
Language	Romanian	96.2	73.1	31.0	22.9	21.9
	Russian	93.3	76.1	29.1	26.9	17.7

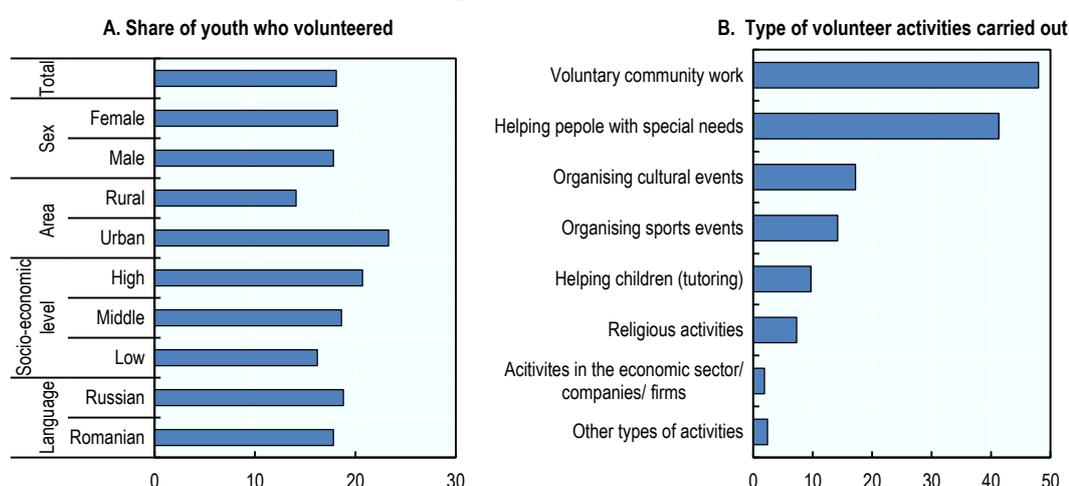
Note: The level of trust was measured on a scale of 1 (no trust) to 10 (total trust). Answering 7-10 defines “having trust”.

Source: OECD/MOYS/CBS-AXA (2016), *Young Moldova: Problems, Values and Aspirations*.

Although young people are concerned about societal problems, civic engagement through volunteering remains low. Volunteerism is a major form of civic engagement and equated by Moldovan youth with charitable activities, in the form of unpaid work, to help the communities in need. These include community service, and information and promotion campaigns for causes that concern the public. In 2016, the share of youth involved in volunteering remained low (18.1%) (Figure 1.14.A). One main reason for low community involvement is the need for employment, which limits time for other activities. Moreover, few youths were informed about projects or social causes they could assist. Urban youth were more likely to volunteer than rural youth (23.3% vs. 14.1%), as volunteering opportunities and youth organisations are more frequent and accessible in cities. Youth from high socio-economic backgrounds were more likely to participate than youth with lower status (21% vs. 14.3%). The most common activities were community work (48.0%), helping people with special needs (41.3%) and organising cultural events (17.2%) (Figure 1.14.B).

Youth interest in politics is low: 25.0% expressed interest in 2016. More young men were interested than women (32.0% vs. 19.7%), and more urban youth were interested than rural youth (32.7% vs. 20.0%) (Figure 1.15). Interest largely depended on socio-economic status and education level. Twice as many with the highest socio-economic status and education level expressed interest (34.5% and 38.9%, respectively), compared to those with lower status and education. More Russian-speaking than Romanian-speaking youth showed interest (29.5% vs. 24.1%). The most frequent sources of political information were the Internet (80.0%) and television (62.2%) (OECD/MOYS/CBS-AXA, 2016).

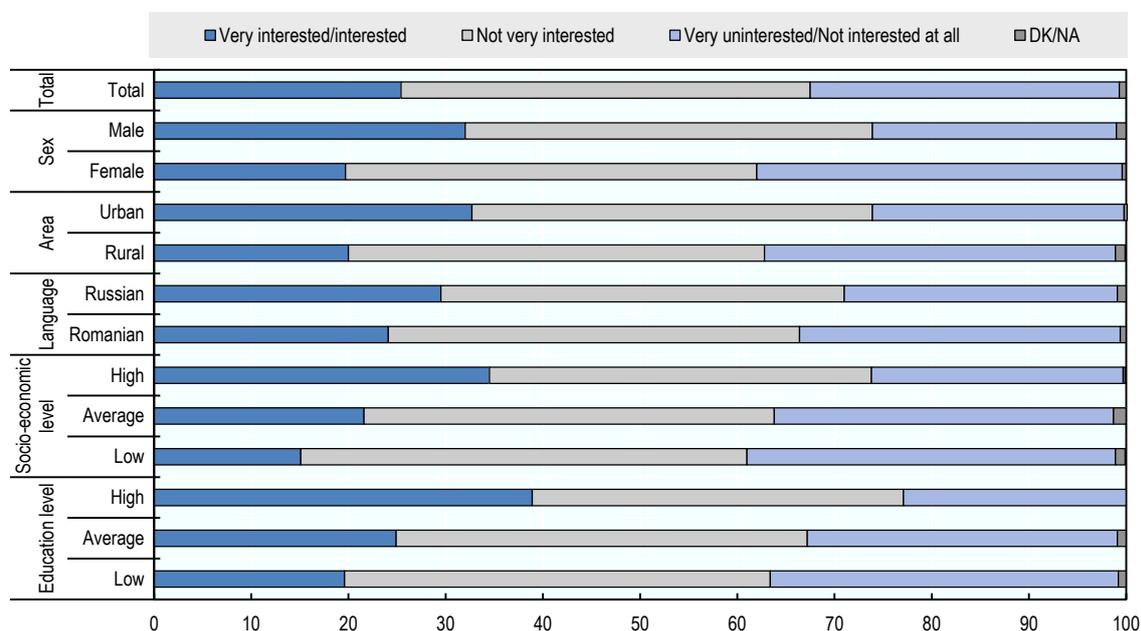
Figure 1.14. Youth aged 15-29 who volunteered in the past 12 months, 2016
(in percent)



Note: Multiple answers were possible for Figure 1.14.B.

Source: OECD/MOYS/CBS-AXA (2016), *Young Moldova: Problems, Values and Aspirations*.

Figure 1.15. Share of youth interested in politics, 2016
(in percent)



Note: DK/NA = do not know/no answer.

Source: OECD/MOYS/CBS-AXA (2016), *Young Moldova: Problems, Values and Aspirations*.

Young voter absenteeism is acute. According to official Central Election Commission data, electoral absenteeism is high among young people. This was especially true for the 2016 presidential elections: 10.11% of youth aged 18-25 voted in the first round, and 11.14% voted in the second round (CEC, 2016). Turnout was higher for the 2014

parliamentary elections (37.1%) and the 2015 local elections (39.0%) (Table 1.10). Male and urban youth exhibited higher rates of absenteeism. Higher turnout for local elections by rural youth owes to stronger social ties and community coercion to get involved in electoral processes. Only 26.5% of youth believed voting can influence the way government institutions function (OECD/MOYS/CBS-AXA, 2016). Such low youth voter turnout and low confidence in the voting process have the potential to undermine the democratic system in the long run and have to be counteracted by regaining youth's trust.

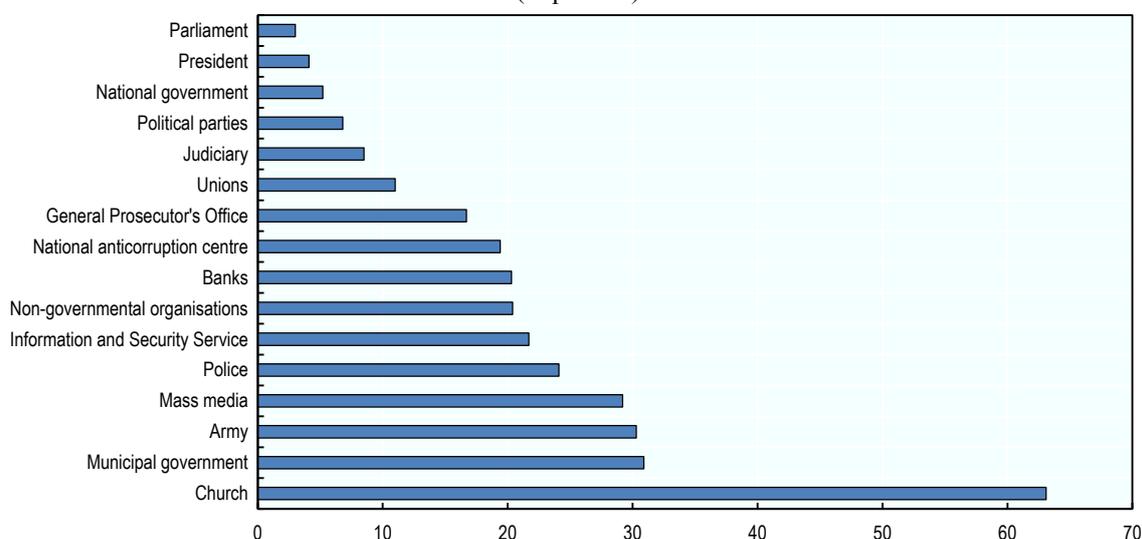
Table 1.10. Share of youth aged 18-29 who participated in elections
(in percent)

		Parliamentary (2014)	Local (2015)
Total	Total	37.1	39.0
	Male	36.2	37.5
	Female	38.0	41.5
Urban	Total	39.8	37.1
	Male	39.4	36.2
	Female	40.1	38.0
Rural	Total	35.0	41.4
	Male	33.7	38.4
	Female	36.2	42.5

Source: CEC (2016), Election results, www.cec.md/index.php?l=en.

Low youth turnout reflects lack of trust in public institutions. Youth have very low levels of trust in the Parliament, government, political parties and the judiciary: less than 10.0% held a positive opinion of these institutions (Figure 1.16). This low trust may be attributed to a number of socio-economic and political crises and high levels of (perceived) corruption. While confidence in the church is high (63.1%), trust in municipal governments and the army were much lower (30.9% and 30.3%, respectively). Low trust may fuel youth's overwhelming perception the country was moving in the wrong direction (72.1%), a belief highest among the oldest cohort (aged 25-29) (79.8%) and those with the highest education level (78.9%) (OECD/MOYS/CBS-AXA, 2016). There were no apparent distinctions between Romanian- and Russian-speaking youth (72.2% vs. 71.8%).

Figure 1.16. Share of youth who trust institutions and organisations, 2016
(in percent)

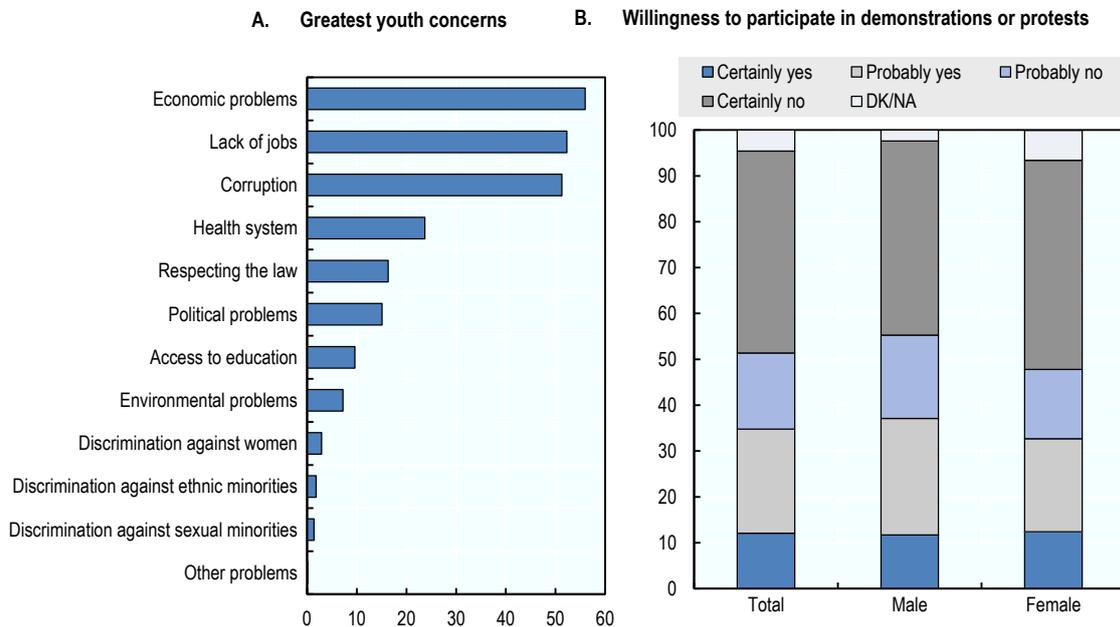


Note: Youth rated their level of trust “very much”, “a lot”, “a little” and “very little/not at all”. Displayed is the share of youth answering, “very much” and “a lot”.

Source: OECD/MOYS/CBS-AXA (2016), *Young Moldova: Problems, Values and Aspirations*.

Although youth care about problems in society, they showed low interest in participating in demonstrations or protests. Economic concerns ranked highest for youth (56%), followed by concern with lack of jobs (52.3%), corruption (51.3%) and the health system (23.7%) (Figure 1.17.A). However, 12.1% stated they would “certainly” participate in demonstrations or protests for any of these concerns (Figure 1.17.B). Young women were more likely to answer “certainly” than men (12.4% vs. 11.7%), while young men were more likely to answer “probably” than women (25.4% vs. 20.3%). A large number stated they were not interested in politics and do not participate in related activities because they do not believe it will bring about change (OECD/MOYS/CBS-AXA, 2016). There was a general perception their actions were not appreciated by authorities and citizens, they lacked financial and moral public support, and they would face negative consequences for taking actions (OECD/MOYS/CBS-AXA, 2016).

Figure 1.17. Youth concerns and share of youth inclined to demonstrate or protest, 2016
(in percent)



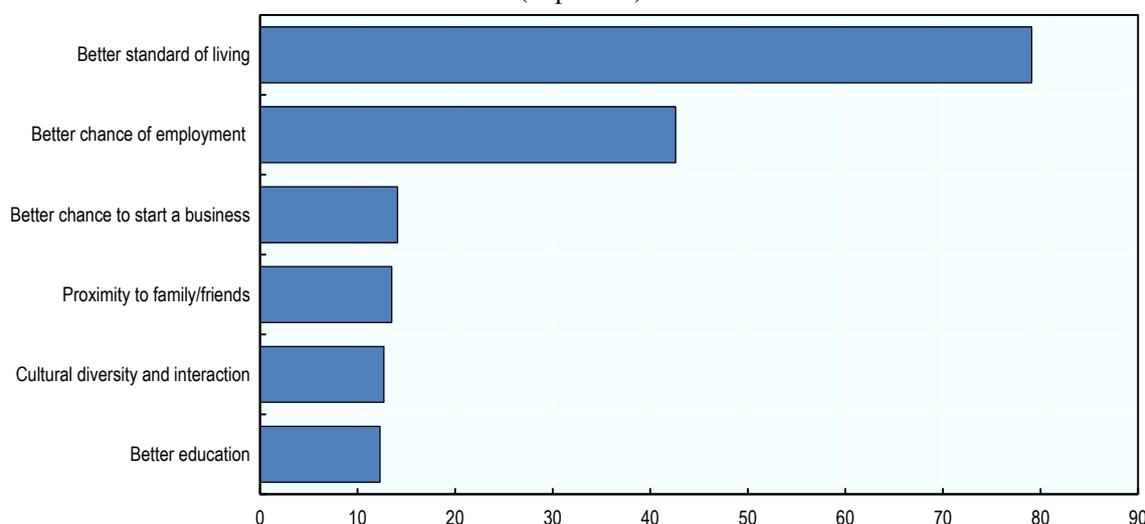
Source: OECD/MOYS/CBS-AXA (2016), *Young Moldova: Problems, Values and Aspirations*.

1.5.2. Migration

In 2014, 24.6% of youth aged 15-29 lived abroad, representing a quarter of the total number of authorised emigrants (IOM, 2017). Russia and Italy were the major destination countries. In 2014, about 72.0% of the young migrants were from rural areas, where lack of decent employment opportunities is greater. More young women than men emigrated. Most youth (76.4%) knew at least one close person (family, friend or acquaintance) who worked abroad, e.g. a mother (20.0%), father (15.8%), sibling (22.6%) or other relative (56.9%) (OECD/MOYS/CBS-AXA, 2016).

A growing number of young people leave Moldova for economic reasons. Poverty, lack of decent employment opportunities and low salaries are the main push factors for youth migration. Four in five youth lived at one point abroad or are planning to do so in search of a for a better standard of living (79.1%), better chance of employment (42.6%) and better chance to start a business (14.1%) (Figure 1.19). Many living abroad send remittances, which benefit the income and welfare of 23.8% households in Moldova (2014) (IOM, 2017). According to National Bank of Moldova data, remittances in 2014 represented approximately USD 1.6 billion – one-quarter of Moldova’s gross domestic product (Prodan, 2016).

Figure 1.18. Main reasons youth go abroad, 2016
(in percent)



Source: OECD/MOYS/CBS-AXA (2016), *Young Moldova: Problems, Values and Aspirations*.

Migration can have both positive and negative impacts on youth well-being. Remittances contribute to the well-being of children left behind through increased household consumption of food and basic necessities, health care expenditure and investment in education (Cheianu-Andrei et al., 2011). However, migration can also have negative implications for youth well-being. Teacher emigration – driven by wages 20% lower than the country’s mean salary (Yanovich, 2015) – has a negative impact on education quality. Children of parents gone abroad are at higher risk of social exclusion, affecting social and psychological development and school performance. They are more prone to declining academic performance, low attendance and lack of motivation (Yanovich, 2015). They tend to develop lower community values and social initiative, withdraw more often and show depressive behaviours. They are also more prone to offense-related injuries, alcoholism and drug use. In addition, children without parental supervision are less likely to receive timely care and regular, healthy meals (UNICEF, 2008).

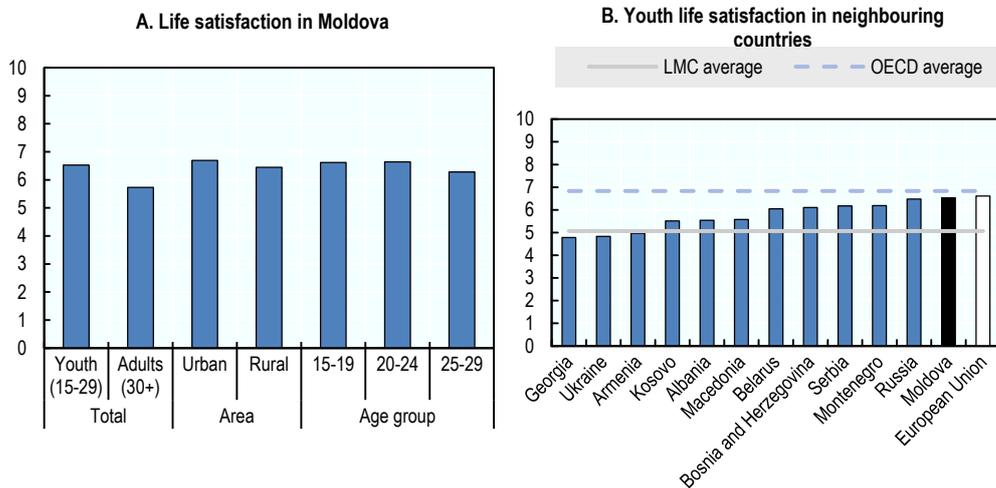
1.5.3. Subjective well-being

Social inclusion and well-being are influenced by a number of factors, and subjective well-being makes an important contribution. A positive life evaluation, also known as subjective well-being, is an important dimension of well-being. The way youth evaluate their quality of life can have a direct impact on developmental outcomes. Low contentment with life is the main driver of negative feelings, low levels of inclusion, low participation in social life higher risk of psychological and social problems, while greater satisfaction results in positive behaviours and outcomes (Proctor, Linley and Maltby, 2009). Subjective well-being is a particularly important component during the critical life stage of youth. However, study of youth life satisfaction has only recently received attention.

Youth are generally satisfied with their lives. On a scale of 0 to 10, youth aged 15-29 rated their life satisfaction at 6.5, above the average for adults aged 30 and over (5.7) (Figure 1.19.A). The average life satisfaction of urban youth was marginally higher than those of rural youth. On average, Moldovan youth are more satisfied with their lives than

youth in lower middle-income countries (LMCs) (6.5) but less than youth in EU and OECD member countries (6.6 and 6.8, respectively) (Figure 1.19.B).

Figure 1.19. Youth life satisfaction, 2015
(average score)

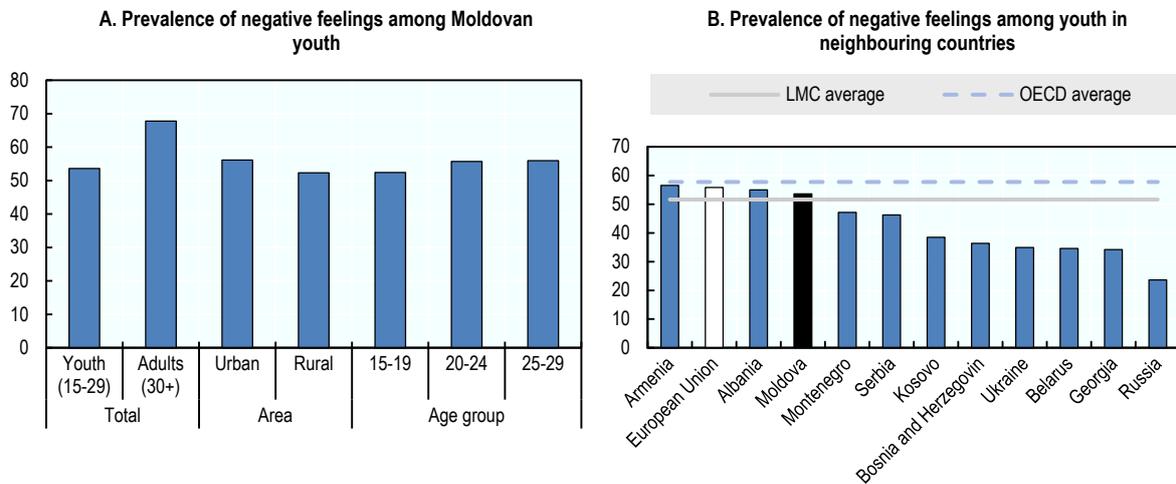


Note: Self-assessment on a scale of 0 to 10. The LMC average is based on Angola, Armenia, Bangladesh, Bhutan, Bolivia, Cambodia, Cameroon, Congo, Côte d'Ivoire, Djibouti, Egypt, El Salvador, Georgia, Ghana, Guatemala, Honduras, India, Indonesia, Jordan, Kenya, Kiribati, Kosovo, Kyrgyz Republic, Lao PDR, Lesotho, Mauritania, Moldova, Mongolia, Morocco, Myanmar, Nicaragua, Nigeria, Palestinian Authority, Pakistan, Philippines, Sri Lanka, Sudan, Swaziland, Syria, Tajikistan, Tunisia, Ukraine, Uzbekistan, Vanuatu, Vietnam, Yemen and Zambia.

Source: Gallup (2015), *Gallup World Poll* (database), analytics.gallup.com/213704/world-poll.aspx.

More Moldovan youth experience negative feelings than youth in other countries. While Moldovan youth are generally satisfied with their lives, half (53.6%) reported having experienced worry, sadness, stress or anger in the past 24 hours. This is lower than the average for adults above age 30. More urban youth experienced negative feelings than rural youth, and older youth tend to experience more of such feelings (Figure 1.20.A). On average, the share of youth experiencing negative feelings is higher in Moldova than in lower middle-income countries (51.6%) but lower than in EU or OECD member countries (55.8% and 57.7%, respectively) (Figure 1.20.B).

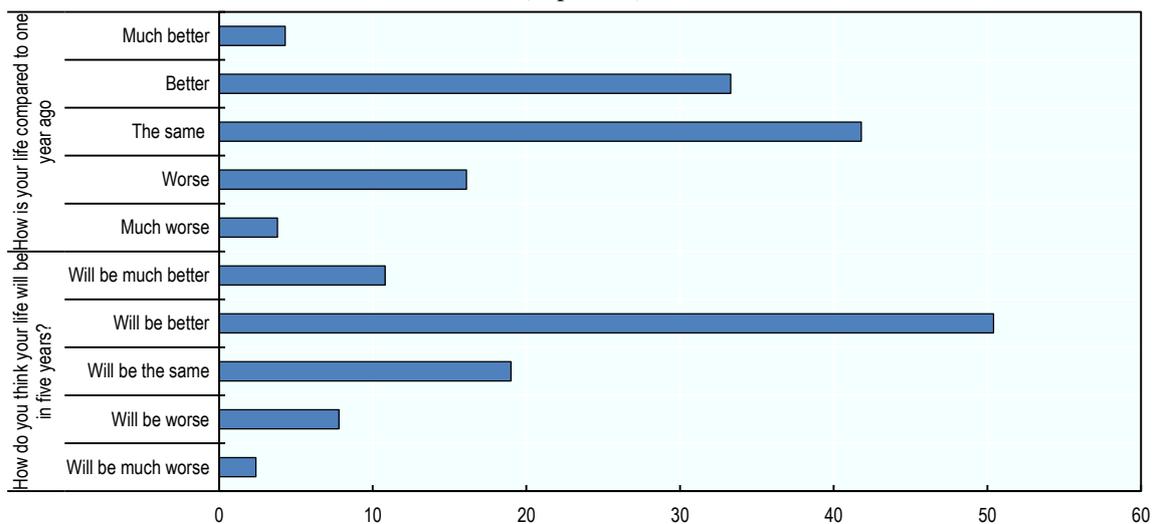
Figure 1.20. Prevalence of negative feelings among youth, 2015
(in percent)



Note: Having negative feelings is defined as experiencing worry, sadness, stress or anger in the 24 hours prior to the survey. The LMC average is based on Angola, Armenia, Bangladesh, Bhutan, Bolivia, Cambodia, Cameroon, Congo, Côte d'Ivoire, Djibouti, Egypt, El Salvador, Georgia, Ghana, Guatemala, Honduras, India, Indonesia, Jordan, Kenya, Kiribati, Kosovo, Kyrgyz Republic, Lao PDR, Lesotho, Mauritania, Moldova, Mongolia, Morocco, Myanmar, Nicaragua, Nigeria, Palestinian Authority, Pakistan, Philippines, Sri Lanka, Sudan, Swaziland, Syria, Tajikistan, Tunisia, Ukraine, Uzbekistan, Vanuatu, Vietnam, Yemen and Zambia.
Source: Gallup (2015), *Gallup World Poll* (database), analytics.gallup.com/213704/world-poll.aspx.

Youth generally have a positive outlook. Although the majority perceived current living standards to be the same as one year previous (41.8%), 33.3% believed they had improved, and 3.8% believed life had become much worse (Figure 1.21). Despite this, 50.4% believed living standards will be better in five years, another 10.8% believed they will be much better, and 2.4% believed life will become much worse.

Figure 1.21. Youth perceptions of current and future standards of living, 2016
(in percent)



Source: OECD/MOYS/CBS-AXA (2016), *Young Moldova: Problems, Values and Aspirations*.

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2. Youth policies and institutional framework

Youth policies require the involvement of all state institutions and civil society. An inter-sectoral approach is necessary in addressing youth needs, given the topics of interest to young people are as diverse as society itself. This chapter analyses institutional framework relating to youth issues.

2.1. Institutions responsible for youth policies

Crafting and implementing youth policies involves a number of government and non-government institutions at various levels. Parliamentary standing committees discuss and finalise strategic policies. Policy prescriptions are then channelled to line ministries, which formulate the national policy framework. Youth centres, in collaboration with local public authorities and non-governmental organisations (NGOs), carry out the implementation at the regional and local levels.

2.1.1. Policy formation and adoption

Policy making is shared by parliamentary standing committees. The Committee on Culture, Education, Research, Youth, Sports and Mass Media exercises the function of monitoring and evaluating implementation of national legislation regarding youth policy (Figure 2.1). This committee has the competences and responsibilities to modify, fulfil and monitor legislation in the youth field at the national level. A number of other committees elaborate youth policies, each within its own domain. The Committee on Social Protection, Healthcare and Family, for example, elaborates policies related to youth health and employment, including those related to promoting youth employability in the labour market. The Committee on Economy, Budget and Finance elaborates legislative initiatives concerning youth entrepreneurship. The Committee on Legal Affairs, Appointments and Immunities elaborates justice initiatives related to juveniles and young delinquents.

The law provides for the participation of civil society, including youth organisations, in the legislative process. The Parliament's co-operation with the public was developed through the Concept of Cooperation between Parliament and Civil Society, approved by Parliament Decision in 2005. This concept includes a set of tools for co-operation with civil society, such as expert councils, consultations, ad hoc meetings, public hearings and annual conferences. The law provides for standing committees to create expert councils of civil society organisation (CSO) representatives as advisory bodies. Once law projects are published on the Parliament's website, CSOs have 15 days to express an opinion. The Parliament must communicate a reasoned decision on acceptance or non-acceptance of proposed modifications. Ad hoc meetings are organised by the President of the Parliament, the Standing Bureau of the Parliament, standing committees and parliamentary factions or CSOs. Their purpose is consultation on concrete issues on the Parliament's agenda and other issues of national interest. The President of the Parliament

also holds an annual conference with the participation of civil society representatives to discuss and debate strategy for further collaboration.

Figure 2.1. Committees involved in the elaboration of youth legislation



Source: Elaborated by the author based on data collected on the official website of the Parliament of the Republic of Moldova (accessed in 2018), <http://www.parlament.md/>.

Youth is represented in the legislative process through civil society. In 2011, with the help of the United Nations Development Programme (UNDP) Parliamentary Development programme, and in line with the Communication Strategy of the Parliament, an official list of stakeholders interested in the legislative process was published. Inclusion on the list of NGOs can be done directly on the Parliament’s official website. Youth organisations on the list include The Union of Young Roma of the Republic of Moldova *TĂRNĂ ROM*, The National Youth Council of Moldova (NYCM), and the association *Tinerii pentru dreptul la viață* from Balti (Parliament’s official website).

Donor organisations take an active part in developing and realising youth policies. Donor expertise largely contributed to setting up normative frameworks in the youth field. Two eloquent examples are the National Youth Development Strategy (NYDS) and National Action Plan, which was carried out with the technical support of the World Bank under its project „Capacity development for the implementation of youth policy in the Republic of Moldova” (Buruiana, 2011). The United Nations Children’s Fund (UNICEF) was instrumental in drafting legislation on youth in accordance with international standards and lobbied for its adoption into law. The Youth Socio-Economic Empowerment Project, carried out by the World Bank and UNICEF, contributed to increasing young people’s capacity to launch and develop their own businesses and improved their participation in public life. (Buruiana, 2011).

Despite youth involvement in the legislative process, implementation gaps remain.

The Parliament's Rules of Procedure provide for expert councils, but their requirement is unclear, and they appear rare. (ADEPT, 2013). Reports on decision making transparency note the Parliament's website does not include reports on the contribution of civil society or information regarding the expert councils. At the same time, reports on the civil society contribution are mandatory by law for parliament commissions. Standing parliamentary committees seem uninterested in this mechanism of co-operation with civil society.

Transparency in decision making processes increases the credibility of authorities.

Information provided by the Parliament concerning public contributions is incomplete. The Parliament's website includes only one 2010 report that attempts to analyse civil society contributions. Generally, the 2008 law "On transparency in the decision-making process" provides a framework for making transparent the legislative process and contains provisions for violations and sanctions; however, there is no evidence of the application of these provisions. At the same time, CSO reports on decision making transparency mention the law violation. The credibility of authorities is undermined if they do not react to public contributions, analyse the proposals received or communicate reasons for acceptance or non-acceptance of public input. (ADEPT, 2013).

The Rules of Procedure should be centralised and homogenised to promote uniform and predictable approaches.

The current Rules of Procedure only contain provisions that confer upon standing committees the power to establish certain rules. This approach is risky, because standing committees could avoid or delay the exercise of their competences. Even if committees establish certain procedures, these may differ across committees or projects. Unequal and selective practices may be instituted, which may discourage public participation in parliamentary decision making. The rules on public consultation by the Parliament must be simple and clear. The Rules of Procedure should contain procedures uniformly applied by all committees. The expert councils could improve the quality of the debated documents. Standing committees do not currently capitalise on public contributions in the reports they produce on public contributions. These reports, which should be mandatory, should provide decision making transparency.

2.1.2. Policy implementation

The Government implements youth policy. It can influence the legislative process by proposing initiatives to the Parliament, but its main responsibility is policy implementation. Implementation is done through a complex mechanism involving different actors, such as different ministries, donors, civil society and local public authorities. At the highest level, three institutions are important for the youth sector: the Economic Council of the Prime Minister, the National Council for Participation (NCP) and the State Chancellery. The Economic Council elaborates policies for the creation of an equitable, transparent and investment-friendly climate in the country. Even if youth is not a particular priority of the council, its agenda may contain subjects important for the sector. Created on the initiative of the Government, the NCP is an advisory body whose members are CSO representatives. Its purpose is the involvement of all stakeholders in designing, implementing and monitoring strategic planning documents. The NCP's Social, Education, Environment and Youth Policies working group addresses youth issues in particular. The State Chancellery ensures co-ordination in policy implementation in co-operation with the ministry responsible for the implementation of youth policies, donors and other ministries (Figure 2.2).

Before the reform of the government in 2017 several ministries were responsible for implementing youth policies (Box 2.1). The Ministry of Youth and Sports (MoYS) was the main actor, but it shared competences across various dimensions with other ministries. The Ministry of Economy (MoEc) was in charge of the implementation of the National Programme of Economic Empowerment of Young People. The Ministry of Health (MoH) provided national health care services for youth. The former Ministry of Labour, Social Protection and Family (MoLSPF) implemented youth social inclusion and social protection programmes. The National Employment Agency (ANOFM) provided information and training to ensure youth participation in the job market. The Ministry of Construction and Regional Development implemented the national Houses for Young People programme. The Ministry of Education (MoE) delivered education programmes and created adequate conditions for intellectual and physical development. The Ministry of Internal Affairs provided prevention programmes for at-risk children and youth and delivered programmes for social inclusion of delinquent youth. The Ministry of Culture supported the creation of centres for youth to acquire artistic skills.

Structural issues in cross-ministerial co-operation need to be examined. The Governmental Commission for Youth Policy ensures the co-ordination, development, implementation and monitoring of youth policy at central level. Despite youth policy having a lot in common with MoLSPF social policies, the MoLSPF was not represented in the cross-ministerial co-operation structure. Although the Prime Minister charring may elevate the commission's importance, it also reduces the frequency of meetings. According to the report monitoring implementation of the Government Decision "On the creation of the Governmental Commission for Youth Policy", the commission met once in 2011-15, although mandated to meet not less than once every six months. The report noted the weak commitment of members and the identification of generic objectives without concrete action plans. Poor inter-ministerial co-ordination and communication provoke fragmentation between commission members. Moreover, the State Chancellery assumes the commission's secretariat, but inactively, and commission leadership is not granted to the MoYS. The commission's structure limits its capacities and undermines the role of the MoYS eroding its ownership over the youth agenda.

The MoYS does not have territorial youth subdivisions but collaborates with local public authorities, subdivisions of other ministries and NGOs. Within local public authorities, rayon/municipal Directorates of Education and Sports manage youth issues. This structure includes youth and sport dimensions. Some municipalities, such as Autonomous Territorial Unit of Gagauzia, Bălți and Chişinău have separate youth sections, which develop and implement programmes addressing the interests and needs of young people, and support local youth associations. According to the 2009 Law on the approval of the National Youth Strategy for 2009-2013 the position of youth and sport specialist is foreseen for local mayoralities for the implementation of youth policies on local level. Lack of local MoYS agencies means the ministry implements policy through NGOs, especially when ministry responsibilities overlap (Dumitrasco, Mihalas 2013). For instance, the Ministry of Economy and the MoYS are responsible for promoting youth entrepreneurship. The Ministry of Economy supervises training programmes and provides information through its agency, the Organization for Small and Medium Enterprises Sector Development, while the MoYS funds youth NGOs promoting youth entrepreneurship. The ANOFM and MoYS provide information services on youth job vacancies. The ANOFM does so through professional guidance and counselling services, and the MoYS finances or co-finances youth organisations, which create information platforms, seminars and training (ANOFM, 2017).

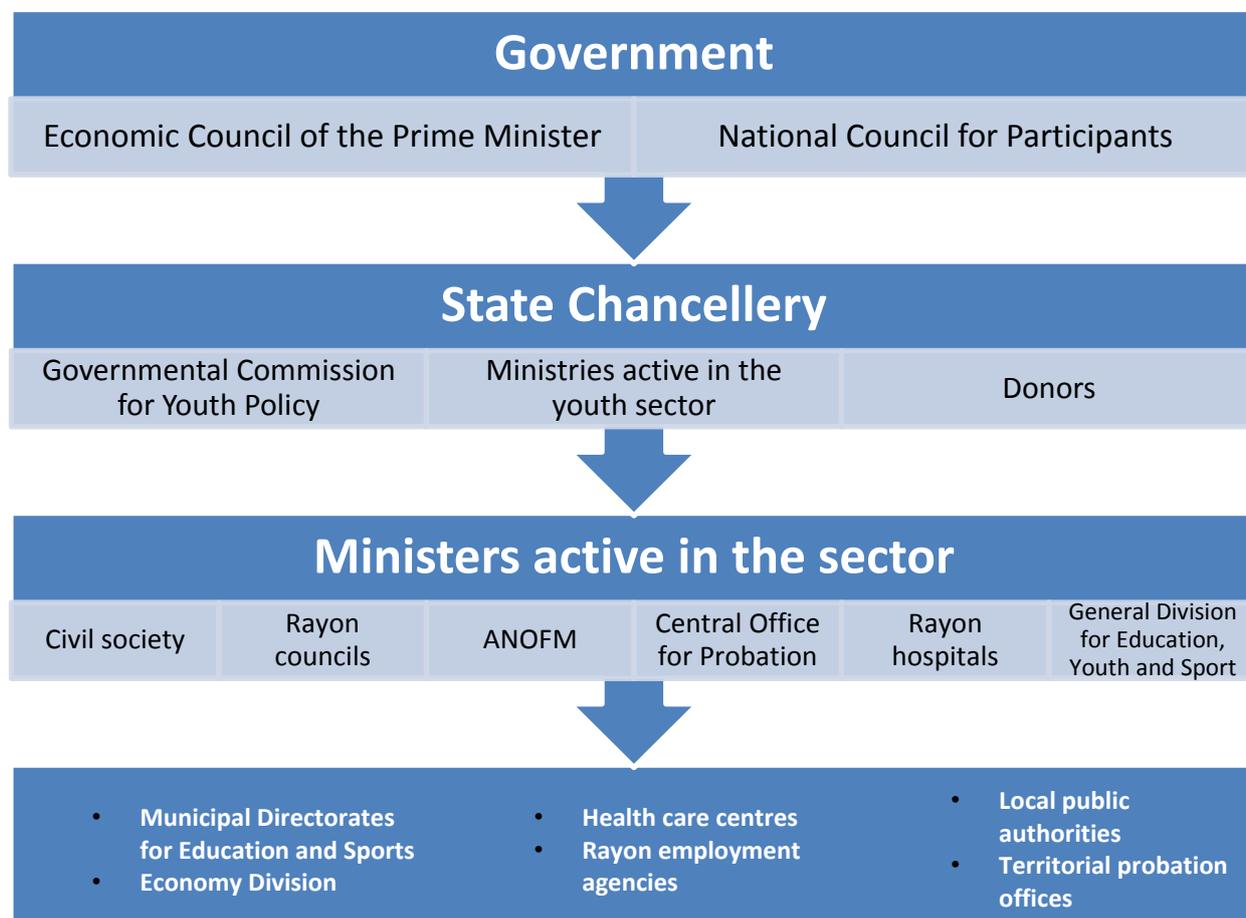
Youth policy implementation is fragmented, as the link between stakeholders at the national, regional and local levels is underdeveloped. While the MoYS is the main institution responsible for elaborating, implementing and monitoring youth policy, it does not have formal agencies at the local level. Instead, policy is implemented by municipal Directorates of Education and Sports, under the supervision of the MoE. Local youth organizations are not involved in decision making concerning education issues.

Given the decentralised system, the MoYS cannot directly influence local budget allocations for youth activities. In accordance with the law on decentralisation, competences in the youth field are delegated to local authorities. In many cases, youth activities are replaced with cultural or sport activities, and local public authorities spend funds allocated for youth policies on other needs. Moreover, local and national youth development strategies and standards of youth centre service delivery are not necessarily correlated. With territorial and administrative reform in 2017, the position of youth specialist was dissolved in several municipalities, making it difficult or impossible to implement youth policy fully at the local level. Based on the principle of local autonomy and the decentralisation process, the number of staff is at the discretion of local public authorities. The underfunding and understaffing situation may worsen as allocations for youth come from local budgets and are at the discretion of local public authorities. This also implies budget allocations for the youth sector and the number of youth specialists will be uneven across regions.

MoYS' limited financial resources result in overstretched manpower and reduced focus on policy making. The MoYS tries to compensate for local lack of financing. NGOs and local youth organizations apply to MoYS grants to support the institutional youth policy infrastructure at the local level. However, this may be counterproductive, as MoYS financing and administrative capacities may not be enough to replace the resources which should be allocated by local public authorities. Due to limited capacities, the MoYS may also be in the situation of having to reallocate funding and staff already engaged in operational activities of the ministry, reducing resources needed for its main task: policy making. The legislation should ensure the budgetary exercise responds to local youth organizations necessities.

Public institutions and donors have organised joint youth employment initiatives. For instance, the MoE, in partnership with the MoLSPF, MoYS and ANOFM, organised a job forum, with participation by over 32 vocational education institutions (ANOFM, 2017). Representatives of the sector committees, Chamber of Commerce and Industry and Territorial Employment Agencies held roundtables with the involvement of local and regional public authorities. The ANOFM also provides a Youth Jobs online platform to connect employers with jobseekers. These initiatives have received support from donor agencies, such as the European Union (EU) and the Swedish Public Employment Service.

Figure 2.2. Institutional framework for youth policy implementation in the Republic of Moldova



Source: Elaborated by the author based on data collected on the official websites of the Government of Republic of Moldova and mentioned above institutions (accessed in 2018), <http://www.gov.md/en>.

Box 2.1. Government reform in Moldova

The 2017 reform of the Government reduced the number of ministries from 16 to 9 via absorption (Table 2.1). The restructuring was meant to decrease expenditure on staff and logistics. It also modified resource allocations and ministry staff. Staff, patrimony and budgets of absorbed ministries were managed by absorbing ministries during the transition. The new ministries addressed revised allocation needs to the Ministry of Finance, which elaborated a new project of budgetary funds allocation.

Table 2.1. Restructuring of Moldova’s ministries, 2017

New ministries	Absorbed ministries	Degree of absorption
Ministry of Economy and Infrastructure	Ministry of Economy	Full absorption
	Ministry of Transport and Roads Infrastructure	Full absorption
	Ministry of Informational Technologies and Communications	Full absorption
	Ministry of Construction and Regional Development	Absorption of the constructions domain
Ministry of Health, Labour and Social Protection	Ministry of Labour, Social Protection and Family	Full absorption
	Ministry of Health	Full absorption
Ministry of Agriculture, Regional Development and Environment	Ministry of Construction and Regional Development	Full absorption excepting the constructions domain
	Ministry of Agriculture and Food Industry	Full absorption
	Ministry of Environment	Full absorption
Ministry of Education, Culture and Research	Ministry of Culture	Full absorption
	Ministry of Education	Full absorption
	Ministry of Youth and Sports	Full absorption
Ministry of Finance	-	Unchanged
Ministry of Foreign Affairs and European Integration	-	Unchanged
Ministry of Justice	-	Unchanged
Ministry of Defence	-	Unchanged
Ministry of Internal Affairs	-	Unchanged

Source: Government of the Republic of Moldova, Decision No. 594 of 26 July 2017 “On the restructuring of the administration specialised central public”.

Youth centres were introduced in response to the need for youth services at the local level. The first pilot centres were created in 2003. Two initial types of centres differed according to services: centres for resources, information and participation opportunities; and centres for youth health and prevention of risky behaviours (see section 2.3 for more information).

2.1.3. Policy evaluation

Currently, there are very few analyses of available data which allow the evaluation of youth policies’ adequacy with reference to strategic goals in the field. The impact of policies on targets is generally unknown, as co-ordination among ministries is weak,

despite common ministerial strategies, working groups, etc. Measuring the linkage between goals and policies requires improved evidence, recording and analysis of the data in the sector. The State Chancellery must revise the methodology of youth policy design in view of the fact that the youth sector is included in inter-sectoral programmes and strategies. Doing so would allow better correlation between youth policies and target groups, collection of relevant data and co-ordination.

The MoYS created a Reference Group to monitor implementation of the National Youth Development Strategy 2014-2020 (NYDS). It conducts periodic evaluations of the implementation, fostering advocacy and dialogue with the responsible partners. The group consists of central public institutions and civil society representatives. Two intermediate independent evaluations will occur within the implementation period to evaluate the objectives set for 2017 and 2018. The results will be contained in a final independent evaluation of the youth sector and the outcomes for each strategic priority and of the strategy overall. The evaluation methodology developed ensures an operational, annual and impact evaluation of the NYDS.

The Governmental Commission for Youth Policy, mentioned above, is an important institutional co-ordination mechanism with the goal of assessing policy impact. It consists of 20 members, with equal representation by central government bodies with responsibilities in the field and youth sector NGOs. It co-ordinates the development, implementation and monitoring of youth policies at central level and ensures inter-sectorial collaboration. Regional committees for youth policy are the co-management structures at the regional level. Currently, five such committees exist across the country. In addition, representatives of youth organisations across the country take part in the Governmental Commission for Youth Policy.

Some NGOs, such as the NYCM, conduct youth policy evaluation. The 2016 council's report on youth policy implementation refers to the NYDS. Authors stress insufficient youth participation in decision making. Authors also cite insufficient collaboration among ministries, financial institutions and agencies, such as the Organization for Small and Medium Enterprises Sector Development, in developing youth entrepreneurship. Additionally, limited financial resources represent an important impediment on how their activities are organised.

Despite data collection by Moldova's National Bureau of Statistics (NBS), civil society reports stress the lack of a national system of data collection on youth, standards certification and analysis. The NBS collects some data, but little disaggregated evidence is available to benchmark intervention and measure the results of the youth policies undertaken. Also, the MoYS lacks agencies for youth services accreditation and quality control and for research and analysis. The youth policy implementation framework needs an institution that provides national audit of youth organisations, and corrects the actions and clarifies the scope of the NYDS. An annual re-examination of the action plans for the implementation of the national youth strategies is necessary to account for ongoing processes and potentially redirect resources. A set of tools, such as questionnaires, is needed to determine youth satisfaction with services and to hone the focus on youth's particular needs.

2.2. Organisational analysis of the Ministry of Youth and Sports

The MoYS was created by Government Decision in 2009 and absorbed into the Ministry of Education, Culture and Research (MoECR) in 2017. Its mission was to

design and implement national policies in areas of youth and sports; set up the strategic orientation of development and continuous modernisation of the institutional system regarding youth and sports; create conditions for youth participation in political, economic, social and cultural life; and promote sports activities at nationwide and healthy lifestyles. The ministry was also tasked to build youth policy implementation and evaluation. This section assesses the MoYS activities and functioning to provide recommendations to the new MoECR.

2.2.1. Administrative capacity

After the creation of the MoYS, an action plan to develop its institutional capacities was devised. Strengthening institutional capacities has been a ministry priority since 2010, as outlined in the 2011 Work Plan of the MoYS. This document set six goals, two of which refer to strengthening human and institutional capacities in the youth sector. This objective would be achieved by hiring needed staff and organising training courses to develop staff skills in organisational management and developing and implementing normative acts. A list of plans of actions to strengthen the ministry's institutional capacities followed.

In 2011, the MoYS adopted the Strategic Development Program (SDP) for 2012-14, which identified constraints to the MoYS and set out several objectives to strengthen its institutional capacities. The SDP highlights existing problems and gaps in the policy-making capacities of ministry staff. The goal was to enhance the MoYS' capacity for developing public policies and strategic planning in the youth and sports sectors. Another objective was to strengthen the MoYS's activity by recruiting professional staff. The SDP contains an assessment of the ministry's capacities, comparing those existing with those that need to be developed to attain objectives in an efficient, effective and sustainable way. The main areas to improve were lack of experience developing public policy and lack of staff with expertise. A specific goal was set for the Youth Division (the ministerial body responsible for youth policy design and implementation) regarding more professional training to develop the staff's individual skills.

Regarding staffing levels, the SDP mentions the need for more human resources in the divisions to meet ministry needs. The ministry did not have enough staff to fulfil all its duties efficiently. Youth Division staffs were overloaded in carrying out their functions, which affects the development and implementation of youth policy. Moreover, all divisions face the problem of high staff turnover, which translates into an overall lack of experience in the institution. Highly skilled people are less inclined to work in the public sector. The SPD also cites the need to modernise information and communications technologies and technical equipment across the ministry.

Improving ministry staff's policy-making capacities was crucial. It would strongly affect the institution's abilities in terms of planning, reporting, internal co-ordination, monitoring, evaluation and internal communication. MoYS annual work plans should take into account problems highlighted by the SDP and institute measures to solve them. In fact, there was a high degree of congruence between ministry work plans and SDP targets. MoYS activity reports for 2012-14 identify all actions taken to achieve SDP goals, such as those to improve staff skills for designing and evaluating normative acts. The general objectives of all these action plans were to improve the legal framework in the youth and sports sectors, develop policy documents in these sectors and strengthen human capacities regarding youth activities.

The MoYS Action Plan for 2014 included several actions to strengthen partnerships with the youth structures of international organisations. The Council of Europe and the Republic of Moldova had an increased role in developing youth policies at the European level. Additionally, in the context of approaching EU standards, national youth policies were adjusted to some extent to European youth policies, enabling young people to access a range of EU mobility programmes, such as the Central European Exchange Program for University Studies, Erasmus+, Erasmus for All, Marie Skłodowska-Curie Actions, Youth in Action, etc.

The 2015 Evaluation Report of the SDP (ERSDP) outlined the main achievements and failures of the SDP. Regarding the first objective, to enhance the MoYS' capacity to develop youth and sports sector policies and its capacity for strategic planning, the ERSDP listed actions and achievements, but identified several gaps and challenges. Insufficient staff units within divisions and high staff turnover within the ministry hindered achievement of the objective of developing public policies in the youth and sports sectors. Only six civil servants worked at the Youth Division, including the politically appointed Deputy Minister of Youth and Sports. Five officials were thus responsible for the division's entire activity, including elaborating and implementing youth policies; monitoring MoYS grants programmes for youth; and elaborating, implementing and evaluating proposed policies and other activities. Youth Division officials were overworked, performing many activities with few staff. The evaluation Report of the SDP also mentioned a lack of coherence in policy making and strategy development in the youth and sports sectors.

High staff turnover undermines valuable continuity at the ministry, including in the Youth Division. According to ministry officials, the MoYS had 34 employees in 2016, despite a 2014 Government Decision specifying 42 central apparatus staff, excluding auxiliary and service staff, indicating six vacancies. Between 2010 and now, about 79 people have left the MoYS, and 89 were hired. Turnover being high, only a few people provide institutional memory, which negatively affects the Youth Division's ability to carry out its duties. Since the ministry's creation, the number who left the Youth Division was about two times the total staff (Table 2.2). The biggest change occurred in 2014, when three officials left. According to Youth Division representatives, approximate tenure is about 18 months.

Table 2.2. Number of MoYS Youth Division staffs who left and who were hired, 2010-15

	2010	2011	2012	2013	2014	2015	Total
Hired	1	2	1	2	2	3	11
Left	2	1	1	1	3	2	10

Source: MoYS (2016).

There were impediments in recruiting and selecting professional staff. The ERSDP listed civil service competitions organised and carried out by the MoYS, consisting in organised seminars, training, open debate and consultations attended by Youth Division staff. The ERSDP cited insufficient financial motivation as the main impediment to realising recruitment objectives; low wages made it difficult to ensure the full complement of appropriate professional civil servants. The young average age of personnel speaks to the low level of experience among staff. In 2016, the average age of Youth Division staff was 28. This implies the advantages of dynamism and openness. At the same time, it seems to be a weakness, implying a lack of institutional loyalty and

experience for work as a civil servant. Another noted challenge was the (ongoing) problem of vacant key civil service positions. These play an important role in implementing state policy in youth and sports. The ERSDP emphasised the problem of high turnover in public administration. The consequence is lack of stability and continuity in all processes in the youth sector. In addition to the professional training, experience and skills required to carry out activities, their achievement demands stability among staff in charge.

The National Development Strategy of the Youth Sector 2020 (NDSYS) creates two new institutions to certifying youth volunteering and control the quality of youth services. The National Development Strategy of the Youth Sector 2020 (NDSYS) and its implementation Action Plan were adopted in 2014. The document sets similar objectives to the SDP regarding strengthening the MoYS's institutional capacities and improving the legal framework in the youth sector. However, it included a new vision for the ministry's institutional development: the creation of two institutions that will contribute to the implementation of MoYS policies. According to the Action Plan, the NDSYS should create a commission on certification of institutions which organize volunteering activities and an institution for accreditation and quality control of youth services. The commission began activity in December 2014, after approval of the regulation on the organization and functioning of the certification commission. The Government Decision On the implementation of the Law on Volunteering enforced this move by establishing a commission for awarding status to institutions which organize volunteering activities for non-profit public and private legal entities. Both new institutions are subordinated to the MoYS.

Importantly, the NDSYS identified four major risks to implementation of the Action Plan. First, the youth sector is underappreciated and misunderstood by the influential actors outside the sector. Second, government's capacities for co-ordination and monitoring of implementation are reduced. Third, local and central public administration bodies have low implementation capacities. Fourth, financial resources are insufficient. All four risks reiterate historic problems, evoke the difficult conditions that have characterised MoYS activity since its creation, and are confirmed as threats and weaknesses in interviews with ministry insiders and youth experts.

Since the establishment of the MoYS, its activity has been analysed and monitored by internal and external experts. These reports assess the MoYS' role in policy making by identifying what was achieved, partially achieved or not achieved in terms of expected results in the implementation of NYDS 2009-13 activities (Dumitrasco and Mihalas, 2013). Activity reports also mention organisational capabilities, and several mention improving the legal framework for youth support. Some external reports also assess progress of MoYS as an institution (Motamed-Afshari, Fras and Webber, 2014).

Reports assessing MoYS activity point out the ministry's inability to influence policy implementation proactively. The MoYS was responsible for youth policymaking but did not have subordinated institutions at the local level where the youth policy is implemented by the Directorates of Education and Sports in the municipalities, which are under the supervision of the Ministry of Education (Institute for Policy Research and Analysis 2012, p.30). Transferring implementation responsibilities to municipal Directorates of Education and Sports may be risky, as these institutions may not have the necessary expertise in the field. Conflicts of interests may also arise, as other ministries involved in youth policies have different scopes. As a result of the transfer of responsibility, the

MoYS could not actively influence policy implementation at the local level (Dumitrasco and Mihalas, 2013).

Structural reform would improve the MoYS' functionality at the local level. A staff training centre and adoption of youth work curriculum are important steps to improve youth network functionality. Developing youth resource centres should be strengthened to ensure policy application at the regional level (Buruiana, 2011). The MoYS also manages youth grants programmes; yet the lack of mechanism to monitor and evaluate beneficiaries and service quality undermine the credibility of funds management (Mihalas, 2012). An agency to manage grants provision is imperative.

Experts note the lack of government and local authority interest in technical assistance and funding for the MoYS. The MoYS was among institutions that least benefited from the technical assistance of external partners in 2009-13 (Dumitrasco and Mihalas, 2013). Experts also often mention insufficient funding; the MoYS budget is not sufficient for all planned actions (Vanhee et al., 2010; Buruina, 2011), and youth activities in most rayons are not a priority for local authorities (Ciurea and Sevenco, 2015).

2.2.2. Financial situation

MoYS staff had low salaries and no expectation of their improvement. According to ministry data, the starting monthly was about MDL 3 400 (Moldovan leu), not to exceed MDL 5 500 (or about USD 180-290) (MoYS, 2016). The 2015 economic and financial crisis led to the devaluation of the national currency, reducing the income of civil servants. MoYS insiders reported that low salaries led civil servants to not being motivated to carry out a career at the ministry. After a short period at the MoYS, they tended to leave for the private sector, where salaries are higher.

The MoYS had a three-fold budget increase between 2010 and 2015, but the allocation for youth is still insufficient. Despite youth policy being part of inter-sectoral state activity, the funds allocated to the MoYS are generally insufficient to have a major impact on implementing youth policies. The lion's share is allocated to the Division of Sports. In 2015, the executed budget for youth was about MDL 5 million (about USD 0.26 million) (Table 2.3), or only about 5% of the total MoYS budget and less than expenditure for MoYS's apparatus.

Table 2.3. MoYS budget allocation and expenditure, 2010-15

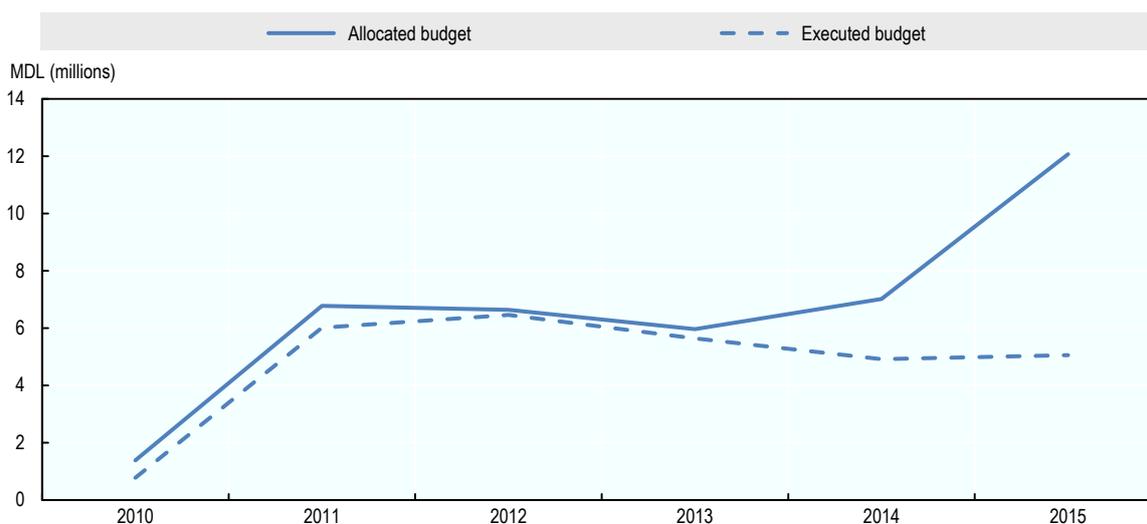
	MDL (thousands)											
	2010		2011		2012		2013		2014		2015	
	Rectified	Executed	Rectified	Executed	Rectified	Executed	Rectified	Executed	Rectified	Executed	Rectified	Executed
MoYS total budget	44 317	33 806	71 142	69 625	73 237	72 866	89 220	87 504	94 426	87 936	118 245	98 397
Sport	40 640	31 586	61 933	61 183	63 417	63 263	78 596	77 206	81 529	77 307	99 706	86 982
Youth	1 384	776	6 775	6 011	6 638	6 461	5 965	5 642	7 015	4 916	12 069	5 054
Grants programmes	0	0	627	622	3 800	3 722	3 272	3 252	3 500	3 460	4 000	1 956
Apparatus	2 293	1 445	2 434	2 431	3 182	3 169	4 659	4 660	5 882	5 714	6 469	6 361

Notes: Rectified means as corrected after the budget approval process. Executed represents estimated expenditure.

Source: MoYS (2016).

The Youth Division's budget execution to allocation ratio improved over 2010-15, with the exception of the final two years. In the first years following its creation, the Youth Division budget increased sharply. In 2010-13, the amount executed slowly approached the amount allocated (Figure 2.3). Economic instability in 2014 and the financial shock in 2015 led to contractions in allocations; public authorities cut budgets during the fiscal year and due to lacking of financial resources many investments or acquisitions could not be made.

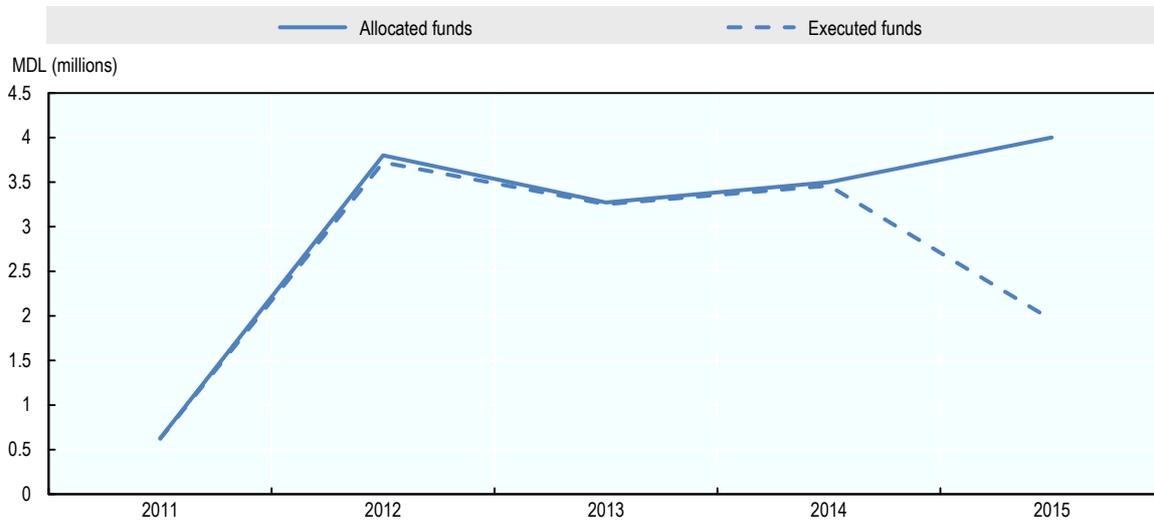
Figure 2.3. Youth Division budget allocation and execution, 2010-15



Source: MoYS (2016).

Funding through grants programmes is efficient in terms of absorption. With the exception of the 2015 financial shock that shackled the economy, grant programme funds were almost entirely absorbed (Figure 2.4). These grants are allocated to NGOs, which apply according to the NYDS as complements to the MoYS, which lacks a local level institutional framework. High absorption indicates both the need for institutional and financial support for young people at the local level and the efficiency of grants as a means. However, as stressed previously, the MoYS lacks capacity to analyse and assess efficiency in terms of service quality or targeting for funds granted. Thus, a youth services accreditation and quality assurance agency is a priority for ensuring the interests of youth. This institution will discharge the MoYS' current responsibility for the implementation of the grants programme.

Figure 2.4. Grants provision is an efficient financial mechanism in terms of funds absorption
Grant funds allocation and execution, 2011-15



Source: MoYS (2016).

Political instability in 2014-15 undermined the credibility of local institutions and halted external funding. Finances and economics are strongly tied to political stability. Grant provision contracted suddenly in the 2015 budget exercise as external partners reacted to the political instability that followed the 2015 financial shock. The result was stagnation in achieving youth policy objectives. The MoYS was most affected in terms of financing budgeted activities in 2015 and 2016. In 2017, the ministry was absorbed by the MoECR.

2.3. Providing services to youth

The provision of high-quality youth services is a top priority in the NDSYS. The NDSYS covers youth services and youth work by service providers. In particular, its second priority directly addresses youth services and underlines their importance in promoting the knowledge, skills, habits, attitudes and healthy lifestyles that facilitate transition into adulthood. The fourth priority aims to consolidate the youth sector by developing infrastructure and supporting mechanisms to ensure the quality of youth services. A key factor in quality, youth workers play a prominent role in this priority. This chapter's subsection offers information to Moldovan policy makers pertinent to the envisioned certification of youth workers towards ensuring the quality and efficiency of services provided.

2.3.1. Youth centres

Moldova has approximately 130 public institutions, associations and foundations providing youth-friendly services (MOYS/Dacia, 2015). Debate on functionality, methodology, efficiency and financial support for youth-friendly services has led to consolidation in the sector. Some 50 public and private youth-friendly service providers are organised under the Network of Youth-Friendly Services Providers of Moldova. Created with the support of the former MoYS, this network advises and supports local youth centres and commits to involving youth in the planning, delivery, monitoring and evaluation of services.

Youth centres are one form of service provider. The 2016 Law on Youth defines youth centres as non-commercial organisations offering services targeting youth. These services include informing, guiding, counselling, educating, empowering and organising leisure activities for young people, with the objective of preparing them for social and professional transition into adulthood. Youth centres were introduced in response to the need for services at the local level, with the first pilot centres created in 2003. Two initial types of centres differed according to services: i) centres for resources, information and participation opportunities (e.g. resource and information centres, youth centres and the Republican Centre for Children and Youth [ARTICO]); and ii) centres for youth health and prevention of risky behaviours (e.g. Youth Friendly Health Centres [YFHCs], youth reintegration centres and multifunctional community centres). In 2017, Moldova had 25 publicly financed youth centres.

The National Youth Resources Centre (NYRC) facilitates and promotes youth participation in community life. It was launched in 2003 to provide logistical support and staff training for regional and local youth resource centres, youth initiative groups, youth NGOs and youth professionals. The NYRC's goals include raising public awareness about youth issues, advocating for the adoption of youth legislation implementation mechanisms, and inspiring young people to enhance community life. The NYRC uses its regional youth resource centres for creating and sustaining youth networks. It created an online platform that hosts various youth NGO websites and contains an electronic database of youth-related legislation, job opportunities, trainers, volunteer teams, contact data of potential funding institutions, and an e-library. The library includes more than 1 500 titles on youth policies, guidelines for training and activities with children and youth, leisure activities, children's rights, communication, counselling and vocational decision making. The NYRC is also a resource for other youth-friendly community centres in the regions. Specifically, it designs curricula for training courses in several areas. The NYRC also provides consultancy and logistical support for youth-friendly service providers, including in project management, training course preparation and database completion.

Youth centres lacked opportunities to secure external resources. Most youth centres were founded by NGOs. Some were then institutionalised under government control – an important move, as the centres had not found stable funding and are now subsidised by the Government. Some centres are still managed by NGOs, with additional support from public administration authorities.

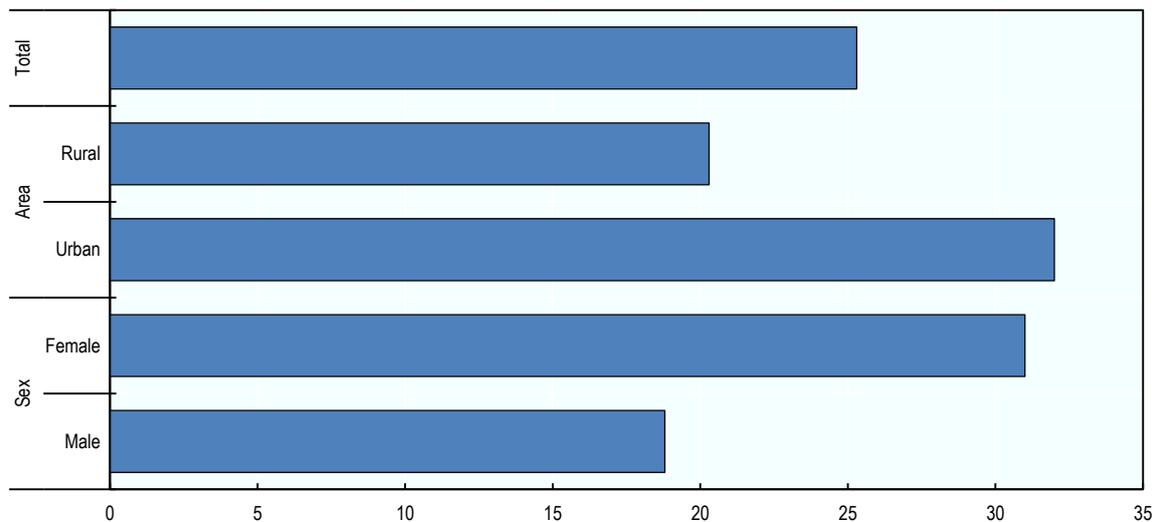
ARTICO was created to support youth centres in the delivery of non-formal education. It is a component of the education system, contributing to the development and implementation of state policy on children and youth education. ARTICO's mission is to achieve and promote non-formal education by providing development platforms for children, young people, teachers, managers, institutions and other resource people. ARTICO offers children and youth opportunities to develop, learn, train, consult, get support, and network through social, cultural and sport activities and technical projects. ARTICO offers a large number of services for children and youth but fewer for youth workers. ARTICO ensures national-level co-ordination of other centres or similar institutions running extracurricular services for children and youth, providing information, co-ordinating their activities and helping improve their intervention methods. ARTICO's activities are largely concentrated in the Chişinău municipality.

Youth reintegration centres were created with the help of external partners. Within the framework of a 2004-11 UNDP project, implemented through NGOs and with the

support of local public authorities, youth reintegration centres were created in six rayons across the country where the youth population was above the average per rayon. Four in the central region have been institutionalised and are managed and financed by local public authorities. Two in the northern region are managed by NGOs, with partial support from authorities. These centres provide social, psychological and psycho-pedagogical services, and support in obtaining legal assistance. They help teach life skills and support young people's social and professional integration. Specifically, the centres provide social protection services to at-risk youth, which is absolutely necessary in their transition to independence.

Despite the array of services youth centres offer, only 25.3% of youth were aware of their existence in 2016. Young women were more informed than young men (31.0% vs. 18.8%), and awareness was higher among urban youth than rural youth (32.0% vs. 20.3%) (Figure 2.5). Greater awareness directly correlated with more education and higher socio-economic status. Students and adolescents aged 14-18 were more aware than non-students and young adults aged 25-29 (OECD/MOYS/CBS-AXA, 2016).

Figure 2.5. Percentage of youth knowing youth centres, by area of residence and gender, 2016
(in percent)



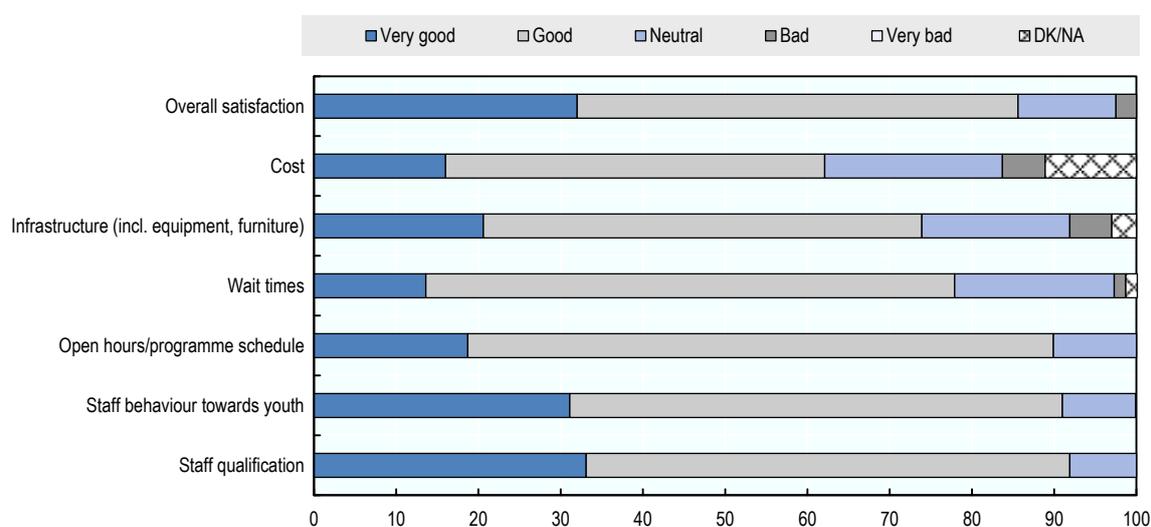
Source: Own calculations based on OECD/MOYS/CBS-AXA (2016), *Young Moldova: Problems, Values and Aspirations*.

Few take advantage of the youth centre services. Even among those aware of such centres, only 16.3% took advantage (OECD/MOYS/CBS-AXA, 2016). The share of urban youth using the services was twice that of rural youth (20.8% vs. 11.1%), reflecting the urban locality of most centres. Youth aware of but not using the centres reported not needing the services (69.6%), not having the time (19.3%) and the centres not providing the services needed (8.8%) (OECD/MOYS/CBS-AXA, 2016). Concerning services used, 50.0% of young people benefited from volunteering, about 30.0% from youth information and documentation services, 30.0% from life skills training, almost 20.0% from recreation, and almost 20.0% from professional orientation and career guidance, training and integration. Respondents benefited least from services targeting vulnerable groups, such as socio-economic reintegration of young people in risky situations, and community

activities for teenagers and young people without parental supervision (OECD/MOYS/CBS-AXA, 2016).

Most users were satisfied with youth centre services. While few take advantage, most were satisfied (53.6%) or very satisfied (32.0%) with the services (Figure 2.6). Respondents who had benefited assessed the quality of certain aspects from very good to very bad. The highest favourable assessments were for staff qualification and staff behaviour towards youth clients. Over 90.0% of respondents assessed these as very good or good, with about 33.3% rating them very good. Equipment/furniture and cost of services received the poorest ratings.

Figure 2.6. User rating of youth centres and services, 2016



Note: DK/NA = do not know/no answer.

Source: Own calculations based on OECD/MOYS/CBS-AXA (2016), *Young Moldova: Problems, Values and Aspirations*.

2.3.2. Youth workers

Recognition and professionalisation of youth workers and youth services have been on the government agenda since the democratic transition. The 1991 Law on Youth defined which institutions can work with young people and required that staff have a university degree or minimum training in pedagogy, medicine, social assistance, law, psychology or sociology. The National Employment Action Plan for the years 2003-2005 started consolidating the professional development, objectives and qualitative requirements of youth workers but did not lead to a clear definition. The 2016 Law on Youth broadly defined youth workers as people conducting social, civic, cultural or educational activities with and for young people. Youth leaders, volunteers and members of youth organisations performing various activities are typically considered youth workers. In 2015, close to 1 000 youth workers provided youth-friendly services in public institutions, associations and foundations (Dacia, 2015). Yet, Moldova lacks a clear and harmonised concept of youth work and youth workers. The NDSYS and the 2016 Law on Youth initiated a debate on whether youth workers should have their own classification of occupation.

Moldova's path towards the legal recognition of youth work is in line with other European countries' efforts. The Council of Europe's Second Youth Work Convention in 2015 provided a path for European countries to i) develop a legal framework to protect and develop youth work; ii) establish the necessary set of competences and qualifications for youth workers; iii) identify ways to recognise their qualifications; and iv) identify, in collaboration with the education sector, appropriate ways for the professionalisation of youth work. To meet these objectives, countries chose to define and regulate youth work through a specific legal framework (Estonia, Georgia, Ireland, Romania, United Kingdom) or through their legislation in the fields of labour, education and/or health (Greece, Italy, Spain).

The 2016 Law on Youth distinguished between youth workers and specialists in youth work, according to training and experience. Specialists must have attended specialised training and conducted a professional activity in relation to youth within an institutionalised youth service. The United Kingdom followed a similar path, developing occupational standards that distinguish between youth support workers and professional youth workers.

To comply with the law, Moldova needs to develop youth worker classifications, standards, qualifications and functions. An analysis of the terms of reference for youth workers, and interviews with authorities, youth and other stakeholders, identified eight primary youth worker functions: i) counsel young people; ii) plan youth activities; iii) facilitate youth training; iv) co-ordinate youth teams or youth workers; v) solve personal conflicts among youth and with adults; vi) promote youth civic participation; vii) raise funds for youth activities; and viii) monitor and evaluate youth activities.

The profession of youth worker is currently ill-defined in Moldova. The approximately 100 specialists active in youth centres often perform different tasks and differ greatly in qualification. Table 2.4 presents a proposal of the typical specialist tasks and required knowledge, skills and qualifications. This proposal is based on analysis of terms of references of Moldovan specialists in youth work, interviews with key stakeholders and a review of relevant literature.

Qualification for youth work needs to be defined. The Government is seeking to ensure the quality of youth work through adequate qualification of youth workers, especially specialists. The right tools and methodologies are crucial when working with and for youth and assisting their transition into adulthood; they are an important determinant of quality of youth work. Central public authorities must define required competences and debate the need for specialised degrees or accepting a range of degrees with further training. At present youth workers and specialists do not receive continuous training and their professional skills and expertise are not homogenous (Dumitrasco and Mihalas, 2014).

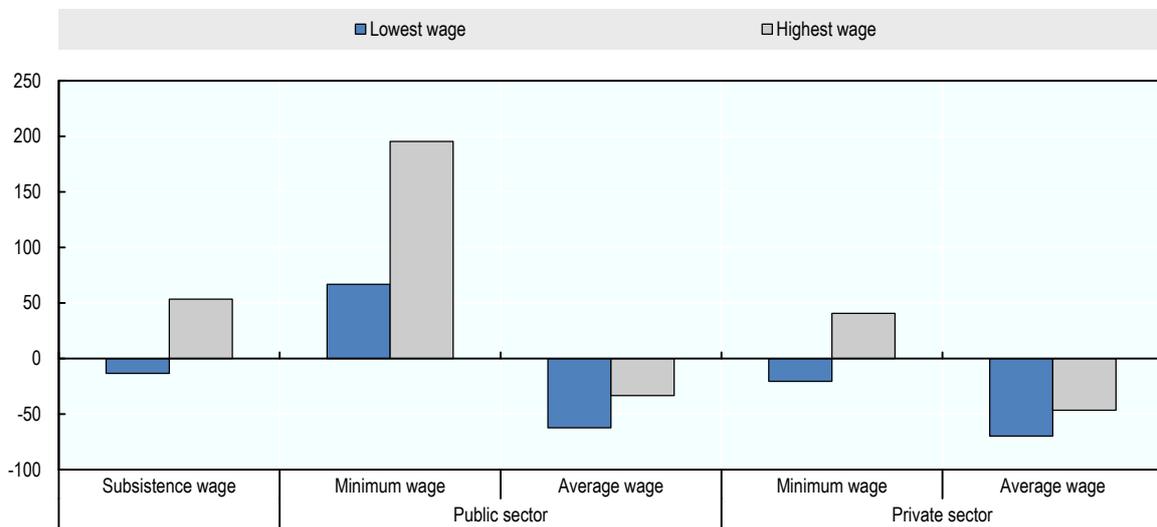
Table 2.4. Tasks and occupational requirements of youth work specialists in Moldova

Tasks	Knowledge	Requirements	
		Skills	Qualifications
<ul style="list-style-type: none"> - Empower and motivate youth to plan their activities - Support effective and ethical youth-led activities - Facilitate youth's personal, social and educational development - Inform youth on offers and opportunities - Prepare informational material for youth - Endow youth with skills to articulate their views and participate in society - Organise cultural, educational and leisure activities, in partnership with young people - Negotiate service provider contracts - Counsel and assist youth in communities - Collect data and information on youth - Contribute to institution/authority development and strategy - Partner and collaborate with youth service providers - Prevent social exclusion of youth - Inform and advise public authorities, specialists, NGOs, volunteers and other youth service providers - Draft activities budgets 	<ul style="list-style-type: none"> - Relevant legislation - Procedures of public authorities - Computer skills - Services provided by youth institutions and organisations - Youth needs and interests 	<ul style="list-style-type: none"> - State language - Advanced Russian - Team work - Organisation and management - Communication - Proposal writing and fundraising - Creativity and flexibility - Diplomacy - Responsibility - Objectivity - Principles and ethics 	<ul style="list-style-type: none"> - Pertinent tertiary education or specialised secondary education

Source: Own elaboration based on terms of reference of current specialists in youth work in different regions of Moldova.

Low wages decrease the attractiveness of the youth worker profession. Many interviewees considered youth work a temporary job, primarily because of the low wages. They considered it an easy entry into the labour market after graduation, which supplied experience relevant to other public or private sector positions. In 2016, public youth centre youth worker salaries ranged from MDL 1 668-2 955 (Moldovan leu; approximately USD 83-147) (Dirzu, 2016). This wide range is mostly explained by the lack of a national salary framework for youth workers, unlike other professions. Many municipalities thus place youth workers in one of the lowest salary groups. The lowest wage paid is below the subsistence level for the working population (Figure 2.7). All public youth workers earn above minimum wage for the public sector but considerably below the average (up to 62% below). Low wages are even more evident compared to the private sector; all youth workers earn below the average, and some earn less than the minimum.

Figure 2.7. Youth worker wages, compared to minimum and average wages, 2016
(in percent)



Source: Own elaboration based on terms of reference of current youth workers in public youth centres in Moldova.

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3. Gender social norms and health disparities among Moldovan youth

Health challenges are critical to young people’s well-being. Ensuring young people live in healthy conditions and reducing their risky behaviours might affect other dimensions of well-being, such as social inclusion, education, integration into the labour market, trust in institutions and youth empowerment.

Addressing lifestyle or habit-related health challenges is critical to the improvement of youth well-being. Adolescence, typically a time of curiosity and risk taking in terms of sexual activity and substance use, opens youth to an array of risks. Ensuring young people live in conditions that lower their propensity for risk taking is important, not only to limit direct negative health consequences but to advance youth welfare with respect to social inclusion, education, labour market outcomes and overall empowerment.

These issues are more prominent in low- and middle-income countries, compared to high-income countries, and substantially different disease patterns exist. The most important risk factors in high- and middle-income countries are associated with chronic diseases, such as heart disease and cancer (WHO, 2009). In high-income countries, alcohol, tobacco, overweight and blood pressure are also leading causes of healthy life years lost. In middle-income countries, risks for chronic diseases cause the largest share of deaths, although certain risks, such as unsafe sex and unsafe water and sanitation, account for a larger share of the burden of disease than in high-income countries. In low-income countries, relatively few risks cause a large percentage of the high number of deaths and loss of healthy years. These risks generally act by increasing the incidence or severity of infectious diseases. The leading risk factors for low-income countries are underweight, micronutrient deficiencies and suboptimal breastfeeding.

Youth health trends vary by gender. Puberty-related biological differences (e.g. gender-specific sexual and reproductive health [SRH] issues and behaviours) may partly explain the disparity in risk-taking behaviours. Social norms and gender stereotypes also seem to affect lifestyles, habits and views. During adolescence, young people seek to develop their identities, and gender is a fundamental and socially constructed aspect of self. Adolescents express their gender identity with and through their bodies, which directly affects their health. Excessive alcohol consumption among boys and for instance dieting behaviours among girls may proceed from gendered social expectations.

This chapter presents health differences and inequalities between Moldovan boys and girls. It analyses the drivers of gender disparities in adolescent health outcomes and behaviours, focusing on gender socialisation and social norms.

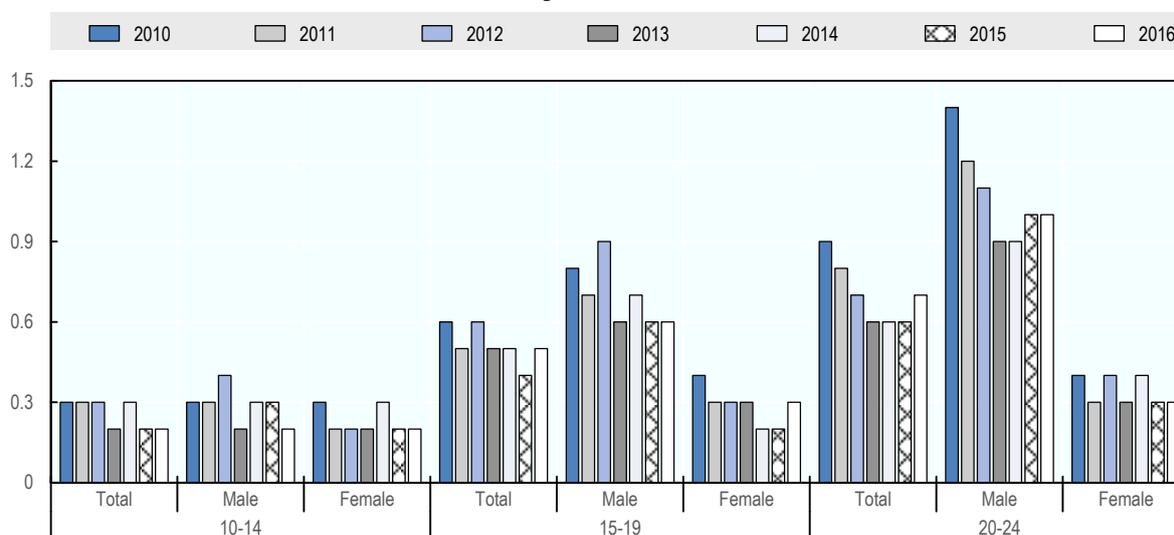
3.1. Gender health disparities among Moldovan youth

This section presents the health situation and challenges of Moldovan youth of both sexes. Differences in gender behaviours, define health issues specific to boys and girls.

3.1.1. Mortality

The youth mortality rate decreased between 2010 and 2016 across age groups, but the gender gap remained notable (National Bureau of Statistics, 2018). The decline was most apparent among youth aged 20-24 (over 20% decrease), but marginal declines were observed among youth aged 10-14 and 15-19 (Figure 3.1). Disaggregating by gender reveals the same overall trend; the decline among males aged 20-24 was particularly remarkable. Although absolute mortality rates were roughly the same for males and females aged 10-14, the male rate remained markedly higher among youth aged 15-19 and 20-24. Additionally, age and mortality exhibited stronger positive correlation for males.

Figure 3.1. Mortality, by age group and gender, 2010-16
(per 1 000)



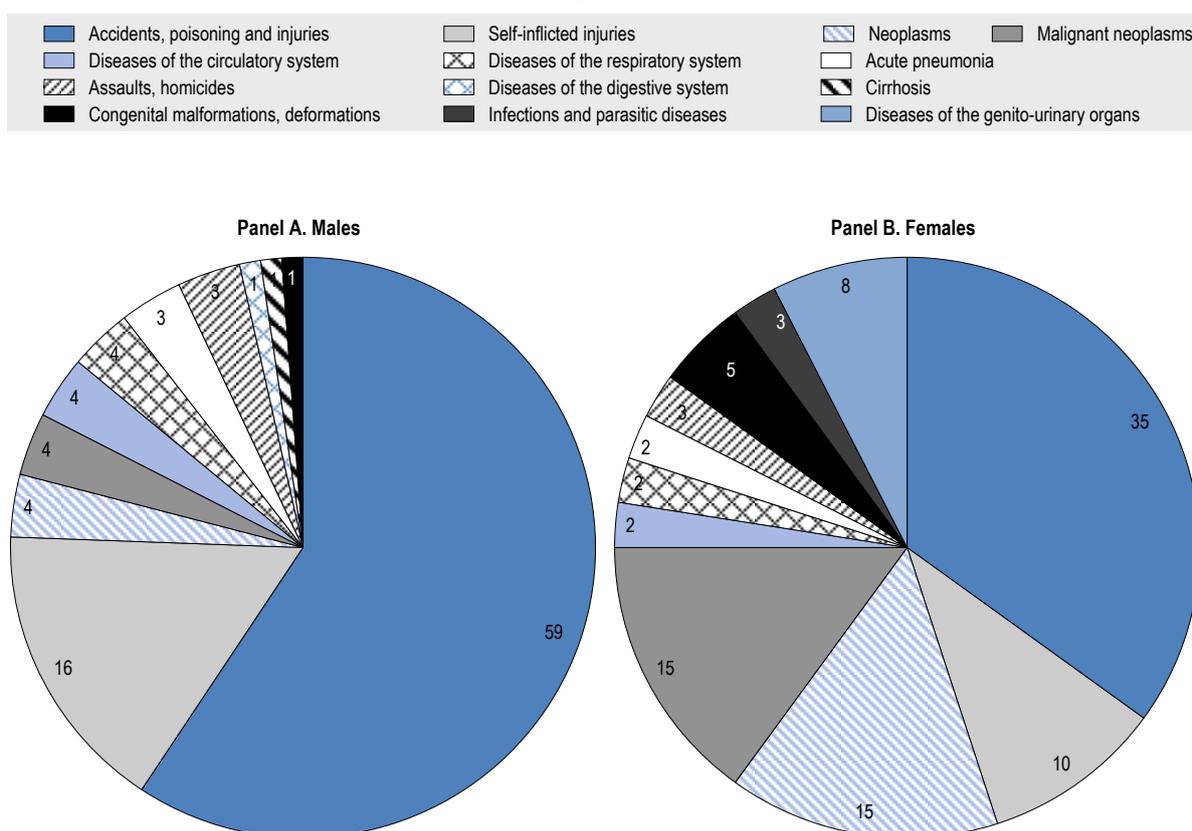
Source: NBS (2016), Deaths by sex, age groups and area, 1980-2016.

Life expectancy is lower and the gender gap is significantly higher in Moldova than in most European Union countries.¹ Average life expectancy is about 72.17 years, based on 2016 data (NBS/OECD, 2015), higher than Moldova's 2006 average of 68.40 years but less than the average among European Organisation for Economic Co-operation and Development (OECD) economies 80.04 years (NBS/OECD, 2015). The gender gap in average life expectancy in Moldova is 8.30 years (76.15 years for women vs. 68.14 for men, on average, according to most recent estimates) (NBS/OECD, 2015). The gap increased by 0.50 years over the last ten years and remains significantly higher than the European OECD average of 5.84 years.

Significant gender and area of residence disparity in average life expectancy is more common in Moldova comparing to EU countries. Evidence suggests male in Moldova are victims of accidents and traumas 3.56 times more frequently than female (NBS, 2016) while in EU countries it is 1.41 (Eurostat, 2015). Another explanation is the high incidence of premature deaths caused by unhealthy lifestyles and risky behaviours among males, as well as their inaccurate perception of their health status. There is also significant variation in life expectancy by area of residence. Females and males in urban areas live 4.66 years longer than those in rural areas (NBS, 2016), where incidence of poverty is higher and health care is less accessible.

Avoidable causes account for the majority of adolescent mortality in Moldova, affecting young men more than women (59% vs. 35% in 2016) (Figure 3.2). Accidents, trauma, intoxication and suicide are the main avoidable causes for both genders. Nearly two-thirds of boys' deaths are due to these causes, compared to less than half for girls. This suggests a stronger tendency for risk taking among young men.

Figure 3.2. Causes of death among youth aged 15-19, by gender, 2016
(in percent)



Source: NBS (2018), "Statistics by themes – Health protection".

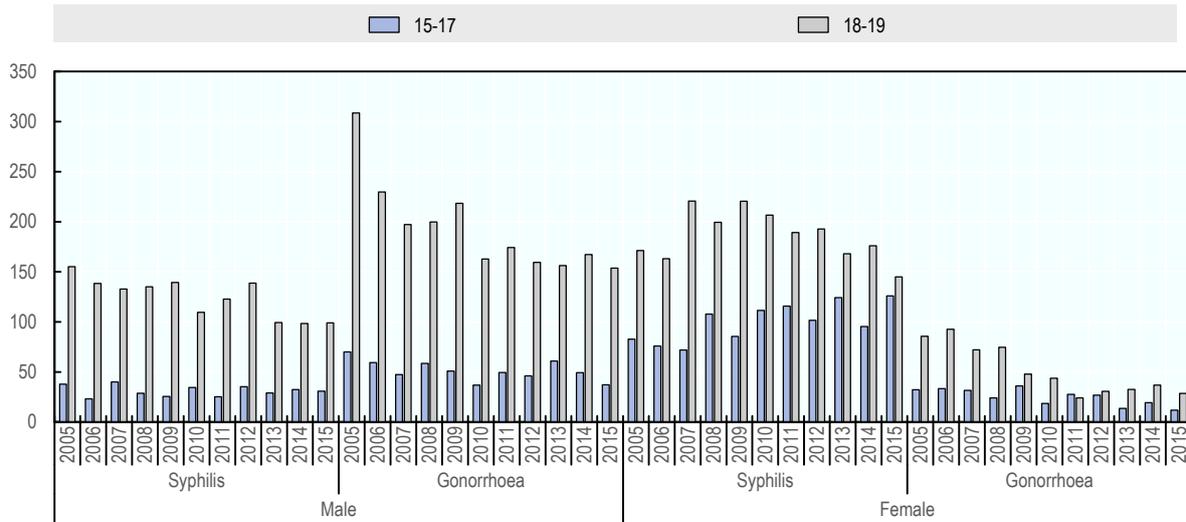
3.1.2. Gender-specific health issues: Sexual and reproductive health and obesity

With some exceptions, the incidence of syphilis and gonorrhoea among youth declined between 2005 and 2015, yet age-related disparities remain. Cases of syphilis and gonorrhoea have decreased among youth aged 15-17 and 18-19 since 2005 (NBS, 2005). However, syphilis among those aged 15-17 increased, explained by a gender gap (discussed below). Despite the general trend, 2015 data showed an important age discrepancy: 121.5 syphilis and 92.5 gonorrhoea cases per 100 000 youth aged 18-19 vs. 77.2 and 24.9 per 100 000 youth aged 15-17. The higher incidence among older youth may be correlated with increased sexual activity and suggests the necessity of sexual education for this segment.

The incidences of syphilis and gonorrhoea also exhibit important gender disparities. There are more new gonorrhoea cases detected among adolescent males and more new syphilis cases detected among females. This can be explained by different diagnostic patterns. Males are more likely to seek care for symptoms of sexually transmitted

infections (STIs), while most female cases are detected during prophylactic examinations or other testing, such as medicals for study or work. Both diseases decreased among females and males aged 18-19 between 2005 and 2015, with a sharper decrease among females (Figure 3.3). However, the incidence of syphilis among females aged 15-17 increased, perhaps due to insufficient sexual education and discriminatory stereotypes that stigmatise young female sexual activity. The qualitative study confirmed such stereotypes, putting pressure on young women to avoid examination (discussed below).

Figure 3.3. Syphilis and gonorrhoea incidence, by age group and gender, 2005-15
(per 100 000)



Source: NBS (2016), Population morbidity with sexually transmitted diseases by sex and age groups, 2000-16.

The incidence of HIV/AIDS among Moldovan youth has declined since 2012, but a marked gender gap persists. HIV/AIDS cases per 100 000 youth aged 15-24 decreased between 2012 and 2015, from 21.3 to 19.9 for females and 11.6 to 10.2 for males (Table 3.1). An important gender gap remains; new cases among females are almost twice those among males. This may be explained by better testing coverage of young women, especially during pregnancy.

Table 3.1. HIV/AIDS incidence among youth aged 15 24, by gender, 2008 15
(per 100 000)

	2008	2009	2010	2011	2012	2013	2014	2015
Male	7.6	11.9	8.2	7.9	11.6	11.6	9.2	10.2
Female	16.0	20.9	21.2	19.0	21.3	18.2	20.8	19.9

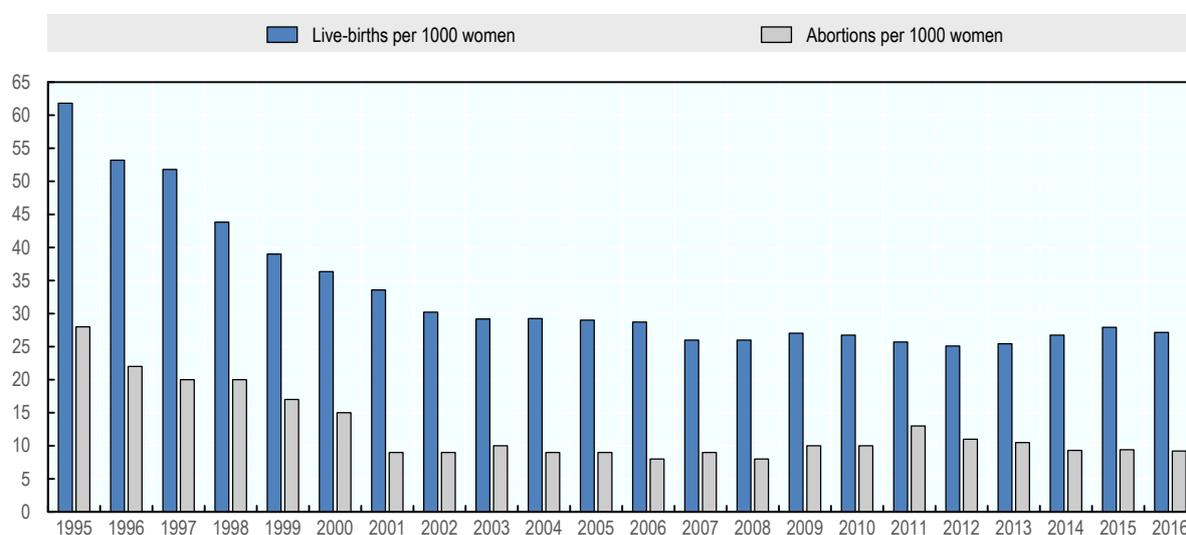
Source: NBS (2016), Revised indicators for Millenium Development Goals, 2000-15.

The adolescent pregnancy rate has steadied since 2002. Live births among girls aged 15-19 decreased sharply between 1995 and 2002, from 61.1 to 30.21 per 1 000, and steadied at 25-30 until 2016 (Figure 3.4). These trends follow the overall fertility rate in Moldova, which decreased sharply from 1.9 births per woman in 1995 to 1.3 in 2002 and remained steady until 2016 at 1.2-1.3. The coincidence suggests the decrease in the

adolescent fertility rate is caused by overall socio-economic factors rather than increased sexual education.

According to official statistics, the majority of adolescent births occur outside marriage (NBS, 2016), placing those young mothers in a more vulnerable social situation. Out of 2 686 live births among mothers up to age 19 in 2016, 1 413 (52.6%) occurred outside marriage. The situation is even more alarming for mothers up to age 17: out of 688 live births, 519 (75.4%) occurred outside marriage. Emergency measures are required to ensure adolescents' access to quality sexual and reproductive health (SRH) education, effective protection methods (e.g. condoms and other efficient methods of contraception) and easy access to HIV/AIDS testing, especially for young men.

Figure 3.4. Live births and abortions among women aged 15-19, 1995-2016



Sources: NBS (2017).

Box 3.1. Methodology

As part of this study of youth development issues in Moldova, this chapter looks into gender-related disparities in adolescent health conditions and behaviours, and assesses the scope for policy intervention in the areas of gender socialisation and social norms. It has three primary objectives:

- i. To document health disparities by gender, based on official health statistics and the Health Behaviour in School-aged Children (HBSC) Study
- ii. To analyse the influence of social determinants, such as gender norms and stereotypes, on gender disparities in adolescent health behaviours and outcomes
- iii. To identify and assess national youth health policies and provide recommendations to increase their gender sensitivity.

This study undertook a desk review of national gender-related youth health policies and an analysis of gender disparities in statistics relevant to adolescent health, along with a secondary analysis of the 2013-14 HBSC Study for Moldova. The HBSC is a transnational study based on surveys and opinions collected in education facilities. It is carried out in compliance with the methodology set out in the international HBSC protocol, which is approved by all 44 member countries of the HBSC network. The analysed sample of the 2014 HBSC Study for Moldova included 6 642 respondents: 49% male and 51% female youths aged 11, 13, 15 and 17. This study focused on HBSC health indicators to identify and analyse gender-related disparities, distinguishing between health outcome indicators and health behaviour indicators (the latter affecting the former).

The qualitative analysis used data from eight focus groups (FGs), panel discussions with volunteers from Youth-Friendly Health Centres (YFHCs) and open-ended questionnaires with stakeholders. Three FGs consisted of adolescents aged 11-13 (one girls, one boys and one mixed), three of adolescents aged 15-17 (one girls, one boys and one mixed), and two of adolescents' parents from rural areas (one mothers and one fathers). Funded by the HBSC Study, expert panels consisting of 32 youth YFHC volunteers furnished opinions on reasons for gender-related disparities in health behaviours. Two female and four male stakeholders were officials from government institutions, the civil society sector and international institutions competent in areas such as youth, human rights, health and gender (e.g. decision makers; representatives of the then Ministry of Youth and Sport, the National Youth Resource Centre and YFHSs; gender experts from national and international organisations; experts working with the LGBT community; experts in child protection and rights; and bloggers). Stakeholders answered FG questions and expressed opinions on gaps in gender and health related youth policies and how to improve the current policy framework.

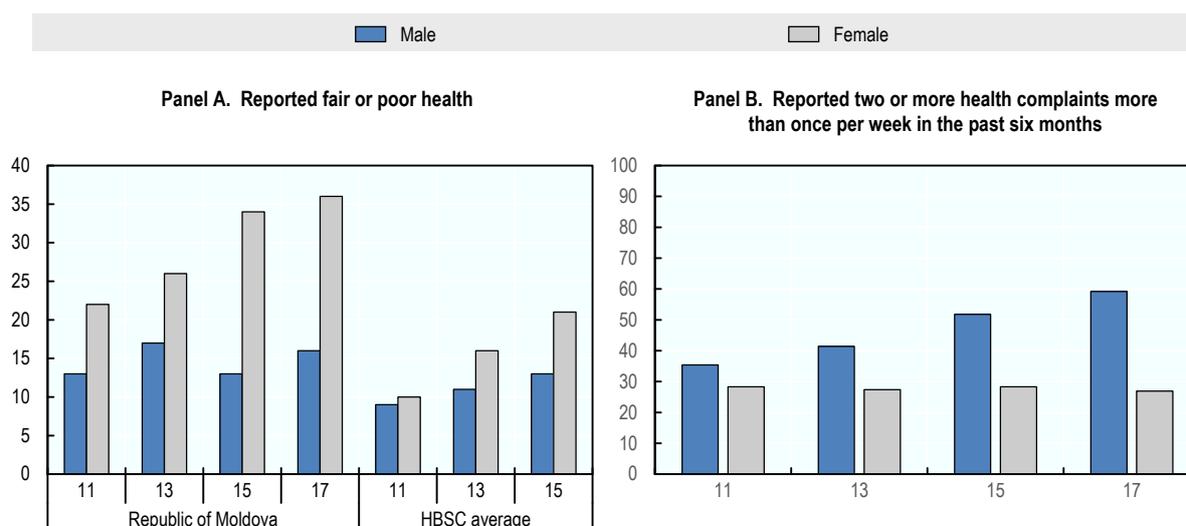
The qualitative research focused on potential drivers of gender disparities in youth health outcomes and behaviours. In particular, it analysed the impact of social norms, social interpretations of gender roles and social institutions (family, peers, community, school, health services, sport clubs, etc.) on health disparities between boys and girls. It also took into account biological and socio-economic factors. The focus group discussion guide for the HBSC questioner was aimed at defining “true man” and “true woman”, social expectations among girls and boys, and perceptions of attractiveness to the opposite sex among girls and boys (discussed in Section 3.2).

3.1.3. Subjective assessment of health

According to HBSC data, young Moldovans generally rate their health status good or very good, with some age and gender disparities. Worryingly, youth aged 11 reported fair or poor health at the highest rate comparing to HBSC countries (13.0% of male respondents comparing to HBSC countries average of 9.0% and 22.0% of female respondents comparing to HBSC countries average of 10.0%) (Figure 3.5.A.). This share increased with age: 28.9% of youth aged 17 rated their health status poor or very poor. Females reported fair or poor health more frequently than males and at an increasing rate with age, while the share remained stable with age among males. Girls were also more likely to report multiple health complaints (Figure 3.5.B). This can be linked to the girls' higher expectations and duress in daily life. It may also reflect a gender bias in measuring self-rated health. HBSC questions may focus on female-specific reactions to stress (e.g. internalising, including headache, stomach ache and feeling nervous) rather than anger-based reactions (externalising), seen more frequently among boys. Boys have a higher prevalence of medically attended injuries, which may be due to greater participation in physical activities.

Figure 3.5. Subjective health assessment of adolescents aged 11-17, by gender

(in percent)



Note: HBSC countries are: Finland, Norway, Austria, Belgium, Hungary, Israel, Scotland, Spain, Sweden, Switzerland, Wales, Denmark, Canada, Latvia, Poland, Czech Republic, Estonia, France, Germany, Greenland, Lithuania, Russian Federation, Slovakia, England, Greece, Portugal, Ireland, Former Yugoslav Republic of Macedonia, Netherlands, Italy, Croatia, Malta, Slovenia, Ukraine, Iceland, Luxembourg, Romania and Armenia.

Source: World Health Organization (2016), Growing up unequal: gender and socioeconomic differences in young people's health and well-being.

3.2. The role of social norms in driving gender health inequalities

Different health behaviours determine the differences in health outcomes between girls and boys. A range of data and statistics present these differences. This section covers potential drivers of different behaviours and outcomes. In particular, it develops and applies a model for empirical analysis of the impact of social norms, social interpretations of gender roles and social institutions (family, peers, community, school, health services, sport clubs, etc.), while accounting for biological and socio-economic factors.

3.2.1. Social norms and perceptions of gender roles

In the context of this analysis, norms are the perceived societal expectations of females and males, and their linkage with girls' and boys' perceived health status, life satisfaction and body image.

General gender biases

Generally, gender stereotypes and conservative attitudes explain perceptions of gender in Moldova. Women are seen as mainly responsible for childcare and household work. According to a 2012 Women's Law Center report, 35.0% of men versus 15.7% of women believed men shared equal childcare responsibilities. This means that, although some men declared involvement in childcare, they have a reductionist perception of the responsibilities, since women do not perceive their activity as participatory. Some 95.0% of men and 75.1% of women believed changing diapers and bathing and feeding children are women's responsibilities. Responsibilities also reflect traditional family norms; laundry, cooking and cleaning are seen as women's responsibilities; food shopping and bill payment are performed jointly; and men are more frequently responsible for minor household repairs.

Perceptions of gender occupations are largely traditional. A general perception is that granting women rights takes away men's rights. For instance, concerning gender equality in the labour market, hiring women is thought to take away jobs meant for men. Moreover, prevailing stereotypes dictate women should make time for family to the detriment of career, while men should provide the family's financial means. Women's financial contribution to the family budget is frequently neglected, as is the fact they also have a job outside the home and that family responsibilities should be equally shared. According to Woman's Law Centre study in 2012 "Men and gender equality in the Republic of Moldova" some 53.7% of men agreed with quotas for women in government, and 55.3% agreed with quotas for women in leadership positions in general. But still by comparison, 72.6% of women agreed with quotas for women in government and 73.2% with quotas in leadership (WLC, 2012). However, 90.5% of men and 81.5% of women believed the most important occupation for women is to take care of the house and cook for the family (WLC, 1012).

Women are mostly responsible for pregnancy prevention. Although 73.0% of women and 67.0% of men totally agreed men and women should jointly decide method of contraception, 23.3% of men and women believed it is women's responsibility to ensure pregnancy prevention, and 17.4% of men totally agreed they would feel offended if their wives requested use of a condom (WLC, 2012).

Box 3.2. Discriminatory social institutions impede progress towards gender equality in Moldova

Women in Moldova face lower levels of discrimination in social institutions than in other European and Central Asian (ECA) countries. Courtesy of comprehensive laws and policies strengthening women’s rights, Moldova presents low levels of gender discrimination in its social institutions - social norms, practices, formal and informal laws - as measured by the Social Institutions and Gender Index (SIGI). In particular, Moldova is the only country in the region which shows no evidence of preference for sons over daughters, and it is not concerned by *missing women* issues¹ or unbalanced sex ratio at birth (Figure 3.6). The country ranks average in other areas. For example, although one in ten women still have an unmet need for family planning, it is in line with the ECA average. Similarly, one in four Moldovan firms has a female top manager, compared to one in five firms in ECA.

However, Moldovan women and girls are still disadvantaged compared to their male counterparts in many areas of their lives. For instance, since the last elections in 2014, women represent only 23% of members of parliament. Persistent levels of early marriage also stand out as a cause of concern, with 12% of girls aged 15-19 married, divorced, widowed or in an informal union. This is almost three times as high as the regional average of 4%. Women devote on average twice as much time as men to unpaid care and domestic work, thus limiting their economic opportunities. The labour market is highly segregated, with women being over-represented in lower-level positions and in sectors with lower salaries. In addition, Roma women and girls are one of the most disadvantaged groups from Moldova, facing intersectional discrimination based on gender, class, and ethnicity.

While Moldova’s legal reforms reflect international commitments, the influence of discriminatory social norms challenges laws’ implementation. The *Law on Ensuring Equal Opportunities for Women and Men* ensures women and men’s equal rights in the “political, economic, social, cultural, and other spheres of life, rights guaranteed by the Constitution of Moldova, with a view to preventing and eliminating all forms of discrimination based on the criterion of sex.” The country also recently signed the Istanbul Convention on preventing and combating violence against women and domestic violence. This regional commitment has been translated into the national framework: physical, sexual, emotional, spiritual and economic violence against women is criminalised and the *Law on Preventing and Combating Family Violence* stipulates that prevention and combating of domestic violence is a public health issue. Yet, domestic violence² remains widespread and affects 63% of women (NBS, 2011). This prevalence is highly related to social norms that justify and accept it: 28% of men and 18% of women agree that a woman should tolerate violence to preserve the family (Cheianu-Andrei et. al, 2016). Besides, police continue to apply a non-criminal provision to aggressors under article 78 of the Contravention Code that refers to “deliberate slight bodily injury,” thus side-stepping the criminalisation of domestic violence; prosecutors are reluctant to invoke measures within the criminal code to prosecute violence against women (UNHRC, 2016).

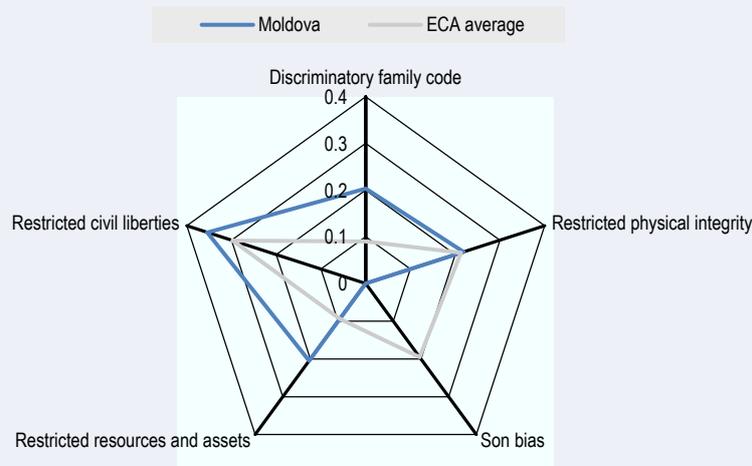
More information on the SIGI

The SIGI approach enables policy makers and development practitioners to better understand the barriers to gender equality and identify drivers of persistent forms

of discrimination. It assesses social institutions holistically by looking at the de jure (legal) and the de facto (actual) situation: on the one hand, the SIGI shows changes in legal systems and reflects the level of public commitment; on the other hand, it illustrates the implementation of laws and practices to better capture transformative social change on the ground. The SIGI covers five dimensions, spanning major socio-economic areas that affect the life course of a girl and woman:

- The **discriminatory family code** dimension captures social institutions that limit women’s decision-making power and undervalues their status in the household and the family;
- The **restricted physical integrity** dimension covers social institutions that limit women’s and girls’ control over their bodies and increase their vulnerability to a range of forms of violence;
- The **son preference** dimension assesses intra-household bias towards sons and devaluation of daughters;
- The **restricted resources and assets** dimension measures discrimination in women’s rights that have negative impacts on women’s opportunities for economic empowerment;
- The **restricted civil liberties** dimension compiles discriminatory laws and practices restricting women’s access to, participation and voice in the public and social spheres.

Figure 3.6. Moldova’s performance in the SIGI sub-indices



Note: Higher SIGI values indicate higher inequality: the SIGI ranges from 0 for very low discrimination to 1 for very high discrimination. The Europe and Central Asia (ECA) average includes Albania, Armenia, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Czech Republic, Former Yugoslav Republic of Macedonia, France, Georgia, Italy, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Republic of Moldova, Romania, Serbia, Slovenia, Spain, Tajikistan, Turkey, Ukraine and Uzbekistan.

Source: OECD (2014).

¹ The *missing women* variable captures unbalanced sex-ratios, related to sex-selective abortion, female infanticide, and inadequate care and nurture given to baby girls. The concept of “missing women” was first introduced by A. Sen in 1990. He hypothesised that over 100 million women were missing due to excess mortality of women from inequality and neglect.

² Measured as the total prevalence rate of partner violence over lifetime (psychological, physical or sexual).

Sources: Cheianu-Andrei, D., Women’s Law Center, Center for Investigation and Consultation “SocioPolis” (2016), “Men and gender equality in the Republic of Moldova”, Women’s Law Center, Chisinau.

Gender-based violence may be influenced by the culture in education institutions.

Some 27.7% of men believed women should tolerate violence in order to keep the family intact, compared to 17.5% of women. Fully 41.1% of men stated there are moments women need to be beaten (WLC, 2012). Two times less women held this opinion, and only 7% found acceptable use of force for not consenting to sexual intercourse (WLC, 2012). School bullying may play a role in the normalisation or internalisation of violence among adults; 11.2% of men reported an atmosphere of constant intimidation by peers in education institutions; another 28.3% reported it existed intermittently (WLC, 2012). Further, 11.9% experienced bullying attitudes by peers at school, 12.7% were teased by others, and 38.0% referenced physical abuse by peers within education institutions (WLC, 2012).

Adolescent perceptions of gender roles

In FGs, adolescent perceptions of gender roles confirmed existing stereotypes and affected girls' life satisfaction. Data revealed no significant difference in boys' and girls' perceptions or acceptance of gender roles. Adolescents ascribed much more responsibilities on girls, including in the areas of housework and school performance. Girls are burdened by more social responsibilities, which increase with age, while boys grow up with the widespread perception men are superior to women. Adolescents also mentioned girls try to conform to mainstream media ideals, potentially resulting in unrealistic expectations of themselves, which lower self-esteem and life satisfaction (Table 3.2).

Table 3.2. Self-perceptions among adolescents aged 11 and 17, by gender
(in percent)

Age	Satisfied with life		Assess positively their health status		Appreciate their body weight as appropriate	
	11	17	11	17	11	17
Male	88	85	87	78	66	66
Female	89	77	83	62	61	52

Source: HBSC (2014), *HBSC Moldova 2014*.

Opinions favouring gender equality increased with age. The perception men are superior to women was most expressed by younger adolescents. Reasons given included men's physical strength, central role in decision making and higher earnings. Younger adolescents also voiced the more alarming opinions concerning gender equality in the different domains. Older adolescents' opinions in favour of gender equality may owe to their greater personal experience. Those reasons are barriers to performance in higher education and professional life in higher education or professional life. Young people compete in the labour market by improving their competences rather than by physical force. Older adolescents also start to understand decision-making roles and earnings are a result of, not a prerequisite for, competing successfully. The opinions of younger adolescents may be closer to their families' gender norms and values, these being the model before greater exposure to wider society.

Parent perception of gender equality

In contrast to adolescents, most parents considered gender equality in Moldovan society and institutions unproblematic, and that society treated women and men equally. However, according to the NBS, the 2015 average monthly salary was MDL 4 881.3

(USD 293.4) for men and MDL 4 235.2 (USD 254.6) for women, a difference of over 13%.

Stakeholder perceptions of gender roles

Stakeholders reported society put more pressure on women than men, without ensuring a legislative counterbalance. Societal expectations of women are obedience, looking good, working and being perfect housewives. Women should not claim any rights but should meet their home, work and societal obligations. It is generally undesirable for them to engage in public life, especially in politics. Women are encouraged to undertake formal studies but are not actively supported in doing so by family or society. Men should work for the family and be strong and confident, resulting in a certain contradiction: considering men superior while assigning more responsibilities to women. This essentially contributes to boys' greater self-esteem, self-acceptance, assessment of their health and life satisfaction, all of which increase with age.

3.2.2. Gender-related health norms

Risk perceptions for girls and boys

There is no significant difference between girls and boys concerning reasons for using alcohol and tobacco. Adolescents cited lack of parental attention, poor relationships with friends or intimates, school-related issues, wanting to look mature and wanting to fit in. Social conventions were another important influence, as pubs are the most popular places for recreation, and alcohol is not forbidden in public spaces. Adolescents also mentioned the influence of parental substance use.

Society has stricter attitudes towards girls' risky behaviours, which affects adolescent health. Tobacco consumption is considered extraordinary for girls but normal for boys (Table 3.3). A common argument is that girls will be mothers and should not consume substances. Adolescents distinguished between "good and bad" girls regarding substance use and sex-related health issues. Thus, when girls have health issues, especially those related to SRH, they fear being labelled bad and judged by society (peers and parents in particular), which can make girls afraid to go to the hospital for genital problems. Rather permissive attitudes towards boys' high-risk behaviours versus very restrictive ones towards girls' exploratory behaviours can have dramatic consequences to adolescents' lives and health. It may partly explain higher mortality due to avoidable causes among boys and higher premature morbidity and mortality among adult men. For girls, it may explain the late addressing of SRH problems, lower life quality and long-term chronic conditions.

Table 3.3. Substance use among adolescents aged 11 and 17, by gender
(in percent)

Age/grouping	Tobacco (at least once)		Cannabis		Alcohol	
	11	17	Less than 6 times in lifetime	More times in the past month	11	17
Male	2.0	25.0	7.5	2.4	5.0	18.0
Female	1.0	3.0	2.5	0.5	2.0	9.0

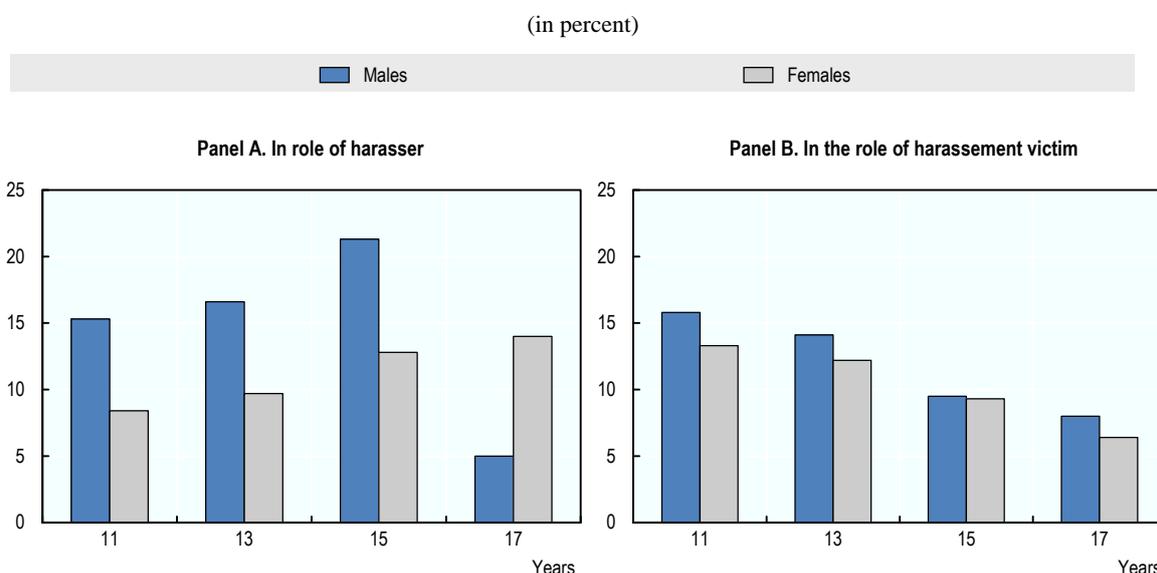
Source: HBSC Moldova 2014.

There is also a double standard concerning sexual behaviours, which leads to a disparity in sexual experience. Young men are encouraged to be sexually experienced

as a feature of masculinity, while young women should avoid sexual relations. Some 33% of boys and 4% of girls aged 15 reported having had intercourse, levels that put Moldova in the top five European countries, with the biggest discrepancy between girls and boys (HBSC, 2014). Discrepancy in reported sexual experience decreased with age but remained significant: 61% of males and 22% of females aged 17 reported having had intercourse. It may also explain the gendered discrepancy in reported sexual experience, late addressing of yearly pregnancy and other problems, and high levels of single adolescent mothers.

In all age groups, boys were involved in fighting more often than girls, and they were significantly more likely to bully. Gender difference among victims was less prominent. Fighting, bullying and injury were more common among boys. These health-compromising behaviours can be considered gendered, as young boys are pushed into more risky behaviours to fulfil notions of being a “true man”. According to the 2014 HBSC for Moldova, young males were more likely than young females to be involved in physical fights three or more times in the past year, although rates declined with age, from 22% at age 11 to 15% at age 17. Age variation was less prominent for girls: 3% at age 11 and 2% at age 17. The harassers’ age of boys and girls increased with age: 15% and 8%, respectively, of 11-year-olds and 22% and 14% of 17-year-olds had bullied at school two to three times or more during the past two months. The share of boys and girls being harassed decreased with age: 16% and 12%, respectively, of 11-year-olds and 8% and 6% of 17-year-olds had been bullied at school two to three times or more during the past two months. Boys were more likely to be aggressors and victims, compared to girls.

Figure 3.7. Share of adolescents victims of bullying and aggressors, 2014



Source: HBSC (2014).

Despite general disapproval, violence towards women is still sometimes seen as normal, suggesting education institutions’ tolerance of the phenomenon. Few adolescents said violence against women was normal; however, they mentioned the school’s role is sometimes passive, and teachers are sometimes indifferent to classroom

conflicts, not protecting victims or interrogating aggressors. They expressed schools should be an important mechanism for developing non-violent communication skills.

Aggressive behaviour among adolescents has roots in being treated aggressively. In discussing causes of bullying, a male volunteer expressed the opinion "better to be an aggressor than a person subjected to violence". This opinion may confirm the data from Figure 3.7 which shows an increase of aggressiveness among young people correlated with their age which goes along with a decrease of the probability of being harassed. The expressed opinions of young volunteer and HBSC data suggest that the aggressiveness among young people is a reaction to a violent environment where this young people grow up. Other adolescents' opinions confirmed aggressive behaviour stemmed from by violence in the family. In many cases, young people described fathers as having a disciplinary or aggressor role in the family. Violent fathers can contribute to violent behaviours by children, particularly boys. Boys raised by single father figures tend to take more risks than those raised by a couple.

3.2.3. Role models and family support in establishing gender roles

The family has a crucial impact on building gender identity and consolidating gender relation norms and values during adolescence. Adolescents agreed with this statement and identified three main obstacles that can decrease the family's protective role in adolescent health: parents' lack of skills to discuss health and gender issues, fathers' lack of involvement in child rearing and parent labour migration.

Parents' lack of skills to discuss gender-sensitive adolescent health is a serious lack in youth's development. Such discussions are often limited to interdictions and, more rarely, reasons to avoid some risks. Data showed 45.3% of boys and father figures had discussed violence against women (WLC, 2015). The lack of communication skills was confirmed by parents. Some desired more involvement by education institutions, with programmes, training or curricula to provide young people with sex education (and related risks) and potential consequences.

Stereotypical perceptions of gender roles affect youth expectations of parent support. Fathers' weak role in child rearing, especially during adolescence, is often linked to the stereotype their only responsibility is "to earn money", while mothers are more involved in solving problems throughout child rearing. A result of this perception is adolescents' preference to communicate with mothers about their problems. Adolescents also mentioned fathers avoid communication on sensitive issues about which they are uninformed to preserve an image of authority. An authoritarian stereotype makes fathers the figures who often forbid, promoting children's communication with mothers. Adolescents also described mothers' involvement in their lives as more constructive, which explains why, even in quiet, harmonious families, they communicate more with mothers. Despite all fathers agreeing relationships with their children should be closer, only rarely did adolescents indicate they communicated more with their fathers.

Mass parent labour migration is a main risk factor for poor family relationships. The absence of parents places pressure on adolescents to take on uncommon roles. Some mentioned having to act as independent adults and sometimes parents to their younger siblings. Importantly, they often have to take on traditionally masculine or feminine roles. It remains to undertake in-depth study of how mass parent migration influences the development and health of a generation of children and the coping and resilience-building mechanisms possible in such situations.

Moldovan youth behaviours reflect gender-specific social relationships shaped by gender socialisation. Gender socialisation is the process by which youth learn feminine and masculine identities. Youth also appear influenced by societal expectations, which often contradict their personal expectations. For example, the qualitative study found some adolescents believed boys' attitudes towards girls were influenced by their friend group – that they conform to masculine stereotypes by being more arrogant and aggressive when among other boys and behaved more respectfully when with their girlfriends. Boys noted a lack of effective communication between the sexes. The feminine stereotype dictates girls look attractive, which makes them focus on taking care of their exterior. The stereotypes, double standards and outcomes related to gender norms and values are not common in the overall population, but they are widespread enough to contribute significantly to the differences in health behaviours among girls and boys.

3.3. Reducing gender health disparities among Moldovan youth

Social norms and the perception of gender roles affect the health behaviours of young Moldovans. While Moldova has policies that can potentially address this concern, these lack concrete targets, and implementation seems weak.

3.3.1. Education, social norms and health behaviours

Despite compulsory sexual education, very few institutions include it in curricula. The 2012 Reproductive Health Law makes sex education in schools compulsory, but “life skills”, which would include most SRH content, has been removed as a compulsory subject (WHO 2012). Civic education and biology are the only disciplines that include sexual education topics, such as HIV/AIDS and tuberculosis infections, and the human reproductive system (MoECR, 2010). The absence of an integrated discipline providing detailed, comprehensive sexual education in schools reduces young people's sources of quality SRH information.

Peer education can be a powerful tool. In 2016 United Nations Population Fund (UNFPA) in Moldova together with Y-PEER Moldova implemented a sexuality education project in Moldova (UNFPA, 2016). The Y-PEER trainers piloted the comprehensive sexuality education course in the 8th and 9th grades in two educational institutions during one semester, from September to December 2016 (UNFPA, 2016). This initiative aimed at providing systematic and structured access of young people to reliable information. As a result of this course, the students improved their knowledge regarding their sexual and reproductive health. The knowledge tests, conducted in September and December, show that more than half of young people know which the main methods of contraception are, know the signs of pregnancy, how to protect themselves from sexually transmitted infections, and to whom to address in case if they have sexual and reproductive health issues (UNFPA, 2016).

Box 3.3. Sexuality education in Sweden

Sweden is a pioneer in sexuality education since 1942. Thanks to mandatory sexuality education Sweden's HIV/SIDA prevalence is one of the lowest in Europe and contributes to a healthy (University of Gothenburg, 2008; PSEEU, 2013).

In Sweden, sexuality education aims at promoting awareness and openness, as well as avoiding risky behaviours among young people. Teachers are encouraged to speak openly, honestly and tolerantly about sexuality without shame. At school sexuality education is taught with a holistic approach. It is not limited to anatomy and reproductive health, but also comprises sexual consent, relationship aspects, homophobia and takes needs and concerns of young people into consideration.

Common teaching methods are group work and group education, individual counselling and awareness raising campaigns about contraception. The latter includes practical demonstrations of the use of condoms. The Swedish National Agency for Education sets the minimum standards for sexuality education which are mandatory elements of the national curriculum. Sexuality education for teenager can take up to four hours per week during five consecutive weeks, depending on the headmaster's choice. Sexuality education begins in pre-school, where teachers answer in a pedagogic and age appropriate way to children's question on sexuality.

A key element of Sweden's sexuality education is the inclusion of numerous stakeholders beyond school. At school, teachers from all subjects have to engage in open discussions on sexuality. NGOs, such as the Swedish Association for Sexuality Education and the Swedish Federation for Lesbian, Gay, Bisexual and Transgender Rights, also provide sexuality education. Since the 1970 youth centre complement school-based sexuality education.

Education institutions appear to attract more females than males. The majority of young people aged between 14 and 29 years enjoy their education. Some 44.0% of respondents attended education institutions with enthusiasm, 39.1% sometimes attended with enthusiasm, and 16.0% attended without enthusiasm. More females than males were enthusiastic (46.2% vs. 41.5%) (OECD/MOYS/CBS-AXA, 2017). School-based factors, such as teaching practices and examination systems are rated equally between genders. School attainment may be more attractive to females, who may perceive education institutions as places they can utilise their capacities free of stereotypes, while conceptions of masculinity in peer culture may make schools less appealing to males.

3.3.2. Youth friendly health services

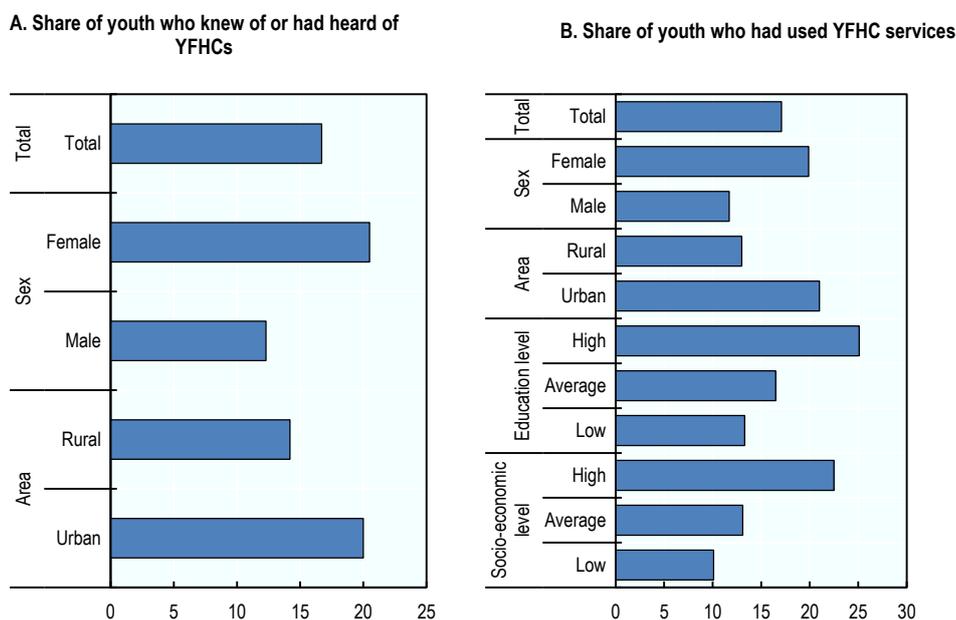
YFHCs are important tools to improve youth's health. These centres mainly target youth up to age 25, but are also open to youth beyond this target group (Carai, Bival and Chandra-Mouli, 2015). YFHCs offer access to health care, counselling on healthy

lifestyle, reproductive health and child care, and respond to mental health and violence problems. Many YFHCs are located within the existing health infrastructure. The missing physical separation between YFHCs and normal health centres can discourage the use of services as youth fear being exposed.

YFHCs are present in every rayon and cities in Moldova (NEOVITA, 2018). Since the opening of the first YFHCs in 2003-05 the number of centres and beneficiaries almost four-fold from 12 to 37 and from 44 600 in 2011 to 173 000 respectively (MoHLSP, 2018). The first centres were opened by the Ministry of Health, Labour and Social Protection (MoHLSP) with support from the United Nations Children’s Fund, the World Health Organization and the Swiss Agency for Development and Cooperation.

However, many young people are unaware of or do not use YFHCs. Despite the expanded network of YFHCs, only 16.7% of youth had heard of them – even fewer young men (12.3%) (OECD/MoYS/CBS-AXA, 2016) (Figure 3.8.A). Limited exposure to information partially accounts for low awareness. A higher share of urban youth were aware (21% vs. 13%), reflecting the challenges and disadvantaged access faced by rural youth. Overall, 17.1% of youth who were aware benefited from YFHCs (Figure 3.8.B). Young women benefited more than men (19.9% vs. 11.7%), urban youth benefited more than rural youth (21% vs. 13%), and youth with higher education and socio-economic levels were more likely to benefit.

Figure 3.8. Knowledge and use of Youth Friendly Health Centres, 2016
(in percent)



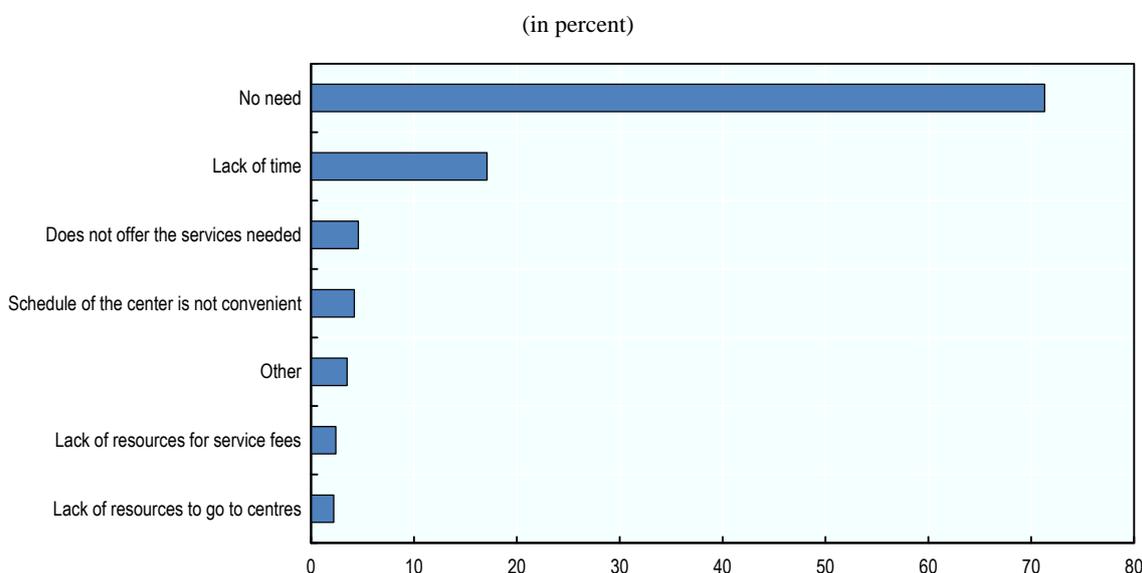
Source: OECD/MoYS/CBS-AXA (2016), *Young Moldova: Problems, Values and Aspirations*.

Limited exposure to information may account for low awareness among young people. Information about YFHCs is predominantly disseminated by educational institutions, limiting awareness among groups with traditionally limited access to education, notably vulnerable youth, young people with disabilities and Roma people, who may abandon education early or do not attend at all. Focus group discussions highlight that YFHC services and activities are predominantly offered during campaigns

to prevent certain risks (alcohol abuse, HIV/AIDS) and are conducted as initiatives instigated by the centres or at the request of educational institutions or local public administration as a further intervention in a crisis situation. Indeed, a 16 year old female student reports that their locality received visitors from the district centre informing them about the centre and its psychological consultations, after a local girl committed suicide (OECD/MoYS/CBS-AXA, 2016).

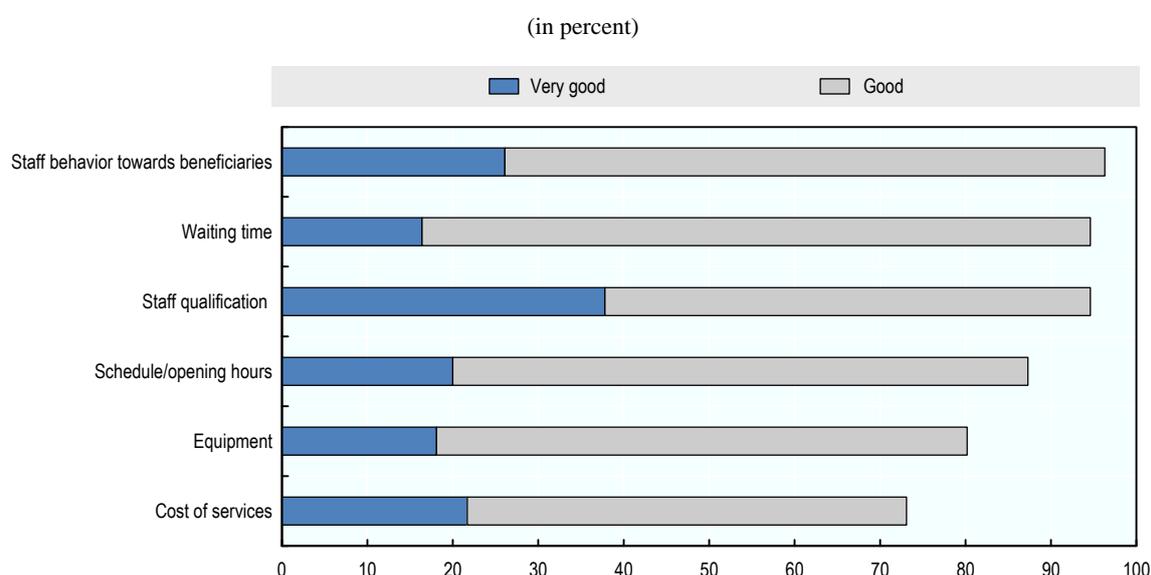
Most youth claim not needing the YFHCs services. Among those having hear of the centres but not using them, the overwhelming majority report not needing their services (71.3%) and 17.1% report lacking the time to make use of the services (Figure 3.9). However, these answers are tainted by the lacking knowledge and disinformation about the centres and their services.

Figure 3.9. The main reasons for not benefiting from YFHC's services, 2016



Source: OECD/MoYS/CBS-AXA (2016).

While few youth make use of the YFHCs, most rate them positively. More than 70% of the users rate the aspects evaluated positively. Most appreciated are staff behaviour towards youth clients (96.3%), maintenance waiting period (94.6%), staff qualification (94.6%) and cost of services (73.1%) (Figure 3.10).

Figure 3.10. User rating of YFHCs' services, 2016

Note: Rating among service users.

Source: OECD/MoYS/CBS-AXA (2016).

Yet, service standards differ between YFHCs. Despite the efforts of the MoHLSP to set quality standards, there is no mechanism ensuring the implementation of these standards (Carai, Bival and Chandra-Mouli, 2015). Service users of older centres founded by NGOs report a more welcoming atmosphere, higher commitment and fewer stigmas, compared to newer centres founded by the MoHLSP (Carai, Bival and Chandra-Mouli, 2015)

Moreover, YFHCs are poorly funded. Despite improvements, the financial resources allocated to YFHCs did not keep pace with the expansion of facilities. In fact, the budget per YFHC decreased (CNTM, 2016; Carai, Bival and Chandra-Mouli, 2015). In 2012, the resources allocated to YFHCs were only half of the resources needed to provide good quality services as defined by MoHLSP standards (Carai, Bival and Chandra-Mouli, 2015). While staff and infrastructure costs of youth friendly health services are covered by the National Health Insurance Scheme, costs for medication and consumables (lab tests, gloves, examination tools, etc.) have to be borne by the patient. This co-payment can be a limiting factor for poor and vulnerable youth.

3.3.3. Policies to foster gender equality

Moldovan legislation does not discriminate against women. Women's rights and freedoms in economic, social, political, civil and cultural life are ensured, and women are represented in politics and state institutions. The Constitution guarantees equal rights, and the country has ratified both the Beijing Platform for Action and the Convention on the Elimination of All Forms of Discrimination against Women. The "Law on ensuring the equality of opportunities for women and men No. 5-XVI of 9 February 2006" (the gender equality law) focuses on gender and equal opportunities, and prohibits discrimination based on sex. The law specifies the government bodies responsible for ensuring gender equality across the Government (Cozzarelli, 2011; CEDAW, 2013). Other relevant laws are the "Law on preventing and combating family violence No. 45-XVI of 1 March 2007" and the "Law on preventing and combating trafficking in human beings No. 241-XVI of

20 October 2005”, which mostly focus on preventing gender-based violence. The national labour law was also revised to enhance provision of protective measures for women (e.g. against sexual harassment, childcare flexibility). Moldova signed the Istanbul Convention concerning violence against women in 2017 (OECD, 2014).

National strategies and plans include provision for enforcing the gender parity. The National Strategy on Gender Equality (NSGE) and related Action Plan for 2010-15 outline eight priority areas: i) employment and labour migration; ii) gender-responsive budgeting; iii) participation in political decision making; iv) social protection and family; v) education; vi) health care; vii) violence and human trafficking; and viii) public awareness (Cozzarelli, 2011; UNECE, 2014). A Commission for Equality between Women and Men representing all ministries was established to co-ordinate implementation of the gender equality law and the aligned NSGE and associated Action Plan.

Some major policies do not include a gender dimension, resulting in gender disparities in health outcomes. For instance, the Public Health Strategy for 2014-20, National Health Promotion Program 2016-20 and other specific health promotion programmes, such as Tabaco Control 2012-20 and Alcohol Control for 2012-20, do not stipulate gender-specific interventions. In the area of health, quality standards for post-traumatic stress disorder were established in 2009, the Reproductive Health Law was elaborated and approved in 2012, and the rules of YFHCs were established in 2013. These legislative acts specify gender equity in access to health services, especially relating to SRH. At the same time, many (65%) of youth-friendly health services beneficiaries are female. The National Strategy on Child Protection for 2014-2020 contains the specific objective of “re-dimensioning the social significance of maternity and paternity and the role of both parents in raising and educating children”; however, the gender dimension of vulnerability is absent. Gender differences are not addressed in the interventions of the Youth Sector Development Strategy for 2014-20.

Typically, laws and policies are implemented only partially or with substantial delays. Delays are largely due to bureaucratic inefficiencies, deep-seated patriarchal norms, resistance to change, budgetary constraints and over-reliance on donors (Cozzarelli, 2011; CEDAW, 2013; Sattar et al., 2014; World Bank, 2013; UNECE, 2014). Awareness of gender-related laws among parliamentarians, judges and other key players in the judicial sector is also low, which appears exacerbated by the limited participation of women in these fields (CEDAW; 2013; Bulte, 2015; OECD, 2014).

The framework for monitoring and evaluation of policies regarding gender and health issues exists, but it is underused. Stakeholders agreed legislators have developed and adjusted the regulatory framework to guarantee equal rights; however, they mentioned there are questions regarding the efficacy of implementation mechanisms and the quality of implementation monitoring. For instance, the Law no. 71 of April 2016 concerning women's participation in politics and appointment to ministerial positions, which obliges political parties to nominate women MPs, has only been sparsely enforced. The share of women in ministries in 2015 was about 25.0%, while they comprised about 21.8% of parliamentarians in the Parliament (The Parliament of the Republic of Moldova, 2018). Women were somewhat better represented in the judiciary, including 45.2% of judges. The opposite is the case in the police force, of which 17.4% are women. Moreover, according to stakeholders, despite adoption of the law on violence against women, its enforcement agencies often do not act sufficiently to protect victims. Sexist advertising persists, despite laws that prohibit it.

Note

1. Austria, Belgium, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Luxembourg, Netherlands, Poland, Portugal, Slovak Republic, Spain, Sweden, United Kingdom, Estonia, Slovenia, Latvia, Lithuania.

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Youth Well-being Policy Review of Moldova

In Moldova, young persons aged 14 to 35 currently account for 33% of the country's population. The large and educated youth population provides the country with a unique socio-economic development opportunity. Youth represents an asset for the nation's prosperity which can only be tapped if young people have access to quality education, healthcare, decent employment and active social and political lives. However, Moldovan youth face challenges on multiple fronts. The *Youth Well-being Policy Review of Moldova*, published within the Youth Inclusion Project implemented by the OECD Development Centre and co-financed by the European Union, takes a multisectoral approach to look at the situation of young people with regard to education, health, employment and civic participation and provides policy recommendations to narrow youth well-being gaps. The Review focuses in particular on gender and social norms and the impact on youth's health; it also addresses the provision of services through youth workers and youth centres.

Consult the full report on line at:

www.oecd.org/dev/inclusivesocietiesanddevelopment/youth-country-studies.htm



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