

GGGS

SUSTAINABLE
DEVELOPMENT
GOALS



MINISTERUL MUNCII
ȘI PROTECȚIEI SOCIALE



India-UN Development
Partnership Fund

nidi

STATISTICA
MOLDOVEI

SUMMARY OF THE GENERATIONS AND GENDER SURVEY

Be the voice of your generation!



Chisinau, 2022

The Generations and Gender Survey (GGS) is the first and most comprehensive longitudinal demographic study monitoring demographic changes taking place in the Republic of Moldova. This is a global survey, carried out so far in over 24 countries, and is part of an international programme coordinated by the United Nations Economic Commission for Europe (UNECE) and the Netherlands Interdisciplinary Demographic Institute (NIDI).

In the Republic of Moldova, the GGS was carried out at the request of the Government of the Republic of Moldova as part of the global Generations and Gender Programme (GGP) and is implemented by the United Nations Population Fund in partnership with the Ministry of Labour and Social Protection, the National Bureau of Statistics and the Netherlands Interdisciplinary Demographic Institute. The study was made possible thanks to the financial support provided by the Ministry of Labour and Social Protection, the India-UN Development Partnership Fund and UNFPA Moldova.

The survey participants were more than 10,000 people aged 15-79 from 153 localities of the Republic of Moldova, excluding the region on the left bank of the Nistru River. Being an international longitudinal survey, it is to be conducted in three waves, with survey participants being visited repeatedly over 3 years to understand the demographic changes that occur over time.

For references: *Republic of Moldova – Generations and Gender Survey (2020). Ministry of Labour and Social Protection of the Republic of Moldova, National Bureau of Statistics (survey sample), UNFPA, NIDI-GGP (as partner and distributor).*

This document has been prepared with the support of the Ministry of Labour and Social Protection (MLSP) and the United Nations Population Fund (UNFPA) in Moldova and does not necessarily reflect the views of UNFPA, MLSP or any of their affiliated organisations.

CONTENTS

INTRODUCTION	4
1. RELATIONSHIPS BETWEEN PARTNERS, CHILDREN AND GRANDPARENTS	6
1.1. Marital status of women and men	6
1.2. Relationship with partner and relationship disagreements	9
1.3. Parents and children	10
1.4. Division of household tasks	11
1.5. Intergenerational relations	13
2. FERTILITY AND REPRODUCTIVE INTENTIONS	16
2.1. Average number of live births in lifetime	16
2.2. Ideal number of children in family	19
2.3. Reproductive intentions	20
2.4. Child's gender preference	21
3. FAMILY PLANNING	24
3.1. Start of sexual intercourse	24
3.2. Use of contraceptive methods	25
3.3. Unmet need for family planning and need for family planning satisfied with modern methods of contraception	27
3.4. Problems conceiving a child	29
4. HEALTH AND WELLBEING	31
4.1. Self-perceived health conditions	31
4.2. Difficulties in carrying out normal daily activities	31
4.3. Loneliness and depression	34
4.4. Happiness and life satisfaction	35
5. WORK LIFE BALANCE	38
5.1. Working arrangements and flexible working hours	38
5.2. Difficulties in carrying out work and family tasks	39
5.3. Difficulties in balancing work and family life for employed people with young children (0-10 years old)	41
6. HOUSEHOLDS AND DWELLINGS	43
6.1. Covering basic needs	43
6.2. Fixed Internet connection	44
6.3. Use of Internet	44
6.4. Intentions to migrate	45
CONCLUSIONS	47

INTRODUCTION

The economic and social transformations of recent decades have had a significant impact on the demographic dynamics and quality of life of people in the Republic of Moldova. Public policies need to respond to the needs of the population, so economic and social strategies need to be adjusted to demographic changes, taking into account population shrinkage, low life expectancy (especially among men), low fertility rate, labour migration and ageing. The Generations and Gender Survey (GGS) aims to generate information for policy makers and presents a unique demographic tool, implemented in the Republic of Moldova, for consulting people's opinions in developing public policies to strengthen demographic resilience. The survey collected information about family life, gender equality, relationships between partners, desired number of children, family planning, intergenerational dialogue, work-family balance, intention to emigrate, economic and social well-being, appreciation of health and other aspects of people's lives. The analytical potential of the survey is not limited only to demographic issues, but also highlights many aspects related to the functioning of the labour market, the pension system, to the consumption of social services, the level of prosperity of households in the Republic of Moldova etc.

In the Republic of Moldova, the **Generations and Gender Programme (GGP)** was launched by the Ministry of Labour and Social Protection in 2018 with the aim to strengthen the availability of statistical data on demographic processes in the Republic of Moldova. The **United Nations Population Fund (UNFPA)** became a key partner of the MLSP in this Programme, with the role of training local institutions in the implementation of the Generations and Gender Survey (GGS), and providing technical support to the Moldovan Government in the development of evidence-based and human rights-based demographic policies.

GGP is implemented in partnership with the most relevant national and international institutions. The strategic partners of the programme are the following institutions: **Ministry of Labour and Social Protection, United Nations Population Fund, National Bureau of Statistics (NBS)** and **Netherlands Interdisciplinary Demographic Institute (NIDI)**. The final report of the Generations and Gender Survey can be accessed [here](#).

The National Bureau of Statistics coordinated the process of methodology harmonization to the national context and of drawing the survey sample. The sampling design used for GGS was a three-stage complex probabilistic sample design, the sample of households being drawn from the survey frame obtained through a listing process using geospatial technologies and digital software. The reference population for the GGS is people aged 15 to 79 years with habitual residence in the Republic of Moldova living in residential buildings. The people living in collective housing (student dormitories, orphanages, retirement homes, military barracks, etc.) were not included in the research. Moldova's experience on building the sampling frame for the Generations and Gender Survey can be accessed [here](#).

The sample comprised 10,036 respondents and is representative at the level of estimation domains: national (except the territory of the Left-Bank of Dniester river); by area of residence (urban, rural) and development regions (North, Centre, South and Chisinau municipality).

The GGS results will be used for developing evidence-based and human rights-based demographic policies and supporting the implementation of the ICPD agenda, as well as for tracking the progress of the SDGs within the UN-Moldovan Government Partnership Framework (SDG target 5.6.1. and 5.6.2 which address the barriers and human rights-based dimensions of sexual and reproductive health and reproductive rights).

The GGS was supported financially by the Ministry of Labour and Social Protection, the India-UN Development Partnership Fund and UNFPA Moldova.

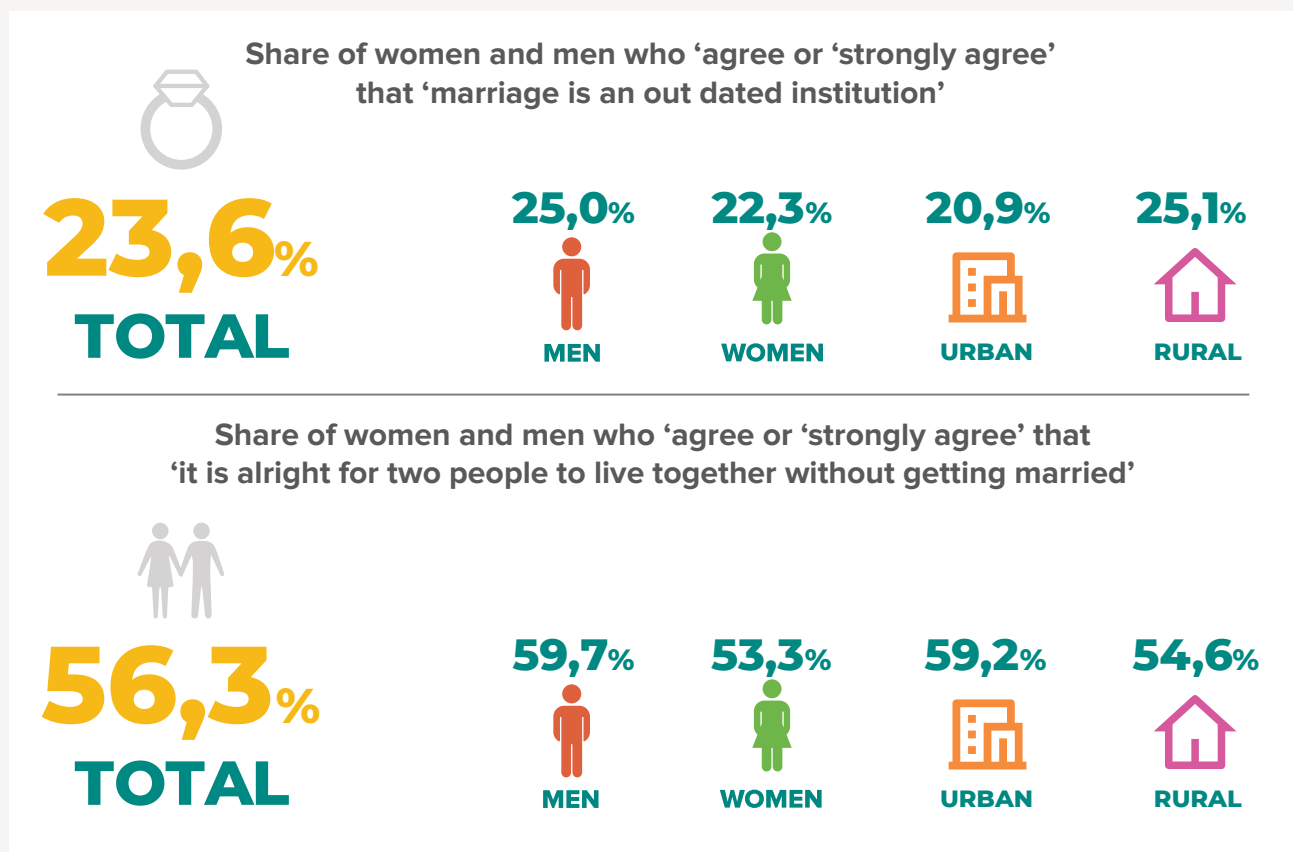


©UNFPAMoldova/DumitruGonciar

1. RELATIONSHIPS BETWEEN PARTNERS, CHILDREN AND GRANDPARENTS

1.1. Marital status of women and men

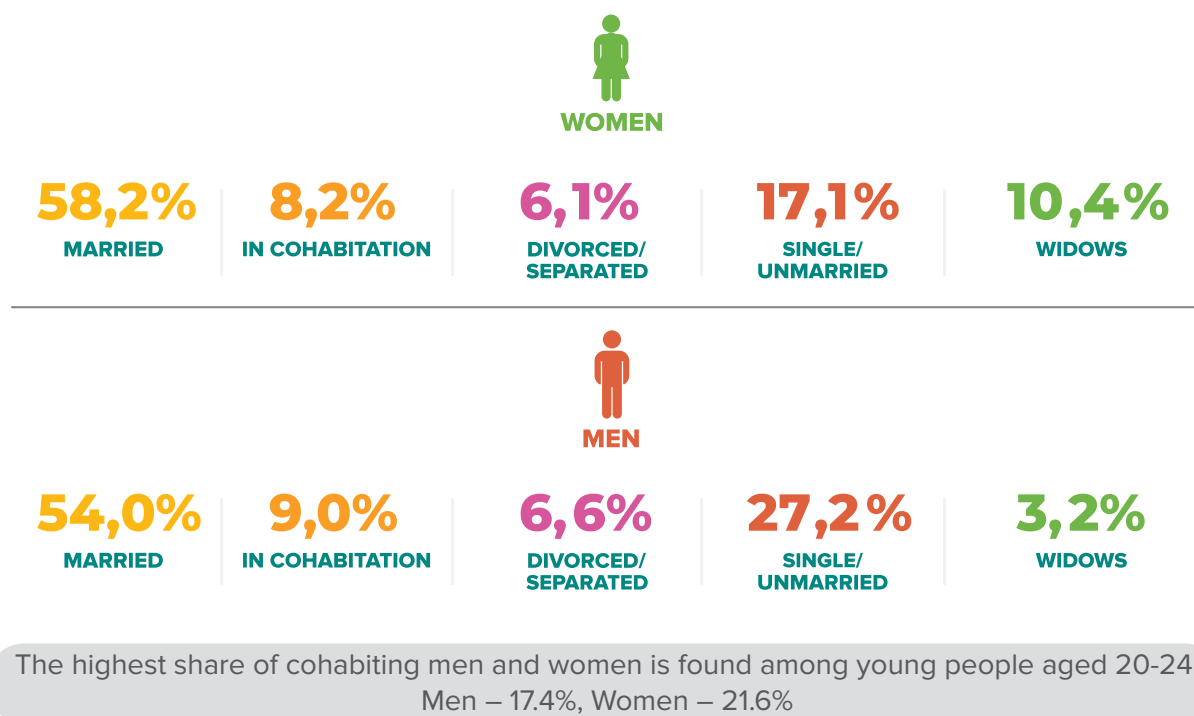
In recent decades, the family and marriage have undergone fundamental changes, the most telling of which are associated with the postponement of marriage to older ages, the spread of cohabitation and the increase in divorce, all of which have had a major impact on the reproductive process. However, there is a natural inclination of the Moldovan population towards a family life in lawful marriage. According to GGS data, the majority of respondents (81.7%) 'agree or 'strongly agree' with the statement that 'marriage is a lifetime relationship and should never be ended'. However, positive attitudes towards living together without marriage registration (cohabitation) are also widespread. Thus, more than half of women (53.3%) and men (59.7%) 'agree or 'strongly agree' that 'it is alright for two people to live together without getting married'. About every fourth man and every fifth woman says that 'marriage is an out dated institution'.



Changes in marital and family behaviour have had an impact on the structure of the population by marital status. About 54% of all men aged 15-79 at the time of the survey were married and 58.2% of all women of the same age. There were 8.2% of women and 9% of men in cohabitation. Due to later marriage, the share of single/unmarried men is higher than that of women. The postponement of marriage to older ages results in the fact that among men aged 30-34 every fifth has not yet been

married once (22.2%). Among women, the share of those who are unmarried after the age of 25 is lower and does not reach 10%. Gender differences in marital behaviour can be explained by traditional gender roles specific to our country, by the attitudes towards preparation for family life. Thus, men are more likely to postpone marriage in case of financial instability, lack of employment, insufficient income to support the family. In addition, the prevalence of the family model with the man as ‘head of the family’ and breadwinner fuels this behaviour.

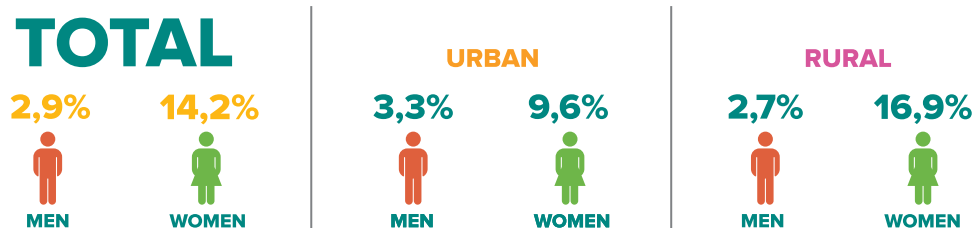
Distribution of population aged 15-79 by marital status



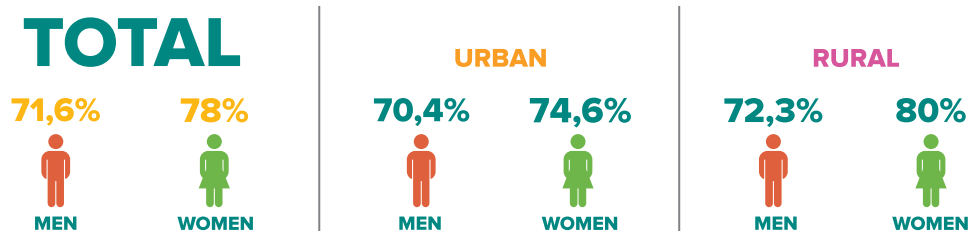
The share of divorced people in the total population aged 15-79 is not high (about 6%), with 12.6% among divorced women aged 45-49 and 10% among divorced men aged 40-60. At the same time, people’s attitudes towards divorce are quite liberal, with more than half of women (71.6%) and men (65.8%) believing that ‘it is alright for couples in unhappy marriages to divorce, even if they have children’.

Marriage or cohabitation up to the age of 18 is quite common in the Republic of Moldova, especially among women in the younger generations. Thus, in the youngest age group of 15-19 years, about 8% of girls reported that they were married or cohabiting by the age of 18. Among women aged between 20 and 50, the percentage of those who were married or cohabiting by the age of 18 ranges from 13.6% to 19.7%. However, this is most common among the rural population, where about every fifth woman aged 20 to 50 has married or cohabited by the age of majority. Among the female population in urban areas this indicator is twice as low.

Share of people who were married or cohabiting by the age of 18



Share of population with lifetime experience of cohabitation



Cohabitation, marriage dissolution, separation or death of a partner causes women and men to have more than one partner in their lifetime. Remarriage or living with a partner influences their reproductive behaviour with differing impact, with cohabitation making women more reluctant to have a child and remarriage sometimes motivating them to have another child with their partner. GGS data show that the average number of lifetime partners¹ for men with cohabitation experience (marriage or cohabitation) is 1.12 and for women – 1.13. A share of 63.4% of the total male population and 68.7% of the total female population had 1 partner at the time of the survey. For 9.1% of women and 8% of men the number of partners they had was more than 2. In urban areas, the number of respondents with more than 2 partners is higher than in rural areas, accounting for 10.4% and 7.5% respectively. Most men with more than 2 partners are in the 30-49 age group, and most women – in the 30-54 age group.

About half of all men and women who are in a relationship and not married plan to get married in the next three years. The highest share of people intending to marry is among the population aged 20 to 34, that is, the most active marriageable ages. At the same time, more than 70% of men and women intend to cohabit in the next three years. The intention to cohabit was most frequently reported by men aged 25-34 and women aged 20-29. In the Republic of Moldova, cohabitation among the young population is a stage prior to marriage and cannot serve as a model for living together that would substitute a legal marriage.

Share of people who intend to marry in the next 3 years out of the total number of people in a relationship who are not married



¹ The GGS analyzed only those relationships that lasted for at least 3 months.

The changing social environment and the specifics of the transition to adulthood of contemporary generations influence all aspects of marital behaviour, including the place first met the current partner. Young people (15-29 years old) mostly get acquainted with their potential partner in education institutions and online, while people over 45 – in the workplace.

The place first met the current partner



Adolescents (15-19 y.o.)

25,4%
Through friends

24,3%
In education

15,2%
At a private party or social event

14,8%
Online



Young people aged 20-30

19,8%
In education

19%
Through friends

18,2%
At a private party or social event

18,3%
Online



Adults aged 31-59

23,9%
Through friends

20,8%
At a private party or social event

19,4%
At work

15,2%
In education



People aged 60 and over

30%
At work

18,8%
At a private party or social event

18,4%
Through friends

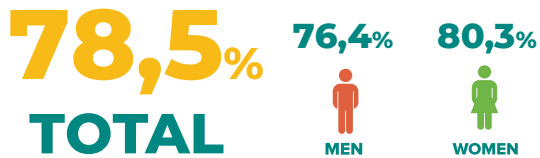
14,9%
In education

1.2. Relationship with partner and relationship disagreements

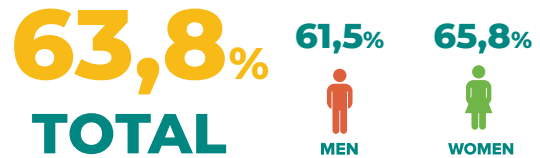
The GGS recorded a high level of satisfaction among women and men with the relationship with their partner. Of the total population, 91.4% said they were satisfied with their relationship with the partner. Men are more satisfied with their relationship than women, with 94.8% and 88.4% respectively. However, a significant share of respondents reported having some relationship disagreements, the most common reasons being the division of household chores and money. Disagreements with partner about the decision to have children were mentioned by 20.7% of women and 17.6% of men, and regarding child-rearing – by 22.2% of men and 27.8% of women.

Most common causes of relationship disagreements in the last 12 months

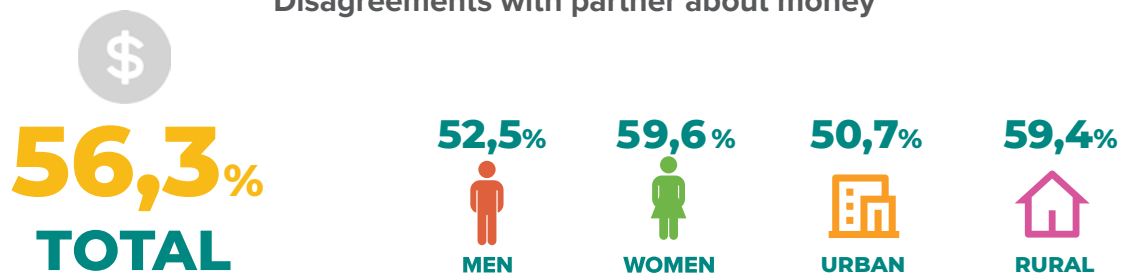
Share of the population who have ever had disagreements with their partner



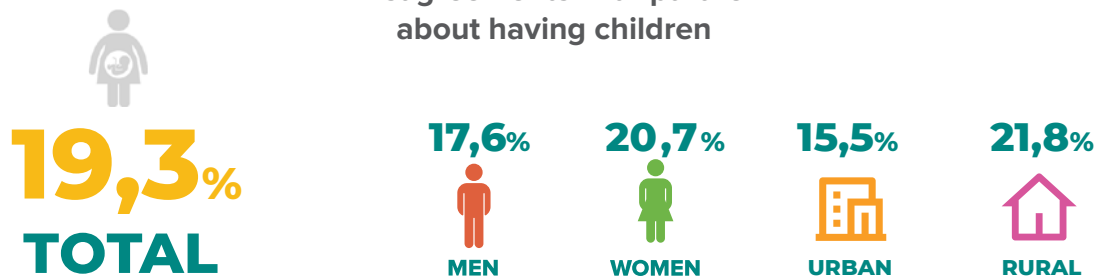
Disagreements with partner about household chores



Disagreements with partner about money



Disagreements with partner about having children



1.3. Parents and children

Traditionally, in the Republic of Moldova, the presence of children is seen as a valuable indicator of a 'real' family, giving meaning to its raison d'être and to human existence in general. People's attitudes towards the family, parents and children presuppose the presence of both parents, especially from the standpoint of the child's interests, as well as for the accomplishment of the parents. A large share of respondents (95.0%) 'agree or 'strongly agree' that, in order to grow up happily, a child needs a family with a mother and a father. At the same time, both women's and men's self-fulfilment in life is associated with having and raising a child: more than 90% of respondents say that for a woman's or man's life to be fulfilled, they must have children.

In modern society, families in which children from the partners' previous marriages are raised have become quite common. A significant number of remarried people already have children, so many men and women raise and educate not only biological children but also stepchildren.

According to GGS data, the average number of children that a man aged 20 to 79 has is 1.8, followed by biological children – 1.69 and stepchildren – 0.11. The average number of stepchildren, with some fluctuations, does not exceed 0.18 children (in the 35-39 age group). Among the generations of men

aged 55, the average number of children raised is more than two. By area of residence, the average number of children born to urban and rural men aged 20 to 79² is 1.47 and 1.92 respectively, with a greater difference in the average number of biological children, which is significantly higher for rural men – 1.85 children compared 1.37 children for urban men. The average number of stepchildren differs very little – 0.11 per rural man and 0.10 per urban man. Cohabiting men reported the biggest number of stepchildren, with 0.48 children per urban man and 0.59 per rural man.

The average number of children per woman (biological and stepchildren) aged 15 to 79 is greater than for men, with 2.09 children, including a higher average number of biological children (1.98), while the number of stepchildren is similar – 0.11. Starting with the 35-39 age group, the average number of children per woman is more than two, including 2.04 biological children and 0.10 stepchildren. The biggest average number of stepchildren is found among women aged 50-54 (0.18).

The average number of children per rural women aged 15 to 79 is significantly higher, at 2.28 children per woman, including 2.19 biological children and 0.10 stepchildren. In urban areas, women have on average 1.73 children per woman, i.e. 1.59 biological children and 0.14 stepchildren. The biggest average number of stepchildren is in the 50-54 age group (0.23 children). Given that cohabitation is more common in rural areas, the number of stepchildren per cohabiting woman is greater (0.59) than in urban areas (0.48).

1.4. Division of household tasks

The equal division of household chores in general and childcare in particular is a very relevant concern in the drive to ensure and promote equality for women and men. Women's generalised caring role and responsibilities, compounded by the pandemic crisis, represent one of the most significant barriers to women's equal participation in the labour market, in political and civic life, in opportunities to learn, to start businesses and to lead productive and economically independent lives.

The GGS data helped elucidate gender differences and inequalities in the division of household chores and childcare tasks for women and men. The share of households in which there is a fair division of these tasks is quite small. These range from 19.5% for meal preparation to 11.8% for doing laundry.

Household tasks are the sole responsibility of most women in the Republic of Moldova. The survey reveals that 82.6% of women are mainly responsible for preparing meals, 79.6% – for cleaning the house and 88.6% – for doing the laundry, while the share of men who are most often responsible for these tasks is dozens of times lower. In other words, the share of households where there is a fair division of these tasks is low.



These figures point to an acutely unequal division of care work and tasks based on gender. Gender is the determining factor that explains this distribution more than other socio-demographic factors. The data broken down by age group (for both women and men) show how persistent the divisions in caring tasks are across generations. There has been no essential change in gender roles in the household for younger generations either. Factors such as level of education, occupational status and area of residence have a small influence on task division. In relative terms, fewer women from Chişinău, with an occupational status and a higher level of education, are solely responsible for care tasks.

The gender division of domestic tasks becomes even more pronounced with the advent of children. The share of women responsible for meal preparation in households without children is 69.5%, and in households with at least one child it is 82.7%.

² For the first age group (15-19 years) the number of children is 0.

An important aspect of family life is the division of childcare responsibilities which, like household tasks, are largely defined by gender roles. For example, dressing children is mainly a women’s task in 57.3% of households, in 41.3% of households it is a joint task for both parents and in 1.3% it is a men’s task.

Share of women and men who say they ‘always’ or ‘usually’ do household tasks

	 WOMEN	 MEN
PREPARE DAILY MEALS	82,6%	4,7%
VACUUM CLEANING THE HOUSE	79,6%	4,2%
DOING THE LAUNDRY	88,6%	4,3%
DO SMALL REPAIRS IN AND AROUND THE HOUSE	9,8%	61,8%




When the child is ill, in 67.7% of households it is the woman who is most often responsible for looking after the child; in only 29.7% of households is this a shared responsibility and in 2.7% of households it is the responsibility of men.

In 51.0% of households it is women who are most often involved in helping children with homework, in 45.3% of households this being a shared responsibility. The situation when men are primarily involved in this task is found in 3.7% of households.

Playing with children is considered to be a shared responsibility of parents in 72.2% of households. In 24.9% of them, playing with children is primarily the responsibility of women, and in 2.9% – the responsibility of men. The high level of involvement of both parents in relation to other childcare tasks is explained by the nature of the responsibility in question, which is associated with greater flexibility regarding the time available in terms of duration and frequency.

Most men and women are satisfied with the way in which the roles and responsibilities of raising and caring for children are distributed. At the same time, we can see that there is a clear gender gap in the share of satisfied women (67.2%) compared to men (84.7%). The share of dissatisfied women is practically twice as high as that of men – 32.6% for women and 15.2% for men.

Division of childcare tasks

	 WOMEN'S RESPONSIBILITY	 MEN'S RESPONSIBILITY	 EQUALLY RESPONSIBLE
DRESSING UP CHILDREN	57,3%	1,3%	41,3%
STAYING AT HOME WHEN CHILDREN ARE ILL	67,7%	2,7%	29,7%
PLAYING WITH THE CHILDREN AND/OR TAKING PART IN LEISURE ACTIVITIES WITH THEM	24,9%	2,9%	72,2%
HELPING CHILDREN WITH HOMEWORK	51,0%	3,7%	45,3%

3 out of 4 agree that women take better care of young children compared to men

Women to a greater extent are unsatisfied with the division of childcare tasks. At the same time, the increase in the number of children leads to an increase in the share of dissatisfied women.

1.5. Intergenerational relations

Close links between generations and generational interaction are specific to individual and family life. Mutual material help, care, emotional support from parents and grandparents to children and grandchildren and vice versa help to ensure basic needs in times of financial dependence of young people and insufficient financial sources in old age.

Throughout history, in Moldovan society, the support offered by parents to adult children was regarded as an element of family cohesion. According to the GGS data, 85.0% of the population partially or totally agree that if the adult children have difficulties, parents need to adapt their own lives in order to help them.

GGs data revealed that more than a quarter of teenagers (15-19 years) and young people aged 20-24 benefited from support. Financial dependence on parents can be explained by the transition from school to work and adult life. More than one third of young people from urban areas receive material and financial support, while for rural areas – almost one in four people in their teenage years (15-19 years), followed by around 17% for the 20-24 age group. After the age of 25, the share of recipients of financial support decreases, largely due to integration into the labour market, leaving the parental home, starting their own family. The fewest beneficiaries of material or financial support are in the 40-59 age group – on average 9%.

Among the population aged 65 and over, the share of recipients of material or financial support (in the amount of at least MDL 750) starts increasing again, ranging from about 13% to 15% for ages 65-69/70-74/75-79. We note that once people retire, their financial and material situation becomes precarious, their income decreases due to small pensions, and covering utility expenses and ensuring a decent standard of living becomes a problem. Thus, some older people receive support from their adult children, relatives, and/or from the state through social assistance provided according to certain criteria.

The share of older people receiving support is higher in urban areas (about 17%) and among women (15.1%), but lower in villages (12.5%) and among men – about 12%. One explanation for these differences could be women's greater longevity and thus living alone for longer, as well as their lower incomes compared to men. All this makes them more dependent on support from relatives or outside sources to meet their financial and material needs.

Help with the care of minor children. According to the results of the survey, about 18% of the population aged 15-79 help other people to care for their minor child/children. Among women and urban dwellers, the share of those who help with childcare is higher and exceeds 20% and 23% respectively. By age group, this share ranges from 21.7% among 15-19 year olds, usually involved in caring for younger siblings (in urban areas they constitute about 32%), to 23% among 55-59/60-64 year olds, usually grandparents by that age, caring for their grandchildren. The share of people providing help in caring for minor children is almost 30% in Chişinău municipality, significantly higher compared to the general average and the shares recorded in other regions.

From the results of the survey, it can be seen that a good share of those who helped with childcare did it for people who are their relatives: daughter/son or grandchildren (48%), sister/brother or other relatives (about 33%). Around 22% provided this help to friends, acquaintances, neighbours or colleagues. In the Republic of Moldova, grandparents traditionally had the role of supporting young families and caring for grandchildren. The survey data confirm this. Thus, according to the GGS survey, 88.6% of the total number of respondents 'partially agree' or 'fully agree' with the statement that grandparents should look after grandchildren if parents are unable to do so, with a significant prevalence of those in rural areas.

Support and care for older parents. The issue of support, including financial support, from children to parents in case of need is intergenerational in nature, falling within the context of the Family Code of the Republic of Moldova, which provides for the obligation of adult children to support their parents (Article 80). The GGS data show that 92.9% of the total population partially or fully agree that children should help their parents financially if they are facing financial difficulties, with a prevalence among those from rural areas.

Helping with personal care, particularly for the older, is an important aspect of intergenerational relationships. Most of this help is provided by family members (partner or children). According to self-reports, in the last 12 months prior to the survey, about 4% of the population aged 65 and over received help with routine personal care such as dressing, bathing or using the toilet, getting out of bed, eating, etc. The differences by gender, area of residence, level of education, marital status and other variables are insignificant, with values hovering around the mean. Personal care recipients are usually older respondents (75-79 years), with a share of 8%.



2. FERTILITY AND REPRODUCTIVE INTENTIONS

2.1. Average number of live births in lifetime

Reproductive behaviour and fertility levels strongly influence population reproduction levels. Although the GGS did not aim to measure fertility levels, it provides an opportunity to examine some specific aspects, in particular its correlation with economic and social factors. The overall picture regarding fertility levels is similar to that provided by official statistics. The average number of live births to women 15 to 49 years of age is 1.74 (1.47 for urban areas and 1.92 for rural areas).

Differences in fertility rates are observed in terms of women's level of education, with those with higher education having the lowest number of live births in both urban (1.5) and rural (1.69) areas. Compared to cohabiting women, married women stand out with a higher value of this indicator (2.04), especially in urban areas, showing that a family based on marriage creates a favourable environment for childbirth and childrearing.

In the 15-49 age category, women who gave birth to 2 children account for the highest share (35%). Also quite high is the share of women who gave birth to 3 children – 16.1%. 21% of women gave birth to only one child, while 21.5% gave birth to no children.

Average number of live children born during lifetime to women aged 15-49

1,74
TOTAL

URBAN 1,47
RURAL 1,92

Women aged 45-49 have 2.11 children. Rural women gave birth to 2.23 children and urban women – to 1.85 children. In Chisinau municipality, women aged 45-49 have the lowest number of children born – 1.37.

Percentage distribution of women aged 15-49 by number of children born

21,5% **21%** **35%** **16,1%** **4,42%** **2,18%**
0 children **1 child** **2 children** **3 children** **4 children** **5 children and more**

The share of rural and urban women who gave birth to more than 3 children is 27.9% and 15.2% respectively.

Among women who are at the end stage of reproduction (45-49 years of age), 44.7% had two children, 20.8% – one child, 19.9% – three children, and 9.2% had four children and more. The share of women who did not give birth to a child is low – 5.5%.

In urban areas, there is a low share of higher-order births, especially fourth- and fifth-born and more, although the share of women who have had 3 children is relatively high at around 20% in the 35-39 and 40-44 age groups. Women who gave birth to 2 children account for the largest share, showing the tendency for families to have at least 2 children. The higher fertility of rural women can be explained by the significantly higher share of those who gave birth to 3 or more children (32.9% of women in the 45-49 age group). Younger generations of women also retain the traditional reproductive behaviour of having children at young ages (15-19 years) and the high share of high-order births. Nearly every fifth rural woman with a higher education reported giving birth to three or more children, while in urban areas only every seventh.

For rural areas, a high share of cohabiting women having two or more children is common. Thus, over 40% of cohabiting women gave birth to three or more children, compared to 30% in the case of married women. This points to the existence of certain categories of women, often from socially vulnerable groups, who have children out of wedlock and with different partners. Unemployed women and those in low income quintiles account for a higher share of those with 5 or more children.

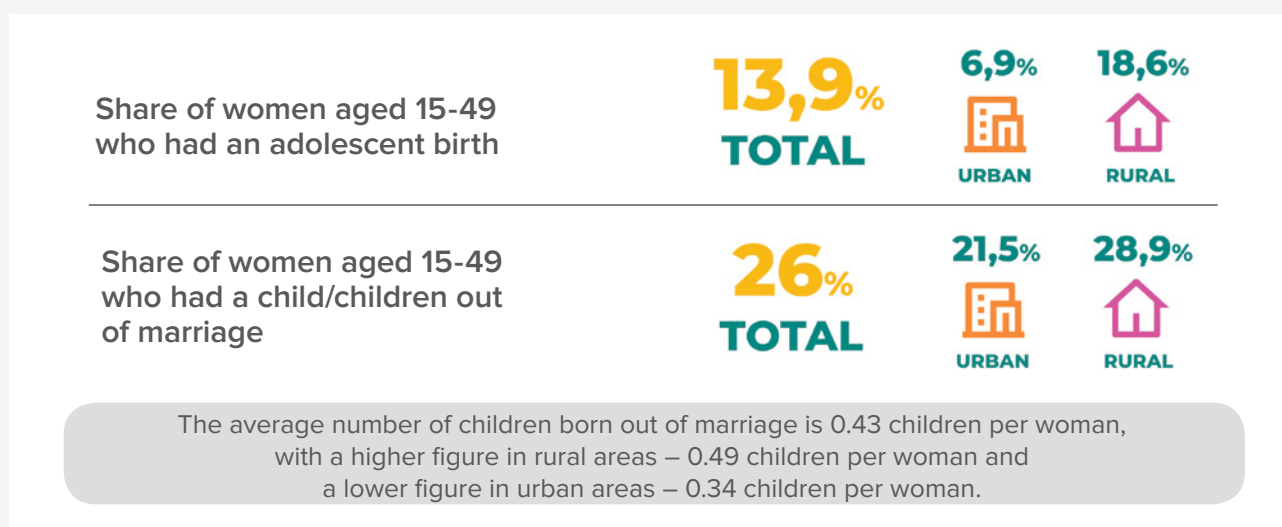
Average age of women at childbirth³. Despite the fact that postponing the birth of the first child is a steady trend observed in recent decades, this indicator is much lower in the Republic of Moldova compared to other countries in the region. Given as the average for women aged 15-49, the age of the mother at the birth of the first child is 22.6 years, with 21.8 years for rural areas and 23.8 years for urban areas. The lowest mean age at first child birth is found among women from the southern region – 21.8 years, while the highest (24.5 years) – among those from Chişinău municipality. Women with higher education give birth to their first child at almost 25 years of age. The average age of women at the birth of their second child is 26.4 years, with 25.4 years for rural women and 28.3 years for urban women. The average age of women at the birth of their third child is 29.6 years, with 31.3 years in urban areas and 29.1 years in rural areas. The most important factor affecting this indicator is women's education level. Having a first child later in life leads to a higher age at second childbirth, especially in the case of urban women (30 years).

Spacing between births of different orders. The time between marriage and the birth of the first child is called the protogenetic interval. It is usually at least 9 months. A period of less than 9 months indicates either premarital conception or premature birth. In the GGS, the protogenetic interval was calculated as the time interval between the date of marriage registration and the date of birth of the first child indicated by the respondents. According to the GGS results, the mean protogenetic interval for women aged 15-49 is 9.8 months. It is higher for urban women (12.2 months) and lower for rural women (8.4 months). The shortest protogenetic interval is characteristic of women who gave birth between 15 and 19 years of age, amounting to 2.7 months for all respondents, 2.56 for rural respondents and 4.0 for the urban ones, which indicates that marriage registration took place after the onset of pregnancy.

The average interval between the first and second birth for women aged 15-49 is 54.2 months, which is shorter for rural respondents – 50.3 months compared to 62.4 months for urban respondents. Women who have given birth to two children by the age of 29 have the shortest interval between the first and second childbirth, accounting for 43.5 months for urban women and 37.1 for rural women. The interval between the birth of second- and third-born children is 62.3 months.

³ This indicator is not similar to the one calculated by NBS for calendar years. The mean age of women at childbirth was estimated according to the data reported by respondents who had given birth in different years prior to the GGS.

Childbirth in adolescence. In recent decades, the Republic of Moldova has recorded a high adolescent birth rate, especially in rural areas. Adolescent childbirth is a result of risky sexual behaviour, an unintended pregnancy, and a reflection of low levels of adolescent sexual education and access to family planning services. Adolescent pregnancy (15-19 years) remains at a similar level in different age groups, both younger and older, with adolescent birth percentage ranging from 13% to 16.4% for women aged 20-49⁴. Only in the first age group (15-19 years) the share of women who gave birth to a child is 5.3%. Area of residence is emerging as a differentiating factor, with the share of rural women reporting adolescent births several times higher across all age groups than in urban areas. This indicator is highest for young rural age groups (20-24 and 25-29 years), with almost every fourth woman in these age groups reporting having given birth at the age of 15-19. The southern and central regions have the highest rates of adolescent births, especially in rural areas, while the lowest indicator value is found in Chisinau municipality.



In rural areas, early childbirth is quite common. Thus, almost 13% of rural respondents in the 20-24 age group and around 10% of those aged 25-29 said they gave birth to a child while under the age of 18, this being significantly higher than for the over-60 generation. Among cohabiting respondents, the share of births up to 18 years is the highest, especially in rural areas, being twice as high as in urban areas. Low level of education is typical for women in this category.

One in four women aged 15-49 reported childbirth outside marriage (26.0%), with a prevalence in rural areas – 28.9%. In urban areas, about one in five women (21.5%) gave birth outside marriage. The prevalence of out-of-wedlock births is also common among women with low levels of education from both rural and urban areas, as well as among cohabiting women. The distribution of women by the number of children born shows that of the total number of women aged 15-49, 15.6% had one child out of marriage, 6.3% had two children, and 2.9% had three children born outside marriage.

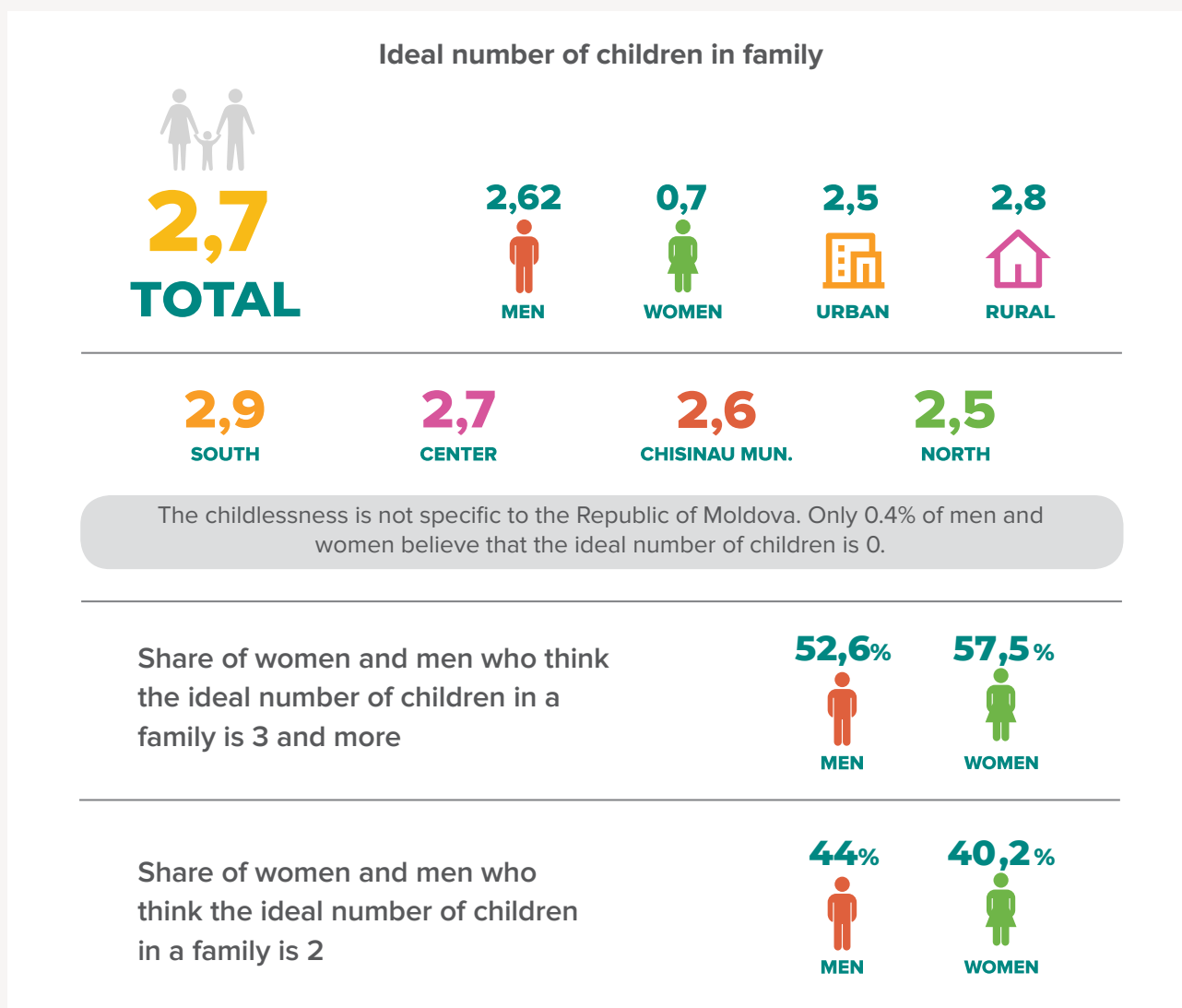
⁴ This indicator is not similar to the one calculated by NBS for calendar years. The adolescent births indicator was estimated according to the data reported by respondents who had given birth in different years prior to the GGS.

2.2. Ideal number of children in family

Reproductive expectations, preferences and intentions are of particular importance in studying reproductive behaviour and fertility. These are used to answer to what extent people control their reproductive life and whether it is possible to predict birth rates based on these preferences. In modern society the role of reproductive intentions is increasing as the pressure of social norms decreases and individual freedom in decision-making has become more important than respect for traditions.

In the survey, respondents answered the question, ‘Generally speaking, what do you think is the ideal number of children for a family?’ More than 40% of men and women believe that the ideal number of children is two (44.0% and 40.2% respectively). Most of the population supports the idea that the ideal number of children is three or more (52.6% for men and 57.5% for women).

In rural areas, the share of the population who believe that the ideal number of children in a family is three or more is significantly higher (60.6%) than in urban areas (46.7%). The share of rural respondents who said they wanted two children was 37%, while in urban areas it was 49.7%. In both urban and rural areas, those in favour of having one child or no children are in the minority. The southern region has the highest share of people who believe that the ideal number of children in the family is three or more, with 53.3% in urban areas and 72% in rural areas.



The share of men and women who believe that the ideal number of children in a family is 0 is very small – 0.4%, which confirms that the phenomenon of voluntary childlessness is not characteristic for Moldova.

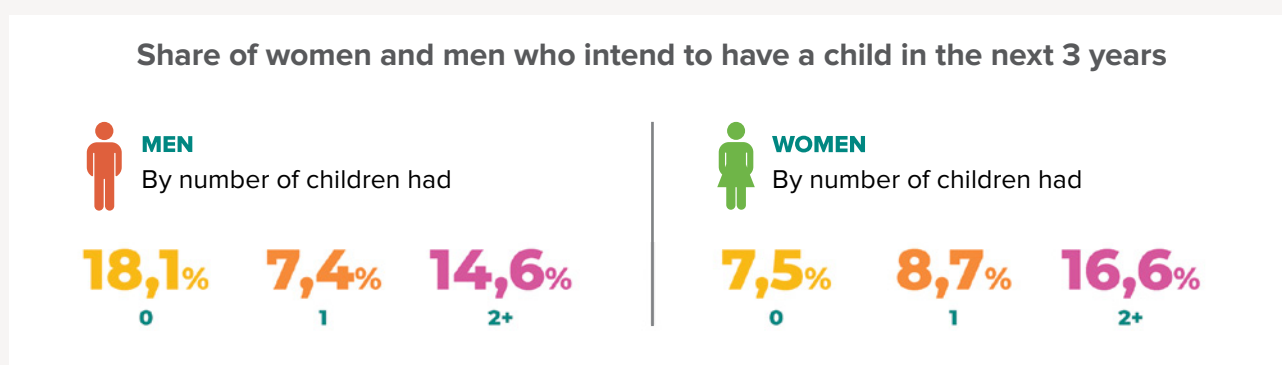
In the survey, the respondents were also asked about the ideal number of children for their own family. It is noteworthy that the ‘ideal number of children in the family’ and the ‘ideal number of children in own family’ are virtually the same, the differences being statistically insignificant.

In the survey, the respondents were asked: ‘How many children, including biological and adopted, do you generally intend to have?’ The results show that the average number of children that men and women (total number) aged 15-49 generally intend to have is 2.42 per person. For men, this indicator is 2.38 children per person, while for women it is slightly lower – 2.29 children per person. The rural population stands out with a higher average number of children they intend to have – 2.51 children per person compared to 2.29 children per person in urban areas.

2.3. Reproductive intentions

Reproductive intentions are an important piece of information about having children. Intentions to have a child at some point in life are better predictors of reproductive behaviour than the more abstractly conceived indicator of the ideal number of children in the family. The unwillingness to have a child/children, as a rule, is particularly predictive of later behaviour.

In the GGS, respondents were asked if they intend to have children in the next 3 years⁵. To calculate the percentage of men and women who intend to have children in the next 3 years, those who answered ‘probably yes’ and ‘definitely yes’ were taken into account. The results show that the highest share of women and men intending to have children in the next 3 years is observed among childless individuals in the younger age groups – up to 30 years for men and up to 25 years for women.



The highest share of men and women who intend to have children during the next 3 years is recorded in the central and southern regions, the lowest being reported in Chişinău municipality. In terms of marital status, the share of unmarried (single) men who do not have children but intend to have them in the next 3 years is 40.8%, and for unmarried (single) women without children – 26.2%.

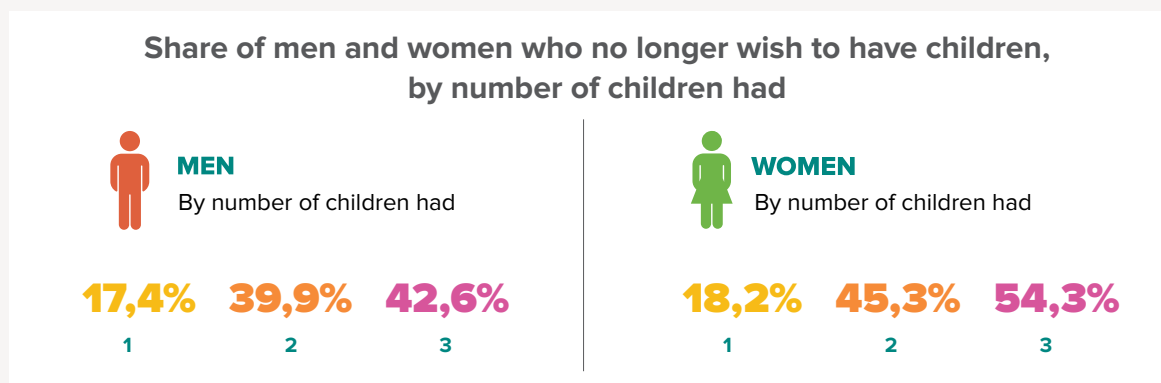
⁵ Questionnaire question: ‘Do you intend to have a/another child in the next 3 years? Please take into account only biological children and do not include any current pregnancies’.

By level of education, we find a lower share of men with higher education and without children among those intending to have them in the next 3 years (14.8%). For childless women, the education level does not make a difference in terms of reproductive intentions.

The GGS asked whether respondents intended to have any more children at all. The question was worded as follows: ‘Supposing you do not have a/another child during the next three years, do you intend to have any (more) children at all?’ To determine the share of women and men who intend to have any more children, the response options ‘probably yes’ and ‘definitely yes’ were taken into account. The survey results show that of the total number of men aged 15-49 who already have a child, only 6.7% responded that they intend to have more children. The share of women of the same age with a child who intend to have more children is also low – 7.1%. At the same time, 15.4% of men and 17.8% of women with 2 or more children intend to have more children.

Among men with one child, a higher share of those intending to have more children was recorded in the age groups between 25 and 29 (10.5%), 30 and 34 (8.8%) and 35 to 39 (8.2%). Among women with one child, about every tenth woman aged 20 to 34 plans to have more children.

A quite similar share of men and women who have only one child (17.4% and 18.2% respectively) no longer intend to have children. About 40% of men and 45.3% of women with two children no longer intend to have children. These results correspond to some extent to the structure of women by the number of children born towards the end of the reproductive period and confirm the rigorous planning of births within marriages/committed relationships.

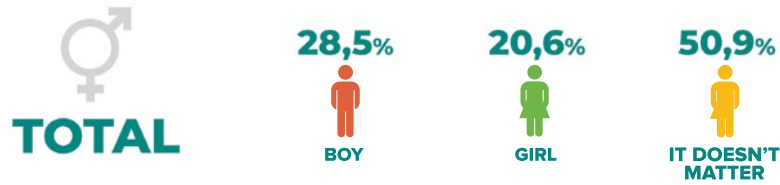


2.4. Child’s gender preference

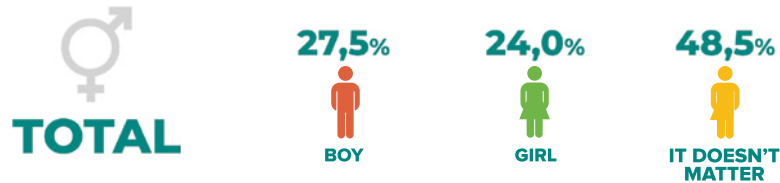
When planning the birth of a child, men and women may have some preferences regarding child’s gender, which may be influenced by social beliefs, the gender of the child they already have, personal experience such as the presence of siblings, etc. The two-child family model, specific to the European region, including the Republic of Moldova, is often associated with the desire of couples to have a boy and a girl. Sometimes, when parents have two children of the same gender (two boys or two girls), they decide to have another child, hoping to have a child of a different gender.

The GGS asked the question ‘Would you prefer your first-born/next child to be a boy or a girl?’ More than half of men aged 15-49 (52.7%) believe that the gender of the child does not matter and only about every third expressed a preference to have a boy. The highest percentage of men who would prefer their first-born/next child to be a boy is in the younger age groups: 44.1% (15-19 years) and 35.2% (20-24 years). We think that this is a preference for their first-born child, which is corroborated by the distribution of responses depending on the number of children they have (every third childless man would prefer to have his first child a boy). With increasing age, the share of men saying that the gender of the child does not matter increases.

Child gender preferences of women and men



Child gender preferences of women



Among men with higher education, there is the highest share of those for whom the gender of the first-born/next child does not matter (56.8%). At the same time, men with a medium level of education more often express a preference for having a boy (about 30%).

Women's preferences regarding the gender of the child do not differ significantly from those of men, although there is a trend in favour of having a girl. Of the total number of women aged 15-49 almost half are of the opinion that the gender of the child does not matter, 27.5% would prefer to have a boy and 24.0% – a girl. As with men, we see that the highest share of women who want their first-born/next child to be a boy was in the younger age groups: 37.8% (15-19 years), 31.7% (20-24 years) and 30% (25-29 years). The highest percentage of women who want their first-born/next child to be a girl was found in the following age groups: 20-24 years (26%), 25-29 years (25.3%), 30-34 years (27.2%) and 35-39 years (28.2%). The preference for a first-born male child is obvious. The highest share of women wanting their first child to be a boy was among those without children.



©UNFPAMoldova2021/NataliaGirbu



3. FAMILY PLANNING

3.1. Start of sexual intercourse

According to GGS data, the average age of sexual debut of the grandparents' generation (age groups 55-59 and older) was around 19-20 years, of the parents' generation (age groups 40-44 to 50-54) – not less than 18 years, and of the children's generation – around 17-18 years. There is an increasing gender gap in sexual behaviour between generations. Thus, the average age of sexual intercourse of men in the younger generations is lower than that of women, while that of men in the generations aged 50 and over is similar to that of women.

Average age of sexual intercourse for women and men aged 15-79 years



Sexual debut ages for rural women and men are slightly lower than for urban men and women

The GGS study collected data to monitor the National Target 5.6 on ensuring universal access to sexual and reproductive health and rights, including family planning and sexual and reproductive information and education. Indicator 5.6.1 has been estimated in this context. Share of women aged 15-49 (married or cohabiting) who make their own decisions about sexual relations, contraceptive use and sexual and reproductive health, based on the following variables:

- Can you say no (to your spouse/partner) if you do not want to have sexual intercourse? (answer options: Yes, No, Depends/not sure)
- Who usually makes the decision on whether or not to use contraception? (answer options: Always me, Usually me, Me and partner jointly, Usually partner, Always partner, Always or usually someone else)

- Who usually makes decisions about health care for yourself? (answer options: Always me, Usually me, Me and partner equally, Usually partner, Always partner, Always or usually someone else)

The indicator was estimated according to the UN methodology⁶ according to which a woman is considered to have autonomy in reproductive health decision making and to be empowered to exercise their reproductive rights if she (1) decides on health care for herself, either alone or jointly with her husband or partner, (2) decides on use or non-use of contraception, either alone or jointly with her husband or partner; and (3) can say no to sex with their husband/partner if she does not want to.

In the Republic of Moldova, the share of women who make their own decisions about sexual relations, contraceptive use and sexual and reproductive health is 73.3%. Comparing the level of this indicator with that at the global level (55%, based on surveys in 57 countries) and that of the countries in the region (e.g. 69.0% in Albania, 66% in Armenia, 77% in Kyrgyzstan, 33% in Tajikistan, and 81% in Ukraine), there are no significant differences.⁷

SDG 5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care.



In general, as women get older, they are more likely to make their own decisions. Analysis in terms of women's age shows no significant differences between the younger (68.4% in the 15-19 age group) and older generations (71.8% in the 45-49 age group). Women from Chisinau (77.4%) most often decide on their own about sexual relations, contraceptive use and sexual and reproductive health.

Educational attainment significantly influences women's decisions about sexual and reproductive health and rights. Education gives a boost to women's autonomy, including by stimulating their ability to make independent decisions. It is worth noting that the share of women with higher education (77.9%) who decide on their own is about 10 percent higher than for women with secondary education (67.8%). The same is true for rural married women (75.7%) compared to cohabiting women (64.7%).

3.2. Use of contraceptive methods

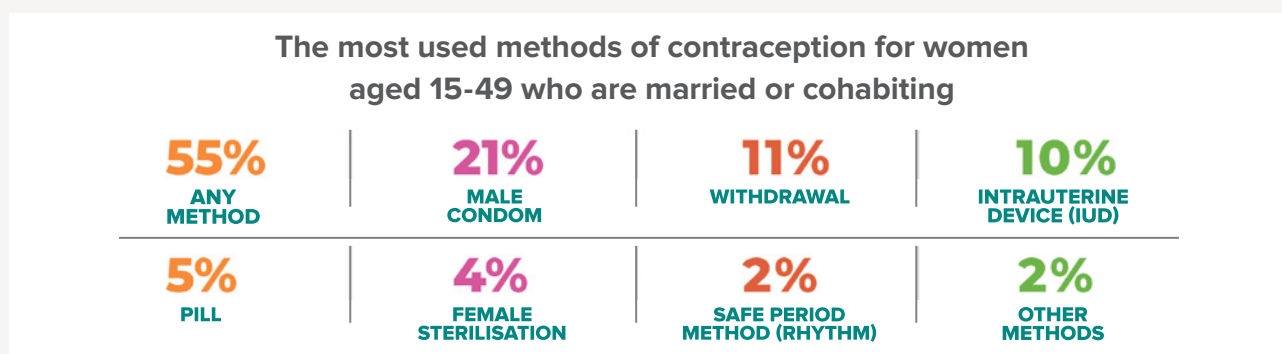
The GGS provides data on fertility/birth control methods in the Republic of Moldova, providing an opportunity to highlight differences in contraceptive behaviour between generations and between different socio-demographic population groups. In Fertility module of the GGS questionnaire, the respondents who had a sexual partner at the time of the interview were given a list of modern and traditional methods of contraception, from which they chose the methods they used to prevent pregnancy. The question was addressed to women of reproductive age (15-49 years). Where several methods were chosen, only the one with the highest efficiency was selected. Pregnant women at the time of the interview and infertile women were excluded from being respondents as per the methodology.

In GGS, the contraceptive prevalence rate was calculated and analysed for all women of reproductive age (15-49 years), including those married or cohabiting.

⁶ <https://unstats.un.org/sdgs/metadata/files/Metadata-05-06-01.pdf>

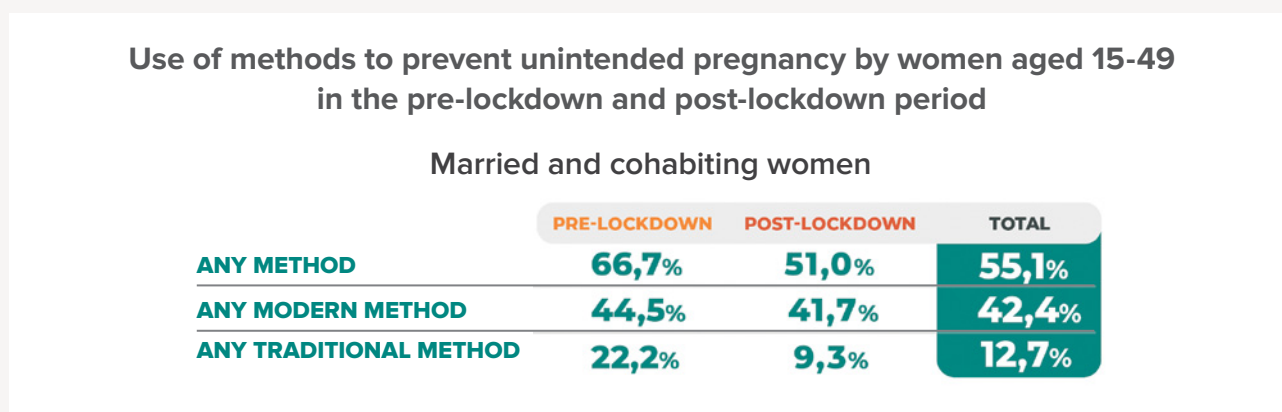
⁷ United Nations Population Fund, global databases, 2020. Based on the Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other national surveys conducted in the 2007-2018 period. https://www.unfpa.org/sites/default/files/resource-pdf/20-033_SDG561-BrochureA4-v1.21.pdf

According to the results, more than half of married or cohabiting women (55.1%) from Moldova use contraception. Modern methods are more frequently used (42.4%) than traditional ones (12.7%). Contraceptive use is lower among unmarried women (28.9%), as expected, since it is measured among sexually active and sexually inactive unmarried women, so the latter do not need family planning at this time.



The GGS gives the following ranking for the use of contraceptive methods by married or cohabiting women in the Republic of Moldova: the male condom (21%) was ranked first, followed by withdrawal (11%), IUDs⁸ (10%), contraceptive pills (5%) and the female surgical sterilization (4%) ranked fifth.

At the same time, it is important to point out that the family planning situation was different in the pre-lockdown period compared to the post-lockdown period. On the one hand, the Covid pandemic could affect the reproductive behaviour and intentions of people in a number of ways. Restrictions on service provision may reduce access to family planning services and increase fertility in the short term. On the other hand, the economic uncertainty brought about by the pandemic together its impact on mental health and well-being may reduce fertility.



Indicators therefore suggest that, in the medium term, intentions to have children may not be affected by the pandemic, but access to family planning services and postponing attempts to conceive may change people's intentions to have children and the timing of pregnancy planning.⁹

⁸ IUD – Intrauterine device.

⁹ Emery, Tom & Kooops, Judith C., 2021. "The Impact of COVID-19 on Fertility behaviour and Intentions in the Republic of Moldova," SocArXiv fcqd9, Center for Open Science.

Married or cohabiting women from the centre of the country use contraceptive methods more frequently (57.1%), especially those from Chişinău (62.6%), especially modern methods. In the north of the country, IUDs (12.6%) and contraceptive pills (6.5%) are used more often. As for the use of traditional methods, the reverse is true: 17.1% of women from the south of the country use these methods, especially that of withdrawal (15.9%).

The area of residence influences individuals' contraceptive decisions. Urban women use modern methods of contraception more frequently (59.9%) than rural women (52.13%), choosing to use male condoms (25.8%) and pills (5.9%). The IUD is equally popular among married and cohabiting women (9.7%) from both urban and rural areas. Withdrawal remains a traditional method preferred by 11 percent of women from both areas of residence.

There is an interdependence between the level of education and the use of contraception, i.e. as women's level of education increases, the prevalence of contraception gradually increases, peaking among women with higher education (64.3%). Male condoms (29.2%), IUDs (11.5%) and pills (7.2%) are more commonly used by women with higher education, and withdrawal - by women with secondary education (14.1%).

3.3. Unmet need for family planning and need for family planning satisfied with modern methods of contraception

Unmet need for family planning refers to fecund women (15-49 years) who do not use any method of contraception but wish to postpone their next birth (spacers) or wish to stop childbearing (limiters). In the GGS the unmet need for contraception was identified using a set of questions on current contraceptive use and estimated using the UN methodology¹⁰ for 3 categories of marital status (married and cohabiting women, unmarried women, all women). Married and cohabiting women (regardless of sexual activity) refer to women aged 15-49 who are married (defined in relation to the marriage laws or customs of a country) and to women in a union who live with their partner in the same household (also referred to as cohabiting unions, consensual unions, unmarried unions or 'living together').

According to this definition, unmet need for spacing is defined as the percentage of women who are not using a method of contraception (are not pregnant and have not given birth, are not postpartum amenorrheic, are fecund and say they want to wait two or more years for their next birth OR are not pregnant, are not postpartum amenorrheic, are fecund and are not sure they want another child, OR are pregnant and say the pregnancy was unintended: would have liked to wait OR are postpartum amenorrheic and say the birth was unexpected: would have liked to wait).

Unmet need for limiting is defined as the percentage of women who are not using a method of contraception (not pregnant, not postpartum amenorrheic, fecund and say they do not want any more children OR pregnant and say they do not want any more children OR postpartum amenorrheic and say they do not want any more children).

¹⁰ https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/undesapd_2021_wcu_fp-indicators_documentation.pdf

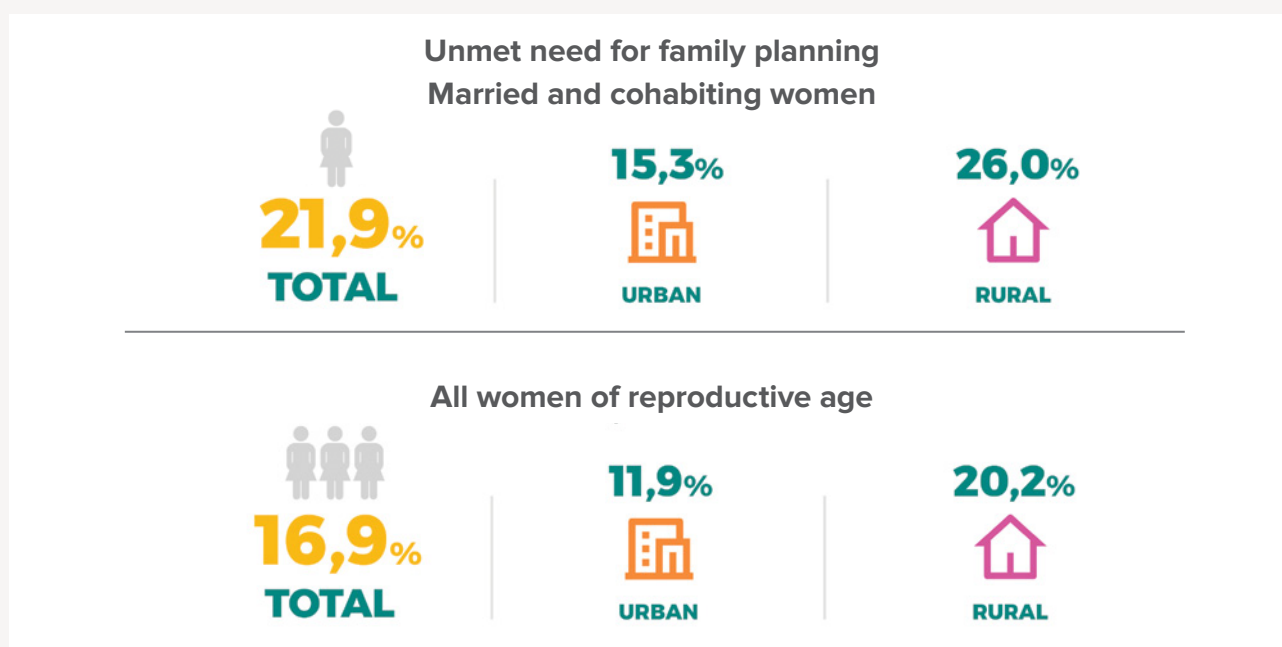
Together with the unmet need for family planning, the need for family planning satisfied with modern methods of contraception was also estimated, i.e. the percentage of women of reproductive age (15-49 years) who desire either to have no (additional) children or to postpone the next child and who are currently using a modern method of contraception.

The need for family planning satisfied with modern methods of contraception is also on the list of indicators of the 2030 Agenda for Sustainable Development (Goal 3, Target 3.7., Indicator 3.7.1. 'Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods').¹¹ Levels of need for family planning satisfied with modern methods of 75% or more are generally considered high, and values of 50% or less are considered low.

Data show that just over one-fifth (21.9%) of married or cohabiting women of reproductive age who need contraception reported unmet need. Numerous reports show that during the Covid-19 pandemic there were barriers to accessing essential health services, including for family planning, due to the limitation or even cessation of service provision for a period of time, coupled with restrictions on population mobility imposed by the authorities.

The unmet need for family planning is higher in rural areas (26.0%) compared to urban areas (15.3%), with the same trend for limiting birth (17.7% and 10.7% respectively). Unmet need is more common among young women. As age increases, there is a trend of decrease in unmet need for contraception for spacing births from 6.4% in the 20-24 age group to 3.1% in the 45-49 age group and an increase in unmet need for limiting childbearing (5.7-21.2%).

Together with the unmet need, the demand for family planning satisfied with modern contraceptive methods among married and cohabiting women was analysed in relation to the characteristics studied. About 60% of married and cohabiting women have their family planning needs met with modern methods of contraception, this indicator being higher among urban women (64.0%) compared to rural women (58.0%).

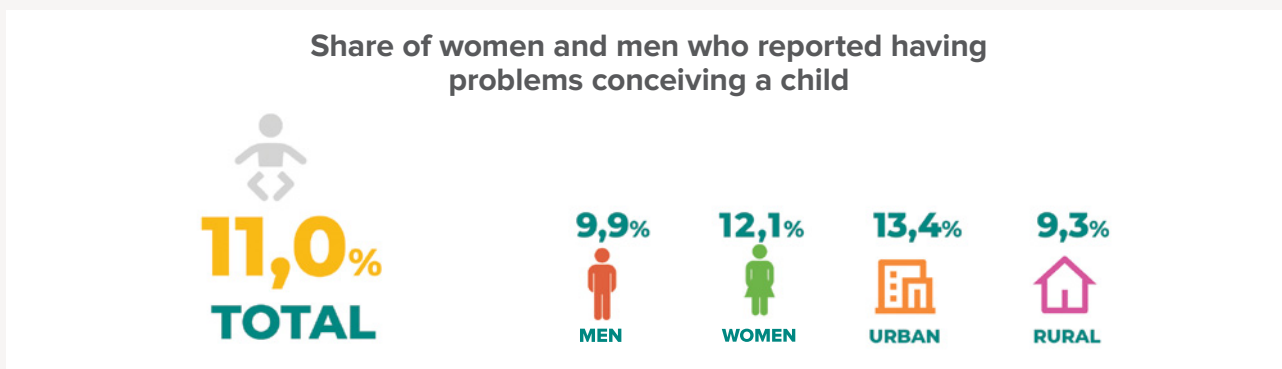


¹¹ https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/undespa_pd_2021_wcu_fp-indicators_documentation.pdf

Global indicator framework for the Sustainable Development Goals and targets of the 2030 Agenda for Sustainable Development; SDG Indicator 3.7.1: Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods.

3.4. Problems conceiving a child

The GGS questionnaire included a set of questions on infertility. Infertility issues were analyzed based on the following question in the questionnaire, ‘Was there ever a time when you were trying to get pregnant but did not conceive within at least 12 months?’ with a ‘Yes/No’ response option. According to the data, 11% of respondents aged 15-49 reported having problems conceiving a child, with a higher share in urban areas (13.4%) compared to 9.3% in rural areas. The share of women who answered affirmatively to this question is slightly higher – 12.1%, compared to 9.9% for men. At the same time, in the 35-39 age group, more than 20% of men and 17.6% of women reported experiencing this problem.



About 7% of men aged 30-50 and about 9% of women aged 25-50 used infertility treatment.



©UNFPAMoldova2021/NataliaGirbu



4. HEALTH AND WELLBEING

4.1. Self-perceived health conditions

The health conditions of the population are an important indicator of well-being and human capital, its ability to ensure sustainable economic growth, the latter being a precondition for improving population health.

According to GGS data, more than half of the population (52.3%) reported their health to be 'good or very good', 38.2% – 'satisfactory' and 9.5% reported their health to be 'bad or very bad'. The share of men who consider their health to be 'good or very good' (56.2%) is significantly higher compared to that of women (48.8%). The urban population is significantly more likely to report 'good or very good' health (57.1%) than the rural population (49.6%).



When asked about the presence of a chronic condition (disease), 47.2% of people reported suffering from at least one chronic disease. The share of women suffering from at least one chronic disease (53.6%) is significantly higher than that of men (40.0%), overall, and in almost all age groups. Also, more people from rural areas (48.0%) reported suffering from at least one disease compared to those from urban areas (45.7%). The share of people affected by chronic diseases increases with age, driven by an increased risk of developing them. The share of self-reported chronic diseases/illnesses is concerning, especially in the working age groups, where it increases from 19.0% in the 20-24 age group to 78.0% in the 60-64 age group.

4.2. Difficulties in carrying out normal daily activities

The GGS determined the severity of the disability (difficulty in functioning) based on the assessment of difficulty in carrying out normal daily activities due to physical or mental health problems. The following normal daily activities were selected as basic functional domains: vision, hearing, moving, memory, self-care. To define the severity of a disability, this GGS used the indicators of the Washington Group on Disability Statistics. Thus, the response options (no difficulty, some difficulty, a lot of difficulty and cannot do at all) were used to define the following levels of severity: no difficulty, mild difficulty,

moderate difficulty and severe difficulty. In order to ensure international reporting and cross-national comparability, the Washington Group on Disability Statistics has established that persons with disabilities are those who have a lot of difficulty or who cannot do at all at least one of the activities included in the five functional domains listed in the questionnaire.¹²

Share of people aged 15-79 who 'have difficulty in carrying out normal daily activities' due to physical or mental health problems

43,3%
TOTAL

37,1%

MEN

49,0%

WOMEN

41,3%

URBAN

44,5%

RURAL

Share of the population in the Republic of Moldova having the following difficulties:

VISION DIFFICULTIES

0,1%
SEVERE

3,7%
MODERATE

29,1%
MILD

HEARING DIFFICULTIES

0,1%
SEVERE

1,0%
MODERATE

8,6%
MILD

MOBILITY DIFFICULTIES

0,2%
SEVERE

3,9%
MODERATE

13,9%
MILD

MEMORY ISSUES

0%
SEVERE

1,2%
MODERATE

15,9%
MILD

SELF-CARE ISSUES

0,1%
SEVERE

0,7%
MODERATE

4,1%
MILD

The share of people experiencing severe difficulties in carrying out normal daily activities is higher among older people (7.6% and 15.5% in the 70-74 and 75-79 age groups respectively).

A further one in 12 (8.1%) say they 'have severe difficulty carrying out at least one of the five types of activities' but are still able to carry them out (moderate difficulty), with no significant differences by area of residence – rural (8.3%) or urban (7.8%). The share of moderate difficulties in carrying out daily activities increases with age from 1.9% in the youngest age group to a quarter (27.1%) and a third (34.5%) in the oldest age groups (70-74 years and 75-79 years, respectively). The share of women who said they 'experience severe, moderate and mild difficulties in carrying out daily activities' is higher across all age groups compared to the share of men.

¹² <http://www.washingtongroup-disability.com/>

Among the most affected by moderate difficulties in carrying out their normal daily activities are people from the northern region (10.6%), where the ageing of the population is more pronounced, people with primary education (14.0%), divorced or separated people (14.0%). People with a low level of income (14.9% in quintile II, 14.7% in quintile I) are about three times more likely to report 'moderate difficulty in carrying out daily activities' than people in the best-off group (5.3% in quintile V).

Severe mobility difficulties were reported by 0.2% of respondents, moderate difficulty – by 3.9%, and 13.9% reported mild mobility difficulties. The frequency of moderate mobility difficulties increases with age from 0.5% in the youngest age group (15-19 years) to 18.9% in the oldest age group (75-79 years).

The vision difficulties that stood out were moderate, the share of severe ones being insignificant. The share of *moderate vision difficulties* increases with age, from 1.2% in the 15-19 age group to 17.7% in the 75-79 age group. In the 50-54 age group more than half of women reported mild visual difficulties, with an increase in the 60-64 age group up to 60%. The percentage of men reporting mild visual difficulties reaches 50% in the 60-64 age group – which is later than for women – with a maximum of around 55% in the 75-79 age group.

Hearing difficulties. A small share of respondents report severe (0.1%) or moderate (1.0%) hearing difficulties, even if using a hearing aid. The share of moderate hearing difficulties increases gradually with age, from 0.3% in the 20-24 age group to 7.3% in the 75-79 age group.

Difficulty remembering and/or concentrating (cognitive impairment). The share of moderate cognitive impairment is 1.2%, with no significant differences by gender and area of residence. Another 15.9% of the population reported mild cognitive impairment with a significantly higher share of women (18.7%) compared to men (12.9%), and a less pronounced difference between the two residence areas (16.3% in rural areas compared to 15.2% in urban areas). Although the share of mild cognitive impairment increases with age, it should be noted that in the working age groups the share of people affected increases from 7.5% in the 20-24 age group to 26.0% in the 60-64 age group. About one third (age groups 65-74) and half (age group 75-79) of older people are affected by mild cognitive impairment.

Difficulties with self-care. The most disadvantaged groups are the elderly, who have the highest share of mild self-care difficulties (27.9% in the 75-79 age group).

One in five people (22.0%) reported experiencing multiple difficulties in carrying out daily activities (2 or more types of difficulties, of any severity, including mild). The share of women reporting having multiple difficulties in carrying out daily activities (25.4%) is higher than that of men (18.2%). This situation can be explained by the fact that women have a longer life expectancy compared to men, and this longer lifespan is accompanied by the presence of chronic diseases that contribute to difficulties in carrying out normal daily activities. The rural population, which is older, reported significantly more frequently multiple difficulties in carrying out daily activities (24.0%) compared to the urban population (18.5%). The share of multiple difficulties increases with age, from 2.6% in the 15-19 age group to 78.7% in the 75-79 age group.

4.3. Loneliness and depression

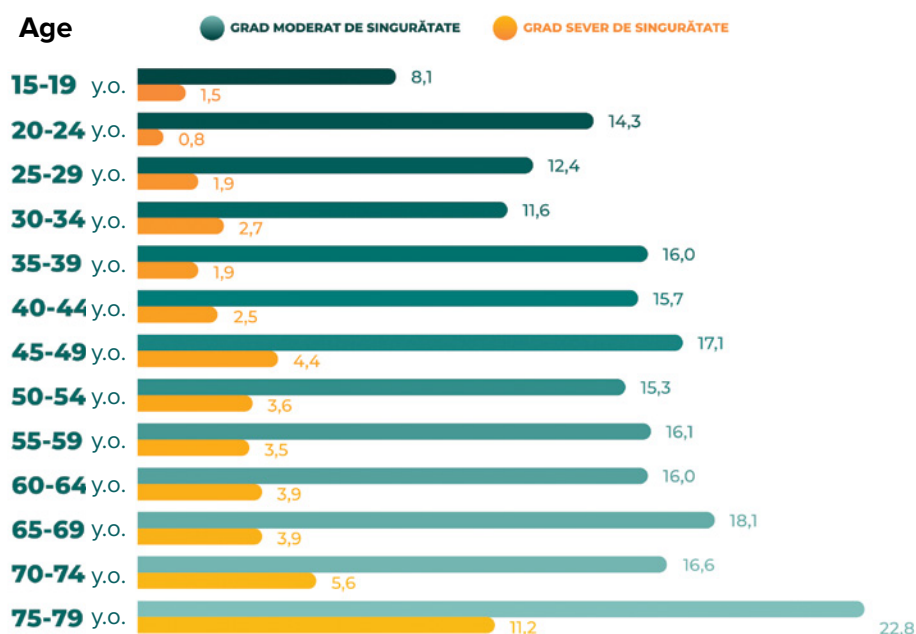
Loneliness refers to the subjective evaluation of the situation an individual is in, characterized either by fewer relationships with friends and colleagues than desired (social loneliness) or by situations in which the desired intimacy in the trusting relationships has not been achieved (emotional loneliness). Measuring loneliness is important because loneliness is associated with social isolation, poor/unhealthy social and behavioural habits as well as depression, negatively influencing physical and mental health.

In the GGS, the Loneliness Scale was used to measure feelings of loneliness with the scores derived from responses to 6 statements. Respondents were asked to rate their recent experiences/states based on the statements provided. The response to each question (statement) was rated on a three-point scale according to the degree of loneliness, with 3 meaning a high degree of loneliness, 2 – a low degree of loneliness, and 1 – no feeling of loneliness or a very low degree of loneliness. The scores for all 6 questions were summed on a scale of 6-18. The respondents who scored between 12 and 14 points were classed as ‘moderately lonely’, and those who scored between 15 and 18 points – ‘severely lonely’.

About 3.1% of respondents reported feeling severely lonely, with no significant differences by gender and area of residence. The severe degree of loneliness reported in the survey increases with advancing age, affecting about one in ten people in the older age group.

Feelings of loneliness among 15-79 year olds

14,8% Moderate degree of loneliness | **3,1%** Moderate degree of loneliness



One in eight people had experienced depression in the past week, especially divorcees and widows, pensioners and those in the poorest quintile

Depression negatively affects the way a person thinks, feels, behaves and manages daily activities such as sleeping, eating or working. Depression is associated with decreased physical, cognitive and social functioning and greater self-neglect, all of which contribute to a significant decrease in quality of life.

For the depression self-assessment, GGS surveyed depressive states that 'respondents have experienced in the past week'. The responses for each question (state) were rated on a scale of 1 to 4, where 4 means severe depression and 1 – minimal depression. The respondents who scored between 11 and 20 points were deemed to be depressed.

According to GGS data, one in eight people (11.9%) reported that they had experienced depression in the past week, with an insignificant difference between the two residence areas (11.4% in urban areas compared to 12.2% in rural areas). The share of women who 'have experienced depression in the past week' (14.9%) is significantly higher than that of men (8.7%), with a gender gap characteristic of all age groups. Among the low income population (quintiles I and II), the share of those who 'have experienced depression in the past week' is twice as high as among the high income population (quintiles IV and V), amounting to more than 20%.

4.4. Happiness and life satisfaction

Well-being is closely linked to happiness and life satisfaction. Happiness is a measure of quality of life and is a subjective state of well-being and contentment. Happiness and well-being are important for people themselves, as well as for the socio-economic development of a society, and should be taken into account by the government when developing public policies.

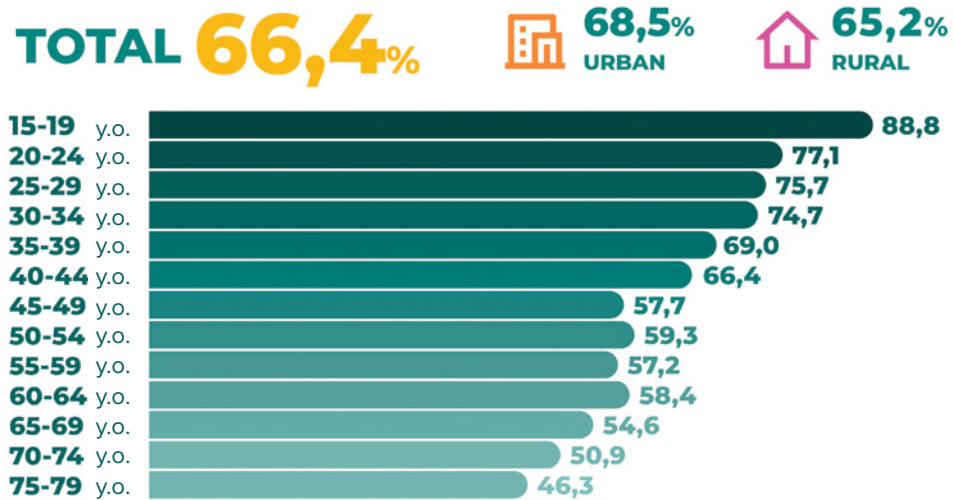
Almost half of respondents (47.2%) said they were 'very happy' or 'somewhat happy'¹³, with no gender differences (47.3% of women compared to 47.1% of men). Although there are some differences between the two residence areas in terms of perceived happiness (49.1% in urban areas compared to 46.1% in rural areas), they are not statistically significant. The share of 'very happy' or 'somewhat happy' people decreases with age, from 74.0% in the youngest age group (15-19) to 24.0% in the oldest age group (75-79). This gradual decrease is observed for both women and men, regardless of their place of residence.

The share of people who are 'very happy' or 'somewhat happy' is about twice as high among married (53.1%) or cohabiting (54.7%) people compared to divorced (24.3%) or widowed (26.2%) persons.

¹³ 9-10 points on a scale from 0 to 10.

Two thirds (66.4%) of respondents say they are 'satisfied with their life' (8-10 points on a scale of 1 to 10) with no gender differences. The urban population is more likely to say they are 'satisfied with their life' (68.5%) than the rural population (65.2%). The share of people satisfied with their life decreases with age, halving in the 75-79 age group (46.3%) compared to the 15-19 age group (88.1%).

Share of people aged 15-79 satisfied with their lives



People living in the central region are the most satisfied with their lives, while those in the southern region are the least satisfied. Increasing levels of education and prosperity are associated with an increase in the share of those who are satisfied.



©UNFPAMoldova2021/NataliaGirbu



5. WORK LIFE BALANCE

5.1. Working arrangements and flexible working hours

Ensuring work-life balance is an important goal in the context of contemporary demographic change and respect for women's and men's rights at work. Despite the existence of a legal framework, which encourages work-life balance, the problem of addressing the impact of maternal employment on the pre-school child persists in society. This is confirmed by the GGS data. Thus, 74.1% of people partially or fully agree that a child up to the age of 3 may suffer if the mother works. In this context, issues related to working hours and working arrangements, the impact of working life on family life and vice versa were examined.

Working arrangements with fixed starting and finishing times¹⁴ are typical for about three quarters of employed people aged 15-64 (74.5%), with a higher share among women. Thus, 82.4% of women have fixed working hours, while the share of men is 14.2 percentage points lower (68.2%).

One in four people (25.2%) works outside a fixed work program. This type of work arrangement is more common for men (31.5%) than for women (17.1%), the differences being due to the higher employment rate of women in the budgetary sector where a fixed work arrangement prevails.

Mechanisms for reconciling work and personal life are diverse, giving employees the freedom to organise their working hours and time according to individual needs. The GGS data revealed that about every second person aged 15-64 (48.2%) reported employer acceptance of flexible working hours¹⁵, tailored to personal needs (for example, hours adapted to children's schedules or caring for a sick family member). In the public sector, the share of those having this opportunity is lower than in the private sector: 42.3% versus 54.1%.

Men are more likely to apply for flexible working arrangements (49.7%) than women (46.6%). In terms of age, the shares are very close for both women and men, with the highest share being recorded in the age groups under 29 and 35-39.

The share of men with children who reported that their partner's employer accepts work schedules tailored to individual needs is higher than that of women with children: 46.7% of men with 1 child compared to 41.5% of women with 1 child.

The availability of flexible arrangements in the partner's work schedule was reported more often by men and women with high income levels.

¹⁴ The data were calculated on the basis of question: 'According to your regular working hours, do you usually start and end your working day at fixed hours?'

¹⁵ Data were obtained from the question 'Does your employer accept flexible working arrangements for personal reasons, such as hours adapted to children's schedules or caring for a sick family member?'

Share of employed people aged 15-64 years whose employers accept flexible working arrangements



Work arrangements of the population aged 15-64



Only 1/4 of the employed population has flexible working arrangements, i. e. 1 in 6 women and 1 in 3 men, largely due to the sector of activity, with women predominantly working in the public sector and men – in the private sector

5.2. Difficulties in carrying out work and family tasks

Work can affect family life, especially when it comes to carrying out certain household tasks. According to GGS survey, about every second respondent in the age group 15-64 years (56.3%), in the last 3 months, had difficulty carrying out household tasks due to fatigue after work at least several times a month, with a prevalence in urban areas (61.9%).

Employed people aged 15-64 reported the following:

I have come home from work too tired to do the chores that need to be done



It has been difficult for me to fulfill my family responsibilities because of the amount of time I spent on my job



Involvement in the work tasks in the sense of fully accomplishing work tasks depends also on mood. Every fifth respondent (20.3%) had difficulties in the last 3 months in performing their work caused by fatigue due to housework. The survey data show that more women (24.4%) than men (17.1%) report such situations.

Family responsibilities and problems cause difficulty in concentrating at work (at least several times a week/month) for 15.5% of the population aged 15-64. Family responsibilities and problems cause difficulty in concentrating at work (at least several times a week/month) for 15.5% of the population aged 15-64.

Employed people aged 15-64 reported the following:

I have arrived at work too tired to function well because of the household work I have done



I have found it difficult to concentrate at work because of my family responsibilities



©UNFPAMoldova2021/NataliaGirbu

5.3. Difficulties in balancing work and family life for employed people with young children (0-10 years old)

Combining work and family life is particularly important for families with children, especially those raising and educating young children.

The GGS data revealed that more than half of employed women with children aged 0-10 (53.4%) come home from work too tired to do housework. By area of residence, there is a higher share of urban women with such difficulties: more than 2 out of 3 urban women with young children (67.4%) compared to every second rural woman (54.7%). However, tiredness affects a higher share of men with young children: about 5 out of 8 men (61.7%), with urban men (5 out of 8 or 61.9%) being the most affected. Only about 2 in 5 rural men with young children (45.2%) are too tired to do household chores.

Having difficulty fulfilling family tasks due to long working hours is characteristic for every second man with young children (50.3%) and for about 2 out of 5 women with young children (39.2%). For both women and men, the share of urban dwellers having such difficulties is higher: 46.2% for men and 54.4% for women.

Fatigue due to housework is more strongly felt by men with young children (more than 1 in 4 or 27.9%). For women, about 1 in 5 (19.2%) arrive at work too tired from housework to function in job. At the same time, more rural women with young children (28.8%) than urban women (27.1%) report having this difficulty. For men, the situation is reversed, with urban dwellers being more tired of housework (22.3%) than the rural men (16.2%).

Family responsibilities and problems affect the ability to concentrate at work for about 1 in 4 men (24.0%) and 2 in 13 women (15.8%). The share of rural women with this kind of difficulty is insignificantly higher (by 1.3 p.p. or 24.7%) than that of urban women (23.4%). For men, on the other hand, urban dwellers (19.6%) are more at risk than rural dwellers (12.3%).



6. HOUSEHOLDS AND DWELLINGS

6.1. Covering basic needs

The share of households whose income is sufficient to cover basic needs is an important indicator of exposure to poverty risk. According to the GGS results, only 28.9% of households are able to make ends meet. The most vulnerable in this respect are the households in the first quintile (the 20% group with the lowest income level) with only 9.2% of respondents stating that their income is sufficient to cover their basic needs.

As people get older, the share of households with sufficient income to cover basic needs gradually decreases. Thus, while for the 15-19 age group this share is 46.3%, which is the highest, it gradually decreases to only 20.3% for the 60-64 age group or even 12.9% for the 75-79 age group. This can be explained, on the one hand, by the fragility of the economic system, which does not ensure a sufficient level of income, which in turn leads to the inefficiency of the social security system (the share is particularly low for the retired (18.4%) and the unemployed (14%).

Share of households able to make ends meet



The most vulnerable categories are households in the first quintile: only 9.2% can cover their strictly necessary expenses. As people get older, the share of those with sufficient income to cover basic needs gradually decreases.

The share of households whose income is sufficient to cover basic needs is highest for people with higher education (44.2%). The population with lower levels of education is clearly more at risk of poverty, with only 23.9% for those with lower secondary education, 25.2% for those with secondary education and 26% for those with vocational education.

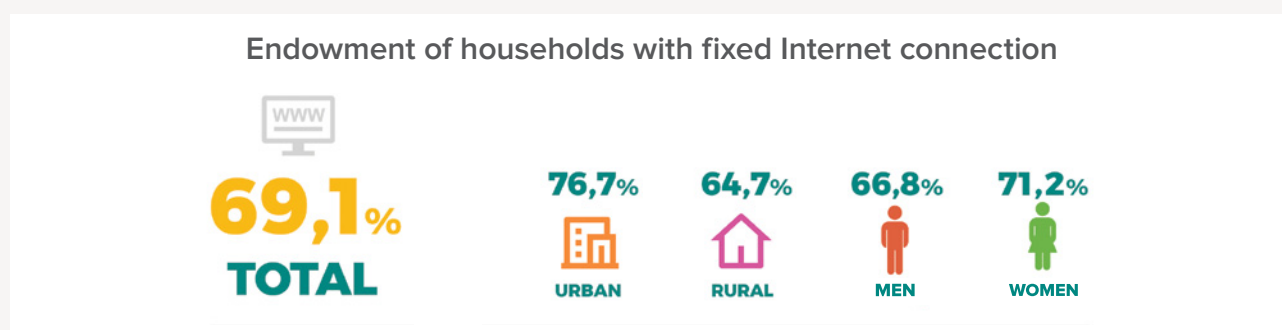
The majority of people are pessimistic about their financial future. According to GGS, 51.3% of respondents expect their financial situation to worsen in the next 3 years. The most pronounced pessimism is observed among those whose income is already the lowest: 55.1% for those in quintile I and 61% for those in quintile II.

Financial pessimism becomes more pronounced with age (as with recorded income). The share of this segment of the population increases steadily from 26.9% for the 15-19 age group to 41.5% for the 30-34 age group, 62.5% for the 50-54 age group, and 74.3% for the 75-79 age category.

6.2. Fixed Internet connection

According to the GGS data, 69.1% of respondents indicated that their households have a fixed Internet connection. The share of urban households with fixed Internet connection is 12% higher than in rural areas, at 76.7% and 64.7% respectively. According to NBS data, the share of rural households with a fixed Internet connection is 56.3%.

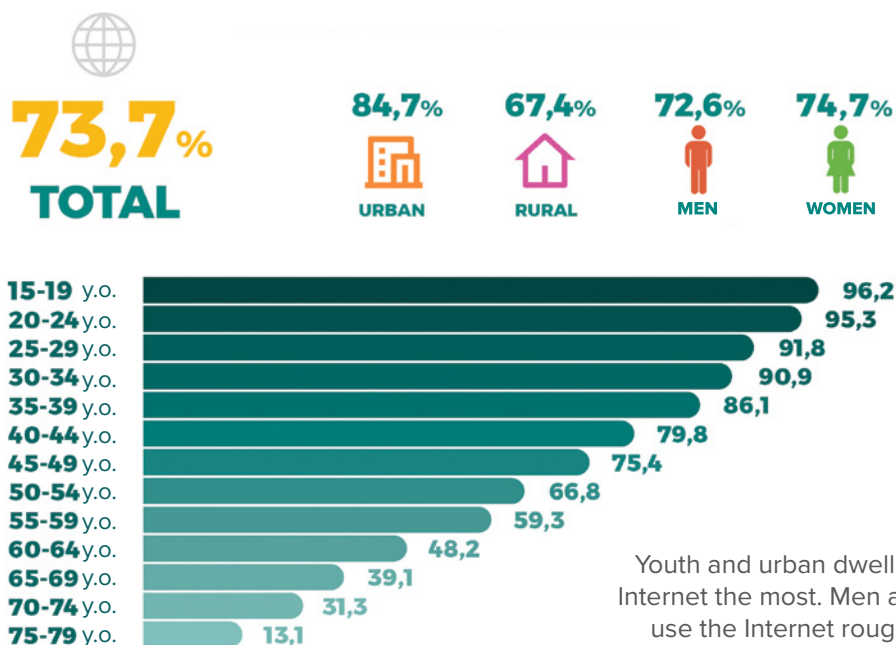
A higher share of female respondents indicated their household having a fixed Internet connection than men – 71.2% compared to 66.8%. Analysis by age reveals that for the most part, as age increases, the share of respondents indicating having a fixed Internet connection decreases. Analysis by region revealed that people living in Chişinău municipality have the most households with a fixed Internet connection (78.7%), while in the other three regions (northern, southern, central) the shares amount to 66-68%. Analysis by education level shows that people with higher education have most households with a fixed Internet connection (86.9%), and people with primary (49.3%) and secondary (58.4%) education have the fewest.



6.3. Use of Internet

Almost two thirds of the total population (73.7%) use the Internet. The share of urban dwellers using Internet is significantly higher than in rural areas, with 84.7% and 67.4% respectively. The share of women using the Internet is 2.1% higher than that of men, accounting for 74.7% and 72.6% respectively. In the 15-34 age group, the population using the Internet exceeds 90%. Analysis by age shows a downward trend in the share of Internet users as age increases. In Chişinău municipality, the share of Internet users amounts to almost 90%, while in the other three regions (southern, central, northern) it varies between 67 and 71%. It should be noted that the period when the GGS was conducted coincided with the COVID-19 pandemic, during which children and young people were studying remotely. This explains the high rates of internet use by the young population, as well as the women who in many cases were assisting their younger children in distance learning.

Internet-using population

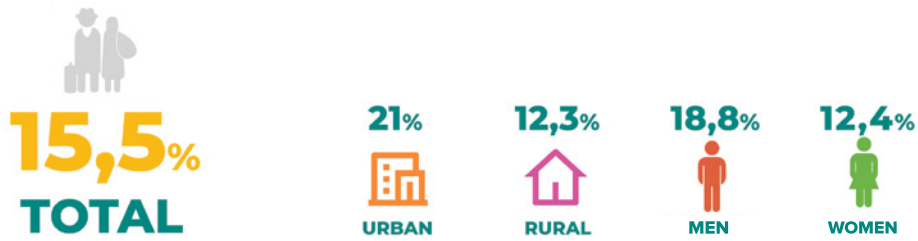


6.4. Intentions to migrate

An important aspect of the GGS is the collection of data on the migration intentions of the population. According to the results, 15.5% of the population aged 15-79 intend to move to another country in the next three years. The share of urban residents with such an intention is higher than that of rural dwellers, with 21% and 12.3% respectively. Also, men intend to emigrate in the next three years to a greater extent than women, with 18.8% and 12.4% respectively.

The highest level of migration intentions was among the young population. Thus, in the 15-19 and 20-24 age groups the proportion of the population intending to emigrate in the next three years is around one third, and in the next two age groups (25-29 and 30-34) – around one quarter. Although in the 35-44 age group there is a downward trend, the share is still high – 15-17%. After the age of 45, the share of those with such an intention falls below 9%. Respondents from Chişinău municipality stood out with the highest share (26%) of those who intend to emigrate in the next three years compared to the other regions with a 12-14% share. People with higher education and single people stood out with the highest shares in terms of intention to emigrate in the next three years. By occupational status, this intention is present for all categories – less so for retirees. By level of prosperity, respondents in quintiles I and II have the least intention to do so.

Share of population who intend to migrate in the next 3 years



Top 5 Rayons with the highest percentage of inhabitants intending to migrate in the next three years

26%
CHISINAU

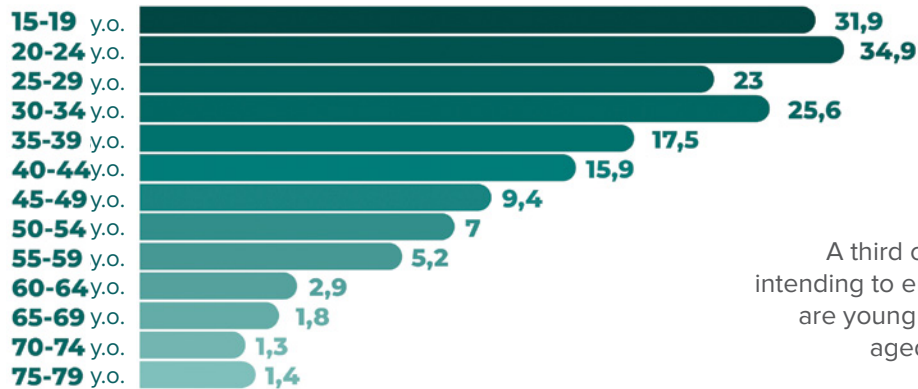
Most of them are young people. One in two 15-24 year olds and one in three 25-34 year olds intend to emigrate.

24%
TARACLIA

23%
BASARABEASCA

23%
UNGHENI

23%
DROCHIA



A third of those intending to emigrate are young people aged 15-34.

The survey also recorded the share of Moldovan citizens who returned to the country after being abroad for a long period of time, either as labour migrants or study migrants. It was found that their share is not high, with only 4.1% of the total number of respondents stating that they had lived abroad for more than one year.

CONCLUSIONS

The information presented demonstrates that the GGS conducted in the Republic of Moldova succeeded in establishing the demographic and socio-economic behaviour of the population, relations between generations (children, parents, grandparents), aspects related to health and prosperity of locals, housing, as well as attitudes of the population regarding the role of women and men in society and family. The survey provides extensive opportunities for in-depth data analysis to search for cause-effect relationships, in particular with regard to the demographic behaviour of the population, family formation and childbearing decisions, the way economic factors (income and ownership status of respondents, labour force participation, work schedule, etc.) impact on differences in socio-demographic behaviour of the population.

Among the main conclusions of the survey are the following:

- the ideal number of children in the family, according to population figures, is significantly higher than the average number of children born, which opens up opportunities to increase fertility by implementing well-targeted policies;
- the use of modern methods of contraception remains lower than in European countries, with the Covid-19 pandemic affecting access to family planning services and the use of contraception. Indicators of unmet need for limiting and spacing pregnancies are high, especially for rural women;
- gender stereotypes persist in the division of family duties, childcare, labour market participation and when trying to balance work and family life;
- generational relationship has been found to be an important element of mutual support, meeting the needs of families for childcare and older people care, as well as financial support in times of need;
- the older population faces multiple difficulties in carrying out daily activities, depression and self-care problems, while women, having a longer life span, more often experience such problems;
- there is a high level of Internet connectivity and use, especially among young people and urban dwellers, but Internet access and use decreases with age;
- covering basic needs is an acute problem for many families, with the rural population, large families and older population facing this problem the most. Pessimism about the financial situation fuels people's intentions to go abroad, with young people most frequently expressing migration intentions.

The size of the GGS sample and the total number of demographic and socio-economic indicators calculated provide opportunities for comparative analysis, highlighting factors that place some people in the socially vulnerable category, exploring material and non-material transfers between generations, highlighting the influence of existing policy measures on maintaining the prosperity of different population groups. Thus, unique data are available to researchers, experts and policy-makers that allow not only to understand the latest trends concerning demography and families, but also to develop economic and socio-demographic policy measures in line with people's needs.

GGGS



Chisinau, 2022

© UNFPA, UN Population Fund

© Ministry of Labour and Social Protection of the Republic of Moldova