NATIONAL SURVEY

EARLY CHILDHOOD CARE AND DEVELOPMENT: FAMILY KNOWLEDGE, ATTITUDES, AND PRACTICES

Government of Republic of Moldova

unicef

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Acronyms

ECD	**Early Childhood Development**
EFA	**Education for All**
WHO	**World Health Organization**
FG	**Focus Groups**
KAP	**Knowledge Attitudes and Practices**
MCH	**Mother and Child**
MDL	**Moldovan Leu**
SES	**Socio-Economic Status**
UNICEF	**United Nations Fund for Children**

National Survey on Early Childhood Care and Development: *Family Knowledge, Attitudes, and Practices (KAP)*

Chisinău 2010

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EXECUTIVE SUMMARY

Background. Early Childhood Development (ECD) programming is concerned with the continuity and quality of experiences for children from prenatal stages through to age seven, and takes into account health, nutrition, education and protection needs, the basic needs for affection, interaction and stimulation, security (associated with experiences of consistency and predictability), as well as learning through exploration and discovery.

ECD Knowledge Attitudes Practices (KAP) National Household Survey. Following the baseline ECD KAP National Household Survey conducted in 2003, UNICEF Moldova set evidence-based priorities, and initiated ECD interventions oriented at:

1. Developing policy documents;
2. Capacity strengthening in the health and education systems, and
3. Improvement of parent knowledge and practices.

The repeated ECD national household survey, conducted in 2009, was designed to measure progress in achieving ECD and UNICEF Programme goals. By comparing 2009 results to the 2003 baseline survey, the 2009 survey offers opportunities to reassess the ECD priorities for UNICEF in cooperation with donors and key civil society organizations.

Findings of 2009 ECD KAP Survey Indicate:

- **Positive Care Practices on the Decline**. In accordance with the findings of the 2009 ECD KAP study, there is little progress on the key results of number of families applying positive care practices. Of the three major positive care practices outlined by UNICEF, the indicator of parents playing with their children is the only practice exceeding the target for 2011. On the other hand, according to the survey results, parents are reading less to their children, and are less able to recognize danger signs when their children are ill.
- **Socio-Economic Status (SES) Inequities**. There are twice as many families in the lowest quintile in the rural environment compared to urban areas, and rural and lower SES households are more affected by migration of one or both parents.
- **Early Childhood Nutrition and Hygiene Inequities Related to SES**. Families from rural environment experience difficulties in ensuring adequate nutrition of vegetables, fruits, dairy products, and meat for their children. This is the case, despite many rural families earning their living from farming. The quality of nutrition depends mostly on SES. Similarly, access to basic hygiene items and common hygiene habits vary from rural and urban environments and SES.
- **Access to Early Childhood Education and Health Care Varies Between Rural and Urban Areas**. Although there is significant improvement since 2003, inequities in accessing early education and health services still occur, the rural environment being at a disadvantage. Compared to year 2003, more literate, educated and economically better-off parents/caregivers adopt more positive care practices in comparison to poorer families, and those from rural areas.
- **Inclusive Education Not Yet Embraced**. The concept of inclusive education is not yet adopted fully by parents. Only 5 percent of families believe children with disabilities should attend the community kindergartens, and no more than 46 per cent of families would allow their children to play with children with disabilities. More than 20 per cent of families are not tolerant of disabilities, and prefer that children with

disabilities stay at boarding schools.

- **Troubling Discipline and Parental Supervision Practices**. As for methods of disciplining children, many parents still resort to beating as a form or punishment. An alarming 16 per cent of children less than one year are beaten, and by the age of 6 or 7, more than half, 57 per cent, of children experience beating. Parental supervision is another area that needs continued attention. Every tenth child less than seven years old is left unsupervised on a frequent basis, and while this is alarming, this figure represents an improvement from 2003 data.

- **Child Cognitive Development Improving**. The cognitive development of children show good results for children under three years-old, and an improvement in some areas such as perseverance and ability to focus and power of observation compared to year 2003. There is still room for improvement in areas of mental development such as, critical thinking, creativity, communication, and readiness for school.

The findings of the *2009 ECD KAP Study* call for the Moldovan Government to continue efforts and investments in:

1. Comprehensive community-based ECD programmes, open to all children and families, regardless of socio-economic status, ethnicity, language, and religion.

2. Improving parenting skills in most disadvantaged families and rural areas, particularly skills relating to child feeding, hygiene, timely recognition of danger signs and correct management of sickness, and cognitive and intellectual stimulation of children.

3. Improving access to community centers where kindergartens are not available.

4. Improving professional skills of health providers and educators in providing counseling to parents.

BACKGROUND

"The earliest years represent the period of most dramatic development in the individual's life. At the same time…these are the years of greatest vulnerability. If the young child is surrounded by supportive and positive influences it is likely that she will survive and thrive. These outcomes, surviving and thriving, are, to a very large extent dependent upon how well-equipped families, especially primary caregivers, are to care for, respond to and manage the needs of young children from birth onwards." (Grover, 2005, 1)

What Is Early Childhood Development (ECD)? ECD is a process toward the realization of every child's rights to survival, protection, care, education and optimal development, from before birth through age seven. There is large evidence that critical development of children begins before birth and continues to be intense through early years. The most rapid period of brain development takes place in the first two years, laying the pathways for significant intellectual, emotional, physical/immunological, and social functions. Experiences that occur between three to five years of age provide children with foundations for later learning, and baseline social skills. The experiences of children in transition to the primary school are critical, if early gains are to be sustained.

Who Benefits from ECD? The *2007 Education for All (EFA) Global Monitoring Report*

quotes evidence that ECD programmes generally do not reach the poorest and most disadvantaged children, who stand to gain the most from ECD Programmes in terms of health, nutrition and cognitive development. The report *Strong Foundations* highlights the urgency of placing early childhood at the forefront of national and international plans, particularly given the fast approaching 2015 target date for the EFA goals.

What is the Relationship between Primary Caregivers and ECD? In the first seven years of life, through appropriate care, children develop physical, mental, emotional, social and spiritual capacities, which form a foundation for life-long functioning, learning, intellectual capacity, and social participation. The parents/caregivers interactions with children determine quality of care received and the ways in which children develop (Engle & Lhotska, 1997). Early childhood cognitive and socio-emotional development strongly predicts later performance in school and economic productivity. Children who are exposed to multiple risk factors are considerably more likely to perform poorly or drop out school. Studies suggest that children in this group are likely to have lower incomes and higher fertility rates in adulthood, thereby contributing to the inter-generational transmission of poverty.

What is the Focus of UNICEF Moldova's ECD Programming? UNICEF Moldova's programming focuses on continuity and quality of experiences for children from prenatal stage through age seven. UNICEF Moldova's ECD programming takes health, nutrition, education and protection needs, as well as the basic needs for affection, interaction, stimulation, security (associated with experiences of consistency and predictability), and learning through exploration and discovery into account.
Following a Baseline ECD survey conducted in 2003, UNICEF Moldova set evidence-based priorities, and initiated the ECD programme. The main goals of the ECD programme were:

1. Attaining the highest achievable standards for health, nutrition, education and psycho-social development in children under the age of seven, with special emphasis on the most vulnerable children.
2. Implementing interventions oriented at strengthening Mother and Child (MCH) policy and regulatory frameworks, building the capacity of health care providers in quality antenatal, childbirth, postnatal and neonatal care and Integrating management of childhood illnesses.
3. Developing and scaling up new models of Child and Family Community Centres.
4. Improving parent education and counseling skills through nation-wide communication campaigns to improve parent practices during pregnancy and early childhood stimulation.

In this context, the 2009 ECD KAP Survey is an effort to assess progress on ECD programme goals since the 2003 baseline survey. The 2009 ECD KAP Survey is also an opportunity to reassess ECD priorities for UNICEF in cooperation with other donors and key civil society organizations, to use evidence-based advocacy for the Government to invest in comprehensive, community-based ECD programmes open to all children and families.

PURPOSE AND OBJECTIVES

First, the purpose of the 2009 survey is assessing knowledge, attitudes and practices of families regarding care and development of children from birth to age seven. Second, the purpose of the 2009 study is to compare findings to the 2003 baseline survey, with the ultimate goal of devising necessary policies changes and strategies in the area of health, education, and social protection of young children.

The Objectives:

1. Collecting and analysing quantitative data on knowledge, attitudes and practices of families from a range of socio-economic backgrounds regarding care for children from prenatal stages to seven years-old.
2. Conducting qualitative research with parents or care givers of young children, to gain more in-depth understanding about specific areas of care and development of children.
3. Collecting and analysing data regarding physical, cognitive, and psycho-social development of children from zero to seven years-old from diverse socio-economic families.
4. Developing recommendations for the improvement of early childhood care.

METHODOLOGY

Research Methodology: Multistage cluster probabilistic sampling.

Who Responded to the Survey? The target population of the 2003 and 2009 KAP Surveys are families with children ages 0 to 7 years. A total number of 1,806 households, with at least one child between the ages of 0 and 7 years, were included in the survey. A total of 1,655 mothers, 33 fathers, 118 other caregivers, and 1,040 of children with ages between 4 and 7 years were interviewed. Children were in the households at the time of interviews.

Quantitative Research. The quantitative survey was questionnaire-based. The questionnaire contained the following survey points: household characteristics, nutrition, hygiene, health, child education and development in the family, access to early education programme, cognitive and psycho-emotional development of the child, protection of children against neglect, abuse and violence. The questionnaire was available in Romanian and Russian, both versions were pre-tested on a sample of 20 persons.

- **How Was the Survey Administered?** Professional interviewers of the National Bureau of Statistics administered the questionnaires through face-to-face interviews.
- **Who Collected Data and What Was Their Training?** Prior to data collection the interviewers were trained in the following areas: stages of survey implementation, structure and content of the questionnaire, details of the questionnaire for face-to-face interviews, selection of respondents, data quality and validation, and ethics of field interviewers.
- **Where did Interviews Take Place?** The interviews took place at the residence of the interviewed person through face-to-face interview. The questionnaires were filled in with full observance of anonymity, and confidentiality requirements. Supervisors checked the routes for 10 per cent of interviews. The completed questionnaires were validated for accuracy and consistency. After entering data, the database was checked for accuracy based on filter questions, transition questions, and the internal logic of the questionnaire. Data analysis included frequency reporting and bivariate associations (associations of two variables) for in depth analysis. The results of this survey have been compared with those of the 2003 survey.

Qualitative Research. For the qualitative research, 156 parents and caregivers were included in 21 Focus Group (FG) discussions. 67 participants were from urban areas, and 89 from rural areas. The structure of the questionnaire used in the qualitative survey includes open-ended questions. Focus groups met on average for two hours. The discussions were audio recorded after receiving participant informed consent. Data was transcribed and coded.

CARETAKER DEMOGRAPHICS

Caretakers are the demographic group interviewed in the 2003 and 2009 KAP national survey. Primary caretakers for young children are crucial to child development, and in this section you will find information regarding the ages, education levels, occupations, Socio-Economic Status (SES), as well as the impact of migration on the mothers, fathers, and other primary caregivers interviewed.

Caretaker's Ages.

- ***Mother Caretakers.*** Statistically, mothers make up the largest group of primary caregivers. From the survey group, 57.4 per cent of mothers range in age from 26 to 35, and 23 per cent of mothers are in the 18-25 age range. The average age of mothers is 30 years-old.
- ***Father Caretakers.*** Fathers in the survey group range in age from 26-35 years-old, and they make up 57.0 per cent of those interviewed. In 29 per cent of cases, the fathers are 36-45 years old, with the average age of 34.
- **Other Caretakers**. A total 118 of children were in the care of caretakers other than parents. The majority of other caretakers are from rural areas, 78.9 per cent. The age of this other caretaker group is 41-60 in 71.0 per cent cases, and over 60 years-old in 10.8 per cent cases.

Caretaker's Education Level.

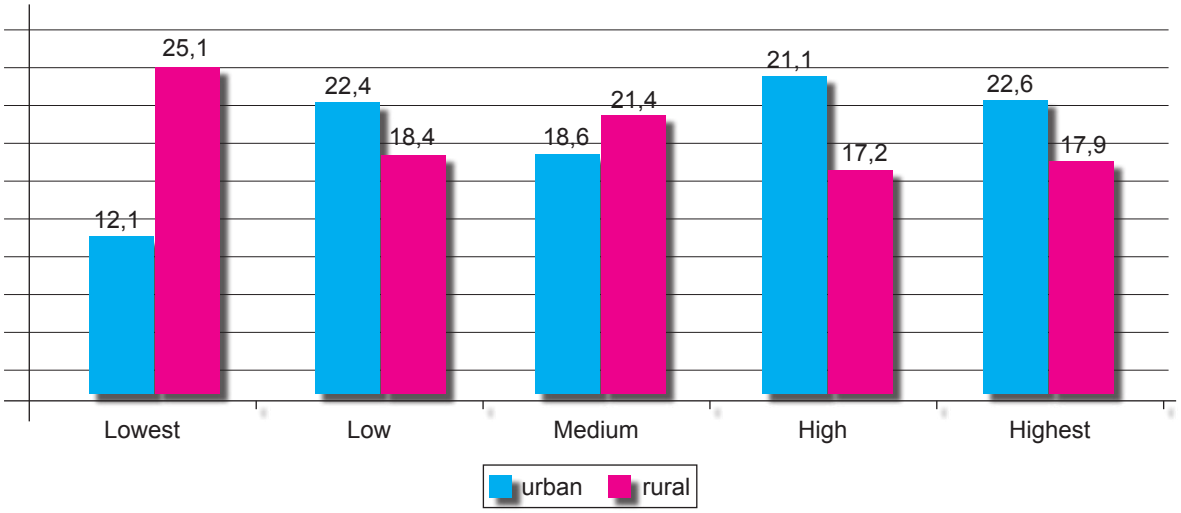
- **Mothers**. The education level of mothers is medium or professional level education in 30.9 per cent of cases, and higher education in 20.3 per cent of cases.
- **Fathers**. While 44.6 per cent of fathers have mostly medium or professional level education, 17.2 per cent have higher education level. Rural households have lower education levels compared to urban areas. Specifically, 7.8 per cent of rural fathers compared to 37.4 per cent of fathers living in urban areas have higher education.

Caretaker's Occupation. A mother's occupation impacts her availability as a primary caregiver. Over a third of mothers in the research sample are housewives, 36 per cent, while 35.2 per cent are employed outside the home, and some 16.5 per cent of mothers are self-employed in farming, and other areas 3.3 per cent. Consequently, more than two thirds of mothers have to make specific arrangements to balance work activity with child care. Child care is also affected by the fact that an overall 64 per cent of mothers, 52.6 per cent of fathers, and 47.9 per cent of other care takers have permanent jobs in urban areas. More people in urban areas are permanently employed compared to rural environments, so there's an even higher pressure on mothers to combine income generating activities with child care in urban areas.

Socio-Economic Status (SES). SES was determined based on 12 variables: (1) homeowners, (2) number of rooms heated during winter, (3) number of rooms, (4) share of expenditures on utilities from monthly income, (5) the household has electricity, radio, TV, fridge, (6) owns transportation, (7) owns land, (8) farm and sell goods from land, (9) own farm animals, (10) source of water, (11) availability of piped hot water, and (12) type of toilet. The observed SES distribution was disproportional with more urban households in highest 22.6 per cent, and higher 24.2 per cent quintiles, while rural households prevail as the lowest, 25.1 per cent, and medium quintiles 21.4 per cent, confirming an increased prevalence of poverty in the rural areas (Figure 1).

The socio-econimic status of families directly corelates to number of children. Thus, 60 per cent of families with three and more children have a very low socio-economic level, or lower than average/medium level; this is compared to 38 per cent of families with two children and 33 per cent of families with one child.

Figure 1. 2009 Percent Distribution of Socio-Economic Status of Households



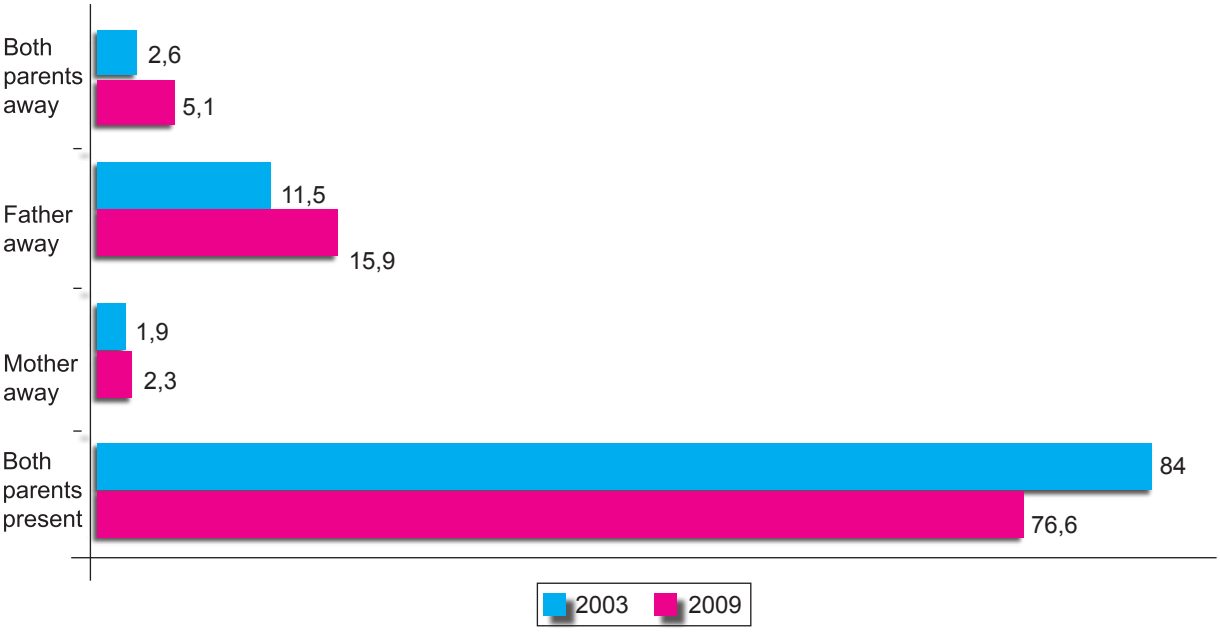
Family Composition and Impact of Migration.

Of the 1,806 interviewed families, the majority, 86.2 per cent of families are complete families. While 13.8 per cent of families in the survey are incomplete, of them 10.7 per cent of families were without a father, and 0.5 per cent of families were without mother. In 2.6 per cent of households, children did not have either parent.

In 1,308 of respondents, or 84.0 per cent of the 1,557 complete families, both parents were in the country at the time of the interview. In 179 families, 11.5 per cent, the fathers were abroad for work. In 29 families, 1.9 per cent, the mother was away for work, while in 41 families, 2.6 per cent, both parents were abroad.

Migration Impacts Rural Families At Higher Rates. Fewer rural families have both parents home, compared to urban areas (79.0 per cent rural compared to 91.3 per cent urban). The SES also influenced presence: 78.4 per cent in the low quintile and 82.3 per cent in the lowest quintile have both parents home compared to 90.9 percent in the highest quintile. Compared to 2003, an increased presence of parents was observed: 84.0 per cent in 2009 and 76.6 per cent in 2003 as illustrated in Figure 2.

Figure 2. Percent Absence of Parents Due to Labour Migration: 2003 versus



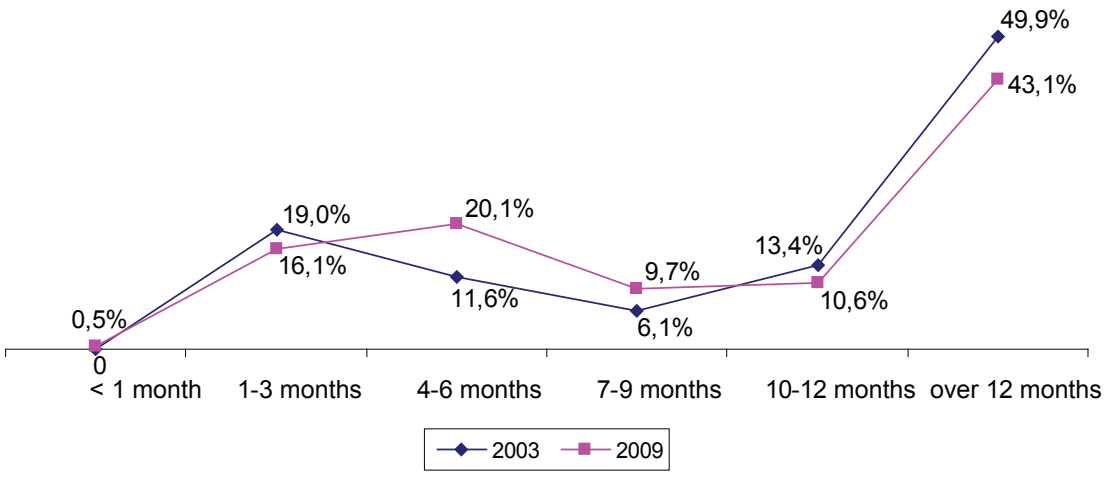
NUTRITION

- ***Breastfeeding over the age of one year is decreasing compared to 2003 survey (43 per cent versus 50 per cent) and only 30 per cent of children are exclusively breastfed in the first 6 months.***
- ***Complementary food introduced before six months is increasing (70 per cent in 2009 and 31 per cent in 2003); cow milk is still the product of choice for children under one year.***
- ***Every sixth child from rural areas, and every fifth from the lowest SES quintile receives three meals or less per day.***
- ***Less than a third of children eat meat or fish every day, a half of children eat dairy products every day and only 62 per cent of children under 7 years eat vegetables and fruits every day.***
- ***Children from lower SES and rural environment receive significantly lower intake of all types of products, especially meat and fish, dairy products, vegetables and fruits compared to better-off and urban children.***
- ***Use of iodized salt increased compared to year 2003 by 30 per cent.***

Nutrition in the First Year of Life. Mother's milk is the best food for the child in the first year of life and the World Health Organization (WHO) recommends exclusive breastfeeding by the age of 6 months and continued breastfeeding until the age of two years. All 100 per cent of respondents with children less than two years-old confirmed that their child was given to them for initial breastfeeding in the first two hours after birth, compared to 81.3 per cent in 2003. Mothers who breastfed were asked about the frequency of breastfeeding, and some 73.2 per cent compared to 71.6 per cent in 2003 breastfeed their babies at baby's request, and not less than eight times a day.

Breastfeeding Is Decreasing. For children over the age of one, breastfeeding rates are decreasing compared to 2003 baseline survey results. Some 43.1 per cent of mothers continue breastfeeding children after one year compared to 49.9 per cent in 2003 as illustrated in Figure 3. In most cases, 64.7 per cent of mothers, wean their children without consulting a physician. Increasing shares of mothers wean their child on their own initiative, 41.8 per cent in 2009 compared to 32.6 per cent in 2003.

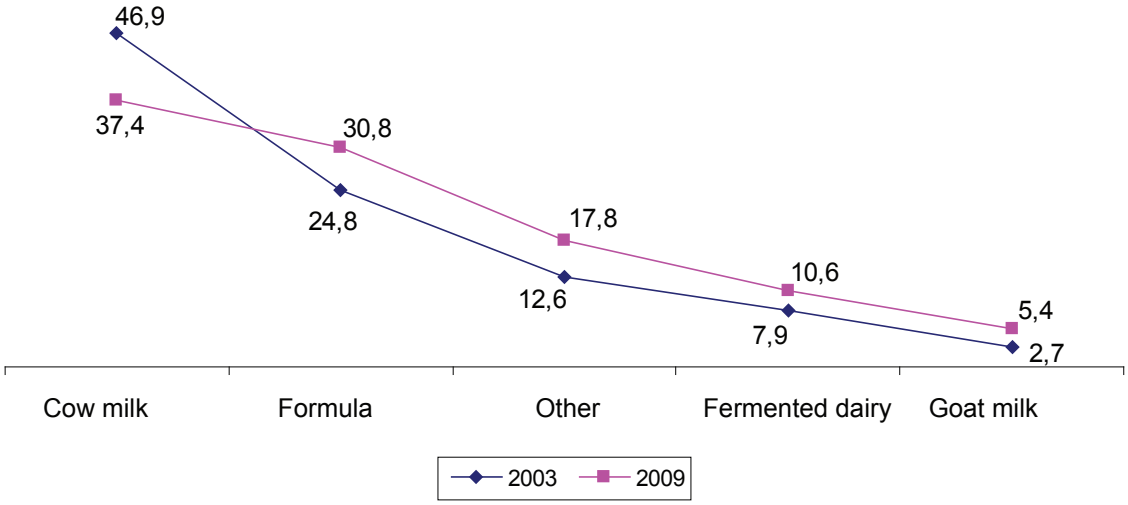
Figure 3. Age of Weaning: 2003 versus 2009



Cow's Milk: Most Common Product for Mixed or Artificial Feeding.

For babies under one year, 37.4 percent drink cow's milk, 30.8 per cent follow with formula feeding, 12.6 drink other products, such as buckwheat porridge with cow's whole milk, 10.6 drink fermented milk, and 5.4 per cent drink goat milk. Still, an improving trend away from cow milk use toward more formula use is observed. Compared to 2003, the use of cow's milk is on the decline from 46.9 per cent in 2003 to 37.4 per cent in 2009. Formula is on the increase from 24.8 per cent in 2003 up to 30.8 per cent in 2009, as illustrated in Figure 4.

Figure 4. Products for Mixed or Artificial Feeding of Babies: 2003 versus 2009 in Per cent



Correct practices of baby feeding, recommended by WHO, are more prevalent in the urban environment where 46 per cent as compared with 21.1 per cent in villages are among the parents with higher education levels 42.3 per cent. Every second parent in the rural environment and every second parent in families in the lowest quintile started the mixed or artificial nutrition with cow's milk.

Feeding Babies under Six Months of Age.

Introduction of complementary food is not recommended before 6 months, however, more than two thirds or 70.2 per cent of children under 6 months receive foods and liquids other than breast milk, a significant increase compared to 31.3 per cent in 2003.

Despite WHO recommendations to introduce solids first, only 9.3 per cent of children younger than 2 years, that is 12.1 per cent from urban areas, and 7.6 per cent from rural areas, receives solid food.The majority, 72.6 per cent, are fed with porridges and semi-liquid purees.

Introduction of complementary food is a good moment of involving fathers in feeding babies, but only every tenth father regularly feeds the children less than 2 years. Some respondents thought fathers were afraid of incidents or choking

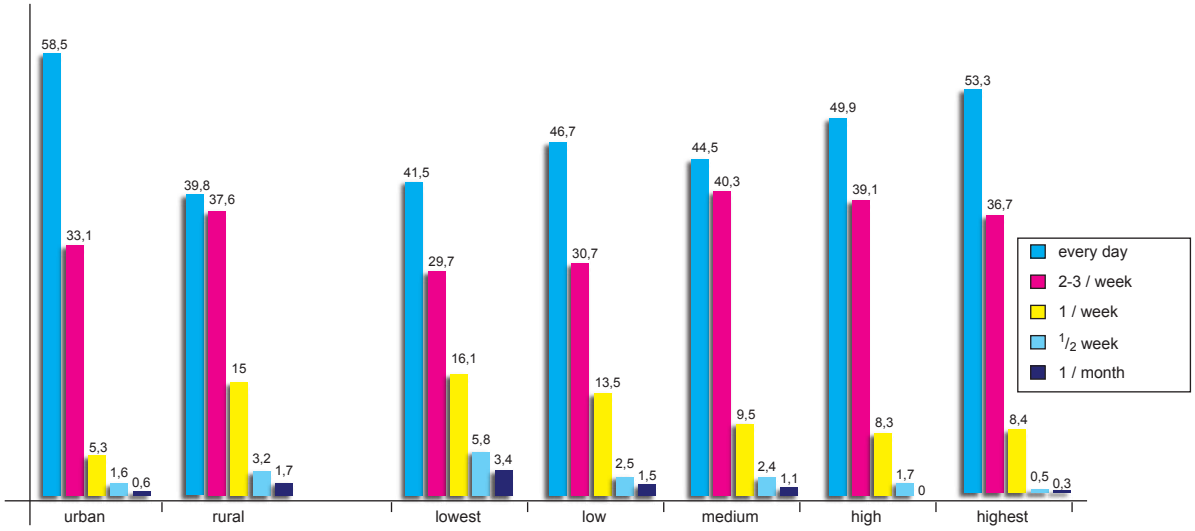
> *"The father is afraid that the baby chokes or something of the kind. As soon as he notices that the child is not coping with the chewing, he calls me: Natasha!" [giggles]* (Gr. 15, rural environment).

Quality of Child Nutrition. The recommended frequency of meals is five per day, three meals and two snacks. Yet only 32 per cent of children between three and seven receive five meals per day. 51.2 per cent receive four meals per day, while 12 per cent receive three meals or less. Every sixth child, 14.2 per cent, from rural areas, and every fifth child, 19 per cent in the lowest SES quintile is insufficiently fed because they only have three meals or less per day.

As for the range of products, children are fed most frequently soups 83.9 per cent of the time, dairy products 81.6 per cent, meat 77.6 per cent, fruits and juices 76.3 per cent. The children younger than 7 years of age eat less fish (57.1 per cent) and vegetables (49.9 per cent).

Dairy Product Consumption. Only a half of children under 7 years receive dairy products daily, and 33.8 per cent two to three times a week, 10.2 per cent once a week; 2.5 per cent once in two weeks, 1.3 per cent once a month. In comparison with the 2003 survey a decline in daily use of dairy by 7.6 per cent is observed. Children in urban environments receive dairy products more often, 62.4 per cent compared with 41.9 per cent in villages. Some 1.8 per cent of children in rural areas consume dairy products once a month, as illustrated in Figure 5.

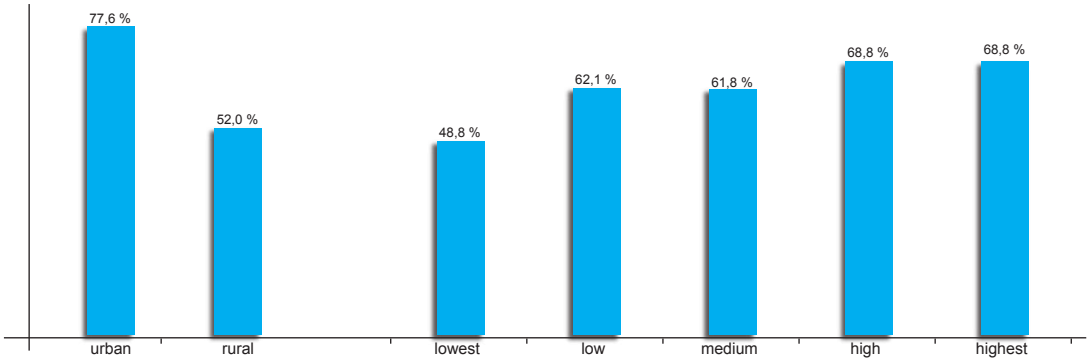
Figure 5. Frequency of Eating Dairy Products, SES Quintiles, 2009 in Per cent



Meat or Fish Consumption. Less than a third, 27.8 per cent, of children eat meat or fish daily. Approximately half, 46 per cent, eat meat or fish two-three times a week. Some improvement registered in comparison to 2003, when 61 per cent of children consumed meat and fish products at least two to three times a week, and in 2009, 73.8 per cent do so. An important difference is noticed by environment, where only 17.4 per cent of rural children eat meat daily, compared to 44 per cent of urban children. Socio-economic status plays a role in frequency of meat eating since only 16 per cent of children in the lowest quintile eat meat daily, compared to 38.8 per cent in the highest quintile.

Fruits and Vegetable Consumption. Less than two thirds of children, 62 per cent, eat fruits and vegetables other than potatoes every day, and 28.8 per cent do so two-three times a week. Daily consumption of fruits and vegetables is highly dependent on the socio-economic status (only 48.8 per cent children in the lowest socio-economic quintiles compared to 68.8 per cent in the highest) and paradoxically, only every second child of a farmer and fewer children from villages than from urban areas, 52 per cent versus 77.6 per cent, eat fruits and vegetables on a daily basis as exhibited in Figure 6.

Figure 6. Daily Consumption of Fruit and Vegetables: Rural versus Urban and SES Quintiles in 2009



Compared to 2003, a decrease in daily consumption of fruits and vegetables was observed from 82.8 per cent to 62 per cent, quite possibly influenced by the season of interview (Fall, harvest time, for 2003 Survey and Spring for 2009 Survey, when provisions run out).
Focus Groups brought up the financial dimension as the most important factor influencing a healthy diet for their children. Parents are aware of the necessity of the daily consumption of vegetables and fruit, meat and fish and dairy products, but they cannot afford their daily consumption, or in sufficient amounts. In the summer prices for fruits and vegetables are accessible, but in the winter most parents experience difficulties.

> *"We must eat fish more often, but we cannot always afford it". (*Gr. 6, urban environment)
>
> *"We can afford it, but not in the required amounts, for instance, the exotic fruit or cereals, meat, fillet as well, but not in the required amounts…"* (Gr. 5, urban environment)
>
> *"Because they are expensive, we cannot afford them and during the processing they lose their vitamins anyway. Those vitamins are cheaper; grapes cost 2 Euro in Italy, and MDL 85–95 per kg in Moldova, can you see the difference?"* **(**Gr**.** 6, urban environment)

Anemia. In order to prevent anemia, 68 per cent of parents are aware that a child must eat meat daily or liver 62.6 per cent, vegetables (69.6 per cent), fruits (86.4 per cent) and eggs (50.2 per cent). Yet, very few can afford such diets, since only 27.8 per cent feed their children with meat products, and only 62 per cent with vegetables on a daily basis, as reported.

Iodized Salt. Regarding iodized salt, 98.1 per cent, reports hearing about the necessity of iodized salt for the human body, and 90 per cent report that iodized salt is good for health. A good level of awareness about consequences of iodine deficiency is observed as caregivers report endemic goiter (55.9 per cent), mental retardation (17.3 per cent), cretinism (2.7 per cent), and others (8.9 per cent) as reasons for using iodized salt. The majority, 78.6 per cent, of caretakers use iodized salt while cooking food, which is more than 29.6 per cent than in 2003. Urban inhabitants use iodized salt while cooking food more than in 2003 (82.8 per cent versus 67.3 per cent). Those with higher education levels (92 per cent with university education compared to 66.4 per cent with gymnasium education), and higher SES quintiles (61.4 per cent in the lowest quintile compared to 81.3 per cent in the high, and 78.3 per cent in the highest quintiles), use iodized salt at higher frequencies.

Wine Consumption. Survey data on wine consumption reveals that 31.2 per cent of children consume wine occasionally, and some 68.8 per cent do not consume wine at all. In comparison with 2003, 2009 data suggests an improvement as caregivers reported than that 53.5 per cent of children did not consume wine at all. Nevertheless, two in five children under seven years in villages, and one in five children in towns are still offered wine at least occasionally.

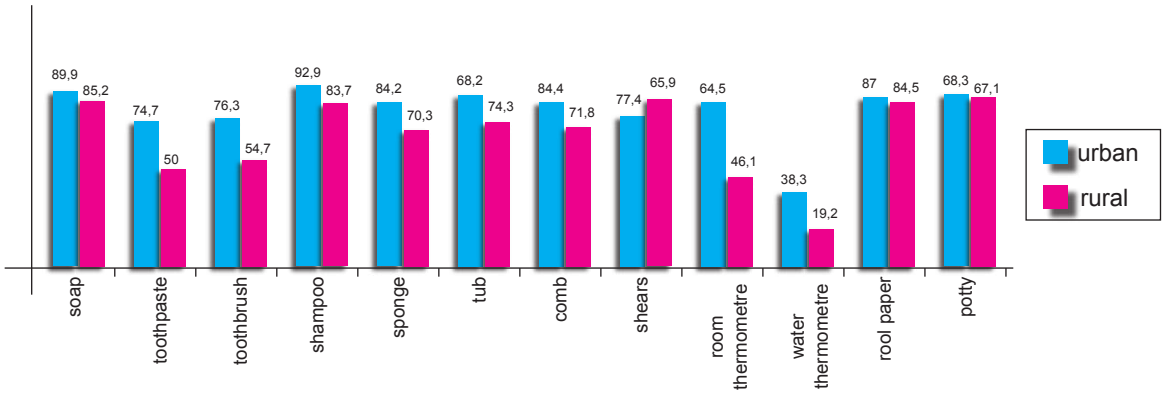
HYGIENE

- ***Not all households have soap, shampoo, toothbrush and toothpaste for their children.***
- ***Use and supply of basic hygiene items in a household depends on the level of education and environment more than of SES.***
- ***Only 42 per cent of children wash their hands after using toilet and the habit of hand washing is highly dependent on kindergarten attendance, caretaker's education, and SES of the household.***
- ***Only 10.3 per cent of children start brushing their teeth between one and two years of age and in children of 4-7 years 92.8 per cent from urban environment and 64.4 per cent from rural environment.***

Availability of Basic Hygiene Items Varies from Urban to Rural Homes.

Not all households have basic hygiene items, such as shampoo, soap, toothpaste or toothbrush available for their children. Urban households are better supplied with basic hygiene items compared to rural households as is illustrated in Figure 7. Supply of basic hygiene items is also dependent on the education level of respondent, mother or caretaker. The survey suggests that 74.9 per cent of respondents with primary level studies have soap in comparison to 94.2 per cent of those with higher education, and 41.4 per cent of those who completed high school compared to 77.1 per cent of respondents with higher education have toothpaste. Although dependent on SES, supply and use of basic hygiene items does not fully depend on the financial level. In the highest quintile some 71.7 percent have toothpaste, shampoo 90.6 per cent and toilet paper, 89.6 per cent.

Figure 7. Supply of Basic Hygiene Items: 2009 in Per cent



Who Is Washing Their Hands? According to the data provided by the parents/caregivers, 62.2 per cent of children wash their hands in the morning, 68.1 per cent before meals, 42.4 per cent after using the toilet, 40.8 per cent in the evening, and, 6.6 per cent do not wash their hands at specific times of the day.

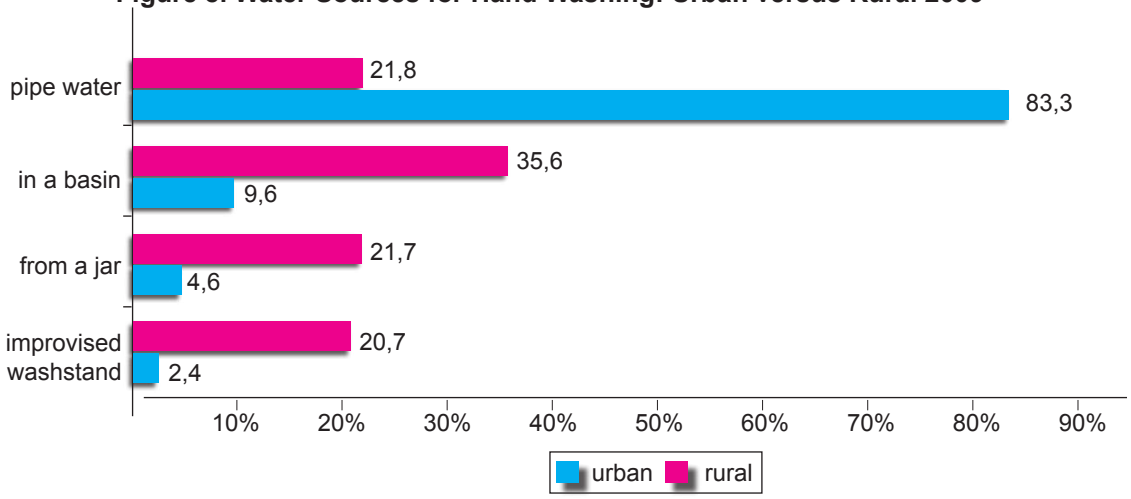
Hand Washing Correlates with Kindergarten Attendance. Interviewed children aged 4-7 state they always wash their hands every time after using the toilet, and before taking a meal in 67.9 per cent of cases. A group of 25.1 per cent report washing their hands only from time to time after using the toilet and before taking a meal. Hand washing is highly dependent on kindergarten attendance (45.2 per cent not attending compared to 73.8 per cent of children who attend kindergarten wash their hands), care taker's education (33.3 per cent of children with primary level of education of parents compared to 81.5 per cent of children of parents with higher education) and SES quintiles of the household (53.9 per cent in the lowest quintile compared to 75.7 per cent in the highest quintile).

Water Sources Are Improving. The following water sources are used for washing hands:

- **Water Tap**: 46.7 per cent compared to 31.8 per cent in 2003;
- **Basin**: 25.1 per cent compared to 23 per cent in 2003;
- **Jar**: 14.8 per cent compared to 29.8 per cent in 2003;
- **Improvised Washstand**: 13.3 per cent compared to 14.5 per cent in 2003.

As expected, more urban households use pipe water, 83.3 per cent versus 21.8 per cent in rural areas, whereas rural households rely on other water sources as illustrated in Figure 8.

Figure 8. Water Sources for Hand Washing: Urban versus Rural 2009



Oral Hygiene Practices Are Slightly Improving. Only 10.3 per cent of children start brushing their teeth between one and two years of age, still an increase compared from 4.5 per cent in 2003. Every fourth child or 24.8 per cent between the ages of two to three years-old brush their teeth compared to 16.9 per cent reported in 2003. Another quarter, 23.8 per cent begin tooth brushing at an age older than three years (compared to 16.8 per cent reported in 2003). Of children aged 4 to 7 years, 92.8 per cent from urban environment, and 64.4 per cent from rural areas start to brush their teeth. SES quintile also influences tooth brushing: 55.3 per cent of children aged 4-7 years are from the lowest quintile compared to 86.5per cent from the highest quintile. Children attending kindergartens brush their teeth more often than those who do not attend.

Bathing Frequency Improving. Frequency of bathing of children has improved compared to 2003. Virtually 98.4 per cent of children younger than 7 years (98 per cent in towns and 98.6 per cent in villages) take a bath at least once a week. In 2003, children were bathed in 50 per cent of cases once a week. Some 30 per cent of children take a bath daily (35.8 per cent in cities and 26.2 per cent in villages).

HEALTH

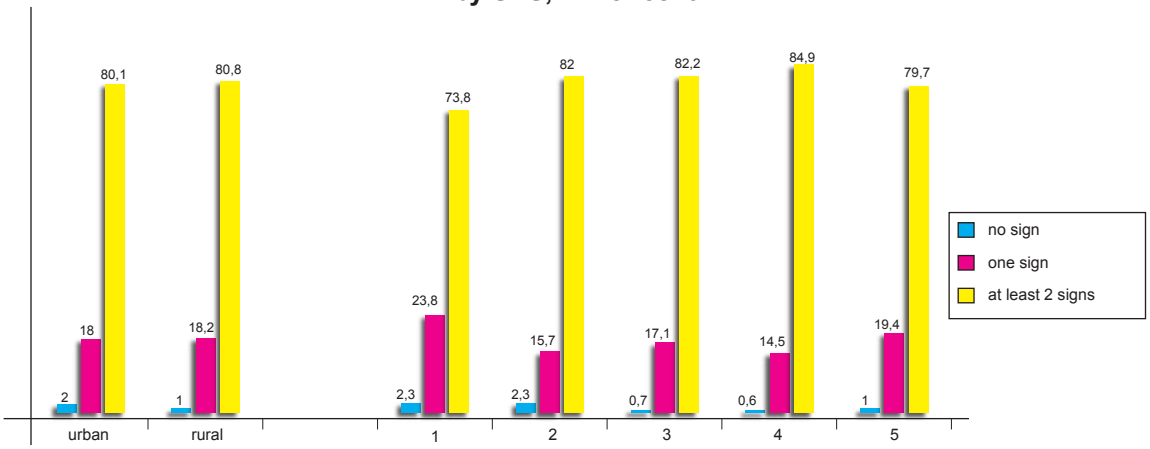
- ***The percentage of care takers who could name at least two signs of danger has slightly decreased compared to 2003 (80.5 per cent in 2009 versus 82.9 per cent in 2003).***
- ***Use of lay methods for treating some common diseases decreased compared to 2003, but is still present, especially in rural areas.***
- ***Every sixth child less than 7 years reports injury and trauma (39.8 per cent), poi-***

soning (32.1 per cent) and burns (17.7 per cent) are the top three types. Most accidents occur at home (77.2 per cent) under parental supervision (80 per cent).

- ***Availability of first aid medicines at home is very good (over 95 per cent), and has significantly increased compared to 2003.***
- ***Inequities in accessing health services still occur by environment (92 urban versus 84 per cent rural went to see a doctor in the past 12 months) and SES (79 per cent in the lowest quintile compared to 90 per cent in the highest quintile).***

Knowledge of Danger Signs in Child Health on Decrease. The level of awareness about the danger signs, such as fever or difficulty breathing, are still moderate: a half 48.8 per cent could name one to two signs, 39.1 per cent know one to four danger signs, and 9.1 per cent know 5 to 7 danger signs, and 1.4 per cent could not name any. Compared to 2003 survey, the share of those who could name at least 2 signs has slightly decreased, 80.5 per cent in 2009 down from 82.9 per cent in 2003. Some difference was SES, the lowest quintile registering the lowest level of knowledge of at least two signs of danger (73.8 per cent) as illustrated in Figure 9.

Figure 9. Knowledge of at Least Two Danger Signs in Child Health, by SES, in Per cent



Asked what symptoms in the child would prompt parents to seek medical care, the majority mentioned fever (72.5 per cent), just under a half (48.8 per cent) named worsening of the child's condition such as difficulty breathing or choking (47.5 per cent). Other signs mentioned by less than a third were convulsions, blood in the stool, the child is not able to suck or drink.

Child Illness. In case of fever most parents would give Paracetamol (82.6 per cent), a little over half would consult a physician (52.1 per cent), while about a half (45.6 per cent), would use lay methods, such as rubbing with vinegar and cold water. This practice is not recommended and might increase risks for a child. The Focus Group discussions highlight that in management of common colds, parents rely on advice from older family members, rather than consulting a physician, although some methods might be dangerous for child health.

"In case of a light cold I never go to a physician, I apply to the child compresses, make teas, hot baths, provided that the child does not have fever" (Gr. 3, urban environment)
"I have heard from the elderly, a hay bath takes all ailments away" (Gr. 13, rural environment).

Ear Infections. For ear infections, more caregivers would take a child to see a physician (73.2 per cent) and less than a third would use other self-treatment methods: traditional remedies (hot flour, oil, vinegar by 31.2 per cent), using drops without consulting the physi-

cian (17 per cent), and other in less than 5 per cent. Lay remedies are used more often in rural environment (38.8 per cent versus 19.3 per cent urban) and by respondents with lower level of education (72.2 per cent primary level studies compared to 19.9 per cent of care takers with higher education).

Child Mortality Due to Accidents and Poisoning on Increase. Injuries and poisoning are among the most common causes of death in children aged one to four, with a share of 35.6 per cent of all cases of mortality in 2009 (National Center of Health Management 2010). The survey inquired about the prevalence of severe injuries, and some 15.8 per cent of children aged 4-7 have had an injury-related emergency, compared to nine per cent in 2003. The following structure of injuries was reported: trauma (39.8 per cent) of all cases of accidents, poisonings (32.1 per cent), burns (17.7 per cent), severe wounds (10 per cent), traffic accidents (2.2 per cent), choking (2.3 per cent). Boys make up more injuries (17.7 per cent) compared to girls (13.8 per cent), and in the urban environment (18.3 per cent compared to 14.2 per cent rural). No clear relationship is determined by SES quintiles (17.3 per cent in the lowest, 16.4 per cent in low, 14.5 per cent medium, 12.2 per cent high, and 18.6 per cent in the highest quintile). Most accidents (77.2 per cent) occur at home while under parental supervision (79.5 per cent). Thus, it was important to assess knowledge about first aid in case of most common emergencies.

Caretaker Knowledge: First Aid. In case of burns, most respondents would use appropriate methods such as cold water (39.3 per cent), calling a physician (46.8 per cent) or apply medications (33.5 per cent). Yet over a third would use the inappropriate method of applying oil (36.9 per cent), a practice more prevalent in rural areas (43.5 per cent versus 26.7 per cent urban).

Poisoning. Poisoning is perceived by the majority as a life threatening condition, thus the majority would turn to a physician (73.3 per cent) in this case. This represents an increase compared to 60 per cent in 2003 who reported doing gastric cleansing (45.7 per cent) and abundant drinking (39.6 per cent) in response to potential poisoning. Lay remedies such as sour milk were mentioned by each fifth respondent (20.7 per cent). Urban environment, higher education and higher SES of respondents have a positive association with the number of correct answers.

Chocking. In cases of choking, an increasing but still insufficient share (46.9 per cent in 2009 versus 38.7 per cent in 2003), would turn to a physician. A limited number would be able to apply the Heimlich procedure (10.4 per cent in 2009 versus 5.8 per cent in 2003), while more parents would use inappropriate methods of slapping the child on the back (64.5 per cent in 2009 and 54.7 per cent in 2003), lifting a child by legs and shaking (25.5 per cent).

Treating Wounds. In case of wounds, most parents would use mostly appropriate remedies, such as applying a bandage (65.6 per cent), washing the wound (57.7 per cent), applying disinfectant (56.4 per cent), turning to a physician (40.3 per cent) and stopping the bleeding (15.6 per cent).

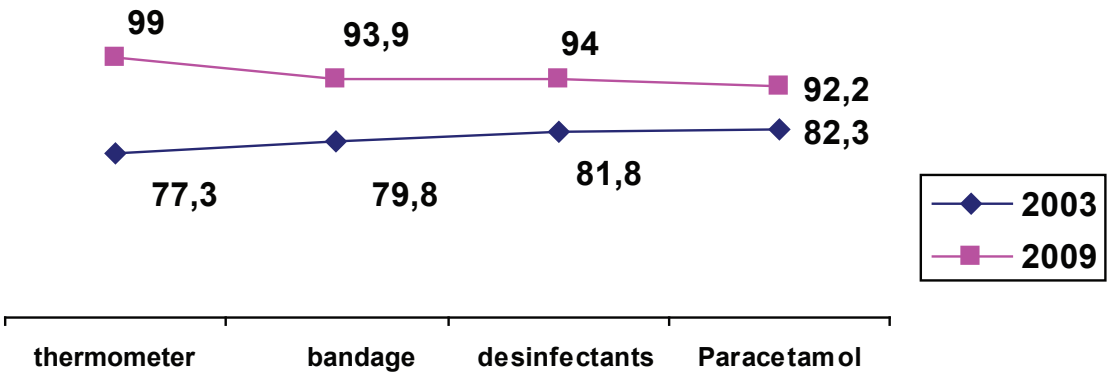
Positive Attitudes towards Child Immunization. The vast majority (95 per cent) of respondents think immunizations are beneficial for the health of the children, and some 98.4 per cent confirm that their child is immunized, regardless of urban or rural environment. Rural environment, lower education level and lower quintiles have lower levels of knowledge about benefits of immunizations.

Attitudes toward Children Affected by HIV Vary in Rural and Urban Environments. The level of tolerance to the HIV-positive persons among the caregivers of children of under 7 years old is rather low. Only 16.2 per cent of respondents said they would accept their child playing with another child, or being taught by a teacher, if they

were infected with HIV. The majority (70 per cent) are against their children communicating with children affected by HIV. Urban environments, higher education and higher SES of respondents has a positive association with more tolerant attitudes.

Access to Health Services: High Availability of First Need Medicines at Home. The survey suggests that 99.0 per cent (97.9 per cent urban and 88.1 per cent rural) have thermometers, 93.9 per cent (79.7 per cent urban and 91.5 per cent rural) have bandages, 94 per cent (97.1 per cent urban and 91.9 per cent rural) have antiseptics and 92.2 per cent (93.4 per cent urban and 91.5 per cent rural) have Paracetamol. Compared to 2003, there is an increase in availability, as is illustrated in Figure 10.

Figure 10. Percent Availability of First Aid Basic Medicines, 2003 versus 2009



Focus Group participants mention that family medicine centers provide these medications free of charge.

> *"They give those medications at the polyclinic"*, *"The family physician prescribes the recipe for young children free of charge – of course, the good medications are more expensive"* (Gr. 11, rural environment)

For common uncompensated medicines, parents usually buy them directly from pharmacies, without consulting a physician. Parents express concerns about high price and poor quality of medicines.

> *"The issue of medications is a very burning one, because it does not matter what medications we buy, but what their effect shall be. But I believe, and I am not alone, they write it in the press, too, that they are not efficient, I don't know what they do to them, but you can give it to the child even for 10 days and there is no effect, we buy them in vain"* (Gr. 5, urban environment)

Inequities in Child's Access to Health Services. Although by law all children have free access to health care regardless of health insurance status of their parents, inequities in access to health services still occur. In the past 12 months, physicians saw 91.6 per cent urban children compared to 83.8 per cent from rural areas. There is a relationship between SES and health services: 78.9 per cent from the lowest quintiles compared to 90 per cent in the highest quintile have a doctor for their child. Farmers (68 per cent) and retired care takers (66.2 per cent) are the least likely to go with a child to see a physician. Smaller children are more frequently seen by health staff, as 98.1 per cent of children under the age of one year, compared to 78.1 per cent of children aged 6-7 years, received consultation from a physician in the past year.

For those children that were not seen by a physician, the reasons were no need (93.5 per cent), no money (2.5 per cent) and lack of trust in the physician (2.2 per cent). Parents usu-

ally resort to self-medication as a first solution, and only if this fails they go to see a physician.

What Are the Barriers in Accessing Health Care for Children? Focus Group discussions highlight long waiting times and poor patient flow management, as well as perceived inefficiency of prescribed treatments and bad attitudes on the provider side as barriers in accessing health care.

> *"We go as seldom as possible, when you go to the physician, you have to stand in the line for 3 hours"* (Gr. 1, urban environment).
>
> *"Earlier there used to be a day for healthy children and another day for sick children, unlike now, you go to the physician with a newborn baby and an elderly patient is also waiting with you. I, for instance, brought my son to hospital, he was not coughing, he was healthy, and there was an old lady with asthma, then we barely got to the kindergarten and he started coughing"* (Gr. 2, urban environment).
>
> *"My girl is allergic, most of the times when you tell the physician the symptoms she does not even listen to you, and prescribes a treatment God knows for what"* (Gr. 1, urban environment).
>
> *"I don't want to blame my physician for anything, but earlier she had a better, friendlier attitude; physicians used to be different, and now I get the feeling that you come to a physician, she prescribes a treatment so that you'll have to come to her again instead of getting healthy."* (Gr. 5, urban environment).

CHILD EDUCATION AND FAMILY DEVELOPMENT

- ***More parents acknowledge the importance of time spent with children as the most important barrier in appropriate child education, a change in values compared to 2003, when food and clothes ranked first; yet parents still focus on satisfying body and physiological needs of their children more than on mental stimulation.***
- ***Caretakers understand that delays in starting education lead to delays in development (50 per cent in 2009 compared to 28 per cent in 2003); still only seven per cent of parents/caregivers realize they should adopt an integrated and complex approach in their child development.***
- ***Compared to 2003, the main source of information about child education is increasingly immediate family and social network and mass-media rather than literature or specialists.***
- ***Fathers (67 per cent) continue to be involved on an irregular basis in the care and stimulation of small children.***
- ***An increased awareness of the importance of early stimulation is observed, since 66 per cent of parents in 2009 compared to 44 per cent in 2003 acknowledge they need to be reading, playing and walking more with their children.***
- ***Still, only 28.8 per cent of respondents tell or read to their children every evening, 51.7 per cent – only sometimes and 19.4 per cent never do so. In 2003 survey, 37.4 per cent would read to their children before bedtime and 62.6 per cent did not read.***
- ***Only 3 out of 4 households had any children books at home. The assessment of supply and variety of children books showed alarming results as well: 26.3 per cent had none of the necessary types of books,17.9 per cent had only one type, 48.0 per cent had 2-4 types and only 7.8 per cent had high level of supply (over 4 types).***

- ***Positive practices of stimulation of intellectual development of children 4-7 years have somewhat increased compared to 2003, especially regarding watching educational television shows by 21.9 per cent, reading by 14.9 per cent, strolls by 12 per cent and games by 5.6 per cent.***
- ***Two thirds of households do not have any of the 14 necessary types of toys (based on the assessment of supply of toys). Still subjective opinions of care givers are much better than the reality, since 60.1 per cent of parents report their child had enough toys and teaching aids, and 99.2 per cent of respondents consider toys necessary for good development***.
- ***The concept of inclusive education is not adopted fully by parents. Five per cent of families believe children with disabilities should not attend the community kindergarten, and 46 per cent of families would allow their children to play with a child with disabilities.***

Responsibilities and Barriers in Education of Children. Most respondents (96.8 per cent) believe that the responsibility for the child's education rests with the family. As a reflection of patriarchal gender norms and a traditional division of responsibilities in a family, Focus Group respondents stressed mostly mother's role in the education of children. These gender norms are enforced in children, too, as some parents/care givers tied the roles of each parent with the gender of the child.

> *"...Because he is a boy and he wants to be a man like his father, anyway, the family emphasizes the fact that if you are a man, you may not cry, and the girl ... she is more like her mother, she is taught things about housekeeping..."*(Gr. 1, urban environment).

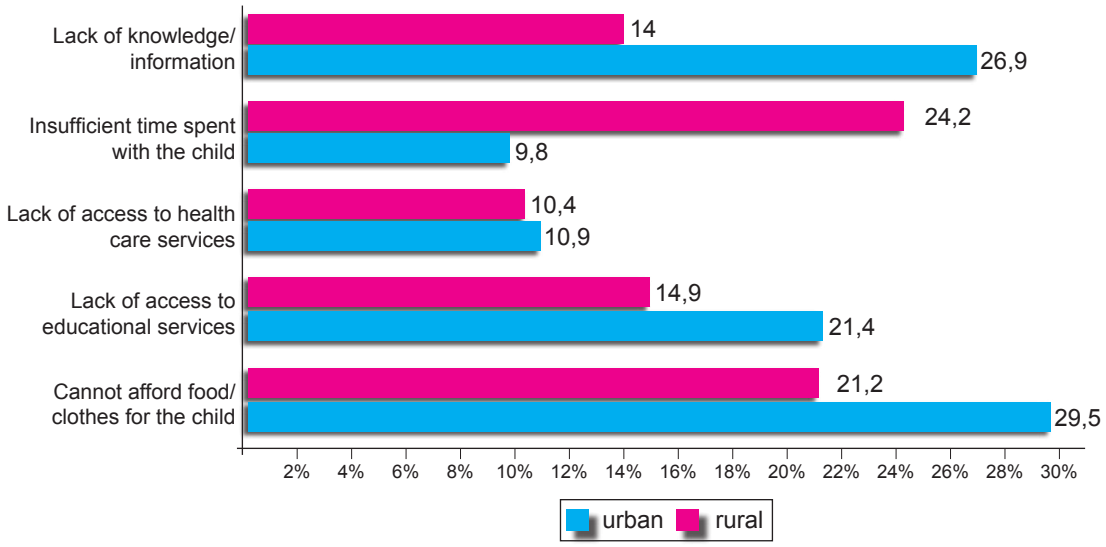
Most non-parental caregivers declared that the primary role in the children's education should belong to parents. Some parents declared there was an evident difference between the children educated by the parents and those educated by the grandparents. Thus, the children educated by the grandparents are believed to be less educated:

> *"...There is a large difference between the children nowadays – those who are at home with their parents and those left behind with the grandparents. There is a large difference in the behaviour ... they allow themselves too much..."* (Gr. 18, rural environment).

Who is Responsible for Educating Children? Some 38.1 per cent respondents believe kindergarten is responsible for the education of children**,** a more prevalent opinion in the rural environment (41.5 per cent compared 32.7 per cent urban) and the State is considered responsible for children' education by 31.0 per cent respondents (39.0 per cent rural versus 25.5 per cent urban). The role of community is perceived to be diminished in education (6.3 per cent) and many Focus Group participants perceive the role of community being negative rather than positive, especially because of the high number of children left behind by migrating parents in the care of their grandparents.

What Challenges Do Families With Young Children Experience? The respondents report primarily insufficient time spent with their children (26.9 per cent) and insufficient money for food and clothes (21.4 per cent) as main difficulties of the families with young children (Figure 11). Rural respondents encounter more livelihood difficulties (25.3 per cent rural versus 15.2 per cent urban), and insufficient information (17.4 per cent rural versus 8.9 per cent urban). Compared to 2003 survey, lower proportion of parents had difficulties with buying clothes (21.4 per cent in 2009 versus 29.5 per cent in 2003) and lower proportion lacked access to education (10.9 per cent in 2009 versus 14.9 per cent in 2003).

Figure 11. Challenges in Raising and Educating Children, 2003 versus 2009, in Per cent

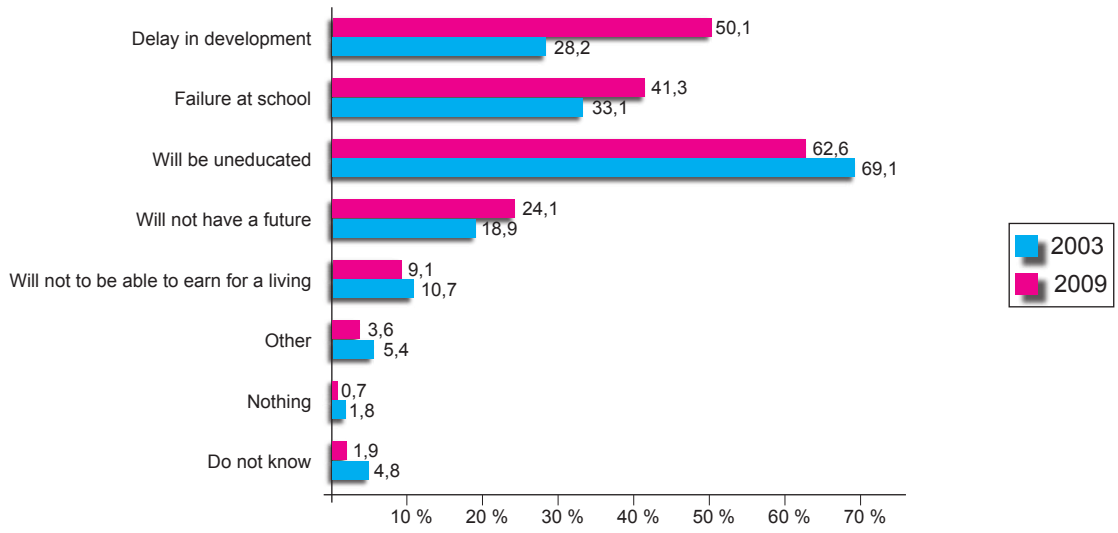


Education Start. Some 18.8 per cent respondents indicate that the child's education start should start before birth and almost half (47.7 per cent) believe that education must start immediately after birth, at the same time a quarter (24.8 per cent) believe a child's education should start at the age of one year or later (8.1 per cent). Lower correct knowledge about early education start was associated with lower socio-economic status and rural environment. In Focus Group respondents who thought education should start at later periods reasoned that the child is unable to understand educational messages. However, a large part of the parents and care givers in both urban and rural environment thought education must start *"simultaneously with the child's conception" "in the mother's womb."*

> *"...From as early as in the womb already... because the child there feels the moods in the family… the mother's first of all, and feels the relationships in the surrounding environment, reacts to everything ... it has been proved... and one must pay attention to the child from as early as then ... one must read books, listen to music, starting from the very first minutes*...(Gr. 9, urban environment)

The moment of education start influences child's development, every second parent believing that a delay in education will cause delayed development. The percentage of respondents who believed delayed education leads to delay in development has almost doubled compared to 2003 (50.1 per cent in 2009 versus 28.2per cent in 2003). (Figure 12)

Figure 12. Opinions Regarding Consequences of Delayed Start of Education, Comparison Years 2003 and 2009



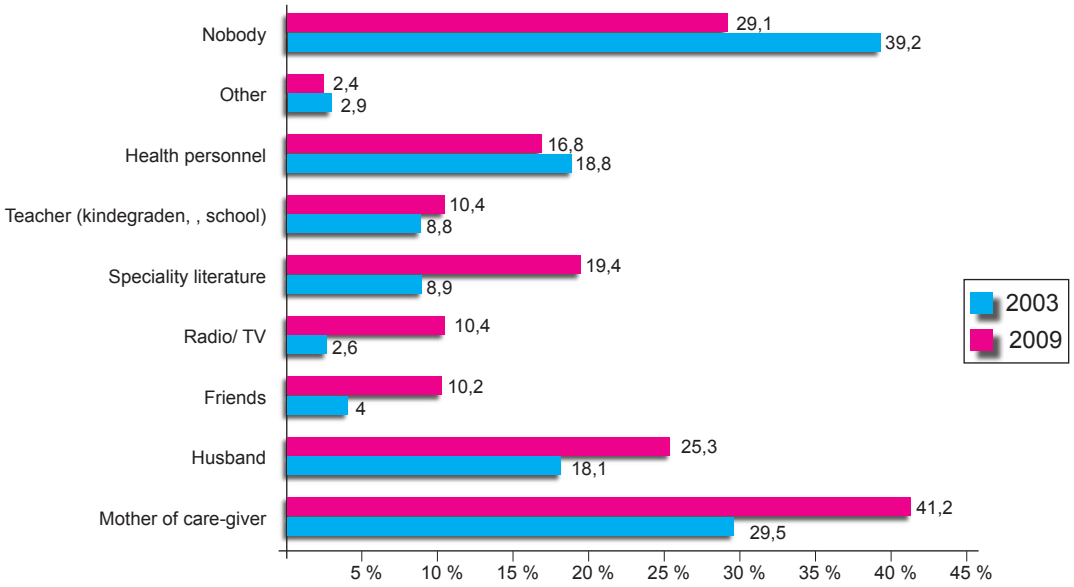
Intellectual Development in Young Children. Survey results emphasise parent focus on satisfying body and physiological needs of their children rather than focusing on intellectual development. Asked about barriers that might affect child development, respondents mostly focused on physical deficiencies (diseases were mentioned by 78.9 per cent, inadequate nutrition by 48.9 per cent, complications at birth by 39.2 per cent), while lower proportions thought neglect and violence (38.5 per cent), lack of love (36.9 per cent), lack of communication (25.2 per cent) and lack of stimulation through games, exercises (12.8 per cent) hinders development. Rural environment, lower educational and socio-economic statuses were associated with lower degrees of acknowledgement of the importance of psycho-emotional and social dimensions of development.

Integrated Approach to Child Development. Only seven per cent of parents /care givers realize they should adopt an integrated and complex approach to child development. The survey has assessed caregiver awareness, about six areas of a child's needs for balanced development: to be healthy, adequate nutrition, toys, play, love, and communication. Most well-known are health (86.7 per cent) and nutrition (75.5 per cent), while there is lower awareness about educational needs. A loving environment and the need for communication with the child are less often mentioned by rural respondents, those with lower education levels and lower SES.

Sources of Information: Family, Media, Health Care Professionals. The main source of information about child education continues to be immediate family and social network (mother of care giver for 41.2 per cent, husbands for 25.3 per cent and friends for 10.2 per cent respondents), an increase compared to year 2003. The second source is reading and mass media: specialized literature is consulted by 19.4 per cent of respondents, more often by urban inhabitants, and radio/TV is a source of information for 10.4 per cent of respondents, particularly for the young rural environment inhabitants.

According to Focus Groups, urban inhabitants also find information on Internet more often, while caregivers in villages do not report the Internet as a source of information at all. Professionals, such as health care staff, are a source of information for 16.8 per cent, and kindergarten educators and school teachers for 10.4 per cent of respondents. Compared to 2003, the role of professionals as a source of information has not changed (health personnel 16.8 per cent versus 18.8 per cent in 2003 and educators: 10.4 per cent versus 8.8 per cent in 2003).

Figure 13. Caregiver Information Sources for Child Education, 2003 versus 2009, in Per cent



In Focus Groups, participants talk about psychologists as another source of information with reservations, very few being aware about availability, and if they are, they are concerned about quality of such services.

> *"...I would gladly turn to a psychologist, but unfortunately, there is none at our pre-school institution, there is no such expert at the local health care centre; I would go to a private psychologist, but it must be someone who is really able to give a good advice"* (Gr. 11, rural environment).

> *"...There are problems, but there are no competent experts who might settle them and definitely give a good advice or something of the kind... we rather read things on our own and try to find a way out ourselves*. (Gr. 9, urban environment).

Communication with Child. The practice of communication with the child before birth is widespread, since 77.2 per cent of mothers and fewer fathers (58.0 per cent) stated that they used to communicate with their child in the intrauterine period. Compared to 2003 survey, a slight increase in the number of mothers (by 10.1 per cent) and in the number of fathers (by 3.2 per cent) who talked to their child before birth was reported in 2009 compared to 2003. The mothers in focus groups mentioned they would listen to classic music, talk and use tender gestures, read fairy tales.

After birth, communication during some activities, such as feeding, bathing, walking are used by 91.3 per cent of parents, an increase of 6.5 per cent compared with year 2003. Fathers are involved in the care of their children only partially: two thirds (67.3 per cent) of fathers get involved only sometimes; only a quarter of them participate often in activities such as walking, feeding, bathing the child. The frequency of communication during these activities is in direct relationship with socio-economic status of the caregiver.

Caressing as a Practice of Psycho-Emotional Stimulation is used by 98 Per cent of Respondents with children between the ages of 0-7 years. There are still biases regarding caressing children, as it may cause "spoiling the child" and *"if you spoil the child, then he becomes insolent as he gets older"* (Gr. 21, rural environment). The Roma parents have mentioned that more often the children are caressed in the evenings, particularly by their mother.

> *"They play with them like mothers do; they are so cute when you bathe them, they change their clothes, hug them like mothers do, sweet talk"* (Gr. 21, rural environment).

Holding Children. As far as attitudes regarding the recommendation to hold children in arms often, some 53.5 per cent of respondents believe that holding in arms the child often is beneficial for the child, while 41.8 per cent do not agree. The belief that a child must be held in the arms less often is reasoned as a need to avoid dependence, and holding in arms should be limited to circumstances when the child is young or is tired or in pain. Younger children are held more often in arms, some 35.8 per cent caregivers holding children in the age of 0-3 years compared to only 21.2 per cent of children of 3-7 years. Every fifth child of 3-7 years is never held in the arms as compared with one in 100 children of 0-3 years. Gender differentiation norms have been noted in survey results: boys are more often held in arms when they are smaller than one year, but with age the situation changes. Focus groups participants mentioned boys are held less often compared to girls.

> *"... He must be a man, he must walk on his own...", "...my daughter is 5 years old, and when you go with her somewhere, she walks a little and that's it, she wants to be carried in the arms, and you have to, whether you want it or not..."* (Gr. 21, rural environment).

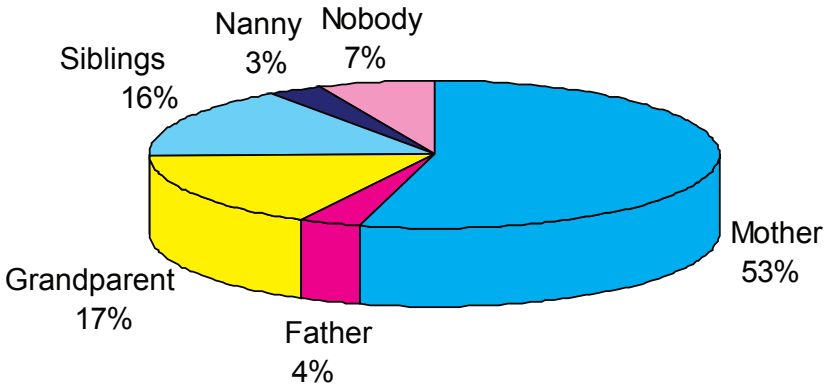
Crying Children Aged 0-3. A majority of care givers (93.8 per cent) recognize calming babies is important, and insignificant proportions are ignoring or threatening their children. These results are at the same levels as in 2003. Parents recognise the physical reasons

for crying: 82.8 per cent name pain, 80.5 per cent hunger/thirst, 65.5 per cent physical discomfort. Emotional state as cause of crying is named much less frequently, fatigue (36.1 per cent), lack of love and affection (15.9 per cent), protest (6.9 per cent) especially by respondents who have older children (24-36 months) is reported. Compared to the baseline survey, a significant increase in recognizing the reason for crying was registered only in case of fatigue (36.1 per cent in 2009 versus 17.7 per cent in 2003).

Reading: Cognitive Stimulation of Children Aged 2-4. Reading every evening to a child over two years is recommended as both a very efficient practice of stimulation of the child's cognition, and a binder of relationships between the adult and child. Survey results show that some 28.8 per cent of respondents tell or read to their children every evening, 51.7per cent – only sometimes and 19.4 per cent never do so. Parents read to children older than two years more often: every day (38 per cent) and sometimes (60.4 per cent), those under 1 year in 15.2 per cent and those 5-7 years in 20.5per cent cases. The practice of every day reading is associated with environment (37.6 per cent urban versus 23.2 per cent rural); education level (50.4 per cent of those with higher education compared to 15.3 per cent with gymnasium education); and socio-economic level (38.8 per cent in highest quintile compared with 20.5 per cent in lowest quintile).

Who Reads to Children? Children aged 4-7 years were asked who tells them fairy tales most often, and they name their mother in 54.3 per cent of cases, and father in only 3.5 per cent. On the other hand, 6.8 per cent mentioned nobody reads to them in the evening.

Figure 14. Person Who Reads to Children in the Evening, 2009



Some parents, mainly those residing in villages, recognize that they read/tell their children fairy tales very seldom *"...On Saturdays, Sundays...","...In the winter....when there is time... a fairy tale… a poem or a song..."* because, in their opinion, the children show no interest: *"...The children don't really ask...well.....when we have time..."*. There also are respondents who do not like reading fairy tales to their children or who are unaware of their necessity for the child's development, so they devolve this duty on other caregivers.

> *"...The grandmother…spends more time with my son and reads things to him very often…I don't have any time for reading, I…don't really like reading…"* (Gr. 5, urban environment).

Asked about availability of children books, 75.7 per cent of respondents state they had them at home, influenced by environment (87.5 per cent urban versus 68.1 per cent rural), SES (56.0 per cent lowest quintile versus 78.6 per cent highest quintile) and education level of parents/care takers (66.7 per cent primary level studies versus 93.1per cent higher level studies).

Low Availability of Books. Supply of books in the household was assessed by asking about availability of various types of children books (coloring books, books with games, poetry, fairy tales, story books etc). The results suggest a low availability of books, as 26.3 per cent had none of these types, 17.9 per cent had only one type, 48.0 per cent had two to four types and only 7.8 per cent had high level of supply (over 4 types).

How do Caretakers Engage Children? Less than half (46.2 per cent) of the parents/caregivers go for walks often with their child, among them 65.9 per cent discuss the things they see and another 47.6 per cent go for walks *sometimes* with the child only and among them 28.1 per cent of them talk during the strolls, while 6.2 per cent report never going for walks with their child.

Playing with Children is on the Increase. As many as 91.6 per cent of survey participants say they play with their child, increased by 3.9 per cent more than in 2003. As for frequency, some 66.5 per cent play with their child every day, and 29.4 per cent report playing several times a week. The situation has virtually not changed since 2003. The survey data shows that mothers play with children most often (53.9 per cent), followed by siblings (24.4 per cent), grandparents (11.9 per cent), and then fathers (9.8 per cent).
In addition to the daily strolls, children like spending a lot of time playing outdoors. Thus, most of the interviewed say that the children play most frequently in the house yard, under parent supervision. In the rural settlements children often play in the street, where they meet their peers and the children in the neighbourhood. Some parents acknowledge lack of special facilities for playing as a problem for the children in the rural environment.

> *"It is better in towns, there are special parks there… you can go there with the children and they can play, whereas here they are all the time in the yard. The children must be supervised by a parent, you can't let them alone there; we can do our work at home while they're playing in the yard. It is very dangerous in towns, but at home is at home, the child is in sight.."* (Gr. 13, rural environment).

Increase in Efforts to Stimulate Intellectual Development in Children Aged 4-7. Games are the most frequently applied practice of stimulation for intellectual development for children (50.8 per cent of respondents). Games followed by reading (44.0 per cent), joint housework (39.6 per cent), watching educational television shows together (33.4 per cent), walks and discussions *(*27.4 per cent), exercising/solving problems (16.1per cent), experiments (7.2 per cent), and others (3.7 per cent). In comparison with the previous survey, the percentage of parents/ caregivers practising intellectual stimulation has increased, especially regarding watching educational television shows by 21.9 per cent, reading by 14.9 per cent, strolls by 12 per cent and games by 5.6 per cent.

Supporting Interests of Children. Supporting the interests of children is important to engaging them intellectually, and this is practiced by 73 per cent of parents/caregivers. A quarter (25.1 per cent) report not engaging their child's interests. Compared to 2003 survey, an increase by 10.7 per cent in the share of the respondents who always support and encourage the child's interests is observed. Although approximately three quarters of respondents support the children's interests, only 31.9 per cent do not criticize their achievements. The majority (60.8 per cent) of parents/caregivers discipline the actions of little ones, and provide a rationale for why, and 7.3 per cent always criticize them, rejecting any ideas, suggestions, and proposals of the latter.
Investing in Toys. Respondents understand correctly the importance of toys for the child's development: 99.2 per cent of respondents consider toys necessary for the child's good development. Among them, 60.1 per cent say that their child has enough toys and teaching aids, 34.5 per cent think they are not enough and 5.4 per cent do not know whether the child

has the necessary amount of toys and teaching aids. As for capacity of parents to choose correctly toys according to the nine minimal requirements, 40.4 per cent knew one or two requirements towards toys and 53.3 per cent could name 3-6 requirements. Compared to 2003 survey, the proportion of those not knowing about requirements towards toys has decreased. In choosing toys, parents guide themselves by several principles, by gender and age, development potential of the toy, quality and safety, but the ultimate decision factor is the child's preference.

> "*...If you ask me... only what he wants, because someone bought him the other day a car with remote control and he does not even want to look at it, how do you like it, I'd rather just buy what he wants and that's it, better cheaper, but it must be something that he wants...not a toy that costs MDL 300-400 and he does not even look at it…* (Gr. 5, urban environment).

Families in the rural environment are more influenced by price while choosing toys for their children than in the urban environment. Some parents say they are often forced to buy second hand toys, for which they must work several days in the field.

> *"...They have a bicycle, a second-hand one, I bought it for MDL 300, I had to work as a day labourer, but I did buy it to them."* (Gr. 13, rural environment).

In the Roma community, toys are manufactured by the parents or by the children themselves.

> *"..I make toys from clothes, I make dolls and the girls play with them...I showed them once and they started making their own dolls..."* (Gr. 21, rural environment).

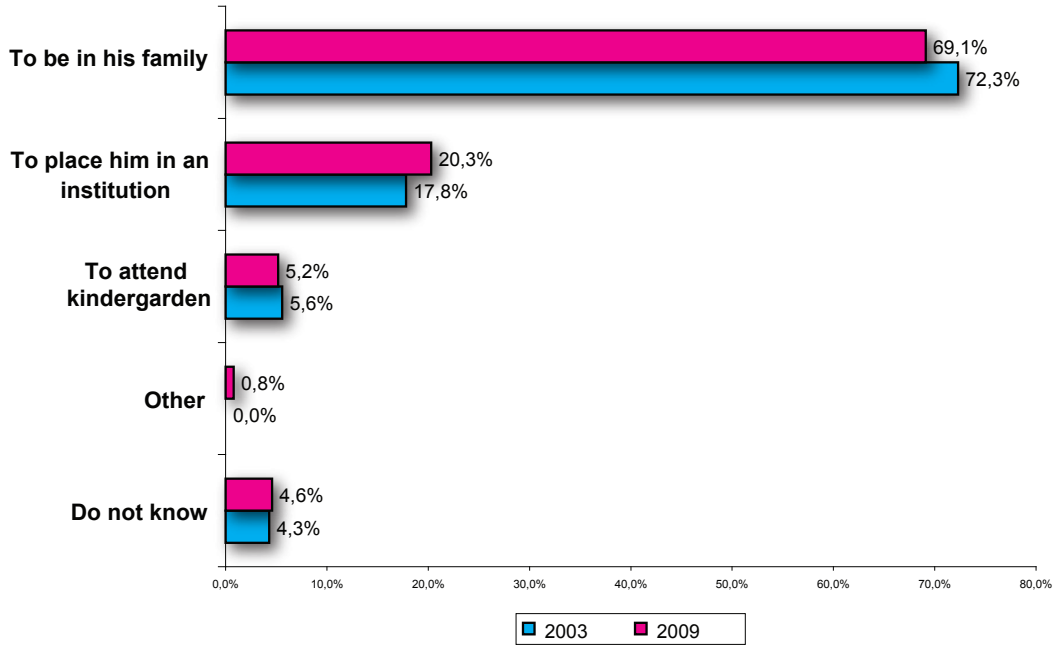
The objective assessment of supply of toys and the variety has shown different results compared to the self-evaluation of care takers. The supply of toys has been assessed by determining availability of 14 types of necessary toys. Two thirds of households (68.7 per cent) did not have any category of toys, 7.7 per cent had one to three types of toys, and only less than a quarter (23.6 per cent) has 4-13 types of toys.

Inclusive education

Reflecting on Care giving: Is Education becoming a higher Priority? Some 66.1 per cent in 2009 compared to 43.9 per cent of caregivers in 2003 report that they should have been more involved in the lives of their children through reading, playing, and walking. In fact, 34.9 per cent in 2009 compared to 17.0 per cent in 2003 report that they should offer more love, 41 per cent (43 per cent in 2003) and create better conditions, and 8.6 per cent (6.1 per cent in 2003) think they should give fewer interdictions. A small group reports that they do not need to change anything (11.5 per cent in 2009 versus 22.6 per cent). This data illustrates that education and development of young children is becoming an increased priority.

Is Education Inclusive or Exclusive in Moldova? Inclusive education is promoted as a way to achieve equity and equal opportunities for the optimal development of every child's potential. The majority of respondents (69.1 per cent) favour the idea that a child with development problems should live in his family; yet every fifth respondent (20.3 per cent) still believes that these children should be placed in an institution. Only 5.2 per cent consider that a child with special needs should attend the community kindergarten. Lower socio-economic and educational background is in this case factors to support family care. Compared to 2003 survey, a trend towards the exclusion of this category of children is being observed: 71.9 per cent pronounced themselves for the care in the family and 17.8 per cent opt for institutionalization.

Figure 15. Opinions Regarding Social Exclusion/Inclusion of Disabled Children



Whereas respondents favour family inclusion of children with development deficiencies, their attitudes towards inclusion of children in the same educational settings as their children are less benign, since less than a half (45.8 per cent) of respondents would accept their child playing with a child with development deficiencies. The results also show negative trend in the attitudes about inclusion of these children compared to the 2003 survey: the share of the respondents that would accept a child having special educational needs as a playmate/classmate of one's own child has decreased by 20.4 per cent, and the share of those who would not accept integration has risen from 33.8 per cent to 41.2 per cent.

In FG, participants accepted the idea of friendship between their children and a child with special needs, being convinced that such children "are God's creatures" and have no blame for their "disease," "are children just like all the others."

> *"Why not? Aren't they children, too and don't they want to communicate with each other? To make them a little bit more cheerful – Yes, we do have such a child at the kindergarten. The parents are both mute, and they organize (*various activities – n.n.) *with him... and play with him"* (Gr. 20, rural environment)

Some positive attitudes toward children with specials needs do exist, as a small number of parents voice that their children do not ignore or marginalize children with special needs at the kindergarten or in public places; on the contrary, those children are happy when someone plays with them, showing care and understanding.

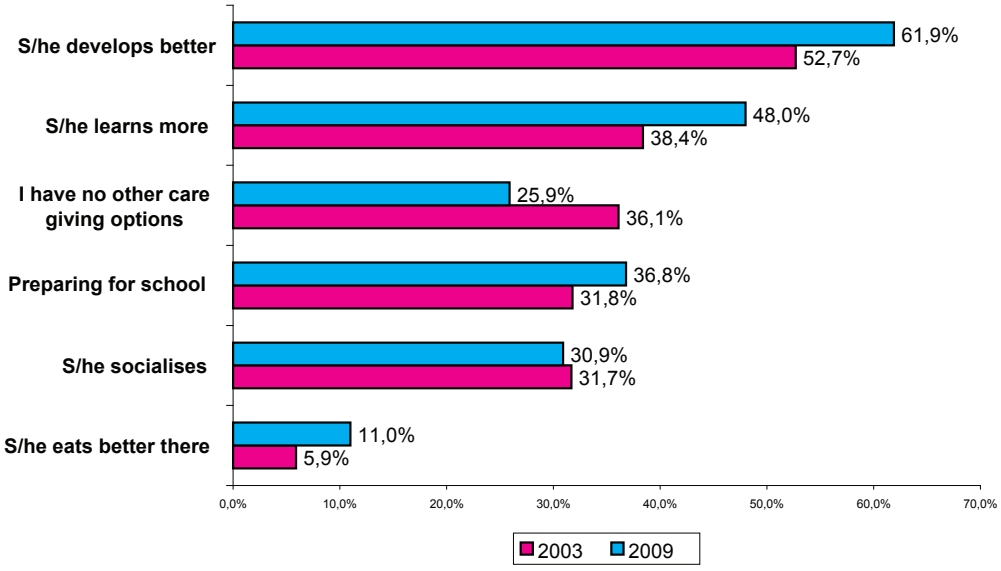
> *"There is one such child in our yard and of course the children do not play the same way with him ...but still they don't reject him. When we go to the park, another boy comes, too, about 15 years old; he cannot walk at all, he is in a wheelchair, but they enjoy playing with him, ... "Look, Ion is here...", they like helping him, raise his hand... we did not isolate him" (Gr. 1, urban environment)*

EARLY EDUCATION PROGRAMME

- ***98.1 per cent acknowledge the importance of kindergarten in child development.***
- ***Based on survey results, an increase of pre-school attendance from 35 per cent in 2003 to 61.9 per cent in 2009 and 83.5 per cent in the children aged 3-7 years is registered (71.4 per cent urban versus 55.6 per cent rural).***
- ***97.4 per cent have access to kindergarten or alternative forms of pre-school education, an increase by 12 per cent compared to year 2003.***
- ***The monthly household expenditures related to kindergarten attendance doubled in year 2009 and averaged MDL 538, compared to MDL 282 in 2003.***
- ***Respondents are satisfied mostly with the quality of educator relationship with parents and attitudes of educators toward children, followed by the quality of food and hygiene conditions and in lowest educational aids.***

Importance of Early Education Programmes. 98.1 per cent of respondents acknowledge the kindergarten as important in child development. Survey data demonstrate awareness about benefits of attending kindergarten, some 61.9 per cent respondents consider that children develop better at kindergarten, some 48 per cent consider that children learn more, 36.8 per cent specify the benefit in preparation for going to school, and 30.9 per cent acknowledge the role of kindergarten in socialization. Compared to 2003 survey, higher percentages of respondents acknowledge the benefits of attending kindergarten as illustrated in Figure 16.

Figure 16. Reasons for Kindergarten Attendance by Children Age 1.5-7 years



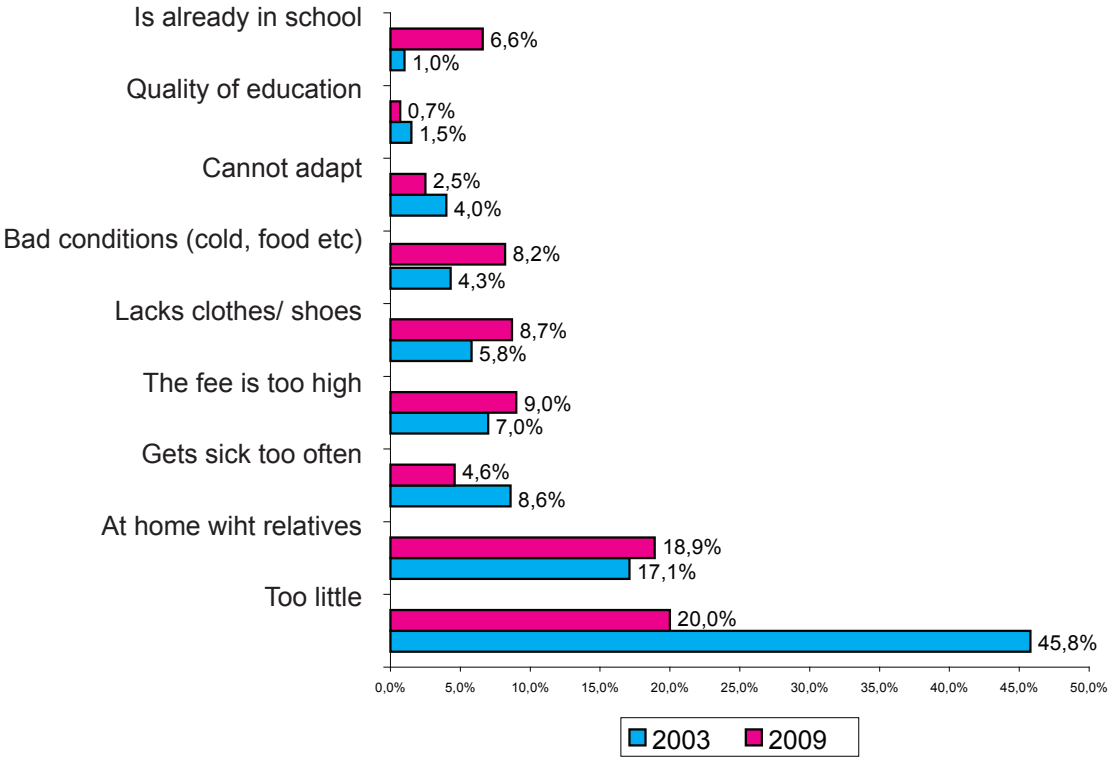
In Focus Group discussions, parents emphasise the importance of attending the kindergarten. Among named benefits, a regular timetable for the child, safety and better intellectual development were mentioned. Some also mentioned advantages for their families, such as using this time to work while the child is properly supervised and economic advantages, as nannies are more expensive.

Access to Early Education Programmes. In terms of accessibility, most survey participants (97.4 per cent) report children starting kindergarten or alternative forms of pre-school education; this is an increase by 12 per cent compared to year 2003. An increase of pre-school attendance from 35 per cent in 2003 to 61.9 per cent in 2009 and 83.5

per cent in the children aged 3-7 years was registered, with a marked difference by environment (71.4 per cent urban versus 55.6 per cent rural) as illustrated Figure 17.

Better attendance was associated with incomplete families and lower SES. At the same time, some 38.1 per cent of the children aged 1.5 to 7 were not attending any early childhood education programme at the time of survey. Only every fifth parent (20.0 per cent) indicated early age as the reason of non-attendance, while another fifth (18.9 per cent) preferred leaving the child in the care of other people, while decreased financial accessibility was mentioned by some 18 per cent (high fees and no money for clothes). Inappropriate conditions (heating, food) were mentioned by 8 per cent, while poor quality of education (educator's attitude, lack of toys, teaching aids, books, obsolete methods etc.) were reported by only 0.7 per cent of respondents.

Figure 17. Reasons for Non-Attendance of Kindergarten for Children Aged 1.5-7



The parents participating in the Focus Groups named the following barriers preventing their children from attending kindergarten based on their economic difficulties, and also on provider side: overcrowding, waiting lists, eligibility criteria, and poor conditions at kindergarten.

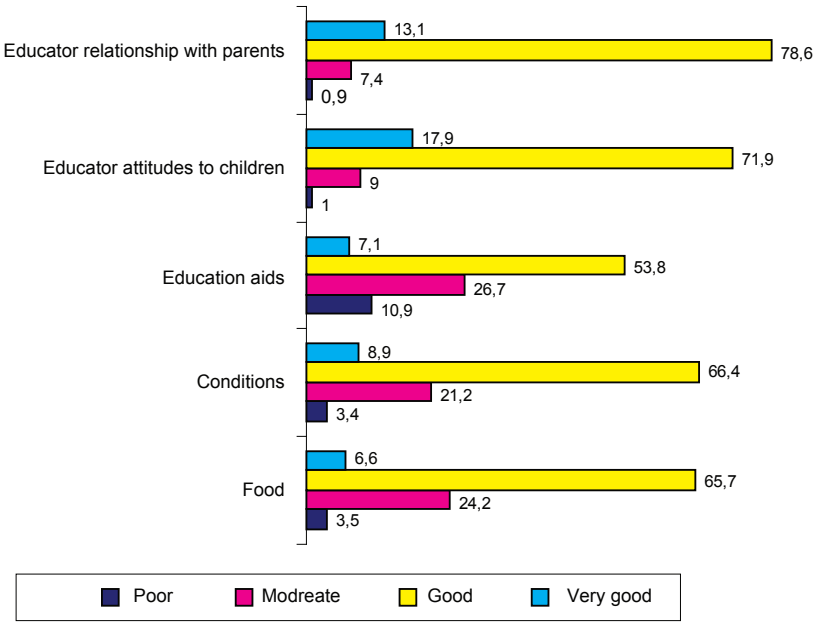
> *"...there are no places and there are too many children", "...the kindergarten is small, there are no facilities"; "...the children born in 2004 were admitted to the kindergarten, and mine was born in 2005 and they didn't take him"* (Gr. 19, rural environment)
> "*...They have nothing whatsoever outdoors (on the premises – n.n.). It is better that the child stays at home. There's no carousel, no swing, no play houses... but you still pay MDL 20 every month*", "*…they have enough space outside, there is nothing there, they don't even care*" (Gr. 19, rural environment).

The Quality of Pre-School Education

The quality assessment includes levels of satisfaction about nutrition, hygiene conditions, educational aid and attitudes of staff toward children and their parents. Overall, respond-

ents were satisfied mostly with the quality of educator relationship with parents, teacher attitude toward children, followed by the quality of food and hygiene conditions. Some report dissatisfaction with the quality and appropriateness of educational aids (Figure 18).

Figure 18. Evaluation of Kindergarten Care, 2009, in Per cent



Overall, survey results suggest a good satisfaction level regarding food quality in kindergartens (*very good* by 6.6 per cent, *good* by 65.7 per cent, *moderate* by 24.2 per cent, and only 3.5 per cent considered it poor). Compared to 2003 survey results, the quality of nutrition at pre-school institutions has improved: 0.6 per cent more respondents evaluated nutrition as *very good*, additional 15.7 per cent as *good,* 14.8 per cent less as *moderate*, and 3.5 per cent less as *poor*.

Parents that took part in Focus Group discussions are satisfied with food in kindergartens, because they recognize that with the money they pay for food, they would not have been able to feed the child. Nevertheless, they point out there is room for improvement in food variation and amount of food provided.

> "...*They serve good meals but in small amounts. They give them very little, just a small amount*". (Gr. 17, rural environment).

The rating of hygiene conditions suggests that 8.9 per cent of respondents rate them as *very good*, 66.4 per cent *good,* 21.2 per cent *moderate*, 3.4 per cent *poor* and 0.1 per cent very *poor*. Focus Group participants confirmed these findings and mentioned as most common problems with heating, quality of water, toilet arrangements, especially in rural settings, and outdated furniture.

> "*There is no toilet, no water. The children must go outside – in the winter, in the summer*..." (Gr. 14, rural environment).
>
> *"For instance, they have laid the water pipeline now... why didn't they install wash basins in every group so that the children ... don't have to wash their hands together with everybody else in that old basin, all together, when they could wash their hands separately*?"(Gr. 15, rural environment).
>
> "...*In our kindergarten, the Moldovan one, they ought to replace the furniture first of all ....and there was a proposal that we, the parents, get together and replace the furniture, but not everybody was willing and therefore it has not been possible*" (Gr. 1, urban environment)..

Low Satisfaction Reported for Educational Aids. Some 7.1 per cent consider it *very good* and a little over half (53.8 per cent) thought it was *good*, while 26.7 per cent qualified it as moderate and 10.9 per cent as *poor* and 1.4 per cent as *very poor*. Compared with 2003 data, insignificant increase in positive qualification was registered. The quality of education aids at kindergartens in Chisinau, as the parents describe them, differ essentially from those in rural settlements, but some reported recent improvements in rural settings as well.

"*...There is a computer in our group room, they study English, dance, music. We are very satisfied with the morning performances they organize here ... they wear costumes ... I mean the organization is very good ...and I sometimes even think they do that too often ...*" (Gr. 3, urban environment).

"*Now they bought, what they call it…DVDs they got, they show animated cartoons; they bought a TV"* (Gr. 16, rural environment).

"...When I first brought my daughter to the kindergarten and I saw the toys I was frightened and I asked the educator how old they were and she answered 28 years, ever since she started working. I went to the manager and asked what parents paid for. She said – for the kindergarten fund. – Does that fund give out any money for toys? – She said yes, a little. Then I bought some toys together with my husband, because how can a kindergarten exist without toys? They do not allow soft toys that need to be washed often and they don't have any conditions there" (Gr. 5, rural environment).

High Levels of Satisfaction with Teachers. The survey respondents report the best level of satisfaction about attitudes of educators for kids: *good* by (71.9 per cent) and *very good* (17.9 per cent). Compared with 2003, the respondents noticed some improvement in staff attitude to the children at kindergartens. Generally, parents recognize that the educators make considerable efforts to raise and educate the children: *"The educator is the second mother"* (Gr. 9, urban environment). At the same time, some parents pointed out to some problems of the educators' attitudes towards the children, such as insufficient attention, bad language and inappropriate behaviour, application of violence. The main causes for such situations were named as work overload, low remuneration, insufficient training and advanced age of educators.

"I do not like it that they take too many children in groups. There should be strictly speaking 25 children at most, instead of thirty-something... there were even cases when they had 39 or 36 in each group. The educator gets tired... she does not cope.", "*Give it a try with 33 two-year old children... we can't cope with one of them at home, how is she supposed to make it?"* (Gr. 9, urban environment).

"*…The wages are so miserable, the educators are not motivated, and sometimes they can even be neglectful... the nannies, the educators expect that you pay them so that they take care…we are telling you the truth as it is, but that's true, they are not being paid decently… and children can suffer for that reason, too*". (Gr. 7, urban environment).

"*To do something more modern, if young educators got a chance… I met once a young educator, she tried to change things, and if the educators are old – they follow old programmeme*." (Gr. 4, urban environment).

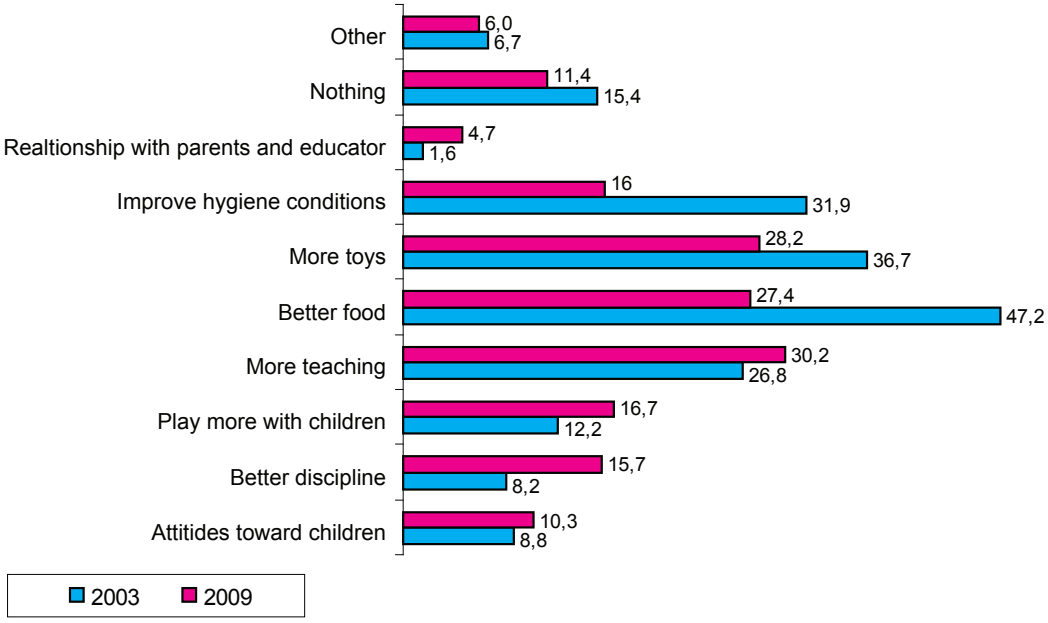
Need More Health Providers At Schools. A particular problem identified by parents is insufficient numbers of qualified health care staff and insufficient involvement of existing staff in routine examinations and monitoring of hygiene conditions. In the parents' opinion, this is because health care staff is paid depending on the number of children. If the number of children is not enough to hire a nurse on a full time basis, she works only half a day. Accordingly, this affects negatively the quality of the health care they provide to children.

"..Before her there was a good nurse... she used to make rounds of the groups and if a child coughed, she would sent him/her home", "...I saw a girl in the group... she had itching all over her body... is it right that something like that is tolerated??" (Gr. 9, urban environment).

"…It is the nurse's duty to make the menu, to look after children, watch the children eat, which children ask for more, who eats less, see to it that they are given food... But she just comes and checks... whether anyone has complaints. That's it, she made her duty and for two months she is not there. That's not work, if you ask me…" (Gr. 20, rural environment).

More Teachers, Toys, and Food. Parents were asked to identify what needs to be improved in kindergartens. The top three priorities were the following: need for more teaching (30.2 per cent), more toys (28.2 per cent) and better food (27.4 per cent). Compared to 2003 survey, however food quality decreased in priority almost twice (47.5 per cent in 2003 compared to 27.2 per cent in 2009), as well as hygiene conditions (31.9 per cent in 2003 and 16.0 per cent in 2009). (Figure 19).

Figure 19. Suggestions for Improvements in Kindergartens, 2003 and 2009, in Per cent



Need for Teacher Professional Development. Focus groups participants additionally mention a need for changing teaching styles and focus and diversification of activities outside kindergartens.

"...Teach them to be more uninhibited, they are very shy. To communicate more among the children" (Gr. 19, rural environment).

"*For instance, my daughter likes dancing, singing, I have no place to take her, there is just one school of arts and a music school in Nisporeni, but they only admit older children*" (Gr. 6, urban environment).

Educational Partnership: Parents in Schools. Parents in both urban and rural environments report that they never come to watch the activities during the day**,** many saying that they would feel awkward, since this is not a common practice. Usually parents are only present at the events and holiday performances.

The idea of parental partnership with kindergarten is supported by over 90 per cent of respondents, yet only 35.4 per cent personally have contributed with work or money to improvements in kindergarten, a decrease by half compared to the previous survey. Respondents in the rural environment contribute more compared to urban parents (38.7 per cent versus 31.6 per cent).

Parents believe local public authorities are currently involved in providing educational services sufficiently (39.5 per cent) or well (38.8 per cent) and they suggest that better funding (55.2 per cent) and more places for children (52.0 per cent) are needed, while a quarter (23.6 per cent) additional pre-school services and new kindergartens (20.5 per cent) are needed.

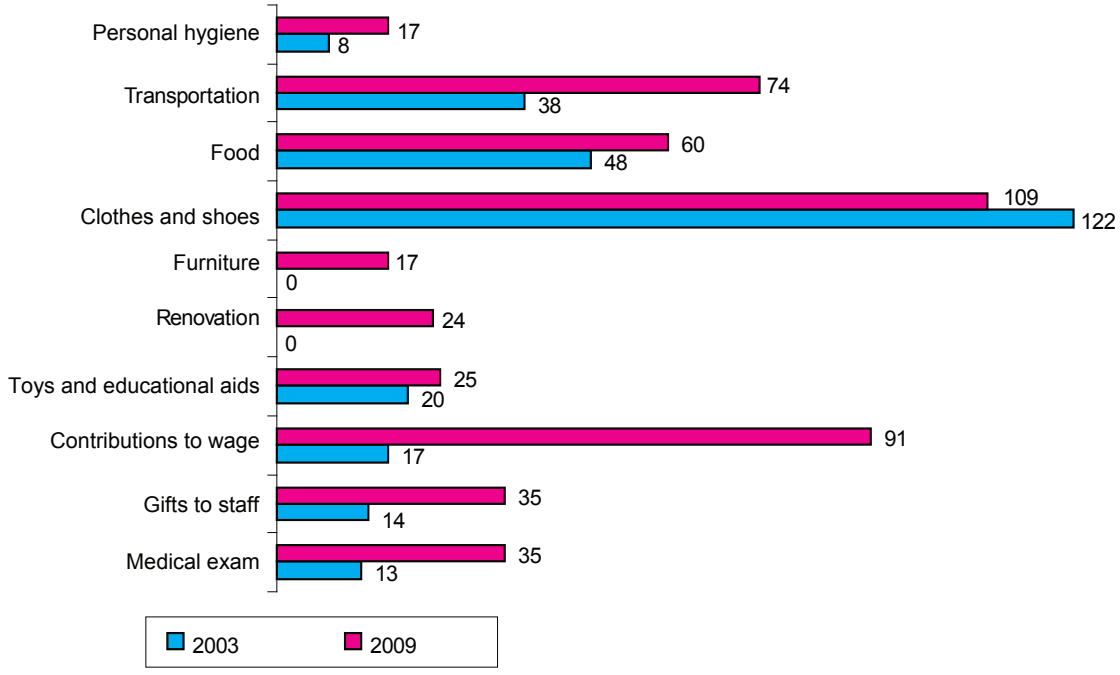
Costs of Educational Programme: Parents Are Willing to Contribute.

The majority (77.6 per cent) of parents agree to contributing money for early childhood education services, an increase by nine per cent compared to 2003 survey. Those that would not contribute with money gave *lack of money* (60.6 per cent), *the financial responsibility of the State* (13.4 per cent) and *poor quality of education* (6.35) as reasons. Focus Group participants show willingness to contribute with money for improved conditions for development, but would be against use of money for staff wages, and would like better transparency in the way money are spent:

> "*I am not rich, but I will spend for my child any amount, whatever necessary so that he has the conditions for development*" (Gr. 4, urban environment).
>
> "*Why should the parents pay your wages, I never approved of that…but now I do give money, because otherwise my child is going to suffer*". (Gr. 4, urban environment).

Kindergarten Fees Doubled Since 2003. Monthly expenditures related to kindergarten attendance doubled in 2009 and averaged MDL 538, compared to MDL 282 in 2003. In expenditure structure, most incurred expenditures are related to buying clothes, paying for transportation and contributing to food costs. Expenditures for incentives for staff (wage and gifts) increased more than several times compared to year 2003 (91 MDL in 2009 compared to 17 in 2003 for wage and 35 MDL in 2009 versus 14 in 2003 for gifts monthly). (Figure 20).

Figure 20. Monthly Expenditures Incurred by Parents of Kindergarten Child, 2003 and 2009, in MDL



CHILD COGNITIVE AND MENTAL DEVELOPMENT

- ***Results suggest improved cognitive development of children age 1-3 years, since the ability to ask questions usually develops at the age of 3 years; yet some 40.5 per cent of children did so by age two.***
- ***Parents and kindergarten still put emphasis on memorisation of poems and less on creating stories: 93.5 per cent of children recite poems, while only a half (51.8 per cent) are able to tell a fairy tale.***
- ***Compared to 2003 survey, an overall improvement in the capacity of children to focus and power of observation is observed and kindergarten attendance and stimulation within family is associated with better performance of children. At the same time, our research suggests that critical thinking and creativity of children still lags behind the standard and has not improved compared to 2003.***
- ***An overall 37.9 per cent of children attending school in 2009-2010 were psychologically prepared to go to school, an increase by 10 per cent compared to 2003 survey.***

Child Cognitive Development in Children Aged 1-3. The assessment of cognitive development of children aged 1 to 3 involved asking caregivers four questions:

1. *What age did your child start asking questions?*
2. *Describe your child's capacity to understand questions.*
3. *Describe your child ease of learning compared to other children.*
4. *Does your child like to listen to fairy tales and read with expressive voice?*

The ability to ask questions usually develops at age three, and some 40.5 per cent of children in our survey asked questions by age two. The vast majority (98.6 per cent) of parents think their child understands questions; 87.3 per cent think their offspring learns as quickly as other children, and 80 per cent report their child likes to listen to fairy tales. Attendance of kindergarten, gender (girls), and use of iodine salt are factors associated with better cognitive development in our research group.

The cognitive development assessment of children aged 4 to 7 years consists of asking the following questions to parents:

1. *Is your child able to recite a poem by heart?*
2. *Does your child experience pleasure when telling stories?*
3. *Does your child want to read, play, walk, and go to plays at the theatre?*
4. *Does your child ask questions again when the answer given does not make sense?*
5. *Describe your child's knowledge of poems and fairy tales.*
6. *How does your child respond to broken toys?*

According to data collected from caregivers, our research suggests the following regarding children aged 4-7:

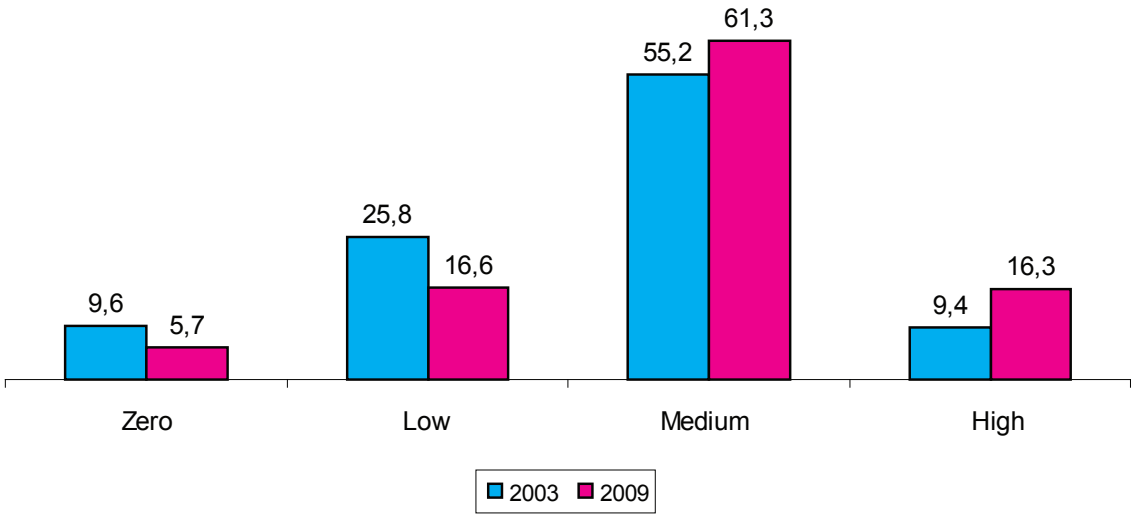
1. 86.2 per cent learn poems by heart with little effort;
2. 84.6 per cent enjoy telling stories;
3. 68.8 per cent frequently ask the others to read, tell stories, play, go for walks, and to the theatre, while 26.2 per cent *from time to time*, 5 per cent *do not express such desire;*
4. 69.4 per cent say that their child always insists on asking again if a sufficient answer is not given to a question, 26.5 per cent will ask again from time to time, and 4 per cent will not insist.

The outcomes of interviews confirms earlier findings that parents put emphasis on memorising poems, and less emphasis on children creating poems: 93.5 per cent of children recite poems, while only a half (51.8 per cent) are able to tell a fairy tale, a little over quarter (27.9 per cent) said only the name of a fairy tale, and a fifth (20.3 per cent) were not able to answer. The disaggregation of data suggests better capacity to tell a story in girls (57.5 per cent of girls versus 46.5 per cent of boys), urban children (55.5 per cent versus 49.5 per cent rural), and those attending kindergarten (55 per cent versus 37.5per cent not attending). Also, those children whose parents practice a high level of intellectual stimulation, and those with adequate nutrition, including optimal levels of iodised salt, dairy and meat are in an optimal learning environment.

Mental Development of Children Aged 4 to 7. Cognitive development of children and their academic achievements are conditioned by their development of perseverance, the ability to focus, and the development of the power of observation.

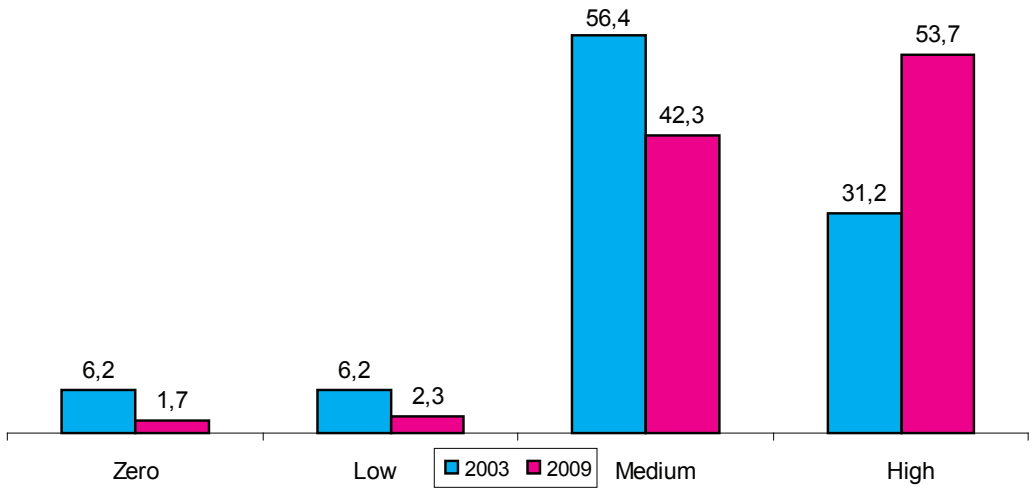
Perseverance and Ability to Focus. This was evaluated by the capacity of children to find the nine differences between similar drawings: level 0, when children could not find any differences, low level (1-2 differences), medium level (3-7 differences) and high level (8-9 differences). Overall, children scored medium level (61.3 per cent) and high level (16.3 per cent). Compared to 2003 survey, there is an overall improvement in the perseverance capacity of children to focus. Fewer scored 0 (5.7 per cent in 2009 versus 9.6 per cent in 2002) and low levels (16.6 per cent in 2009 versus 25.8 per cent in 2003). (Figure 21)

Figure 21. Perseverance and Ability to Focus in Children Aged 4-7 in Per cent



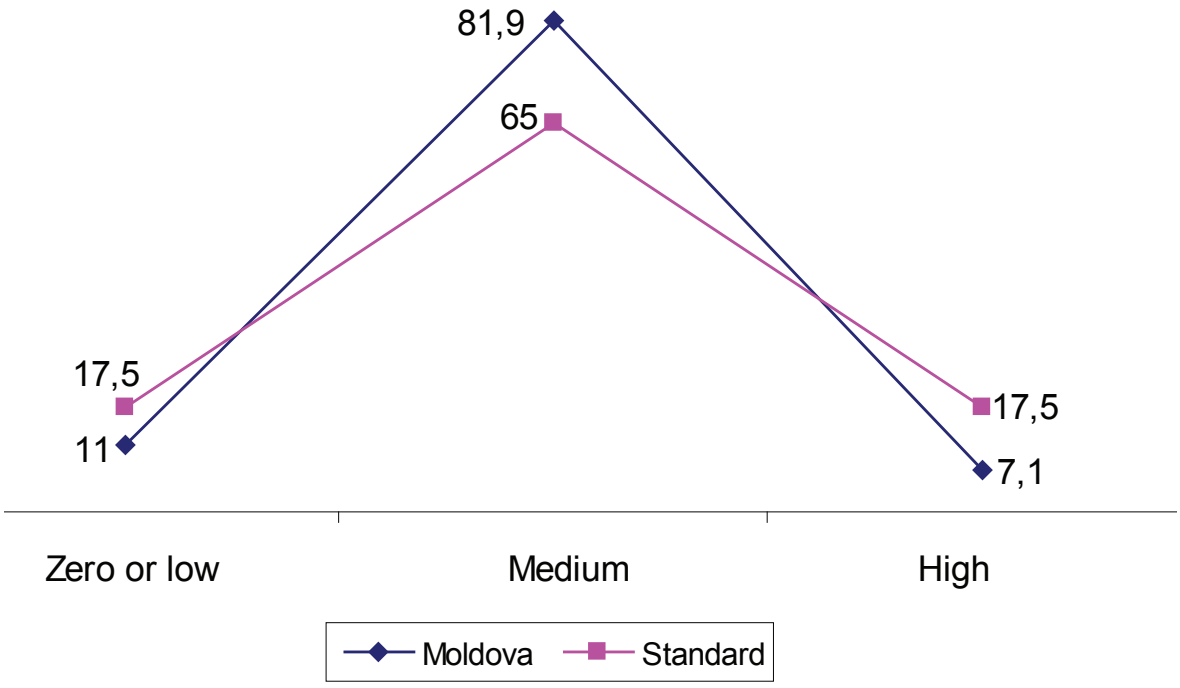
Power of Observation. This was evaluated by asking children to find six missing images in two pictures, and ranking included 0 level (0 images), low (1 image), medium (2-4 images) and high level (6 images). This test suggests good results, most children with high levels (53.7 per cent) or medium levels (42.3 per cent). This represents a significant improvement compared to year 2003, when fewer children scored high level (31.2 per cent) as illustrated in Figure 22.

Figure 22. Power of Observation in Children Aged 4-7 in Per cent, 2003 versus 2009



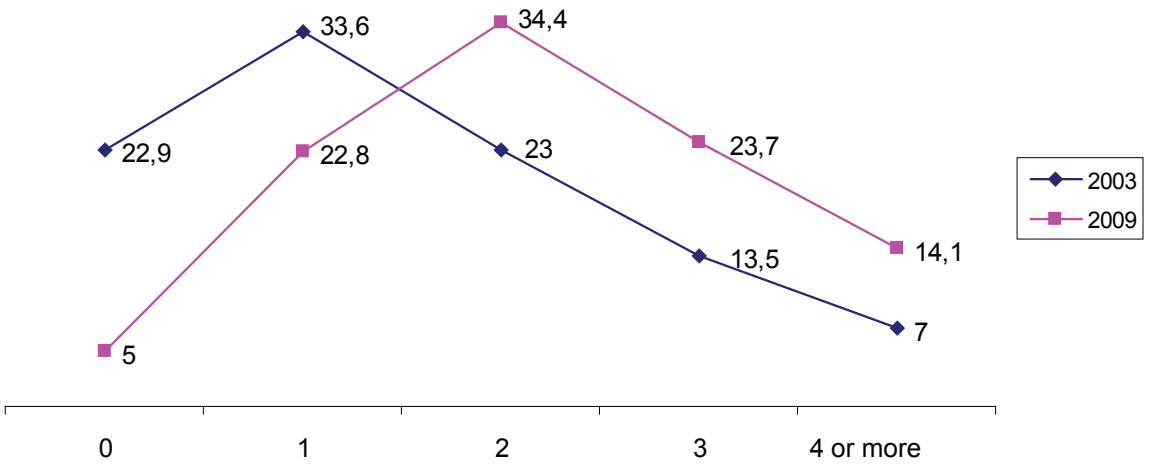
Those who attend kindergarten (8.2 per cent versus 2.7per cent) and those coming from families that stimulate them intellectually (16.1 per cent versus 1.1per cent) scored high level in higher proportions. Compared to 2003 survey, results have not improved much; high level has seen only a 3per cent increase and medium level by 11 per cent increase.

Figure 23. Critical Thinking in Children Aged 4-7:
Moldovan Children Compared with Standard Distribution in Per cent



Assessing Creativity. Creativity was evaluated based on answers to two questions: (1) what can you do with a bottle of water and (2) what can you do with a newspaper. Children who did better on this test have parents who support their initiatives, criticize them rarely, and stimulate them intellectually. The results, however, suggest limited creativity in children, since only 14.1 per cent could provide four or more answers for each question, and 5 per cent were not able to suggest any answer. Attending a kindergarten does not improve creativity significantly, suggesting that kindergarten does not stimulate creativity. An obvious improvement compared to 2003 survey is observed, since significantly fewer children (5 per cent compared to 22.9 per cent in 2003) were not able to provide answers and more children were able to provide two or more alternatives (Figure 23). Children from rural environment fared somewhat lower (by 3 per cent) compared to urban peers, a significant improvement since 2003, when 2.5 times more urban children provided four or more answers.

Figure 24. Creativity in Children Aged 4-7, 2003 versus 2009, in Per cent



School Readiness. School readiness was assessed through *Little Man Test* in children aged 6-7 years. Results showed insufficient school readiness, as only 19.1 per cent of children have an optimal level of school readiness, and 18.8 per cent have a marginal level. Thus, an overall 37.9 per cent of children attending school in 2009-2010 were psychologically prepared to go to school, an increase by 10 per cent compared to 2003 survey. Factors associated with increased preparedness were gender (27.7 per cent girls compared to 11.7 per cent boys), environment (27.7 per cent urban versus 14.0 per cent rural), family composition (31.3 per cent complete families, 18.3 per cent in families without father and 4.1 per cent in families without parents), kindergarten attendance (19.8 per cent versus 14.6 per cent who did not attend) and intellectual stimulation (21 per cent high level versus 12 per cent low level).

PROTECTION OF CHILDREN AGAINST NEGLECT, ABUSE AND VIOLENCE

- ***Half of children witness parental disputes, a form of emotional abuse and only every fifth rural child is not afraid of his parents.***
- ***Constructive methods of disciplining are increasingly used by parents 93.2 per cent parents in 2009 compared to 62.9 per cent in 2003 use discussions.***
- ***At the same time, beating as a form of punishment is still pervasive: some 41.5 per cent of respondents punish their children by beating them, including more than half (57.2 per cent) of rural mothers. An alarming 16.4 per cent of parents beat their children under one year and by the age of 6-7 years more than half (57 per cent) experience beating as a form of disciplining.***
- ***Every tenth (11.2 per cent) respondent admitted to leaving a child below the age of seven years alone in the house, compared to 17.5 per cent in 2003.***
- ***Baby sitting by older siblings before the age of 9 years is more prevalent in rural areas (40.2 per cent versus 23 per cent urban).***

Child Witness to Domestic Violence. Emotional abuse of children was assessed by measuring how many children witness domestic altercations of parents. Overall, more than two thirds (77 per cent) of adults have domestic disputes, compared to 72.4 per cent in 2003. Children witness often domestic verbal abuse, since half of parents (49.9 per cent) have altercations in front of their children, compared to 68.1 per cent in 2003, and 5.4 per cent of parents admit that they have such behaviour frequently *(*compared to 6.2 per cent in 2003). Rural respondents expose their children to fights more frequently than urban respondents (58.5 per cent versus 49.9 per cent), and the lower education level is associated with the presence of children to domestic disputes, socio-economic status did not have an association.

Disciplining Children. A direct indicator of domestic violence is fear displayed by the child toward his parents. Only a quarter (26.6 per cent) of respondents (36.8 per cent in cities and 20.3 per cent in villages) mention that their child is not afraid at all of them, and some 22.1 per cent of respondents (26.9 per cent in cities and 19 per cent in villages) report their child is not afraid of his father.

Constructive Methods of Discipline are on the Increase. Almost all caregivers in our survey, 93.2 per cent, in 2009 compared to 62.9 per cent in 2003, report using discussions as a form of discipline. In addition, 86.3 per cent of parents compared to 58.1 per cent in 2003 appeal to feelings as main methods to discipline their children. At the same time, compared to 2003 survey, more parents use abusive methods such as yelling at their children (78.3 per cent in 2009 compared to 61.2 per cent in 2003). More mothers discipline their children, making use of both constructive and abusive methods in higher percentages compared to fathers. Both rural mothers and fathers more frequently use abusive forms of disciplining their children compared to parents form urban areas. Gender of the child does not influence the type of disciplining (Table 1).

Table 1. Methods of Child Discipline, 2009 in Per cent

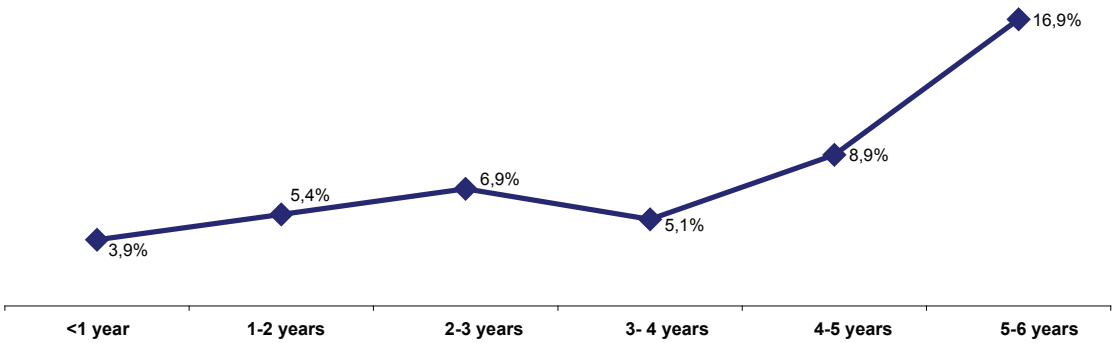
Disciplining methods	Total		Rural		Urban	
	Mother	Father	Mother	Father	Mother	Father
Constructive Methods						
Discussion, Appeal to Understanding	94.4	92	93.9	90.5	95.2	94.2
Appeal to Child's Feeling	90.1	82.5	90	83,2	90.2	81.4
Punishments (no sweets, TV, play)	55	49	53.1	47.5	57.9	51.4
Abusive Methods						
Yell at Child	85.9	70.7	86.7	73.7	84.6	66.3
Threaten with Punishment	81.2		80.4		82.5	
Beating	50.4	32.7	57.2	36.7	39.9	26.7
Calling the Child Names	37		42.5		28.4	

Some 41.5 per cent of caregivers punish children by beating them, including more than half (57.2 per cent) of rural mothers, and an alarming 16.4 per cent of parents beat their children who are under one year of age. More than half (57.3 per cent) of children aged 6-7 years are punished by physical force. At the same time, 70.5 per cent of respondents agree that beating the child does not help to educate the child (compared to 82.9 per cent in 2003).

Educational level influences prevalence of abuse, as 70.8 per cent of mothers with primary studies compared to 36.9 per cent with university level education beat their children. According to our survey, 100 per cent of mothers with primary education yell at their children, compared to 82 per cent of mothers with higher education. Socio-economic status is also positively associated with beating, as mothers in the lowest quintile beat their children more often compared to the highest quintiles (56.7 per cent versus 43.3 per cent). Use of beating is not influenced by child's gender. Interviewed children aged 4-7 years also confirm being beaten by their parents in 40.8 per cent of cases.

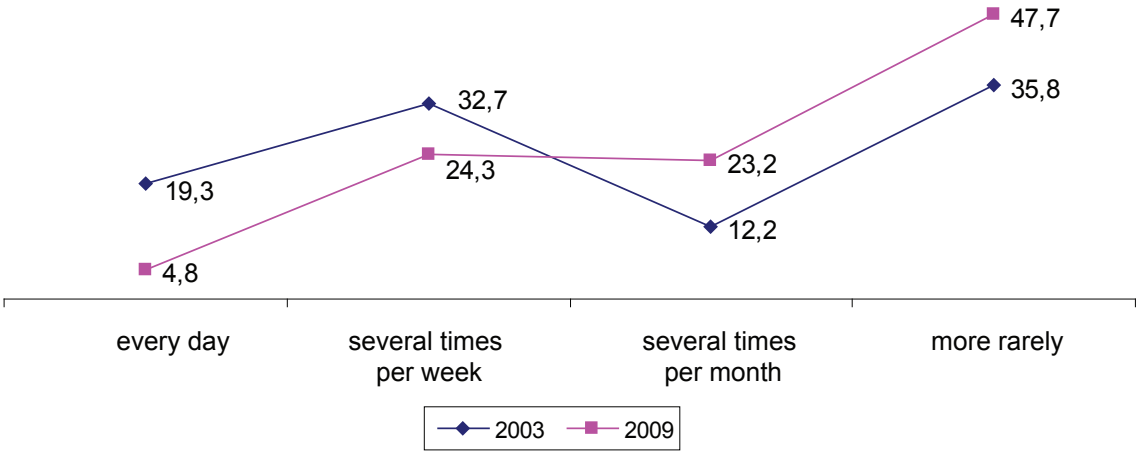
Parental Supervision. Every tenth (11.2 per cent) respondent admitted to leave the child below the age of seven years alone in the house, compared to 17.5 per cent in 2003. The frequency of leaving the child alone increases with age: some 3.9 per cent of parents of children aged below one year and some 16.9 per cent of parents of children aged 5-6 years stated that they leave their child alone in the house. (Figure 24) No relationship was observed by educational level and SES.

Figure 25. Children Left Unattended at Home, 2009



Among those caregivers who admitted leaving children without supervision, it is not a rare event, since 4.8 per cent of parents leave their children without supervision daily, 24.3 per cent leave their child unattended several times a week, and 23.2 per cent report leaving their child home unattended several times a month. However, a decrease in frequency of leaving children alone is observed in 2009 compared to 2003 (47.7 per cent in 2009 compared to 35.8 per cent leave their child alone very rarely). Children from rural areas are left alone more frequently than children from urban areas, as illustrated in Figure 25.

Figure 25. Frequency Child Left Home Unattended, 2003 and 2009, in Per cent



Focus Group participants report that it is mothers who supervise most frequently, and outdoor supervision is more important for families living in block of flats, compared to those with private houses. Many parents rely on families and immediate social networks in child supervision, and this as a safer option.

There are instances when parents leave their younger children with older siblings, in just under half of the cases (43.2 per cent) the siblings of age 10-14 years, in 22.7 per cent cases older than 14 years, and in 34.1 per cent with siblings between 6 and 9 years. Babysitting before the age of 9 years is more prevalent in rural areas as well (40.2 per cent versus 23 per cent urban).

"The age difference between my children is 7 years, when my younger child was less than 1 year old, I didn't leave him with anybody, but when he turned 1, I remember I used to leave them in the house very frequently and I must say that my elder daughter took even better care of him than me, she saw how we bathed the child, and she took good care of him and when we had to leave, we didn't have any problem, because we knew that at home was everything OK, of course we called them at home to see if they were fine" (Gr.3, urban).

RECOMMENDATIONS

1. **Comprehensive Approach to ECD:** Continue evidence-based advocacy aimed at convincing the Moldovan Government to invest in comprehensive, community-based ECD programmes that are open to all children and families, beginning with preconception and prenatal education and care, and continuing with fully integrated parent education and support programmes linked to preschools and child protection systems.

2. **Develop Child-Centered ECD Policy Documents.** This would include curriculum and guides for working with parents, School Readiness Early Development Instrument and adjust them to European best practices.

3. **Improve Professional Skills of Medical Staff and Educators in Parenting Counselling.** Regarding various health and education issues, especially for most vulnerable families with children (rural area, low socio-economic status, low education level etc.).

4. **Improve Parenting skills.** This is especially needed among young parents, particularly those in rural areas or coming from disadvantaged families as parents who lack parenting knowledge and skills are unable to provide their children with the necessary conditions for their adequate development:

- Continue parent education for child feeding, especially encouraging exclusive breastfeeding and age-appropriate complementary feeding.
- Promote appropriate hygiene practices in families.
- Improve parent knowledge and practices in injury prevention, identification of health danger signs and care of child sickness.
- Strengthen parent knowledge and practices in stimulation for development including cognitive development.

5. **Expand Community Centres to 230 Localities.** Localities that currently are without kindergartens are priorities. Increasing equal access to inclusive ECD programmes for all children, especially the most vulnerable ones (children with disabilities, Roma children, children with migrant parents, HIV/AIDS infected children, poor children), is a priority.

6. **Strengthen Social Partnerships** and local community involvement in early childhood development programmes.

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