Republic of Moldova

Monitoring the situation of children and women

Multiple Indicator Cluster Survey 2012

Summary Report

Ministry of Health of the Republic of Moldova

National Centre of Public Health

Swiss Agency for Development and Cooperation

World Health Organization
REGIONAL OFFICE FOR Europe

unicef

MICS

MICS MONITORING THE SITUATION OF CHILDREN AND WOMEN

REPUBLIC OF MOLDOVA*

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Summary Report

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* excluding Transnistrian region

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Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

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The Multiple Indicator Cluster Survey was carried out in the Republic of Moldova in 2012 (hereinafter 2012 Moldova MICS) by the National Centre of Public Health of the Ministry of Health in collaboration with the National Bureau of Statistics, the Scientific Research Institute of Mother and Child Health Care, the Ministry of Labour, Social Protection and Family, the Ministry of Education, the National Centre for Health Management, and the National Centre for Reproductive Health and Medical Genetics. Financial and technical support was provided by the United Nations Children's Fund (UNICEF), with contribution of the Swiss Agency for Development and Cooperation and the World Health Organization.

The MICS is an international household survey programme developed by UNICEF. The 2012 Moldova MICS was conducted as part of the fourth global round of MICS surveys (MICS4). This survey provides up-to-date information on the situation of children, women and men, and measures key indicators that allow countries to monitor progress towards the Millennium Development Goals (MDGs) and other internationally agreed upon commitments.

Previous MICS was conducted in Moldova in 2000 followed by Demographic and Health Survey (DHS) conducted in 2005.

The 2012 Moldova MICS provides a solid base of comparable data and constitutes a valuable support in developing policies and strategies in the areas of health, education and well-being of families and children in Moldova.

INTRODUCTION

This report presents selected results on some of the key topics covered in the 2012 Moldova MICS and on a subset of indicators[1].

Fieldwork was carried out between April 17 and June 30, 2012, based on a nationally representative sample of more than 12,000 households.

Table 1. Sample Size and Response Rates, Moldova, 2012

	Number completed	*Response rate*
Household Questionnaires	11,354	97.4
Questionnaires for Individual Women (age 15-49)	6,000	89.3
Questionnaires for Individual Men (age 15-49)	1,545	77.0
Questionnaires for Children Under Five	1,869	96.3

Four Questionnaires were administrated during fieldwork: the Household Questionnaire, the Questionnaire for Individual Women (age 15-49 years), the Questionnaire for Children Under Five, the Questionnaire for Individual Men (age 15-49 years), as well as the Form for Vaccination Records at Health Facility.

In addition to the administration of questionnaires, fieldwork teams tested the salt used for cooking in the households for iodine content, observed the place for handwashing, measured the weights and heights of children age under 5 years as well as the haemoglobin levels in eligible women and children aged 6 to 59 months.

The household response rate was 97 percent, with 89 percent, 77 percent and 96 percent response rates calculated for the women's, men's and under-5's interviews respectively.

[1] For more information on the definitions, numerators, denominators and algorithms of indicators covered in MICS4 see: http://www.childinfo.org/mics4_tools.html. The full report of the 2012 Moldova MICS will be available at: http://www.childinfo.org/mics4_surveys.html and www.unicef.md.

The standard MICS4 questionnaires[2] were adapted to the country context.

Table 2. Questionnaire Content, Moldova, 2012

Household Questionnaire	Questionnaire for Individual Women (age 15-49)	Questionnaire for Children Under Five	Questionnaire for Individual Men[3] (age 15-49)	Form for Vaccination Records at Health Facility
- Household Information Panel - Household Listing Form - Education - Water and Sanitation - Household Characteristics - Child Discipline - Handwashing - Salt Iodization	- Woman's Information Panel - Woman's Background - Access to Mass Media and Use of Information and Communication Technology - Child Mortality - Birth History - Desire for Last Birth - Maternal and Newborn Health - Post-natal Health Checks - Illness Symptoms - Contraception - Unmet Need - Attitudes Toward Domestic Violence - Marriage/Union - Sexual Behaviour - HIV/AIDS - Tuberculosis (CSM[4]) - Tobacco and Alcohol Use - Life Satisfaction - Haemoglobin measurement (CSM)	- Under Five Child Information Panel - Age - Birth Registration - Early Childhood Development - Breastfeeding - Care of Illness - Immunization - Anthropometry - Haemoglobin measurement (CSM)	- Man's Information Panel - Man's Background - Access to Mass Media and Use of Information and Communication Technology - Child Mortality - Attitudes Toward Domestic Violence - Marriage/Union - Sexual Behaviour - HIV/AIDS - Tuberculosis (CSM) - Tobacco and Alcohol Use - Life Satisfaction	Recording of data on vaccination against: - Tuberculosis - Polio - Diphtheria, Tetanus, Pertussis (DTP) - Hepatitis B - Measles, Mumps, Rubella (MMR)

[2] See www.childinfo.org/mics4_questionnaire.html for standard MICS4 questionnaires.
[3] Questionnaire for Individual Men was administrated in every third household.
[4] Country-specific module (CSM).

FINDINGS

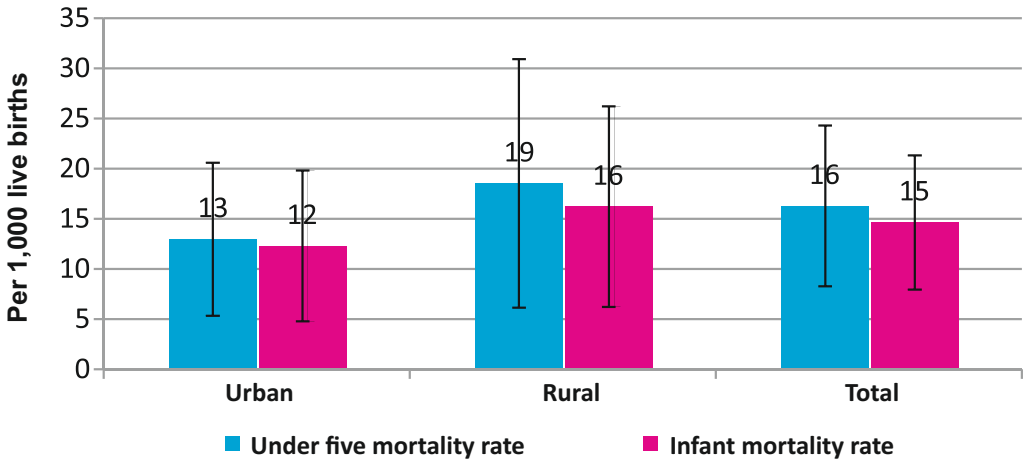
Child Mortality

Infant and Under-five mortality rates are expressed by age categories as deaths per 1,000 live births and are defined as follows:

- Infant mortality: the probability of dying between birth and the first birthday
- Under-five mortality: the probability of dying between birth and the fifth birthday

Infant and under-five mortality rates were calculated based on a direct estimation technique, by using data in the "Child Mortality" and "Birth History" modules.

Figure 1. Under-5 Mortality Rates and Infant Mortality Rates (in the 5-year time period preceding the survey), Moldova, 2012



Note: the thin vertical lines in Fig.1 show the 95% confidence intervals of the mortality rates

The data presented in Figure 1 indicate under-five and infant mortality rates with a 95% confidence interval, and refer to the time period of 5 years preceding the survey (2007-2012).

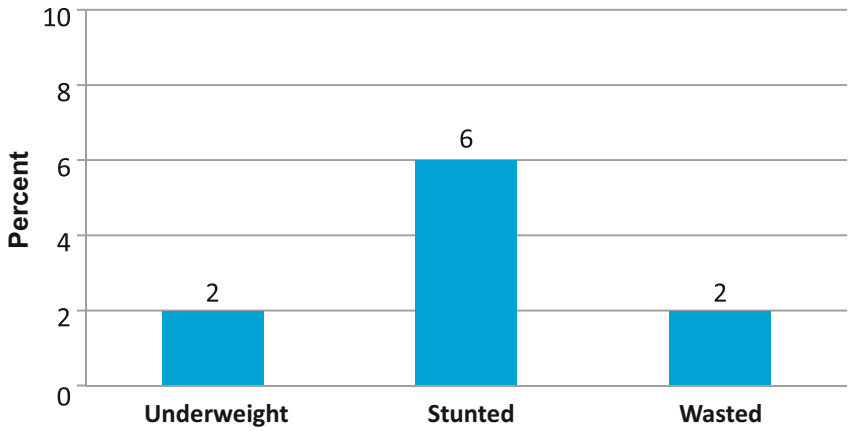
The infant mortality rate for the five years preceding the survey is 15 per 1,000 live births, while the under-5 mortality rate is 16 per 1,000 live births nationwide, which means that infant mortality accounts for the vast majority of deaths in children under-5 years. No significant differences found between urban and rural areas.

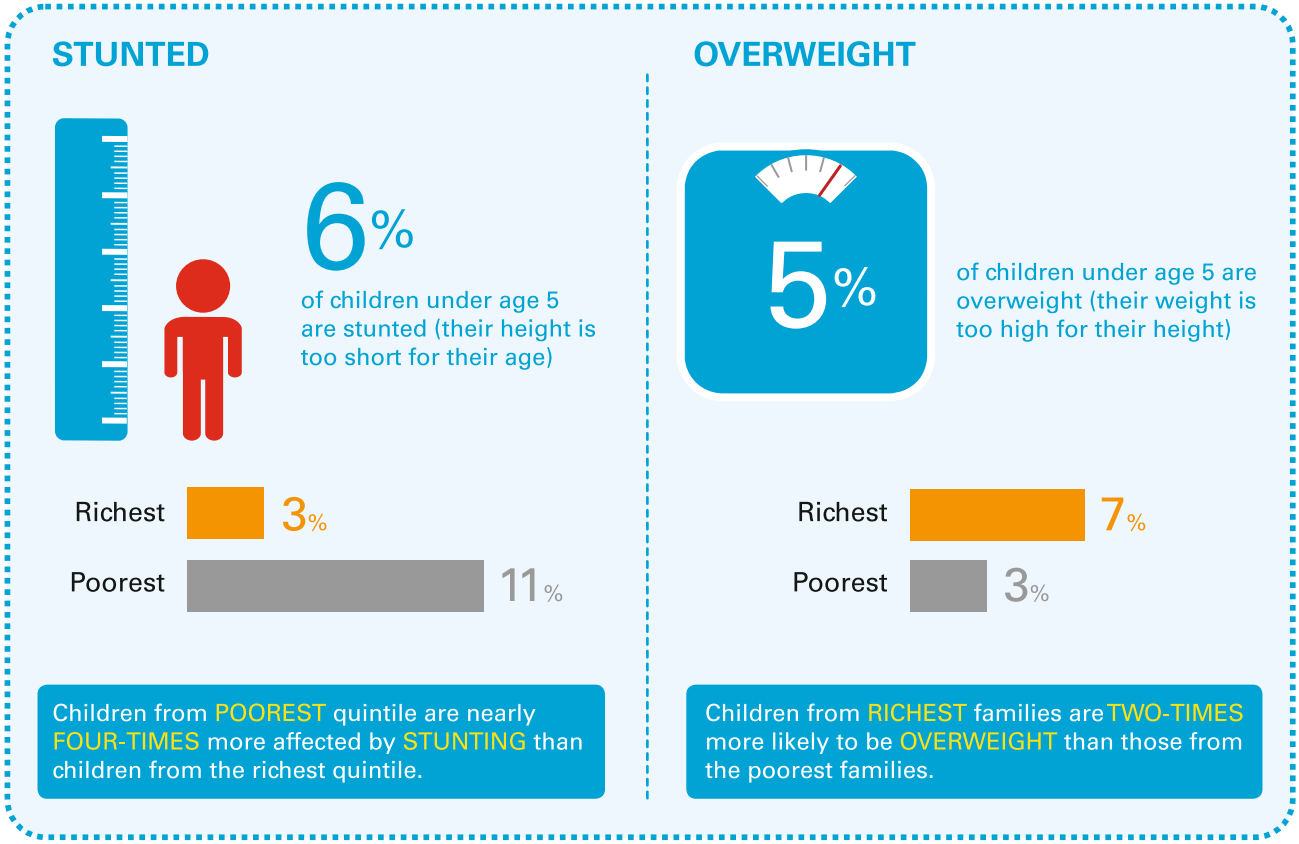
NUTRITION

Child Nutritional Status

The key indicators for monitoring the nutritional status of a child under the age of five are underweight (weight-for-age), stunting (height-for-age) and wasting (weight-for-height). In total about 6 percent of children under age five are stunted, 2 percent are underweight and 2 percent are wasted (Figure 2). At the same time, about 5 percent of children under the age of five are overweight for their height.

Figure 2. Percentage of children under the age of 5 who are underweight, stunted and wasted, Moldova, 2012



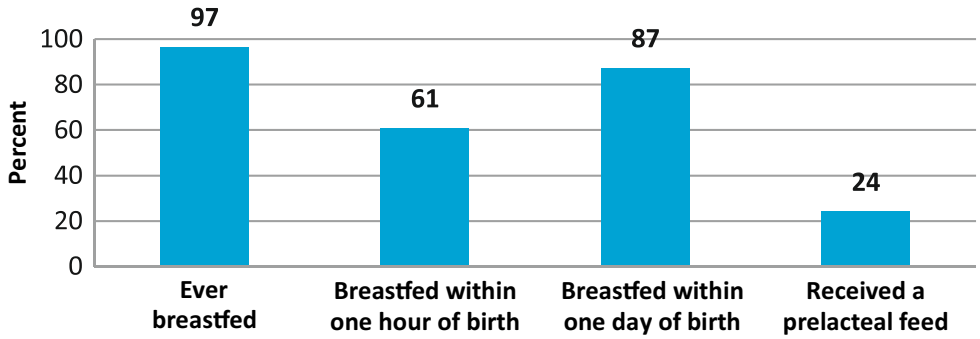


Breastfeeding

Breastfeeding for the first two years of life protects children from infection, provides an ideal source of nutrients, and is economical and safe. It is recommended that breastfeeding be initiated within one hour of birth.

Overall, 97 percent of children born during the last two years preceding the survey were ever breastfed, some 61 percent were breastfed within the first hour of birth and 87 percent within the first 24 hours of birth; 24 percent of children received prelacteal feed (Figure 3).

Figure 3. Initial breastfeeding. Percentage of last-born children in the 2 years preceding the survey who were ever breastfed, who were breastfed within one hour of birth, and within one day of birth, and who received a prelacteal feed, Moldova, 2012



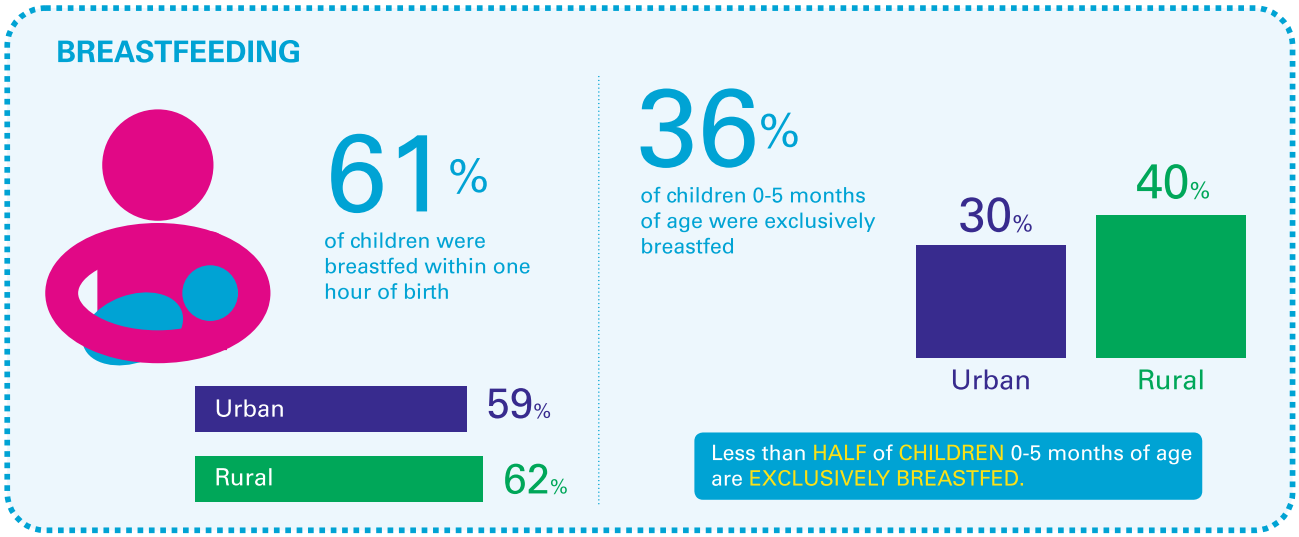
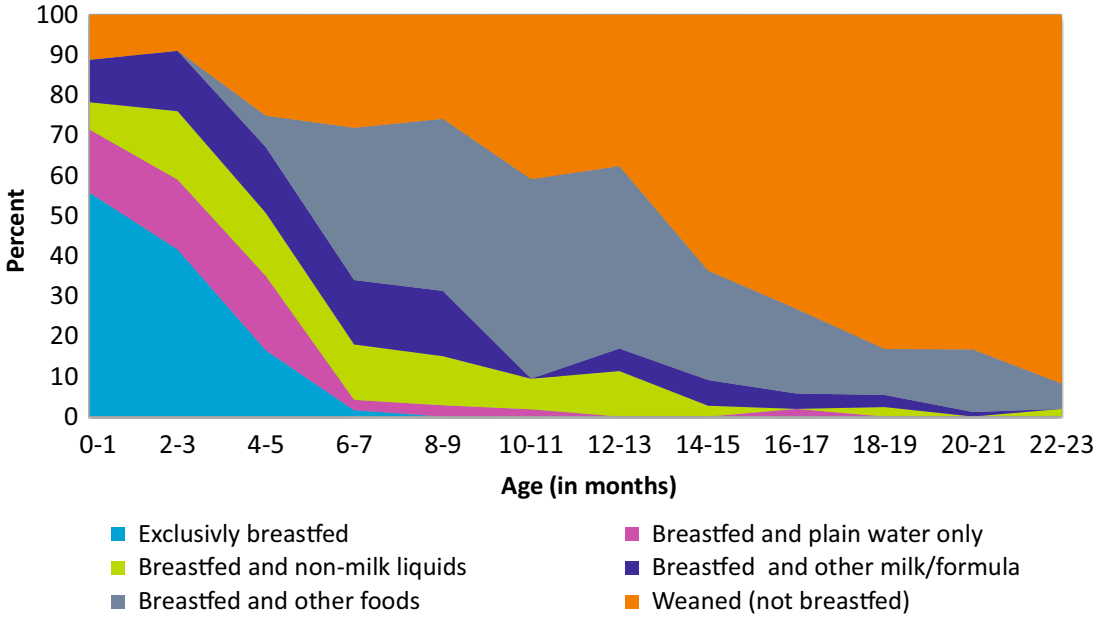


Figure 4 shows the detailed pattern of breastfeeding by the child's age in months. Thirty-six percent of children aged 0-5 months were exclusively breastfed and 66 percent were predominantly breastfed; 48 percent of children were continuously breastfed up to 1 year of age and 12 percent were continuously breastfed up to the age of 2 years. The proportion of children aged 0-5 months that were exclusively breastfed is about 40 percent in rural areas, compared to 30 in urban areas. Sixty-two percent of children aged 6-8 months received complementary feeding (solids, semi solids and soft foods) on the day preceding the interview.

Figure 4. Percent distribution of children under the age of 2 years by feeding patterns, by age group, Moldova, 2012



CHILD HEALTH

Immunization

As recommended by the World Health Organization, a child should receive a BCG vaccination to protect against tuberculosis, three doses of DPT to protect against diphtheria, pertussis, and tetanus, at least three doses of polio vaccine, and a measles vaccination in order to be considered fully vaccinated.

By the age of 12 months, 98 percent of children age 15-26 months received BCG vaccination, 91 percent received three doses of DTP and 88 percent received three doses of polio vaccine. Eighty – nine percent of children have been immunized against MMR by the age of 15 months. Data on vaccination against viral Hepatitis B shows high levels of up to 96 percent at birth and of about 94 percent full immunization with three doses (Figure 5).

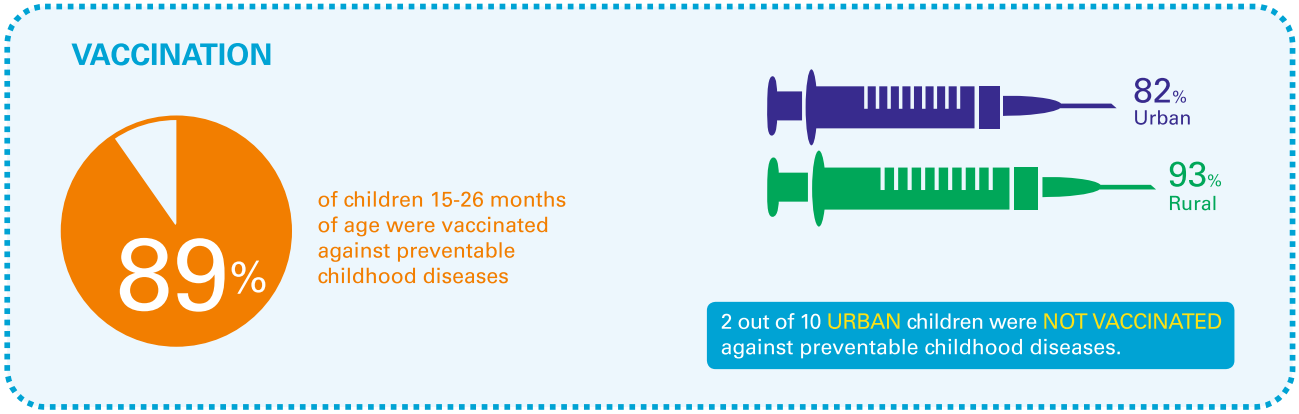
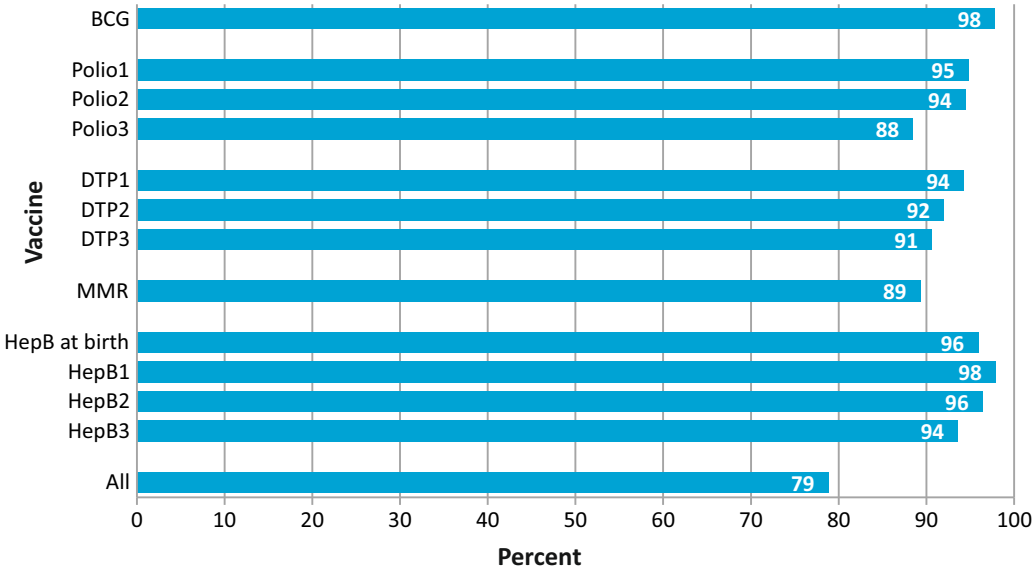


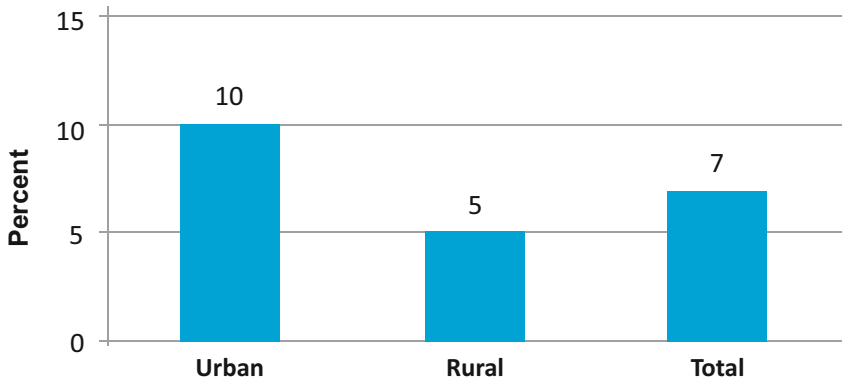
Figure 5. Percentage of children aged 15-26 months who received the recommended vaccination by 12 months (by 15 months for MMR), Moldova, 2012



Treatment of Diarrhoea

In Moldova, about 7 percent of children aged 0-59 months had diarrhoea in the two weeks preceding the survey, of which 41 percent received ORT. The prevalence of diarrhoea among under-5 children is 10 percent in urban areas and 5 percent in rural areas (Figure 6).

Figure 6. Percentage of children aged 0-59 months with diarrhoea in the last two weeks preceding the survey, Moldova, 2012



Oral rehydration treatment (ORT) (ORS packets or increased fluid intake) with continued feeding is the recommended solution for diarrhoea in children. ORT, ORS packets or increased fluid intake were reported in 61 percent of cases, while ORT with continued feeding was administered to a proportion of 55 percent of children with diarrhoea.

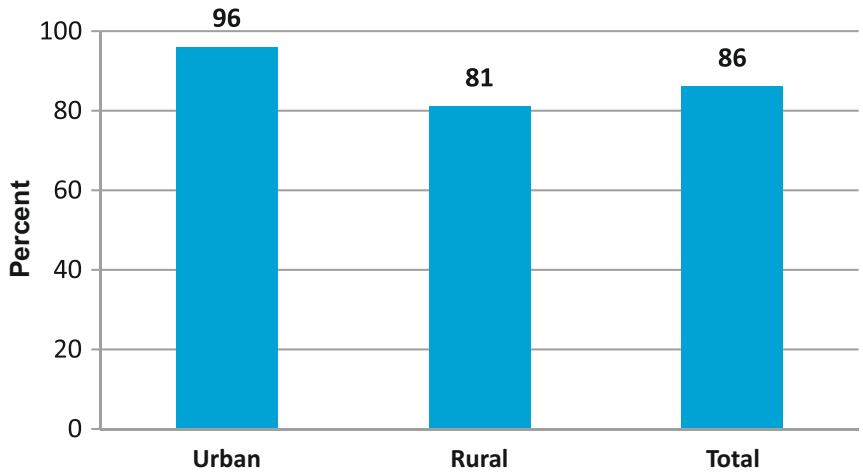
Antibiotic Treatment of Suspected Pneumonia

Survey data shows that some 3 percent of children under age five were reported to have had symptoms of pneumonia during the two weeks preceding the survey. Of these children, 80 percent were taken to an appropriate provider. Overall, 82 percent of children with suspected pneumonia received antibiotics.

Water And Sanitation

Figure 7 shows that 86 percent of the population in Moldova use an improved water sources. There is a discrepancy in access to water supply systems between urban and rural households: overall, 96 percent of household members use improved drinking water sources in urban areas, whereas in rural areas the share is 81 percent (Figure 7).

Figure 7. Percentage of household members using improved sources of drinking water, Moldova, 2012



DRINKING WATER

86%

of the population uses improved sources of drinking water

Improved sources of water:

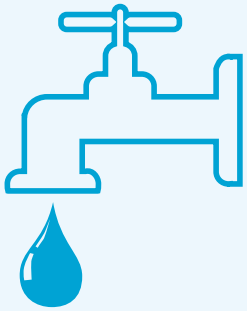
- piped water,
- tube-well/bore-hole,
- protected well,
- protected spring,
- bottled water

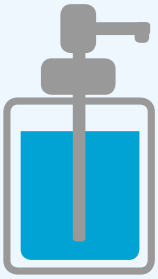
ONE FIFTH of the RURAL population DOES NOT USE improved sources of drinking water.

HANDWASHING

95%

of the households have water available for handwashing





95%

of the households have soap or other material available for handwashing

SANITATION

70% of the population use improved sanitation

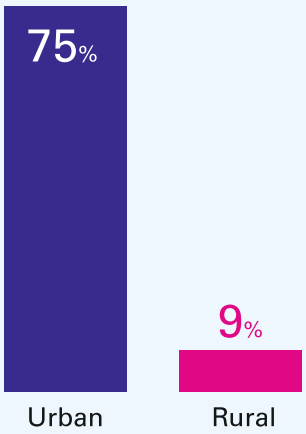
Urban 85%

Rural 61%

Improved sanitation:

- flush or pour flush to a piped sewer system, septic tank or pit latrine,
- ventilated improved pit latrine,
- composting toilet

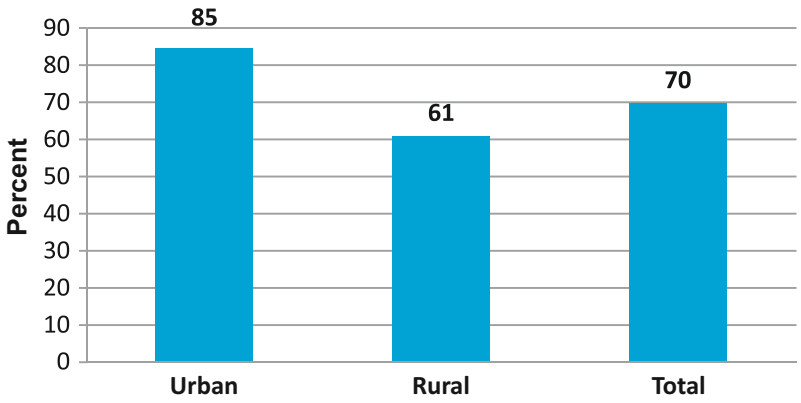
34% of the population use flush toilet facility



Use of improved sanitation facilities VARIES GREATLY between CITIES and VILLAGES, particularly for FLUSH TOILET.

Overall, 70 percent of household members use improved sanitation; however, the indicator is significantly higher in urban areas (85 percent) than in rural areas (61 percent) (Figure 8).

Figure 8. Percentage of household members using improved sanitation, Moldova, 2012

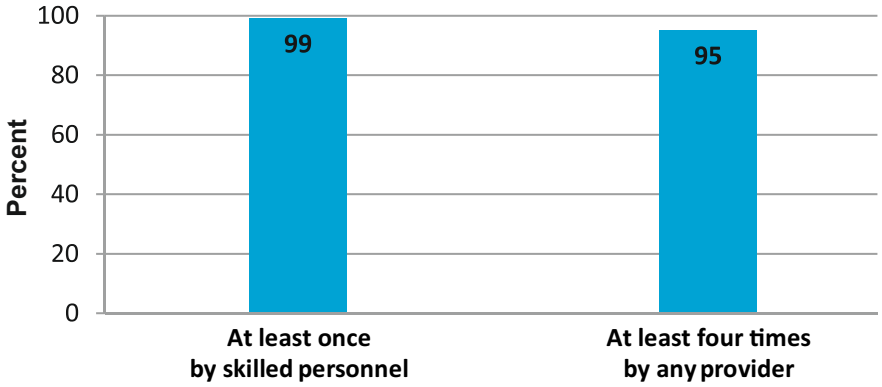


Improved drinking water sources and improved sanitation are generally available to 62 percent of household members, including 81 percent in urban areas and 51 percent in rural areas, being most prevalent in Chișinău (85 percent) and with lowest prevalence in the Central region (52 percent).

Reproductive Health

Antenatal care (ANC) by skilled personnel is important in monitoring pregnancy and helping to reduce the risks for the mother and child during this period and at birth. In Moldova 99 percent of women aged 15-49 years with a live birth in the two years preceding the survey received ANC at least once by skilled personnel, while about 95 percent received ANC at least four times by any provider (Figure 9).

Figure 9. Antenatal care coverage, Moldova, 2012

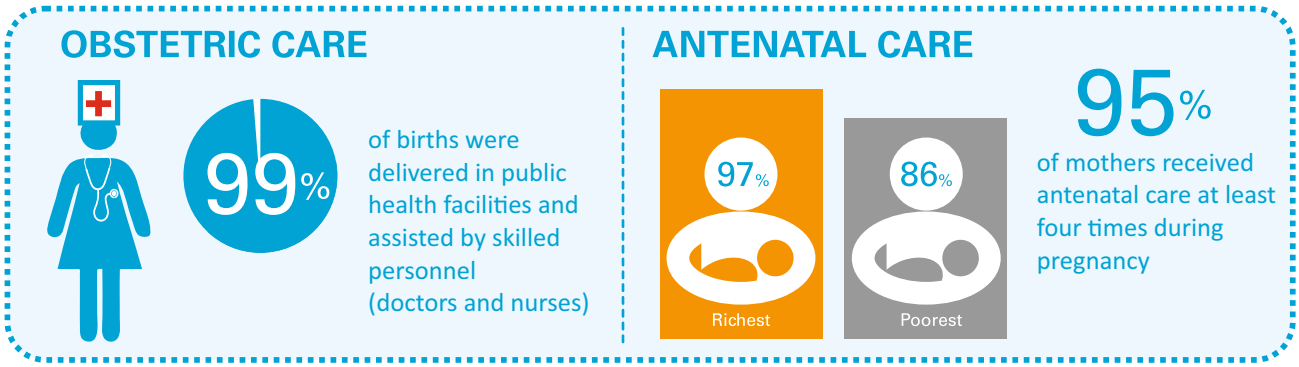


The majority of antenatal care is provided by medical doctors (98 percent), while a minority of women receive care from a nurse/midwife (1 percent). Ninety-nine percent of respondents reported they had received antenatal care from any skilled personnel. Thus, we can conclude that antenatal care coverage is high in primary healthcare centres.

Table 3. Findings for selected reproductive health indicators, Moldova, 2012

Adolescent Birth Rate (15-19 years)	35	Per 1,000 women
Contraceptive Prevalence Rate	60	Percent
Unmet Need	10	Percent

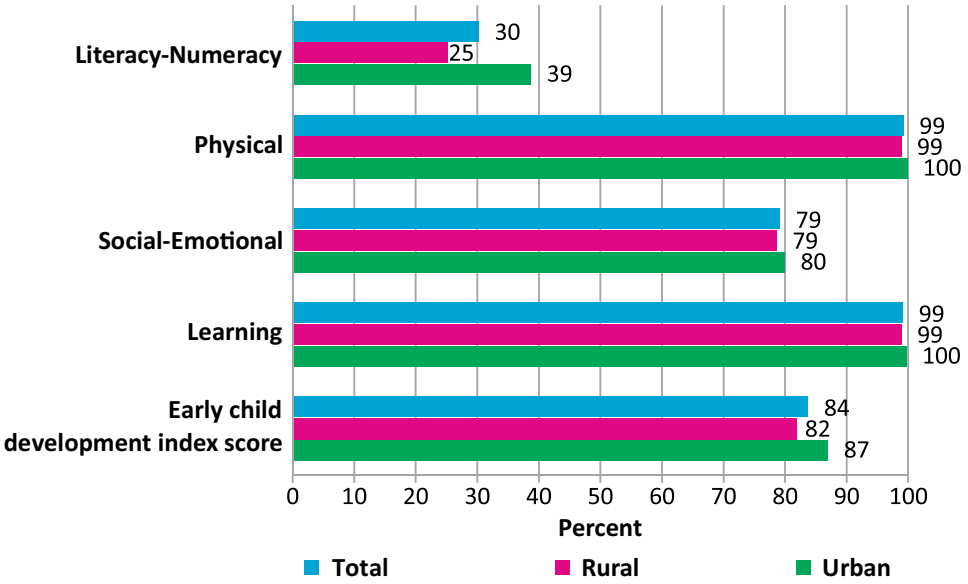
Nearly 60 percent of married women aged 15-49 years use any contraceptive method (modern or traditional) and the unmet need for contraception (for either spacing or liming births), is 10 percent. The adolescent birth rate is 35 per 1,000 women aged 15-19 years (Table 3).

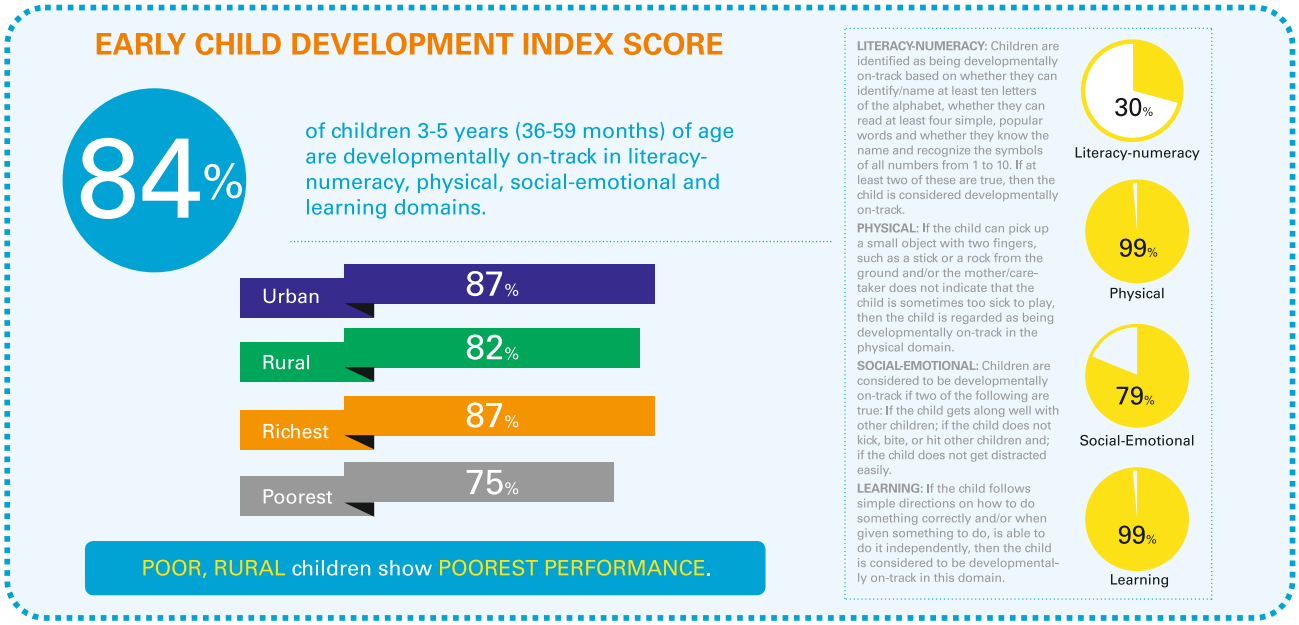


CHILD DEVELOPMENT

Young children's development in four key domains was assessed in the survey: literacy-numeracy, physical development (motor skills, freedom of recurrent illness), social-emotional development and learning (ability to follow simple instructions, ability to occupy herself/himself independently). The analysis of four domains of child development shows that 99 percent of children are on track in the learning and physical domain, while a notably lower percentage is on track in the social-emotional (79 percent) and literacy-numeracy (30 percent) domains. The Early Child Development Index (ECDI) is the percentage of children who are developmentally on track in at least three of these four domains. In Moldova, 84 percent of children aged 36-59 months are found to be developmentally on track. (Figure 10).

Figure 10. Percentage of children aged 36-59 months who are developmentally on track for indicated domains, Moldova, 2012





Literacy and Education

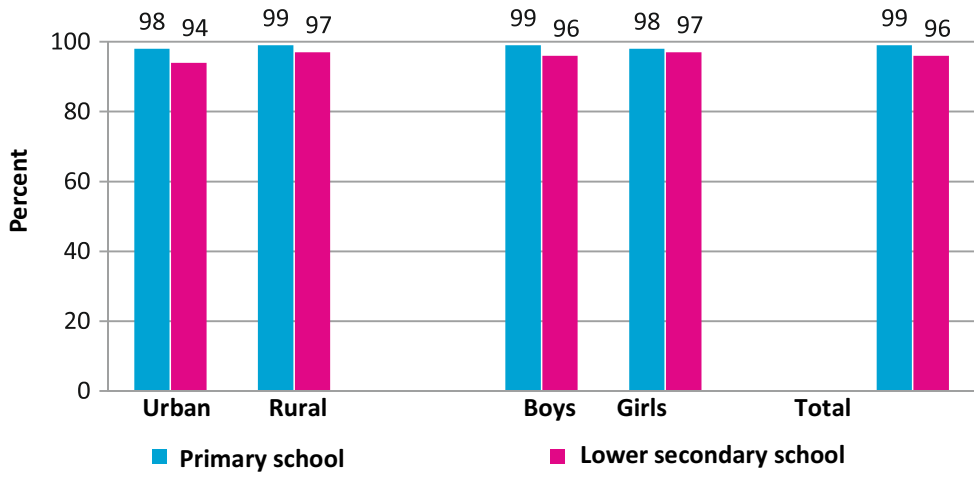
Literacy Among Young People

One of the goals of education is to assure adult literacy. In MICS, the results are based on the questionnaire administered to females and males aged 15-24 years. Overall, 99 percent of women and 100 percent of men in Moldova are literate.

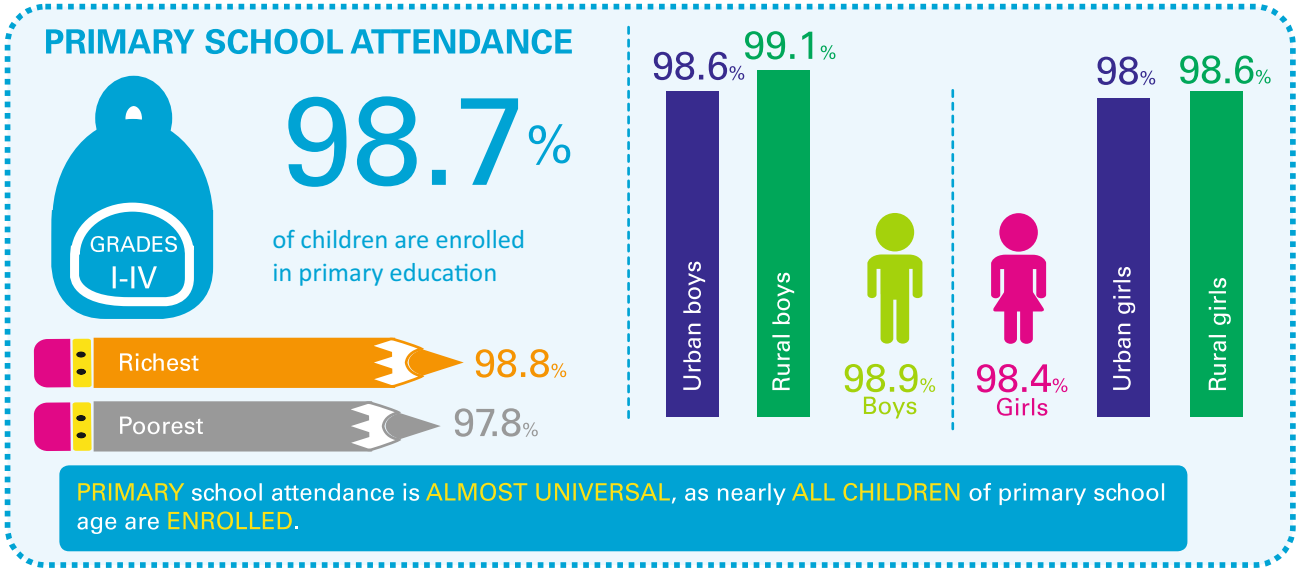
School Attendance

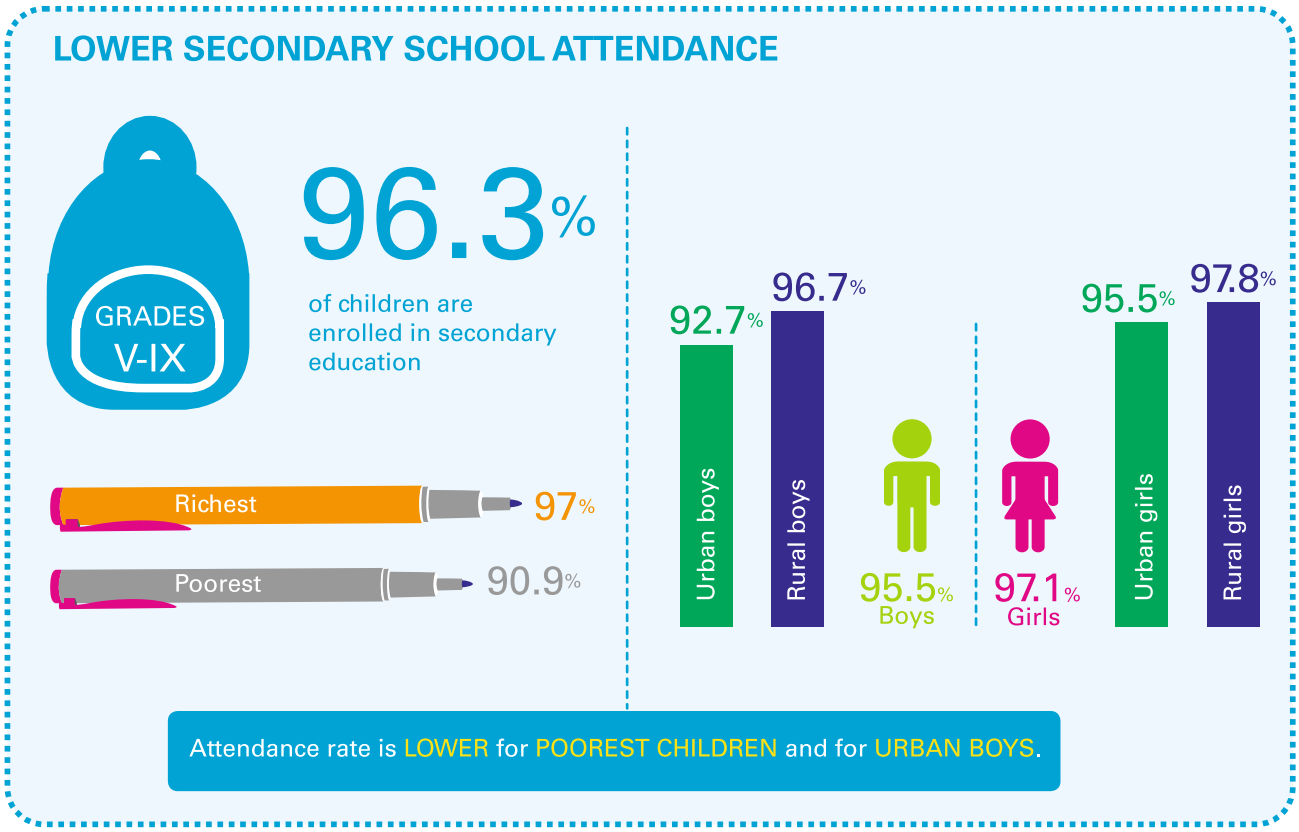
School attendance is high in Moldova. Overall 99 percent of children of primary school age (7-10 years) are attending school and 96 percent of children of lower secondary school age (11-15 years) are attending gymnasium or any other forms of upper secondary education (Figure 11).

Figure 11. Primary and secondary school net attendance ratio (adjusted), Moldova, 2012



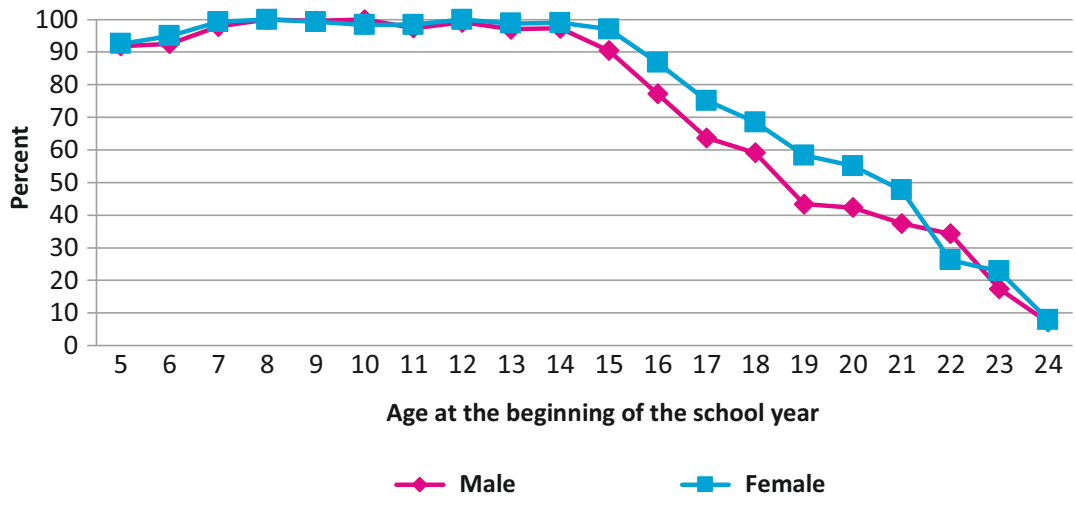
Girls and boys aged 7-10 years attend primary school to about the same extent, the Gender Parity Index (GPI) is 0.99, and for those aged 11-15 years the GPI is 1.0.





The percentage of household members aged 5-24 years attending different types of educational institutions is presented in Figure 12. Age 7 is the official school starting age in Moldova. School attendance is quite high and for children of aged 7-14 years, both girls and boys, is roughly similar, ranging between 97 and 100 percent, while for those aged 15-17 years this indicator gradually drops to 75 percent for girls and 64 percent for boys (Figure 12).

Figure 12. Percentage of household members aged 5-24 years attending school, by sex, Moldova, 2012

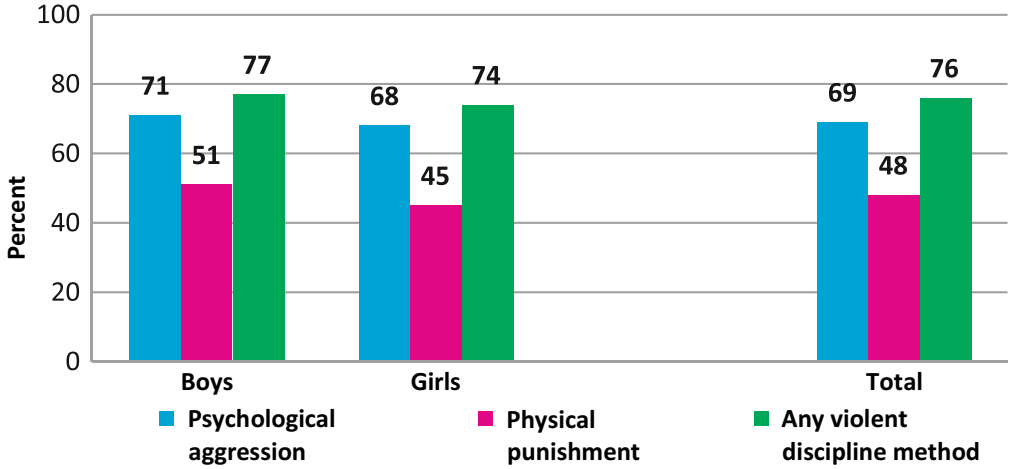


CHILD PROTECTION

Violent Discipline

Overall, 76 percent of children aged 2-14 years experienced violent discipline, which includes both psychological aggression and physical punishment. Comparing the findings for girls and boys, a somewhat higher percentage of boys experience this type of discipline (Figure 13).

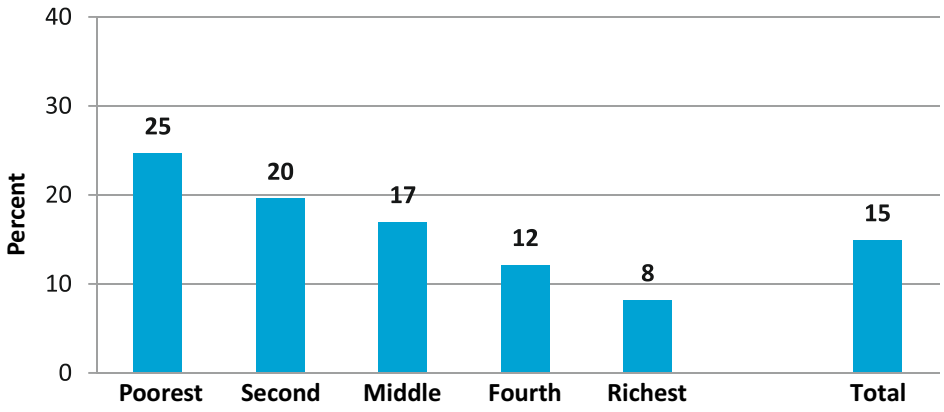
Figure 13. Percentage of children aged 2-14 years by violent discipline method used, Moldova, 2012



Early Marriage

The percentage of women aged 20-49 years who were first married or in union (living together with a man as if married) before the age of 18 is 15 percent (Figure 14).

Figure 14. Percentage of women aged 20-49 years who first married before age 18, by wealth quintiles, Moldova, 2012



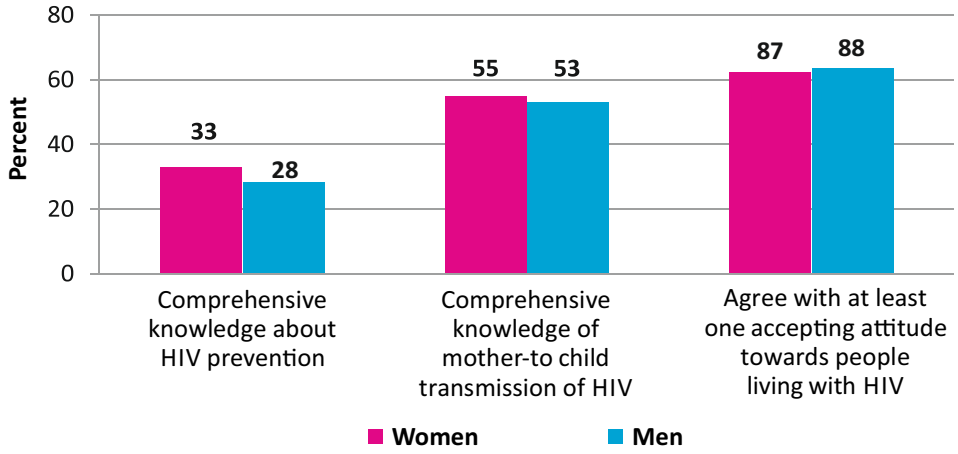
There are discrepancies in the wealth quintiles. The percentage of early marriages before age 18 among women tends to decrease with increasing wealth quintile, from 25 percent in the poorest households to 8 percent among those in the richest quintile (Figure 14).

HIV/AIDS and Sexual Behaviour

Knowledge of HIV/AIDS

In Moldova, a large majority of the interviewed women aged 15-49 years (99 percent) and men aged 15-49 years (98 percent) have heard of AIDS. However, the percentage of women and men who know of both main ways of preventing HIV transmission (having only one faithful uninfected partner and using a condom every time) is only 76 percent and 68 percent respectively. Only 33 percent of women and 28 percent of men had comprehensive knowledge about HIV prevention that includes knowing two main ways of preventing HIV transmission, knowing that a healthy looking person can have the AIDS virus, and rejecting the two of the most common misconceptions about HIV transmission (mosquito bites and sharing food with someone with AIDS) (Figure 15).

Figure 15. Knowledge about HIV/AIDS prevention and transmission and attitudes towards people living with HIV, by sex, Moldova, 2012



ATTITUDES TOWARDS PEOPLE LIVING WITH HIV

87% 88%

of women and men aged 15-49 years agree with at least one accepting attitude

3% of women and men aged 15-49 years express accepting attitudes on all four indicators

Accepting attitudes include:

- Willing to care for a family member sick with AIDS
- Would buy fresh vegetables from a vendor who is HIV positive
- Thinks that a female teacher who is HIV positive should be allowed to teach in school
- Would not want to keep HIV status of a family member a secret

The HIGHEST level of stigma is present among POOR and RURAL population.

HIV TESTING DURING ANTENATAL CARE

83%

of women were offered an HIV test, tested for HIV and given the results during the antenatal period

FOUR IN FIVE pregnant women were tested for HIV and given the results.

COMPREHENSIVE KNOWLEDGE ABOUT HIV TRANSMISSION AMONG YOUNG PEOPLE 15-24 YEARS OF AGE

36% of women

28% of men

15-24 years of age have comprehensive knowledge about HIV transmission

USE OF CONDOMS AMONG YOUNG PEOPLE 15-24 YEARS OF AGE

49% of women

68% of men

15-24 years of age who had sex with more than one partner in the last 12 months used a condom

Overall, 93 percent of women knew that HIV can be transmitted from mother to child. The percentage of women who know all three ways of mother-to-child transmission is 53 percent, while 6 percent of women did not know of any specific way. Men 15-49 years of age reported a markedly lower level of knowledge about mother-to-child HIV transmission compared to their female counterparts. The percentage of men who knew all three ways of the infection's transmission only reached 45 percent, while the percentage who did not know any specific way of transmission was high at nearly 12 percent.

The indicators on attitudes toward people living with HIV measure stigma and discrimination in the community. Stigma and discrimination are low if respondents report an accepting attitude for the following four scenarios: 1) would be willing to care for a family member with the AIDS virus; 2) would be willing to buy fresh vegetables from a vendor who is HIV positive; 3) believes that a female teacher who is HIV positive should be allowed to teach in school; and 4) would not want to keep HIV status of a family member a secret. There is no difference between women and men who agreed with at least one accepting statement (87 and 88 percent respectively) (Figure 15).

At the same time, only 3 percent of women expressed an accepting attitude to all four indicators. Indicators reflecting men's accepting attitudes towards people living with HIV/AIDS are not markedly different from those of women.

Sexual Behaviour

Fifty-five percent of young women aged 15-24 years ever had sex, of which 38 percent had sex with a non-regular (non-marital, non-cohabiting) partner in the last 12 months preceding the survey, and 64 percent reported using a condom at last sexual intercourse with such partner (Table 4).

Table 4. Findings for selected sexual behaviour indicators for women aged 15-24 years, Moldova,2012

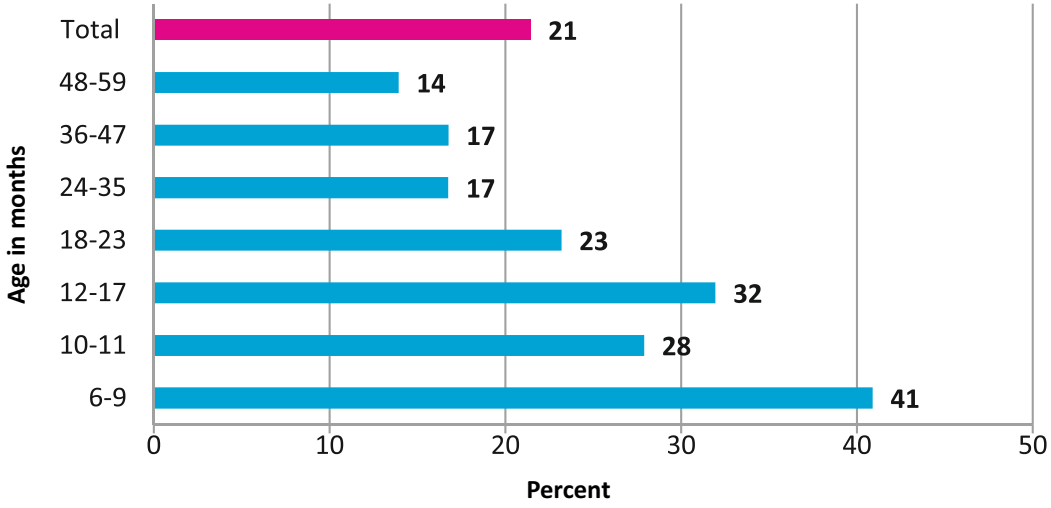
Ever had sex	55	Percent
Sex with non-regular partners	38	Percent
Condom use with non-regular partners	64	Percent

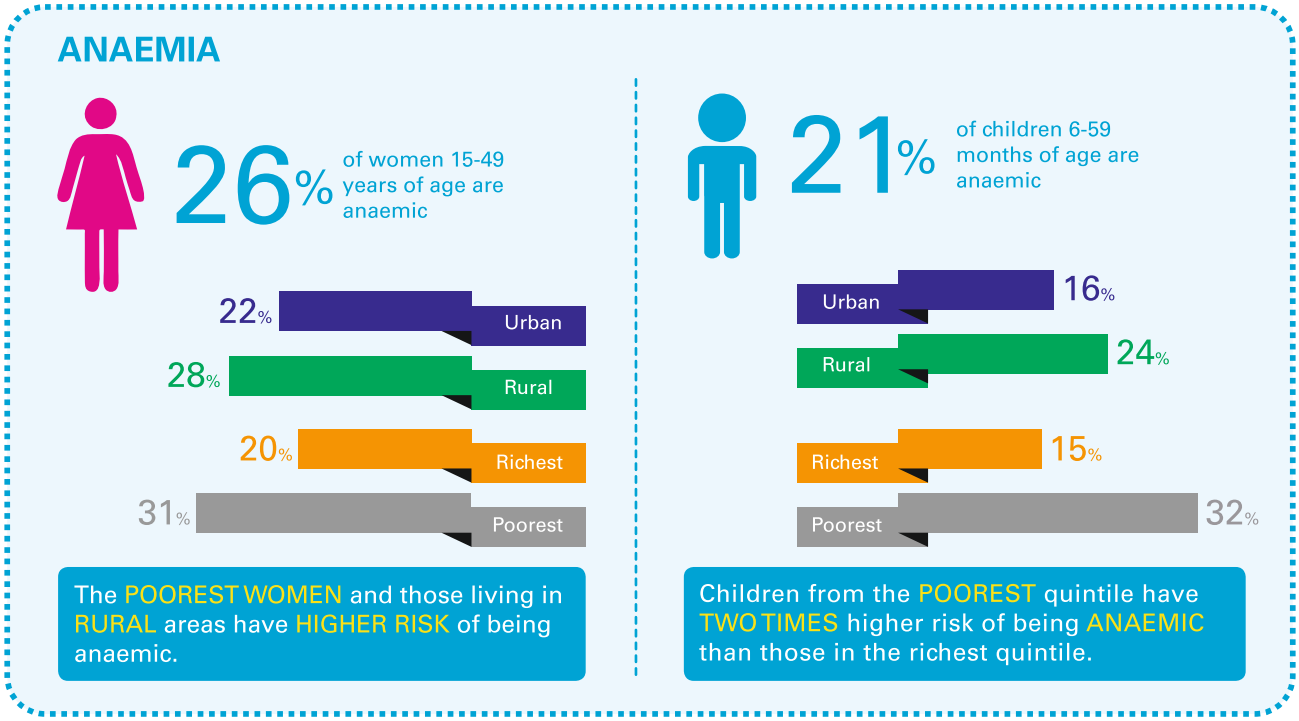
ANAEMIA

The degree of anaemia was determined as follows: <7,0 g/dl of haemoglobin – severe anaemia; 7,0-9,9 g/dl – moderate anaemia; 10,0-11,9 g/dl – mild anaemia.

Overall, 21 percent of children aged 6-59 months in Moldova have some degree of anaemia (Figure 16), including 16 percent of children with mild anaemia (10,0-10,9 g/dl) and 6 percent of children with moderate or severe anaemia (<10,0 g/dl). The incidence of anaemia is higher in children aged 6-23 months.

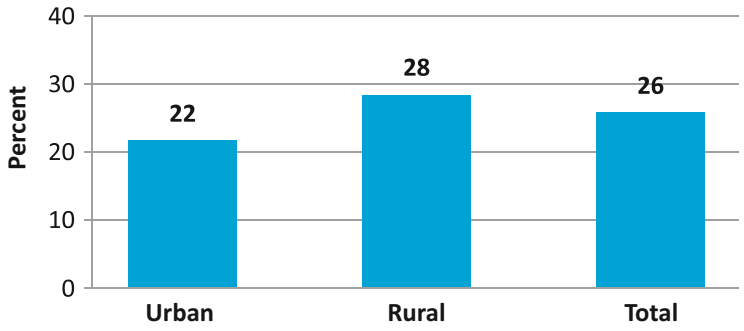
Figure 16. Prevalence of anaemia in children aged 6-59 months, Moldova, 2012





More than a quarter (26 percent) of women aged 15-49 years were found to be anaemic, of which 22 percent are mildly anaemic and 4 percent are moderately and severely anaemic. More women with anaemia live in rural areas (28 percent) compared to urban areas (22 percent) (Figure17).

Figure 17. Prevalence of anaemia in women aged 15-49 years, Moldova, 2012

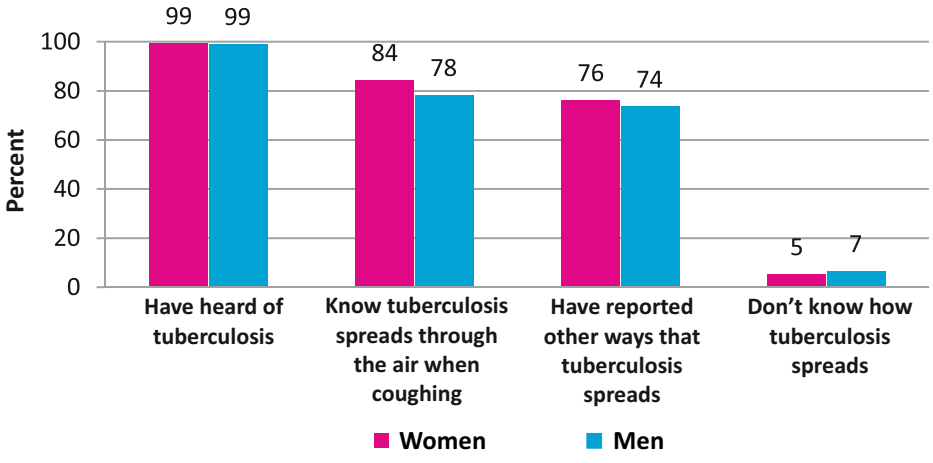


Anaemia is more common among children whose mothers also have anaemia (26 percent) compared to children whose mothers do not have anaemia (20 percent).

KNOWLEDGE OF TUBERCULOSIS

Tuberculosis (TB) as a disease is widely known among the population aged 15-49 years, among both women (99 percent) and men (99 percent). Most of those who have heard of TB know that it is a disease transmitted through air during coughing; however, there is a marked difference between the number women and men aware of this most prevalent way of transmission, 84 percent and 78 percent, respectively. The concept of tuberculosis transmission by other routes than air during coughing remains widespread among the population aged 15-49 years, reaching 76 percent among women and 74 percent among men. Five percent of women and seven percent of men did not know the ways of tuberculosis transmission (Figure 18).

Figure 18. Percentage of women and men aged 15-49 years who have heard of tuberculosis and who know its ways of transmission, Moldova, 2012

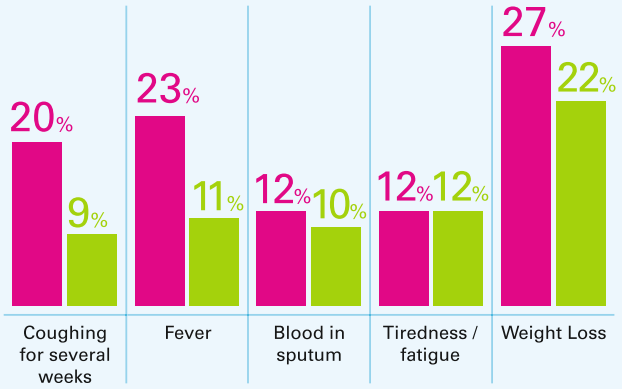


KNOWLEDGE OF SYMPTOMS OF TUBERCULOSIS

94%

92%

of women and men 15-49 years of age know at least one specific symptom of tuberculosis (TB)

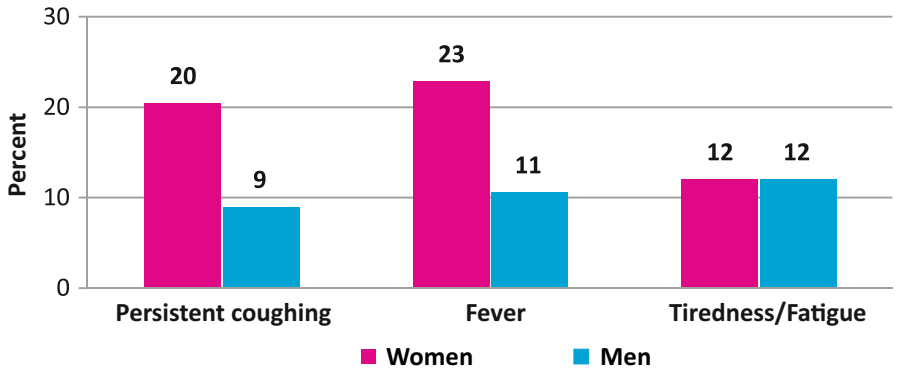


Compared to women, MEN are TWO times LESS AWARE of two of the key symptoms of TB, namely coughing for several weeks and fever.

The airborne transmission of tuberculosis is more widely known among women and men in urban areas (90 and 86 percent respectively) compared to those in rural areas (80 and 74 percent respectively).

Analysis of data for this indicator was based on knowledge of tuberculosis symptoms among those who have heard of the disease; namely: nonspecific (dry) coughing, coughing with sputum, coughing for more than three weeks, blood-streaked sputum, low grade fever, loss of appetite, night sweating, chest pain, general tiredness and/or fatigue, weight loss, and lethargy. Overall 94 percent of women and 92 percent of men have mentioned at least one of such symptoms. Knowledge of the three most characteristic symptoms of tuberculosis is presented in Figure 19.

Figure 19. Percentage of women and men aged 15-49 years who know most characteristic symptoms of tuberculosis, Moldova 2012



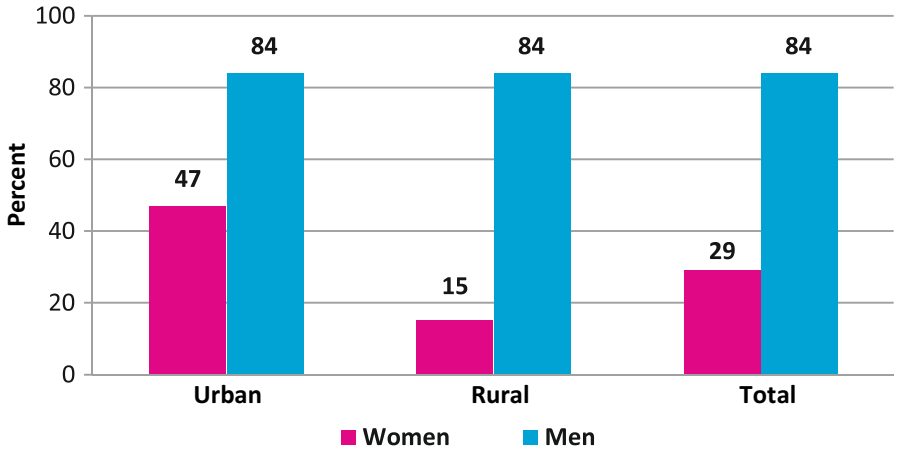
The three most characteristic symptoms of the disease (persistent cough with sputum lasting several weeks, general tiredness and/or fatigue, as well as fever) were integrated in a separate indicator of knowledge of tuberculosis symptoms, and were recognized by only 1.3 of women and no men.

Tobacco and Alcohol Use

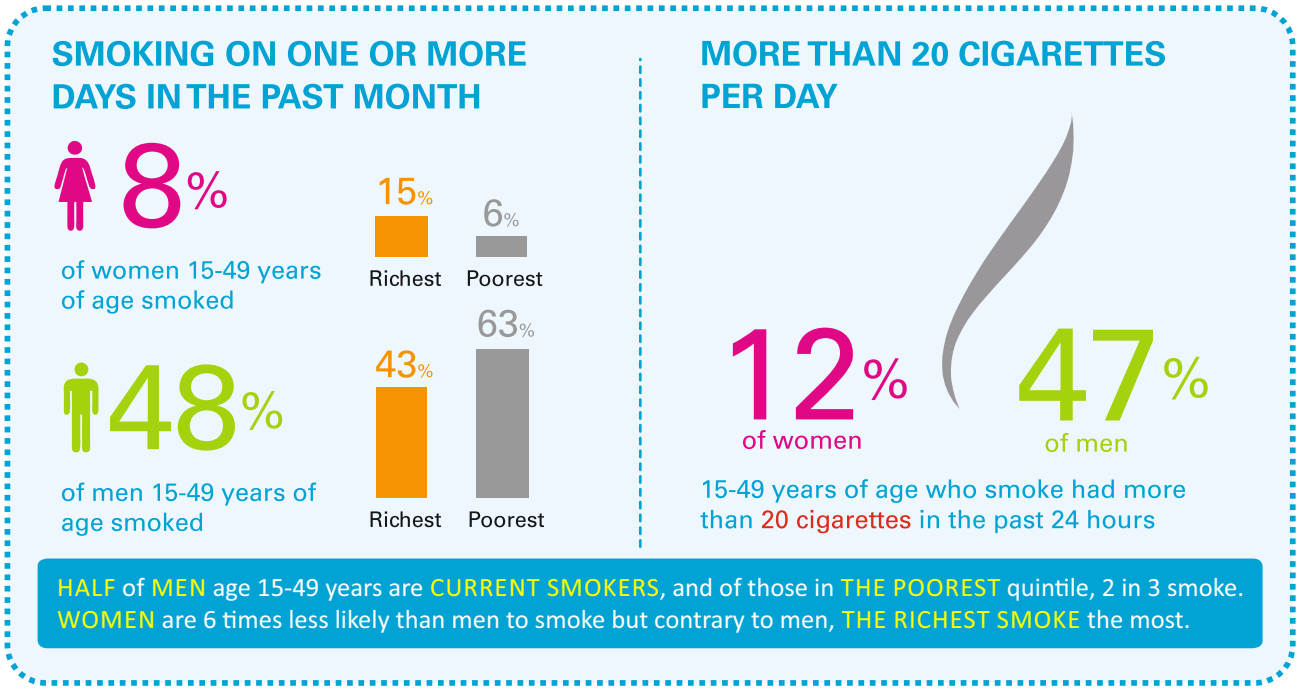
Tobacco Use

In Moldova, use of tobacco products is far more common among men than among women. 84 percent of men and 29 percent of women reported to have ever used a tobacco product. Any tobacco use among women is typically more common in urban areas than in rural areas (47 percent and 15 percent respectively) while proportion of men who use any tobacco product is the same in urban as in rural areas (84 percent) (Figure 20).

Figure 20. Percentage of women and men aged 15-49 years who have ever used tobacco, Moldova, 2012



The proportion of men who smoked a whole cigarette by the age of 15 years is 22 percent compared to 2 percent among women.

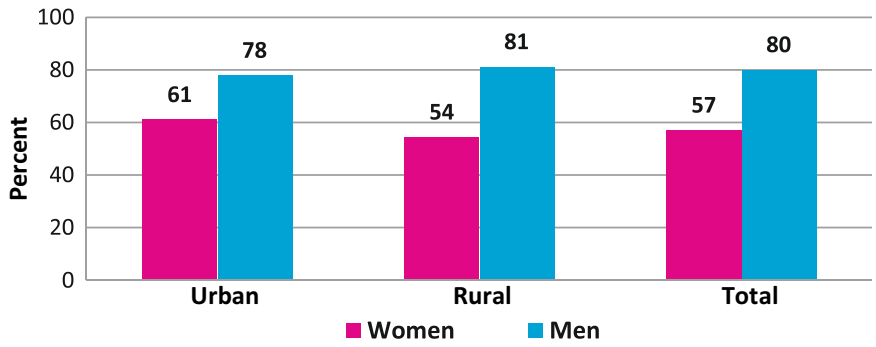


Alcohol Use

As one of the population's health determinants, alcohol use is also widespread in Moldova. Thus, the results of the survey show that 80 percent of men and 57 percent of women aged 15-49 years had at least one drink of alcohol on one or more days during the last one month. Seven percent of women and two percent of men never had a drink of alcohol. Six percent of women and 20 percent of men had at least one drink of alcohol before age 15.

Alcohol use in urban and rural area differs among both women and men aged 15-49 years. The proportion of women who had at least one drink of alcohol on one or more days during the last month is 61 in urban areas and 54 percent in rural areas. Among men, consumption is comparable in urban and rural areas, 78 percent and 81 percent respectively (Figure 21).

Figure 21. Percentage of women and men aged 15-49 years who had at least one drink of alcohol during the last month, Moldova, 2012



ALCOHOL USE ON ONE OR MORE DAYS IN THE PAST MONTH

57% of women

80% of men

15-49 years of age had at least one drink of alcohol on one or more days in the past month

MORE than HALF of the population USES ALCOHOL.

FIRST USE OF ALCOHOL FOR ADOLESCENTS 15-19 YEARS OF AGE

22% of young women

45% of young men

started to drink alcohol before the age 15

2 in 10 FEMALE adolescents started drinking alcohol BEFORE AGE 15, compared to 5 in 10 MALE adolescents.

Access to Mass Media

At least once a week, nearly 52 percent of women in Moldova read a newspaper, 56 percent listen to the radio and nearly 93 percent watch television. Overall, 3 percent do not have regular exposure to any of the three media, while 32 percent are exposed to all the three types of media at least on a weekly basis.

Overall 32 percent of men were exposed to all three types of media at least once a week, while some 43 percent read a newspaper, 72 percent listened to the radio, and 92 percent watched television at least once a week (Figure 22).

Figure 22. Exposure to specific mass media on a weekly basis (women and men aged 15-49 years), Moldova, 2012