

YOUTH HEALTH AND HEALTH-RISK BEHAVIOUR

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This article presents the results of the research on the main health indicators of young people from the Republic of Moldova for 2006-2016 years. Mortality rates, Sexually Transmitted Disease (STD) prevalence, youth smoking, alcohol and drug use are selected as main indicators of youth health. The study is based on the National Bureau of Statistics data and on the secondary analysis of different Surveys.

The indicators of youth health in the Republic of Moldova have been gradually improved over the past 20 years, however, their performance is lower compared to the developed countries. There are significant differences by gender and area of residence. The young people from the rural area are more exposed to the risk factors that influence youth health. Avoidable causes of death, such as accidents, injuries, falls, intoxications and suicides, are the main causes of youth mortality. The risk behaviour specific for young males determined almost 2/3 of the male deaths, and less than half of the female deaths. Despite the decrease in the incidence of HIV/AIDS among youth the gender gap persists. There is an unfavourable situation with regard to STDs, especially syphilis and gonorrhoea.

Welfare as a factor of health-risk behaviour has a contradictory significance. Thus, the highest proportion of smokers among men is registered in the lowest quintile, but among women in the lowest and highest quintile. Share of adolescents, current consumers of alcohol, is higher for those from families with a higher level of welfare, but also for those from poor families.

Keywords: youth, health, mortality, morbidity, health-risk behaviour.

Acest articol prezintă rezultatele cercetării privind dinamica indicatorilor principali ai sănătății tinerilor din Republica Moldova pentru anii 2006-2016. Ratele mortalității, prevalența infecțiilor cu transmitere sexuală (ITS), fumatul, consumul de alcool și droguri sunt selectați ca indicatori principali ai sănătății tinerilor. Studiul se bazează pe datele Biroului Național de Statistică și analiza secundară a diferitor cercetări selective.

În pofida faptului că indicatorii de sănătate a tinerilor au cunoscut o îmbunătățire treptată în ultimii 20 de ani, aceștia rămân mai nesatisfăcători decât în țările economic dezvoltate. Se mențin diferențele semnificative între sexe și pe medii de reședință, tinerii din mediul rural fiind mai expuși la factorii de risc care le afectează sănătatea. Accidente, răniri, căderi, intoxicații și sinuciderea sunt principalele cauze de deces ale tinerilor. Comportamentul de risc specific bărbaților tineri a determinat faptul că aproape două treimi din decesele bărbaților se datorează acestor cauze, în timp ce la femei mai puțin de jumătate. În ciuda scăderii incidenței HIV/SIDA în rândul tinerilor, persistă diferența de gen, se atestă o situație nefavorabilă în ceea ce privește prevalența prin ITS, în special sifilis și gonoree.

Bunăstarea ca factor al comportamentului cu risc pentru sănătate are o semnificație contradictorie. Astfel, cea mai mare proporție de fumători printre bărbați este înregistrată în chintilă inferioară, iar în rândul femeilor în cea superioară. Ponderea adolescenților – consumatori curenți de alcool – este mai mare pentru adolescenții din familii cu un nivel ridicat de bunăstare, dar și pentru cei din familiile sărace.

Cuvintele-cheie: tineret, sănătate, mortalitate, morbiditate, comportament de risc pentru sănătate.

В статье представлены результаты исследования динамики основных показателей здоровья молодежи Республики Молдова за 2006-2016 гг. В качестве основных показателей послужили смертность, заболеваемость, в том числе инфекциями, передающимися половым путем (ИППП), распространенность курения, употребления алкоголя и наркотиков. Исследование

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основано на данных Национального бюро статистики и вторичном анализе выборочных исследований.

Несмотря на то, что показатели здоровья молодежи Республики Молдова за последние 20 лет постепенно улучшались, они по-прежнему остаются более неблагоприятными, чем в экономически развитых странах. Сохраняются значительные различия между полами, а также городским и сельским населением. Сельская молодежь в большей степени подвержена факторам риска для здоровья. Несчастные случаи, травмы, падения, интоксикации и самоубийства являются основными причинами смерти молодежи. Более рискованное поведение молодых мужчин определяет то, что почти две трети смертей связаны с этими причинами, тогда как у женщин менее половины. На фоне снижения заболеваемости ВИЧ/СПИДом среди молодежи сохраняются гендерные различия, наблюдается неблагоприятная ситуация с ИППП, особенно сифилисом и гонореей.

Благосостояние как фактор поведения с риском для здоровья имеет противоречивое значение. Так, самая высокая доля курильщиков среди мужчин регистрируется в нижнем квинтиле, а среди женщин в верхнем. Доля подростков – текущих потребителей алкоголя выше среди подростков из семей с высоким уровнем благосостояния, а также из бедных семей.

Ключевые слова: молодежь, здоровье, смертность, заболеваемость, поведение, связанное с риском для здоровья.

JEL Classification: I10, I15, I18, P36, P46.

UDC: 614.1(478)

Introduction

Significant reduction in the number of population, demographic ageing and reduction of the number and share of young people in the total population of the Republic of Moldova are the main demographic trends over the next few decades [17].

The generations of today's youth are a foundation for economic and social development. Reducing the number of young people increases the requirements for its quality: the level of education, value orientations, social and economic activity, health and physical abilities.

Health status is an important feature of an individual, which ensures the quality of life, enables participation in social activities and, therefore, social inclusion [15]. The level of natural reproduction of the population of the Republic of Moldova in the future will depend mainly on the health and lifestyle of youth. At present, various social factors influence the health of young generations. The unfavourable social and economic situation in the country, stratification of the population into rich and poor, low wages and unemployment, the prevalence of paid medical services reduce the access of the population, including young people, to quality medical care. In the Republic of Moldova, the access to health services for young people up to 18 years and for those who continue their studies, is covered by the state, which provides them free medical insurance. Meanwhile, unemployed young people and those who are employed in the informal sector, don't have a medical insurance. Thus, every third person aged 15 to 29 didn't have medical insurance (in the adult population only every fifth person). The main causes mentioned are unemployment and financial strain [9].

At the same time, the health of young people is largely determined by behavioural factors associated with inappropriate nutrition, sedentary lifestyle, smoking, alcohol abuse, and drug addiction. Statistical data [1, 24] show that the health of young people does not improve and this problem must remain under constant state control.

In recent years, a number of researches have been carried out in the Republic of Moldova on various aspects of young people's health. Thus, the international study on the consumption of alcohol, drugs, and tobacco among pupils helped to highlight the degree of the spreading of vices and the determinants of risk behaviour [5, 19]. The research on reproductive health issues has helped to develop a comprehensive approach at the national level to prevent unwanted pregnancies, reduce sexually transmitted diseases, and ensure access to quality family planning services [13, 6]. The Survey regarding accessibility of medical services offers the information about health system through the population's opinion [1].

Foreign researchers' studies constitute an important support in studying the issue of youth health through the methodological framework, the relevance of results for several countries and causal interpretations [10, 3].

This article presents the results of the research on the main health indicators of young people from the Republic of Moldova based on the statistical data for the years 2006-2016. Mortality rates, Sexually Transmitted Disease (STD) prevalence, smoking, alcohol and drug use are selected as main indicators of youth health. The study is based on the analysis of National Bureau of Statistics data and on the secondary analysis of several Surveys: European School Survey Project on Alcohol and Other Drugs (2015), Multiple Indicator Cluster Survey for Moldova (2012), and administrative report "Illicit drug use and trafficking (2015)".

The level of youth mortality in the Republic of Moldova as in other Eastern European countries has been steadily declining over the past 20 years but continues to be quite high. A rather large number of factors determines the high mortality of youth.

In the Republic of Moldova in 2016, the mortality rate for the age group 15-29 was 69.8 deaths per 100 thousand population of that age. In the 15-19, 20-24 and 25-29 age groups the mortality rates were 45.3, 66.7 and 86.7 cases, respectively, per 100 thousand population of that age. The highest value of this indicator was recorded among the age group 25-29 years. The general mortality rate of young people was higher, compared to that recorded for European Union countries (EU28). The largest discrepancy was recorded for the age group 25-29 years. Initially, the general mortality rate recorded for the Republic of Moldova for this age group was 2 times higher than for EU28, continuing in the present to remain double. However, due to the reduction of CDR among young people from the Republic of Moldova is observed a decrease of discrepancy between the mortality rates recorded for Republic of Moldova and EU28, especially when we analyse youth mortality in the age group 15-29 years (*Fig. 1*).

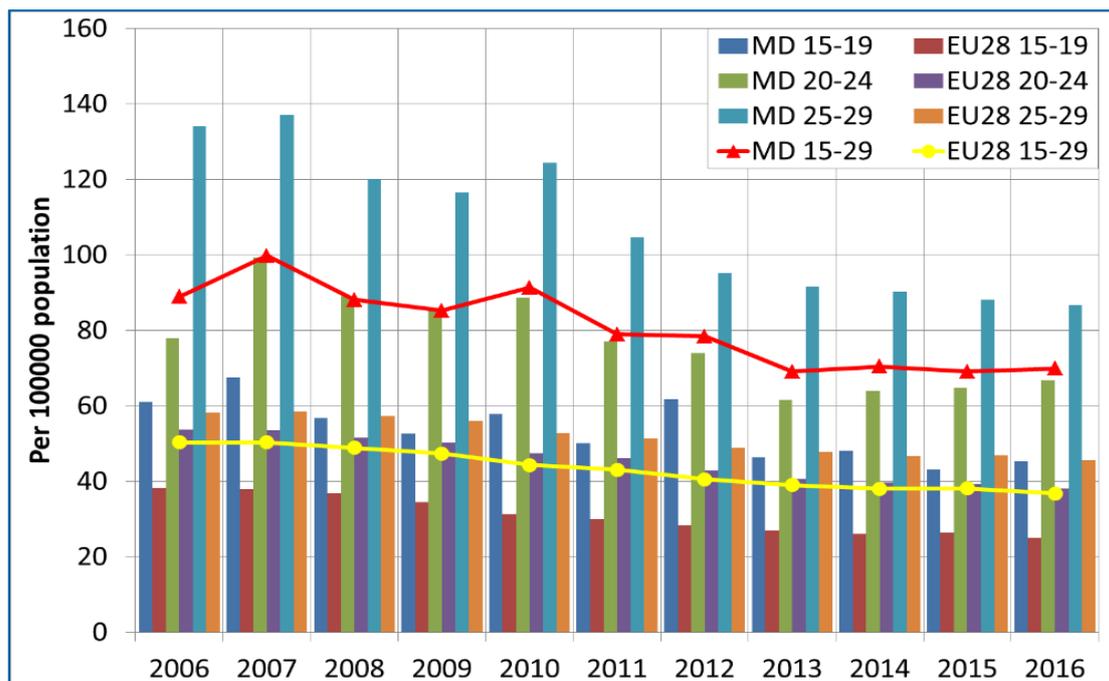


Figure 1. Crude death rate among young people, 2006-2016

Source: MD – calculated on NBS data; EU28 – calculated on Eurostat data.

In the Republic of Moldova the main causes of death for young people aged 15-29 years, as in other European countries, are external causes (injuries, poisoning, falls, self-harm and assault) [25, 21]. In most cases, the death of youth is due to transport accidents, intentional self-harm, accidental falls and assault accidents and other external causes. Analysis of the differential mortality by sex has shown that external causes account for 61% of the total deaths among males in the 15-29 age group, for women this accounts only 43%. Gaps in mortality due to external causes are also observed. Thus, for men, the share of deaths by road accidents is double than for women, and the proportion of suicides is 2 pp higher. More than 80% of these deaths can be prevented [8].

For women, another cause of death is the malignant cancers, and this accounts for 14% of the total deaths for the 15-29 age group, while for men only 7% in the same age group (Fig. 2).

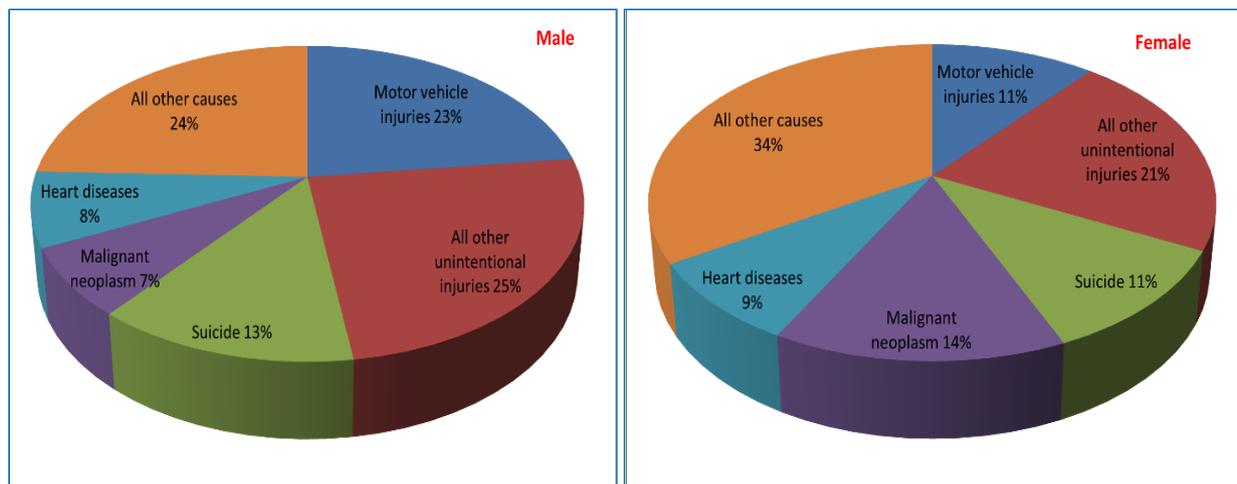


Figure 2. Youth (15-29 age group) causes of death, by sexes, 2015

Source: Calculated based on WHO Mortality Database.

Studies in this area found that the main obstacle for decreasing mortality of youth compared to developed countries are the violent causes including road accidents and suicides [21].

Transport accidents are an important cause of death, especially for young people [21]. The main risk factors for fatal transport accidents are high speed, breaking traffic rules, alcohol abuse, bad roads, poor visibility and not using protective equipment.

For young people aged 15-29 in total external causes of death (Table 2) transport accidents have the higher share (13.9 per 100000 in 2016). Men have the highest rates of death from road accidents. For the women, this indicator has low values.

Table 2

Traffic accidents rate per 100000, by age groups, 2006-2015

	Age groups	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Both sexes	15-19	13.9	16.4	13.8	13.8	11.1	11.3	18.6	12.4	15.9	9.8
	20-24	15.9	28.8	21.3	15.1	18.6	23.1	17.7	15.7	14.8	17.7
	25-29	14.8	16.0	19.6	17.0	17.1	15.7	17.2	14.2	13.2	13.3
	15-29	14.9	20.7	18.3	15.3	15.9	17.1	17.8	14.2	14.5	13.9
Male	15-19	19.3	22.9	20.9	18.1	13.6	18.0	29.7	17.0	28.5	15.6
	20-24	24.6	39.7	35.4	26.9	33.8	38.0	30.7	27.8	25.2	28.6
	25-29	27.2	23.5	32.0	27.8	29.4	27.3	28.6	25.0	22.6	23.9
	15-29	23.5	29.1	29.6	24.5	26.3	28.5	29.6	23.9	25.0	23.4
Female	15-19	8.2	9.7	6.4	9.4	8.5	4.5	7.1	7.6	2.7	3.8
	20-24	7.0	17.6	6.9	2.8	2.9	7.6	4.3	3.2	4.0	6.4
	25-29	2.0	8.3	6.7	5.9	4.4	3.7	5.3	2.9	3.4	2.3
	15-29	5.9	12.1	6.7	5.9	5.1	5.3	5.4	4.2	3.5	4.1

Source: Calculated based on WHO Mortality Database data.

The second most important cause of death for young people was the intentional self-harm, in 2016 for total young population, 15-29 years, the rate of suicide was 11.9 per 100000 (Table 3). In the case of the rate of mortality due to suicide, is observed also a high fluctuation, the lowest rate was registered in 2006 – 7.4 per 100000 and the highest in 2016 for total youth population. Death rates due to intentional self-harm for male population is four to six times higher in the 15-29 age group than for women. The highest mortality

rate by self-harm is recorded for young people in the age group 25-29 years for males, while for females suicides are specific for the age group 15-19 years.

Table 3

Intentional self-harm (suicide) rate per 100000, by age groups, 2006-2016

	Age groups	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Both sexes	15-19	5.2	5.1	7.8	4.9	8.0	8.8	11.6	9.5	7.9	4.2	8.9
	20-24	7.2	8.6	10.1	13.9	11.3	10.7	11.1	7.5	8.2	10.4	12.8
	25-29	10.1	8.8	12.9	13.2	12.5	10.6	9.9	12.2	11.0	10.2	13.0
	15-29	7.4	7.5	10.2	10.9	10.7	10.1	10.8	9.9	9.3	8.8	11.9
Male	15-19	7.4	7.1	11.7	5.2	10.9	15.8	15.2	13.0	13.8	6.4	13.5
	20-24	13.1	15.3	18.2	24.7	18.3	19.9	18.9	14.2	12.9	14.3	22.3
	25-29	17.9	16.8	22.9	24.1	22.7	17.2	18.3	19.5	19.3	16.7	22.2
	15-29	12.6	12.9	17.5	18.4	17.5	17.8	17.7	15.9	15.7	13.3	20.1
Female	15-19	2.9	3.0	3.8	4.7	4.9	1.5	7.9	5.9	1.8	1.9	4.0
	20-24	1.2	1.8	1.7	2.8	4.0	1.2	3.0	0.6	3.4	6.4	3.0
	25-29	2.0	0.7	2.7	2.0	1.9	3.7	1.2	4.6	2.3	3.5	3.5
	15-29	2.1	1.9	2.7	3.1	3.6	2.1	3.7	3.6	2.5	4.1	3.5

Source: Calculated by the author based on NBS data.

Young people are one of the main groups exposed to risks associated with HIV/AIDS. The reduction of HIV incidence in the young population (15-24 years) follows a fluctuating trend. The lower values for HIV incidence for young population (15-24 years) were recorded in 2008 – 16.1 cases per 100000 population. Compared to the beginning of the observation period the reduction of HIV incidence was insignificant – from 18.8 to 17.9 cases per 100000 (Fig. 3).

However, during the past 4 years was recorded a trend toward its reduction. Another indicator, which concerns this issue, is the share of young people in the total of new recorded cases. The evolution of this indicator has a more positive aspect, highlighting a decrease of more than 10 pp. In 2006 one-quarter of the total new recorded cases of HIV infection were observed in the age group 15-24 years, however, in 2015 their share decreased until 13.1% [12]. Although there are common efforts of governmental institutions and non-governmental organizations in terms of informing young people about protection against sexually transmitted infections, the prevalence of HIV infection remains high, especially during the last five years (2010-2015) [12].

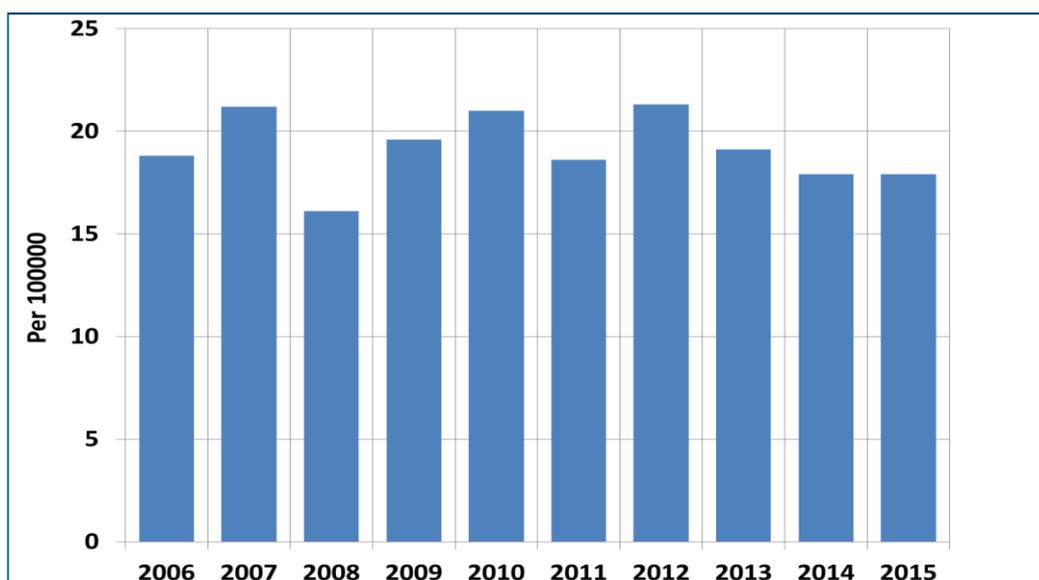


Figure 3. The incidence of HIV/AIDS and proportion of youth (15-24 years) among new registered cases

Source: NBS.

Despite the fact that the subject is of major social importance, it is not complexly studied, the available data is limited to the HIV incidence and prevalence. Understanding and then solving the problem requires a deeper study, in this respect, a very important indicator is the share of young people who have comprehensive knowledge about HIV. Despite its importance, this indicator was calculated for the Republic of Moldova only within international research MICS, in 2012. Thus, only 3 out of 10 males aged 15-24 years possessed comprehensive knowledge about HIV, the share of females being with 6 pp higher and representing 36% [13, 17].

Women are especially at risk of HIV due to multiple factors such as economic vulnerability, fearing or experiencing violence, and difficulties in negotiating safe sex [2].

According to official data, the incidence of sexually transmitted diseases is the highest in young age groups. An alarming fact is the increase of morbidity by syphilis in the youngest age group – 15-17 years. In the last 10 years, this one practically doubled, increasing from 8.8 cases per 100000 in 2006 to 62.9 in 2016. The increase of morbidity by syphilis in the total population of 15-17 years was determined by the increase of morbidity by syphilis of female population aged 15-17 years, this increased from 75.9 cases to 100000 in 2006 to 102.7 in 2016. For the other age groups was recorded a decrease of morbidity by syphilis. The same tendency of substantial decrease was recorded in the case of morbidity by gonorrhoea; this one is specific to all analysed age groups, but more pronounced for females (*Table 4*).

Table 4

Morbidity by STDs among young people

	Age groups	Syphilis		Gonorrhoea	
		2006	2016	2006	2016
Both sexes	15-17	38.8	62.9	46.5	19.8
	18-19	150.6	118.6	162.2	80.6
	20-29	168.4	103.6	171.4	74
Male	15-17	23.1	25.1	59.3	30.2
	18-19	138.4	99.2	229.8	130.7
	20-29	185	121.5	282.4	130.1
Female	15-17	75.9	102.7	33.3	8.9
	18-19	163.1	139	92.6	28.3
	20-29	151.3	85.1	57.2	15.8

Source: NBS data.

Tobacco consumption causes serious health problems, and in conjunction with an early-onset becomes a major risk factor in determining the early mortality. Annually, tobacco consumption results in the death of approximately 6 million people, and according to WHO, if no action will be undertaken, this number can exceed 8 million up to 2030 [23]. According to the results of the research realised by NBS, more than half (63.4%) of interviewed persons, who declared themselves as smokers, started to smoke at age 19. There are gaps by the type of residence in the distribution of smokers by the age at starting smoking, thus in the urban area 16.6% started to smoke at about 15 years, and in the rural area just about 9.9% [1].

The research carried out by NBS concerns the population aged 15+, while on the international level the situation of the teenagers aged 13-15 years is researched too. Thus, the data given by ESPAD (European School Survey Project on Alcohol and Other Drugs) denotes that both the prevalence of the use of cigarettes during lifetime among pupils (16 years) as well as in the past 30 days is below the recorded EU average, during 2007, 2011, and 2015 [19, 5].

The prevalence of smoking is decreasing, both during lifetime and during the last month, for both sexes (*Table 5*). The prevalence rate is higher for males than for females, approximately 3-5 times higher during the analysed period. For females the situation is more favourable, the prevalence rate recorded the lowest rates, compared with other countries [19, 5], and the reduced rates of the prevalence of smoking during last 30 days shows that smoking is not an occasional practice.

Table 5

Prevalence of lifetime and 30-day of cigarette use, %

	Prevalence of lifetime cigarette use			Prevalence of 30-day cigarette use		
	2007	2011	2015	2007	2011	2015
Both sexes	44	42	33	15	15	9
Male	65	59	50	24	23	16
Female	24	27	15	7	8	3

Source: European School Survey Project on Alcohol and Other Drugs [19, 5].

The highest level of decomposition of statistics regarding the share of current smokers has been provided by the international research MICS, the most recent data refers to 2012 [13]. According to the MICS data, it was registered a significant increase in the share of current smokers – people who declared that they consumed some tobacco products in one or more days in last month – in the age group 15-29 years (Table 6). Thus, in the age group 15-29 years, the share of current men-smokers was – 33.8%, in the age group 20-24 years – 53.9% and in the age group 25-29 years – 64.1%. For women in the youngest age group (15-19 years), the share of current smokers was 17.7%, in the age group 20-24 years and 25-29 years was 26% and 24.3%, respectively.

Depending on wellbeing quintile, there is a significant discrepancy. The highest proportion of smokers among men is registered in the lowest quintile (76.4%). There is a contradictory situation for women, the highest share of current smokers were in the lowest and higher quintile: about 26%, while 19.4% in the middle one.

The higher level of education for men and women is a factor that decreases the proportion of current smokers. However, both men and women, the share of people who have never smoked is less among those with tertiary studies.

Significant differences are recorded for women, depending on the place of residence. Thus, the share of women who have never smoked being lower with 30% for women from the urban areas compared to those from the rural areas (44.9% and 74.1%, respectively), and the share of current smokers among women being 9% higher for the urban areas than the rural areas (25.3% and 16.2% respectively). Both young men and women from urban areas record a higher share of use of other tobacco products.

Table 6

The share of youth (15-29 years) by the way of use of tobacco and tobacco products

	Male			Female		
	Never smoked	Currently smokes	Any tobacco products	Never smoked	Currently smokes	Any tobacco products
<i>Age group</i>						
15-19	34.2	33.8	19.1	68.6	17.7	18.7
20-24	13.0	54.0	22.3	51.1	26.0	11.0
25-29	7.4	64.1	8.0	48.6	24.3	6.6
<i>Welfare quintile</i>						
Poorest	26.9	76.4	12.5	69.6	26.4	0.0
Second	19.8	48.7	8.3	72.5	21.1	9.1
Middle	18.3	46.2	18.2	67.1	19.4	2.8
Fourth	16.3	56.6	13.6	56.0	21.2	8.5
Richest	16.8	48.4	18.0	40.0	26	13.5
<i>Education</i>						
Secondary	23.2	51.8	19	64.2	25.3	12.9
Professional education	14.6	62.7	7.1	53.7	25.1	12.0
Tertiary	12.0	45.8	17.7	46.0	20.7	10.1
<i>Type of residence</i>						
Urban	16.6	52.7	18.3	45.0	25.3	11.4
Rural	20.9	52.7	8.2	74.0	16.2	10.5
Total	18.5	52.7	16.2	55.8	23.5	11.3

Source: Multiple Indicator Cluster Survey for Moldova [13].

According to the latest data given by NBS, the share of people who are smoking daily in the total population is 12.8%, while the share of young people aged 15-24 years represents 8.5%, and that of young people aged 25-34 years is higher with approximately 10 pp, accounting for 18.2%. Moreover, important discrepancies are observed at the decomposition of data by sex and type of residence. Thus, in the age group 15-24 years, the share of males smoking daily represents 14%, being at least 4 times higher than the share of females smoking daily in the same group age. For the age group 25-34 years the share of male smokers is already 6 times higher than the share of female smokers – 32.2%, and, respectively, 5.6%. The share of daily smokers is higher in the urban areas, for both age groups – 15-24 years and 25-34 years. For 15-24 age group this represents about 10 pp – 15.6% and, respectively, 4.2% than for the 25-34 age group, for which the difference decreases twice, reaching up to 5 pp – 20.6% and 15.1%, respectively [1].

The smoking prevalence is determined by the level of education of young people [13]. Thus, 42.4% from the total of current smokers aged 25-29 years are people with a secondary level of education, 23% from the smokers have vocational technical studies, and 31.2% have tertiary education. A lower level of education determines a less responsible attitude towards the own health, what determines a higher prevalence of risk behaviours. This describes especially males' situation. However, 47% of males from the age group 25-29 years who declared themselves as smokers attained secondary education, 25% – vocational education, and 24.3% – tertiary education. The smoking as a symbol of emancipation is specific for females with tertiary education [13].

Alcohol consumption is a social behaviour, something people learn from and practice with other members of their culture. Consequently, the drinking behaviour of youth in any country or culture is related to the drinking behaviour of the whole population. The Republic of Moldova is the wine-producing country and alcohol consumption is a part of country's culture. However, recent study shows that existing drinking culture in Moldova has a harmful effect and causes premature mortality and low life expectancy [15].

Alcohol use is a high risk for the health and well-being of youth, including the fact that young people are more vulnerable to alcohol effects than the adults are, because their body and brain is still developing, being a risk factor than can endanger the development and social integration of young people, becoming worse in the case of adolescents. Alcohol use involves risk behaviours of youth and loss of human resources due to the high level of suicidal activity, fatal mechanical injuries in the state of intoxication.

For the analysis of the situation among youth we use the indicator – current adolescent alcohol use, it represent the share of adolescents aged 15-19 years who had consumed alcohol from 1 to 4 days during the last month (*Table 7*).

Table 7

Current adolescent (15-19 years) alcohol use, 2012, %

	Male	Female
<i>Welfare quintile</i>		
Poorest	50	47.4
Second	47.4	41.1
Middle	47.5	39.9
Fourth	64.7	43.3
Richest	46.9	54.5
<i>Area of residence</i>		
Urban	51.3	47.5
Rural	51.2	43.2
Total	51.3	45.6

Source: Multiple Indicator Cluster Survey for Moldova [13].

The data (*Table 8*) shows that the share of boys, current consumers of alcohol is higher than that of girls by about 6% (51.3% and 45.6% respectively), but the average is 48.4%.

The current adolescent alcohol use is higher for teenagers from families with a high level of welfare (fifth quintile of welfare) – 54.5%, but also a higher in poor families (first quintile) – 47.4%. The situation is almost similar in the case of boys, except that in this case they come from the fourth (64.7%) and the first quintile (50%). The type of residence does not show statistically significant differences for men, so every

second teenager in both urban and rural areas consumed alcohol in the last month. Women's situation is different, and there was a higher prevalence of alcohol consumption for adolescents in urban areas (47.5% and 43.2%, respectively).

Table 8

Prevalence of lifetime use, past 30 days use and intoxication in the past 30 days, %

	Total	Boys	Girls
Lifetime use	82	86	78
Past 30 days use	56	62	50
Intoxication past 30 days	8	11	5

Source: European School Survey Project on Alcohol and Other Drugs [5].

The analysis of alcohol consumption among pupils demonstrated that the share of those who have consumed alcohol during their lifetime or in the past 30 days is high, even over the European average – 82% and 56% respectively [5]. In addition, the share of those who reported intoxications with alcohol in the past 30 days is relatively low – 8% (Table 8). In the distribution by sex, the share of alcohol intoxication reported in the past 30 days is more significant, this one being 2 times higher in the case of males. In the structure of alcohol consumption, among pupils, prevails the drinking of beer and wine, the share of the strong drinks being 24% for males and 13% for females (Fig. 4).

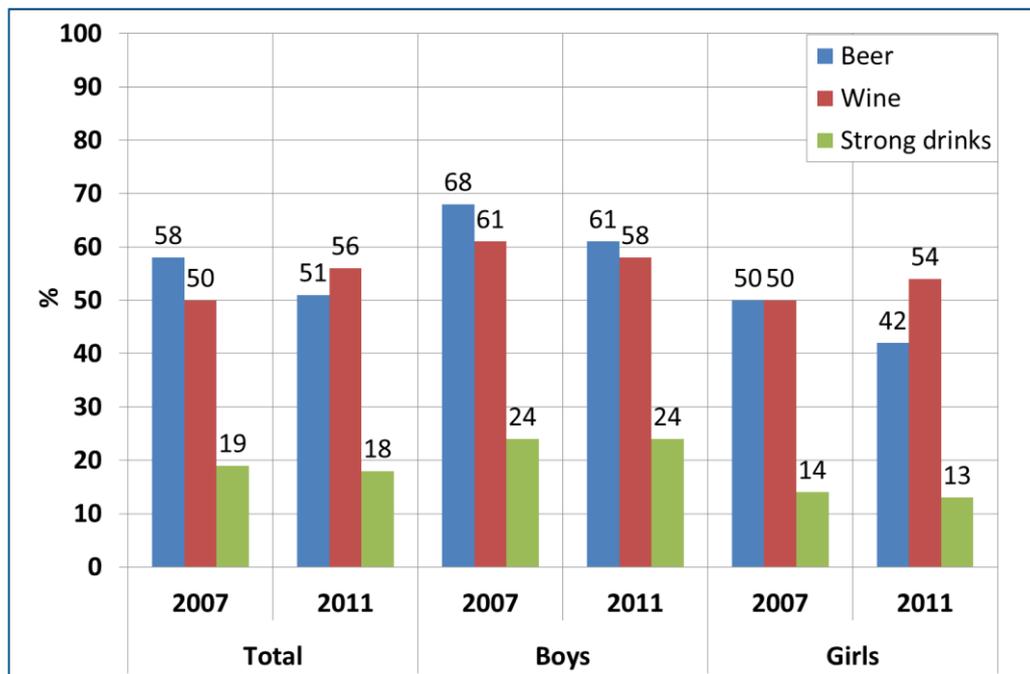


Figure 4. Structure of alcohol consumption in last 30 days

Source: European School Survey Project on Alcohol and Other Drugs [19].

Drug use is one of the factors that affects and disturbs health and good youth development, affecting both health and their social integration.

According to data provided by the Republican Narcology Dispensary, general drug consumption is increasing, and 95% of all drug users are young people, and most of them are unmarried men with secondary education [19]. The average age of drug users in 2014 was 30 years.

NCHM presents data on the prevalence¹ of drug use among adolescents for different periods [3] (Fig. 5). Data offered by NCHM are based on the ESPAD researches and denotes a very low prevalence of drug use of all types. Thus, it is observed that in analysed period 2007-2011, the prevalence of drug use

¹ Percentage of young people who used at least once in the past year: heroin, cocaine, amphetamines, ecstasy or others.

during the life course reduced with 1 pp, and the prevalence of drug use for the last 30 days increased with 1 pp, reaching from 1% in 2007 and 2011 to 2% in 2015.

At this chapter, the Republic of Moldova is situated at the top of the countries with the lowest rates of the drug use prevalence. The analysis of drug use, by its types, highlighted the consumption of the so named light drugs – cannabis. It is seen, also, a higher rate of use among males [5].

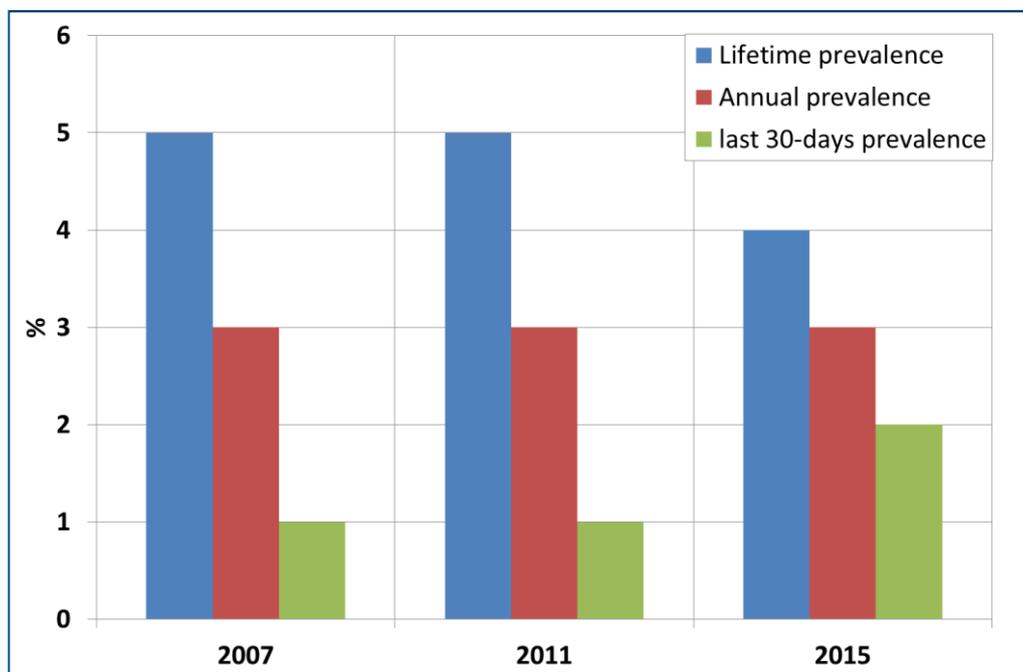


Figure 5. Lifetime, annual and past 30 days prevalence of drug use among students (16 years)

Source: *Illicit drug use and trafficking, annual report, NCHM 2015.*

Conclusions

The analysis of existing data demonstrated the existence of crucial issues in the area of youth health. Thus, the mortality by external causes of death remains an important issue, which requires interdisciplinary interventions. The risk behaviours of young people (smoking, alcohol consumption) have negative implications on their health.

The young people from the rural areas are more exposed to the risk factors that influence youth health. This is determined by the limited opportunities that young people from the rural areas have compared to those from the urban area. The limited opportunities are related to the socio-economic poor infrastructure of services and access to it. Young men are more prone to a risky behaviour. They usually record higher use of tobacco, alcohol, and drug consumption, which induces both health problems with an immediately and long-term effects, as well as issues of socio-economic integration. For young women the main problem remains adolescent pregnancy that is mainly a result of a poor socio-economic background, low education, lack of parental support and in many cases a result of sexual violence and coercion [1]. Furthermore, the lack of sexual education programmes, low awareness among teenagers about health services, limited access to contraceptives also present significant barriers for specific groups of young women.

A lack of awareness of youth friendly services and comprehensive knowledge about sexual and reproductive health (SRH) make youth vulnerable to health risks such as HIV/AIDS, despite the governmental efforts on informing young people regarding protection. However, prevalence remains high with the share of young people with comprehensive knowledge of HIV/AIDS diminishing [1].

A complex and interdisciplinary intervention is required for improving youth health and reducing risk factors. The youth health of young people cannot be addressed exclusively from the perspective of the health sector. Action and involvement of social actors at all levels is required, with the youth health being a necessity for sustainable development of the society.

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