UNESCO'S SERAT METHODOLOGY

COMPREHENSIVE SEXUALITY EDUCATION IN THE REPUBLIC OF MOLDOVA

Report assessing the alignment of sexuality education in the school curriculum with international standards for comprehensive sexuality education

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Abbreviations and acronyms

AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
BZgA	German Federal Centre for Health Education
CSE	Comprehensive sexuality education
EMIS	Education Management Information System
GBV	Gender-based violence
HBSC	Health Behaviour in School-aged Children
HIV	Human immunodeficiency virus
HPV	Human papillomavirus
IPPF	International Planned Parenthood Federation
ISCED	International Standard Classification of Education
MER	Ministry of Education and Research
SDG	Sustainable Development Goal
SERAT	Sexuality Education Review and Assessment Tool
SHS	School-based health services
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
VGi	Gynaecological age
WHO	World Health Organization
YFHC	Youth-friendly health centre

EXECUTIVE SUMMARY

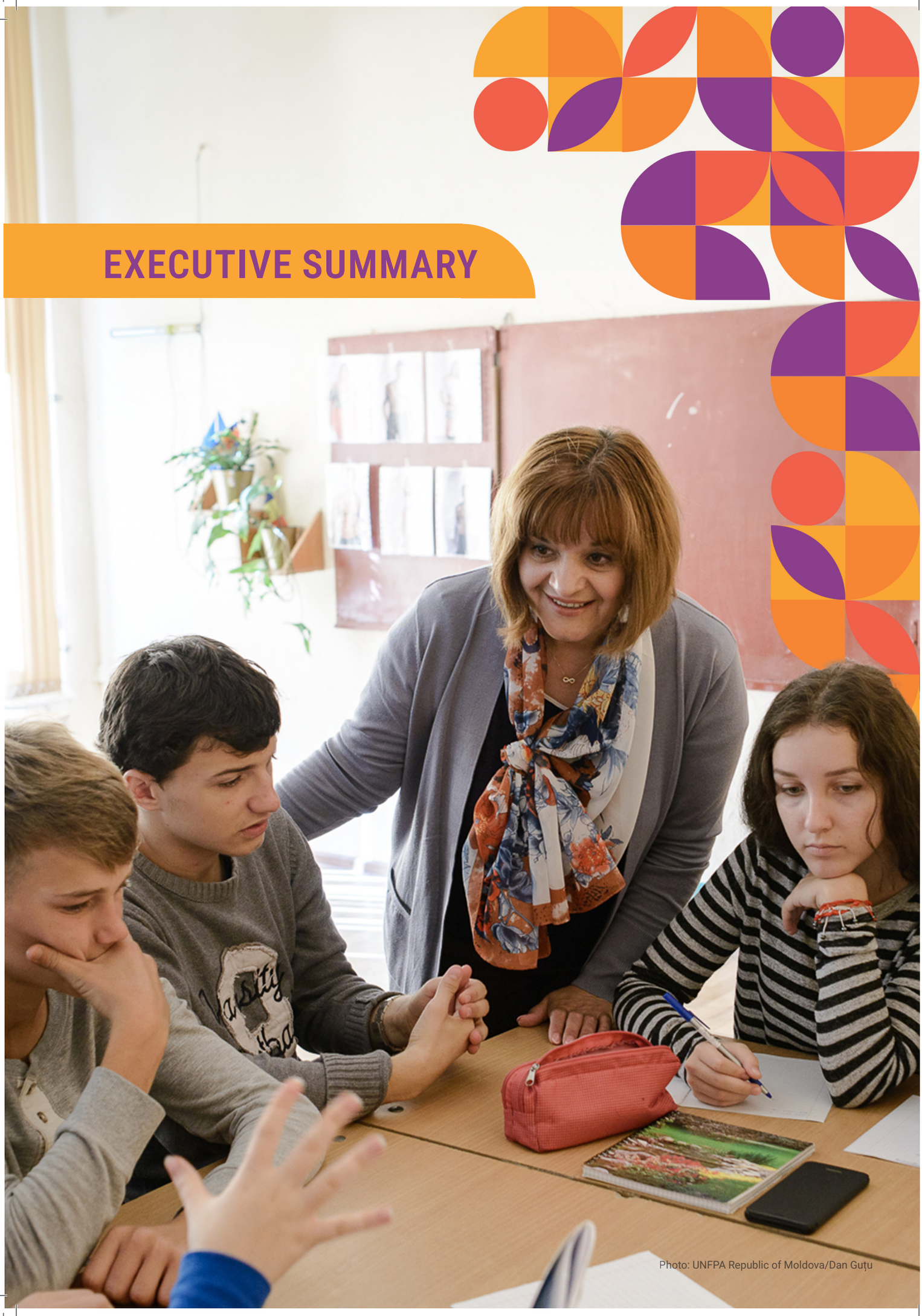


Photo: UNFPA Republic of Moldova/Dan Guțu

Background

An analysis of key indicators of the sexual and reproductive health (SRH) of adolescents and young people in the Republic of Moldova shows a lack of clear improvement trends in recent years for some components, such as HIV incidence and gender-based violence. The adolescent pregnancy rate, although about 25 per cent lower in the last 4–5 years, remains one of the highest in the European region, where the rate is 65.6 per cent lower than in the Republic of Moldova.[1]

Comprehensive sexuality education (CSE) has a positive influence on the development of children and adolescents. It helps them to acquire knowledge and develop the skills they need to avoid risky behaviours, thus enabling healthy, harmonious and responsible maturation. Access to education and information on SRH is a fundamental human right that must be ensured through formal and non-formal education programmes. The school has a special role in ensuring access to age-appropriate sexuality education, which has a long-term impact if it is taught in a qualitative and systematic way.

In recent years, many actions have been carried out in the Republic of Moldova to develop health education programmes that integrate sexuality education, in both the compulsory and optional school curricula. In this context, a need appeared to analyse how impactful the actions carried out in the field of curriculum development have been, and how they have influenced the quality and comprehensiveness of sexuality education in the compulsory curriculum.

Methods

To assess the quality of school-based sexuality education in the country, the United Nations Population Fund (UNFPA) in the Republic of Moldova in partnership with the Ministry of Education and Research, under a regional initiative supported by UNFPA's Regional Office for Eastern Europe and Central Asia and the German Federal Centre for Health Education, conducted in 2021 a national assessment of the compulsory curriculum by applying the UNESCO Sexuality Education Review and Assessment Tool (SERAT).[2] Two national experts, Galina Leșco, an obstetrician–gynaecologist specializing in adolescent health and development and Director of the Neovita National Resource Centre for Youth-Friendly Health Services, and Cristina Gherciu, a social worker at the Neovita Centre, completed the assessment by reviewing curriculum documents, legislative and normative acts, official statistics and relevant research data. They sent an online semi-structured questionnaire to eight experts in the field and consulted the opinions of 74 adolescent students. The results were validated at a workshop engaging governmental counterparts, teachers and young people. To observe progress in recent years, a comparative analysis was performed against the results of the SERAT analysis conducted in the Republic of Moldova in 2017.

1. The World Bank, "Adolescent fertility rate (births per 1,000 women ages 15-19) – European Union", 2019. Available at https://data.worldbank.org/indicator/SP.ADO.TFRT?locations=EU (accessed on 22 December 2022).
2. The SERAT tool and reporting template are available at https://healtheducationresources.unesco.org/library/documents/sexuality-education-review-and-assessment-tool-serat (accessed on 12 June 2023).

Results

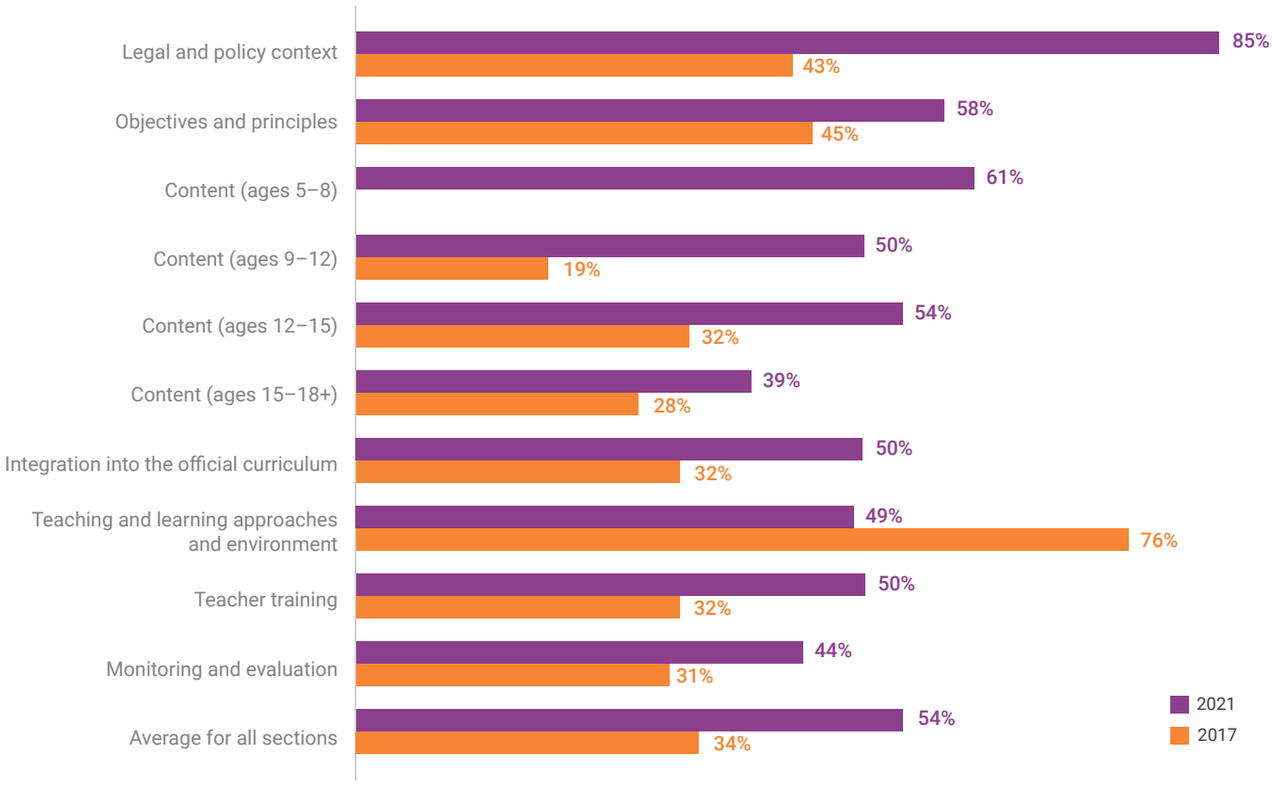
National compulsory sexuality education was assessed by analysing seven main components, as outlined below; the assessment showed the following results:

1. *Legal and policy context*: the regulatory legal framework is supportive and is 75 per cent in line with international CSE standards.
2. *Objectives and principles*: 23 per cent of objectives and principles were in full alignment in 2021 (18 per cent in 2017), and 70 per cent were in alignment to some extent in 2021 (54 per cent in 2017).
3. *Content*:
    - *Content for ages 5–8*: 40 per cent full alignment, 42 per cent alignment to some extent (this content was entirely missing from the curriculum in 2017).
    - *Content for ages 9–12*: 18 per cent full alignment (8 per cent in 2017), 65 per cent alignment to some extent (22 per cent in 2017).
    - *Content for ages 12–15*: 21 per cent full alignment (13 per cent in 2017), 67 per cent alignment to some extent (40 per cent in 2017).
    - *Content for ages 15–18+*: 9 per cent full alignment (7 per cent in 2017), 60 per cent alignment to some extent (42 per cent in 2017).
4. *Integration into the official curriculum*: 28 per cent full alignment (12 per cent in 2017), 44 per cent alignment to some extent (41 per cent in 2017).
5. *Teaching and learning approaches and environment*: 18 per cent full alignment (52 per cent in 2017), 62 per cent alignment to some extent (48 per cent in 2017).
6. *Teacher training*: 8 per cent full alignment (6 per cent in 2017), 84 per cent alignment to some extent (53 per cent in 2017).
7. *Monitoring and evaluation*: 23 per cent full alignment (13 per cent in 2017), 42 per cent alignment to some extent (37 per cent in 2017).

Overall, the results of the 2021 assessment demonstrate significant progress in the development of sexuality education programmes since 2017 (see the figure on page 9); much greater alignment with international standards for CSE was achieved in 2021: a 54 per cent average score for all components,[3] compared with 34 per cent in 2017 (see the table on page 9).

3. Weighted score = "present" x 1 (100%) + "present to some extent" x 0.5 (50%). The percentages for "present" and "present to some extent" are derived from the graphs automatically generated by SERAT.

Summary of SERAT results from 2021 and 2017



Source: Data collected through the SERAT tool.

The table below summarizes the scores for each SERAT section, in percentages, and demonstrates the sexuality education programme's strengths and areas for improvement.

SERAT section	2021			2017*		
	Present (%)	Present to some extent (%)	Weighted score[4] (%)	Present (%)	Present to some extent (%)	Weighted score (%)
Legal and policy context	75	20	85	27	33	44
Objectives and principles	23	70	58	18	54	45
Content (ages 5–8)	40	42	61	0	0	0
Content (ages 9–12)	18	65	51	8	22	19
Content (ages 12–15)	21	67	55	13	40	33
Content (ages 15–18+)	9	60	39	7	42	28
Integration into the official curriculum	28	44	50	12	41	33
Teaching and learning approaches and environment	18	62	49	52	48	76
Teacher training	8	84	50	6	53	33
Monitoring and evaluation	23	42	44	13	37	32
Average for all sections			**54**			**34**

Source: Data collected through the SERAT tool.

* In 2017, the SERAT tool used different assessment terminology. For the purposes of comparison, the 2017 assessments of *strong features*, *intermediate features* and *weak features* are equivalent to the 2021 assessments of *present*, *present to some extent* and *absent*, respectively.

4. Ibid.

Recommendations

The analysis of the strengths and weaknesses of each component of the interdisciplinary sexuality education programme implemented in the Republic of Moldova revealed several areas that require further development. The following recommended actions can help achieve the necessary improvements:

- Increase teachers' capacity to deliver CSE by (a) reviewing/introducing sexuality education into initial (in universities and colleges) and continuing teacher training programmes, and (b) equipping teachers and schools with teaching and learning materials.
- Continue aligning existing CSE programmes with international standards, in particular:
  - Adapt content according to developmental needs by age (largely delayed by several years for current programmes).
  - Address gender-specific needs and vulnerabilities as well as gender stereotypes that influence the health-related behaviours of girls and boys.
  - Promote self-awareness, assertive communication skills and negotiation in relationships.
  - Address evidence-based prevention of unwanted pregnancy.
  - Focus more on attitudes, skills and the positive aspects of health (instead of what not to do, emphasize positive, protective alternatives).
- Consolidate health services in schools and psychological support services, and further strengthen referral and cooperation with youth-friendly health services.
- Develop sustainable monitoring tools for CSE programmes by including relevant indicators in the Education Management Information System (EMIS).
- Invest in literacy (with a focus on teachers, youth workers, parents, young people, etc.) regarding the content and benefits of sexuality education programmes.

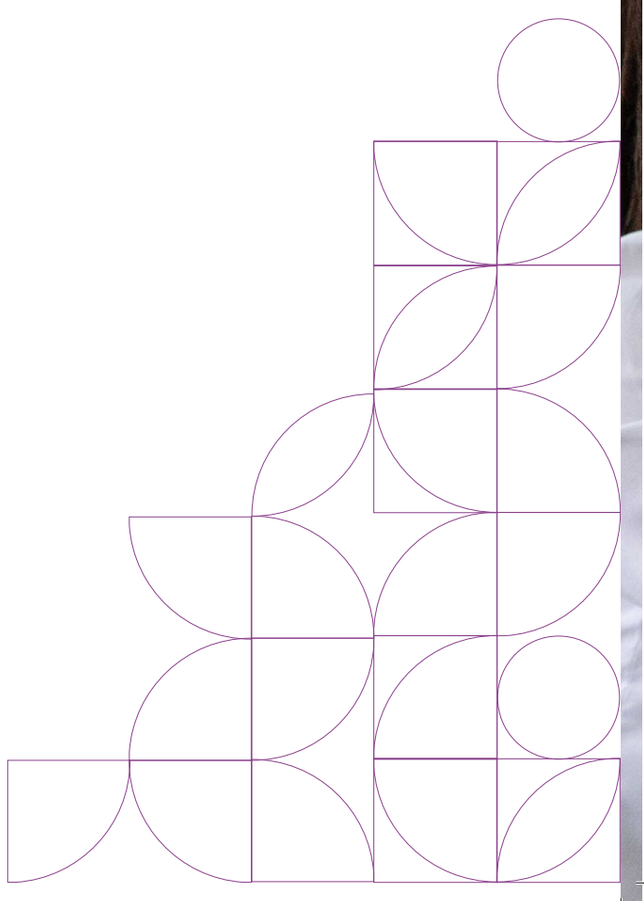


Photo: UNFPA Republic of Moldova/Cristina Roșca

INTRODUCTION AND OBJECTIVES

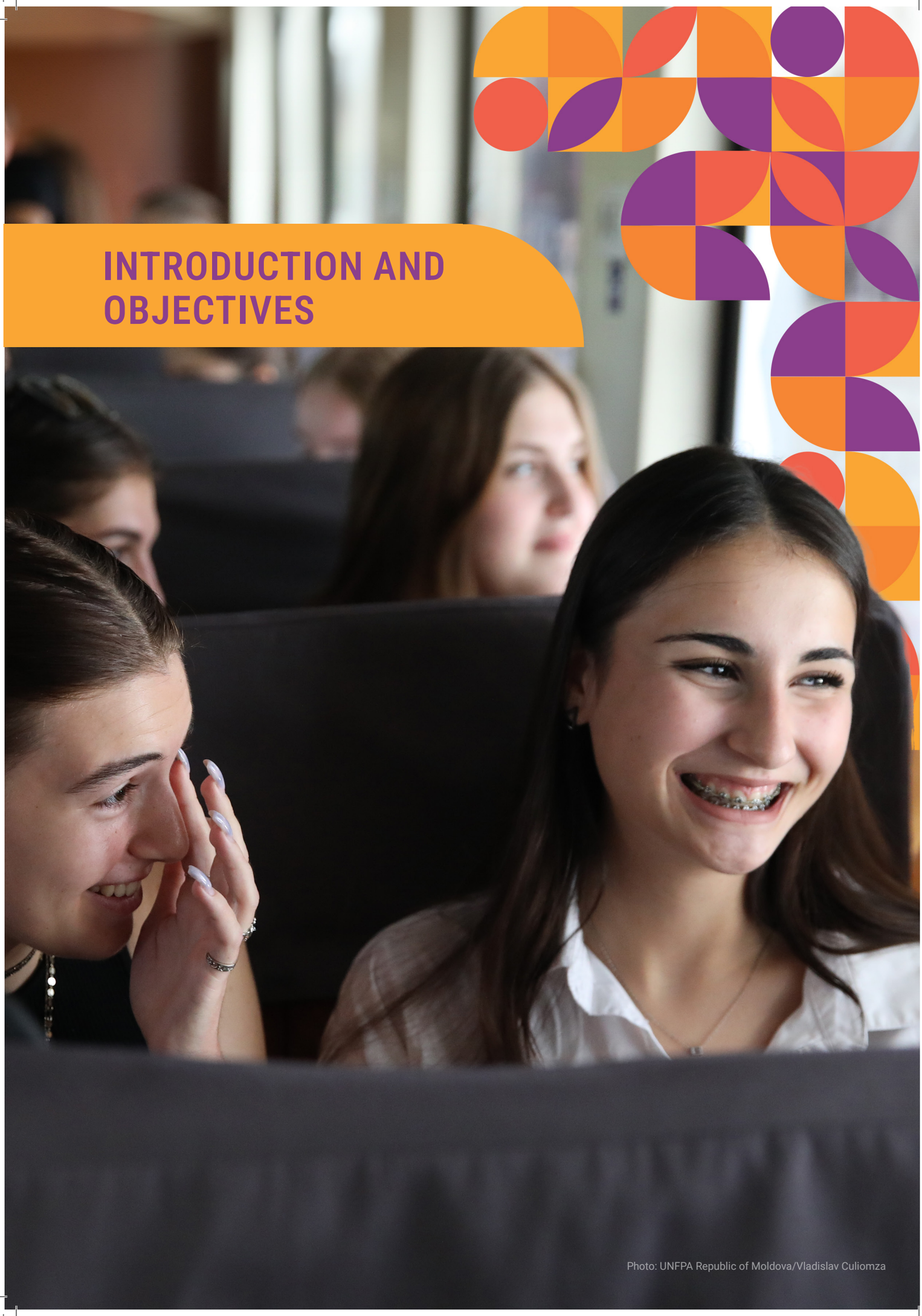


Photo: UNFPA Republic of Moldova/Vladislav Culiomza

In the Republic of Moldova, one in six people is a young person between 10 and 24 years of age (16.82 per cent of the total population), and 1 in 11 people is an adolescent between 10 and 19 years of age (10.99 per cent of the total population).[5]

Socioeconomic and demographic changes in the Republic of Moldova, as well as in other countries in the region, have created more opportunities and options for young people while imposing certain challenges at the same time. To overcome these challenges, young people have to adapt to a rapidly and continuously changing socioeconomic and cultural environment, develop resilience and prepare themselves for life. In this context, favourable conditions for the development of the young generation play a key role.

An analysis of key indicators of the sexual and reproductive health of adolescents and young people in the Republic of Moldova shows a lack of clear improvement trends in recent years on some components, such as the incidence of HIV and gender-based violence (GBV). The adolescent pregnancy rate, although about 25 per cent lower in the last 4–5 years, remains one of the highest in the European region (26.2 births per 1,000 women 15–19 years of age in the Republic of Moldova,[6] versus 9 births per 1,000 women in the same age group in the European Union[7]). Adolescents and young people become even more vulnerable due to poverty, a lack of parental supervision because of a high level of migration, the widespread phenomenon of domestic violence, and limited access to quality sexual and reproductive health services, especially for rural youth.

Access to comprehensive sexuality education is one of the fundamental rights in the field of SRH and plays an important role in adolescents' safe and healthy transition from childhood to adulthood. In recent years, many actions have been carried out in the Republic of Moldova to develop comprehensive health education programmes, in both the compulsory and optional school curricula.

According to data provided by the Ministry of Education and Research (MER), topics related to sexuality education were integrated into three compulsory subjects in general education:

- Personal development – a new subject introduced in the compulsory curriculum in 2018 for grades 1–12. Elements of sexuality education are included in two out of five modules.
- Biology – revised in 2019. With support from UNFPA, a new module that integrates sexuality education, called "The human body and health", was introduced for grades 6–9.
- Education for society – introduced in 2018 for grades 5–12. It includes some elements related to personal development, values and human rights, as well as attitudes of tolerance and respect.

Similarly, these topics are addressed in some optional subjects. Sexuality education is addressed in a more complex manner in the optional subject of health education, which was revised in 2019 with UNFPA support, and is addressed to some extent in the optional subjects of education for human rights and democratic citizenship as well as gender equity and equal opportunities education, etc.

5. Republic of Moldova, National Bureau of Statistics, Statistical Databank. Available at http://statbank.statistica.md (accessed on 22 December 2022).
6. Biroul National de Statistica, Banca de date statistice Moldova, "Fertilitatea feminina pe grupe de virsta a mamei, pe medii, 2014-2021", 2021. Available at https://statbank.statistica.md/PxWeb/pxweb/ro/20%20Populatia%20si%20procesele%20demografice/20%20Populatia%20si%20procesele%20demografice__POPrec__POP030/POP032100rcl.px/?rxid=b2ff27d7-0b96-43c9-934b-42e1a2a9a774 (accessed on 22 December 2022).
7. The World Bank, "Adolescent fertility rate (births per 1,000 women ages 15-19) – European Union", 2020. Available at https://data.worldbank.org/indicator/SP.ADO.TFRT?locations=EU (accessed on 22 December 2022).

Thanks to important steps in introducing sexuality education in the school curriculum in the last few years, the need arose to analyse how the current compulsory curriculum integrates sexuality education and to what extent it is aligned with international standards on comprehensive sexuality education.[8] Thus, an analysis of CSE based on SERAT was conducted in 2021, and the results are presented in this report.

To observe progress, the results were compared with the SERAT-based analysis of CSE conducted in 2017 in the Republic of Moldova.[9]

The 2021 assessment had the following objectives:

- to review the compulsory sexuality education curriculum based on international evidence and standards
- to assess the strengths and weaknesses of existing curricula and use this information to contribute to further improvement of the curricula
- to assess the relevance of programmes in the health, education, gender, legal and policy context
- to assess changes in the alignment of the existing school curriculum compared with the SERAT baseline review conducted in 2017
- to stimulate debate and strengthen advocacy efforts by producing evidence-based data on CSE in the country

8. United Nations Educational, Scientific and Cultural Organization (UNESCO) and others, *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach*, 2nd rev. ed. (Paris, UNESCO, 2018).
9. The results of the 2017 analysis were available to the authors but were never published.

METHODOLOGY

Photo: UNFPA Republic of Moldova/Adriana Bîzgu

The SERAT tool served as the methodological basis for this assessment.

Sources

The main source of data was the curriculum documents for compulsory subjects that contain elements of sexuality education, such us biology, personal development and education for society, as well as the early childhood and primary education curriculum. The situation in 2021 was analysed and compared with data accumulated in a similar exercise in 2017. Official statistics and research data as well as legislative and strategic documents in the field of health and education that regulate the provision of the right to comprehensive sexuality education were also analysed. These data were complemented by the opinions of relevant decision makers and of students.

SERAT

SERAT is an Excel-based tool that helps to collect data on school-based sexuality education programmes, and to encourage reflection and discussions about programmes' strengths and areas for improvement. The results of the analysis are presented in bar charts that SERAT creates automatically to enable an immediate analysis of a programme's strengths and weaknesses. The tool also helps to assess the relevance of a sexuality education programme in relation to the national context and sexual and reproductive health priorities.

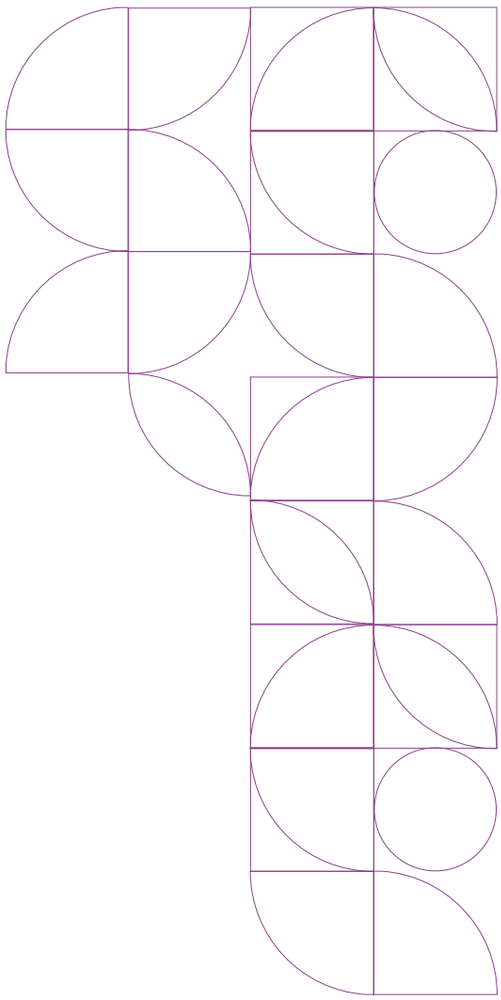
SERAT is based on international evidence and good practice related to the development and content of effective CSE programmes. The main source material is the publication *International Technical Guidance on Sexuality Education*, which was revised in 2018 through an in-depth consultative process with experts from around the world. Improvements and updates were made based on new evidence and documented good practices from around the world.

SERAT is designed to evaluate sexuality education programmes in primary and secondary schools, particularly at the national level, although it can also be applied at the regional or district level.

Procedure

The assessment process consisted of several stages and components:

- participation in an orientation workshop and mentoring meetings with an international expert from the German Federal Centre for Health Education and UNFPA
- identification and review of source materials: review of relevant legal and regulatory frameworks, statistics, research in the field and curricula, as outlined above
- completion of the SERAT Excel sheet with the required data
- development of semi-structured questionnaires for decision makers and adolescent students based on the SERAT tool



- completion of an online questionnaire by eight representatives of the Ministry of Education and Research, university lecturers, teachers of biology and personal development, and other individuals who were part of the administration of educational institutions regarding the measurement of the alignment of existing programmes in the compulsory school curriculum (within the subjects of biology and personal development) with international CSE standards
- completion of an online questionnaire by 74 middle and high school students from all regions of the country on how sexuality education topics are currently taught in schools, especially through the compulsory subjects of biology and personal development
- organization of a data consultation and validation workshop[10]
- preparation of the report

The assessment process was carried out under the limitations imposed by two consecutive crises: data collection took place during the peak of the last wave of COVD-19, which limited the researchers' ability to enter general education institutions and to collect data at an in-person workshop; the active involvement of decision makers and adolescents, all exhausted at this stage from online events and evaluations, was also limited.

The report was finalized and the next steps determined in the context of the crisis induced by the war in Ukraine, a neighbouring country, which forced the national experts to adapt all their activities to the new challenges and pressing tasks that arose, which delayed finalization of the report.

10. The results obtained were validated on 23 December 2021 during a workshop for representatives of UNFPA and the MER as well as experts involved in the evaluation. Following the workshop, the SERAT Excel sheet was completed based on the opinions presented.

RESULTS

Photo: UNFPA Republic of Moldova/Vladislav Culiomza

Education and public health data

Education

In the context of demographic changes related to population ageing and intense migration processes, the number of children and adolescents of school age as well as the number of general education institutions in the Republic of Moldova have been continuously decreasing in recent decades.

According to the National Bureau of Statistics, at the beginning of the 2021/22 school year, 336,700 pupils were enrolled in primary and general secondary education; 80.6 per cent of them were studying in Romanian; 19.3 per cent, in Russian; and 0.1 per cent, in other languages (Bulgarian and English); 50.7 per cent of pupils were boys, and 49.3 per cent were girls; 54.2 per cent of pupils were studying in urban areas and 45.8 per cent in rural areas.[11] Overall, 1,231 schools (99 primary schools, 786 lower secondary schools, 338 upper secondary schools, and 8 schools for children with intellectual or physical developmental disabilities[12]) were operating. The primary school enrolment rate is 108 per cent, the lower secondary school enrolment rate is 105 per cent, and the upper secondary school enrolment rate is 82.4 per cent.[13]

The Republic of Moldova largely follows the levels of educational programmes according to the International Standard Classification of Education (ISCED) 2011,[14] and the theoretical age groups according to ISCED 2011 educational levels are as follows:

- early childhood education (level 01): ages 0–2
- preschool education (level 02): ages 3–6
- primary education (level 1): primary school, covering grades 1–4, ages 7–10
- lower secondary education (level 2): secondary school (called gymnasium in the Republic of Moldova), covering grades 5–9, ages 11–15
- upper secondary education (level 3): high school (called lyceum in the Republic of Moldova), covering grades 10–12, ages 16–18
- tertiary education (levels 5–8): ages 19–23

HIV and the other sexually transmitted infections (STIs)

At the beginning of 2022, 15,128 cases of HIV were registered in the Republic of Moldova. During 2021, 797 new cases were confirmed, compared with 567 infections detected in 2020.[15] In 2021, HIV prevalence in the Republic of Moldova was 0.8%, having increased from 0.3% in 2002, growing at an average annual rate of 5.75%.[16]

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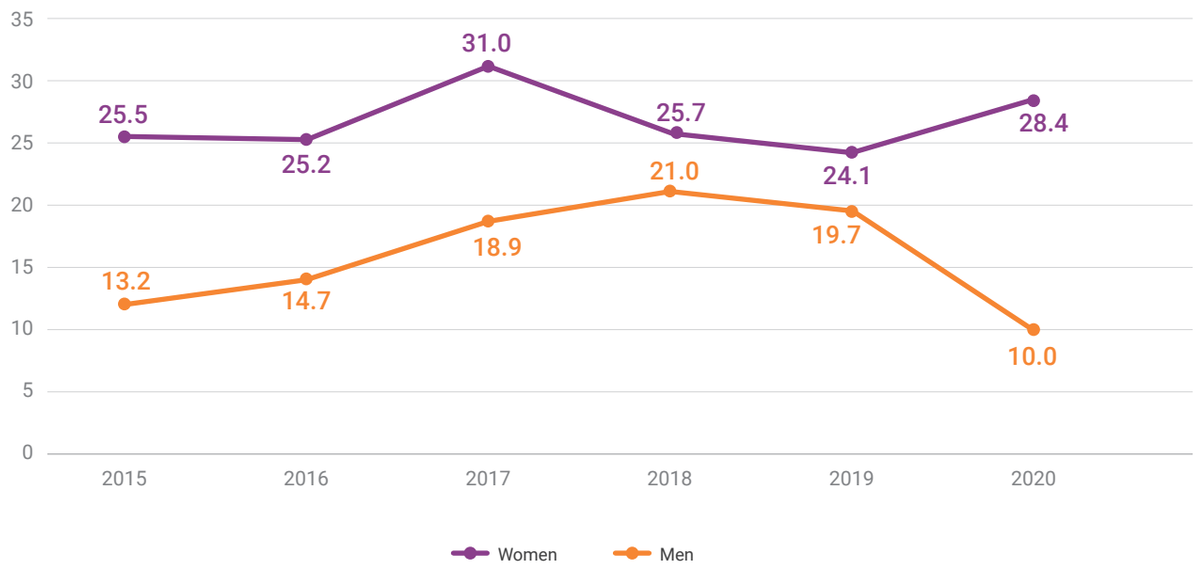
11. Biroul Național de Statistică al Republicii Moldova, "Activitatea instituțiilor de învățământ primar și secundar generalîn anul de studii 2021/22", 23 decembrie 2021. Available at https://statistica.gov.md/ro/activitatea-institutiilor-de-invatamant-primar-si-secundar-general-in-anul-de-st-9454_49921.html (accessed on 6 August 2023).
12. Ibid.
13. Ibid.
14. UNESCO Institute for Statistics, *International Standard Classification of Education: ISCED 2011* (Montreal, 2012). Available at http://uis.unesco.org/sites/default/files/documents/international-standard-classification-of-education-isced-2011-en.pdf (accessed on 30 April 2023).
15. Republica Moldova, Agenția Națională pentru Sănătate Publică (ANSP), "Situația epidemiologică prin infecția JIIV, măsurile de control și răspuns anul 2021", 25 martie 2022. Available at https://ansp.md/situatia-epidemiologica-prin-infectia-cu-hiv-masurile-de-control-si-raspuns-anul-2021/ (accessed on 16 October 2023).
16. Knoema, World Data Atlas, "Republic of Moldova - prevalence of HIV as a share of population aged 15-49". Available at https://knoema.com/atlas/Republic-of-Moldova/HIV-prevalence (accessed on 16 October 2023).

Heterosexual sex was responsible for transmission in 90.30 per cent of cases; homosexual sex, in 4.18 per cent of cases; drug use, in 3.08 per cent of cases; and mother-to-child transmission, in 2.42 per cent of cases. In 2020, the incidence of HIV infection per 100,000 population was about 17 cases. There was a reduction in the incidence of HIV infection in rural areas, from 22 cases per 100,000 in 2019 to 17 in 2020, and in urban localities from 24 cases per 100,000 in 2019 to 16 in 2020.[17]

According to the National Bureau of Statistics, the incidence of HIV among young people aged 15–25 increased in recent years from 14.9 cases per 100,000 population in 2015 to 19 cases per 100,000 in 2020. Among girls aged 15–24, the number of new HIV cases has increased in recent years, while it has decreased among boys (Figure 1).[18]

Figure 1. HIV incidence per 100,000 inhabitants, by age and sex, 2015–2020



Source: National Bureau of Statistics.[19]

While HIV prevalence is low in the general population, it has been found to be higher among the key populations at higher risk of HIV, including people who inject drugs, female sex workers, men who have sex with men, and prisoners.[20]

HIV bio-behavioural research (2020) and research on allocating resource efficiency and investment in HIV response (2019) showed a worrying increase in the HIV burden among men who have sex with men, which

17. Republica Moldova, Ministra Sănătății, "Ziua Mondială de combatere a SIDA: Doar testează-te!", 1 decembrie 2021. Available at https://ms.gov.md/comunicare/comunicate/ziua-mondiala-de-combatere-a-sida-doar-testeaza-te/ (accessed on 15 October 2023).
18. Biroul National de Statistica al Republicii Moldova, Banca de date statistice Moldova, "Morbiditatea populatiei prin boli venerice, pe sexe si grupe de virsta, 2014-2021". Available at https://statbank.statistica.md/PxWeb/pxweb/ro/30%20Statistica%20sociala/30%20Statistica%20sociala__08%20SAN__SAN020/SAN021200rcl.px/?rxid=2345d98a-890b-4459-bb1f-9b565f99b3b9 (accessed on 30 December 2022).
19. All of the figures in this report that list the National Bureau of Statistics as the source are compiled from information available at https://statbank.statistica.md/.
20. Lurie Climasevschii and others, *Integrated Biological-Behavioral Surveillance Survey among Female Sex Workers, People Who Inject Drugs and Men Who Have Sex with Men in the Republic of Moldova* (Chisinau, UNAIDS Moldova and WHO Country Office in the Republic of Moldova, 2020). Available at https://sdmc.md/wp-content/uploads/2020/12/IBBS_REPORT_MD_2020_FINAL_eng.pdf (accessed on 12 July 2023).

increased from 0.9 per cent in 2013 to over 11.0 per cent in 2020, in contrast to the other groups at higher risk of infection, where the burden decreased from over 20.0 per cent (weighted average) in 2016 to 11.0 per cent (weighted average) in 2020.[21]

The number of cases of STIs among adolescents has decreased markedly in recent years: the number of new cases of syphilis decreased by more than 50 per cent among 15–19-year-olds, from 206 cases in 2015 to 101 in 2020, and cases of gonorrhoea among 18–19-year-olds decreased from 86 cases in 2015 to 41 new cases in 2020.[22] The same trend has also been confirmed by an analysis of morbidity per 100,000 population of 15–19-years-olds (Table 1).

Table 1. Population morbidity due to STIs, per 100,000 adolescents, Republic of Moldova, 2015–2020

Age (in years)	Gender	Syphilis						Gonorrhoea					
		2015	2016	2017	2018	2019	2020	2015	2016	2017	2018	2019	2020
15–17	Both	95.5	79.4	60.2	65.8	69.4	43.1	0	25.0	40.9	27.0	0	0
	Men	38.0	31.7	28.6	31.8	23.2	21.0	0	0	68.3	40.9	0	0
	Women	156.4	130.2	93.9	102.1	118.7	66.5	0	0	11.7	12.2	17.3	0
18–19	Both	151.2	151.7	162.2	148.9	136.1	122.9	115.0	103.1	95.0	101.6	136.1	77.5
	Men	123.5	126.3	98.9	123.2	67.1	113.7	191.8	166.5	172.3	181.4	229.5	121.0
	Women	179.9	178.5	229.0	175.9	209.0	132.7	35.4	36.3	13.5	17.9	37.3	31.2

Source: National Bureau of Statistics.

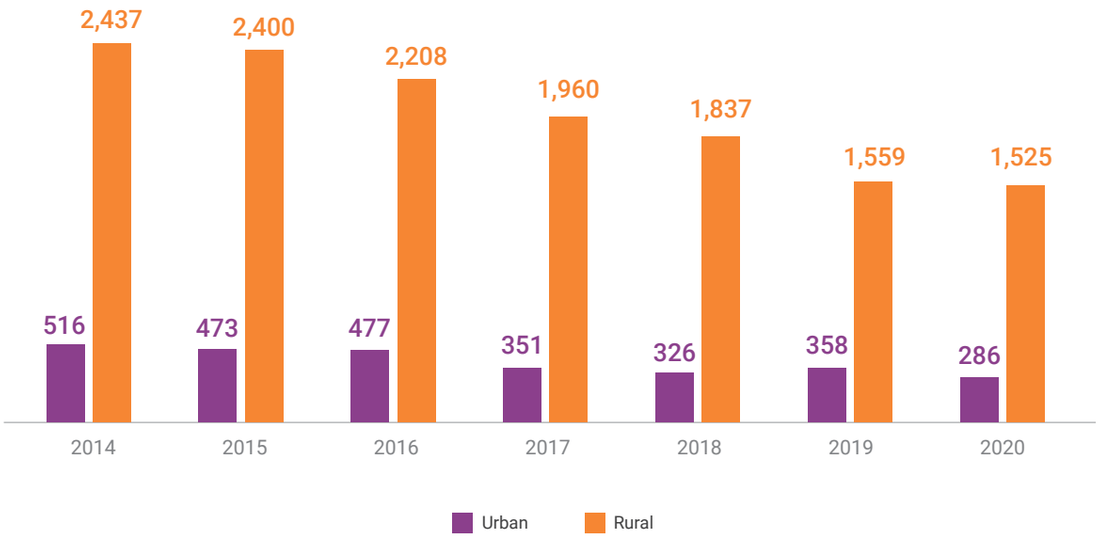
Even though the trends are positive, the Republic of Moldova continues to have one of the highest levels of HIV/STIs among countries in Central Asia and Eastern Europe.[23]

Adolescent pregnancy

The adolescent birth rate (SDG indicator 3.7.2) remains high (26.2 children per 1,000 women aged 15–19 in 2021). However, there has been a steady decline over the last 5–6 years.[24] Young women in rural areas give birth at a younger age than those in urban areas, and the number of adolescent mothers in rural areas is 3–4 times higher than in urban areas. Continuing the trend from recent years, 8 out of 10 adolescents who became mothers in 2020 were from rural areas, a trend that has continued over time (Figure 2).

21. Guvernul Republicii Moldova, "Cercetarea bio-comportamentală HIV de generația a doua în GRSI", 2020. Available at https://cancelaria.gov.md/sites/default/files/document/attachments/954-msmps.pdf (accessed on 30 April 2023); Climasevschii and others, *Integrated Biological-Behavioral Surveillance Survey among Female Sex Workers, People Who Inject Drugs and Men Who Have Sex with Men in the Republic of Moldova*.
22. Guvernul Republicii Moldova, "Cercetarea bio-comportamentală HIV de generația a doua în GRSI".
23. UNICEF, TransMonEE, "Indicator: estimated incidence rate among adolescents (10-19 years) - SDG 3.3.1". Available at https://wcmsprod.unicef.org/transmonee/database-explorer?auHash=OPP8Ye008Q1UynYiFyT03i7yO-Tv9FonqObeiGSHPEg&dq=.HVA_EPI_INF_RT_10-19....&startPeriod=2018&endPeriod=2023 (accessed on 16 October 2023).
24. Republic of Moldova, National Bureau of Statistics, Statistical Databank, "Age specific fertility rates by mother's age groups and by areas, 1980-2022". Available at http://statbank.statistica.md/PxWeb/pxweb/en/20%20Populatia%20si%20procesele%20demografice/20%20Populatia%20si%20procesele%20demografice__POP030/POP032100.px/table/tableViewLayout1/?rxid=9a62a0d7-86c4-45da-b7e4-fecc26003802 (accessed on 16 October 2023).

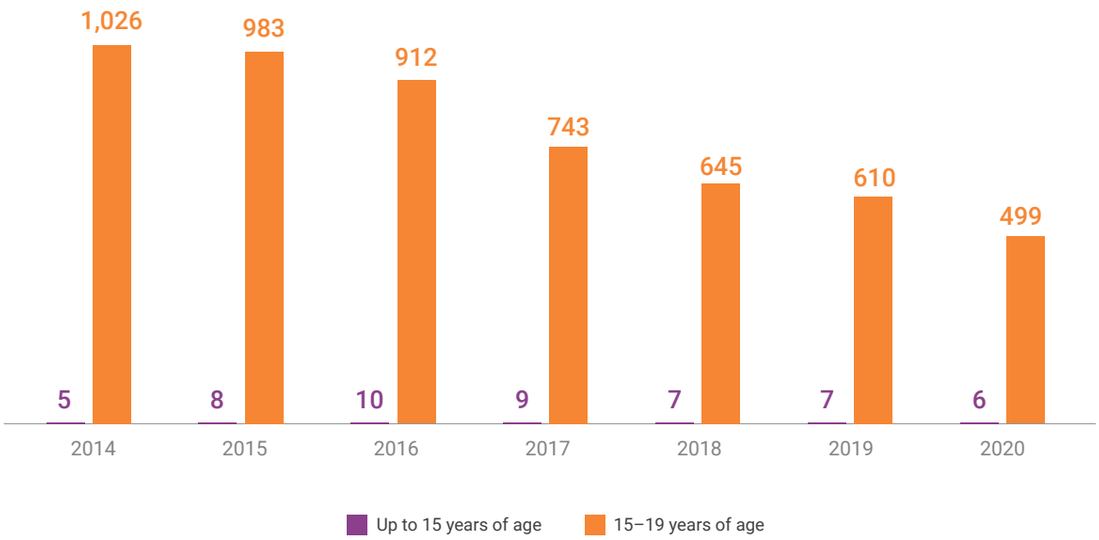
Figure 2. Live births to mothers under 20 in rural and urban areas of the Republic of Moldova, 2014–2020



Source: National Bureau of Statistics.

From 2014 to 2020, the number of abortions among adolescents aged 15–19 in the Republic of Moldova decreased by about 50 per cent, reaching 499 in 2020. Among adolescents under 15 years of age, between 5 and 10 abortions have been performed annually in recent years (Figure 3).

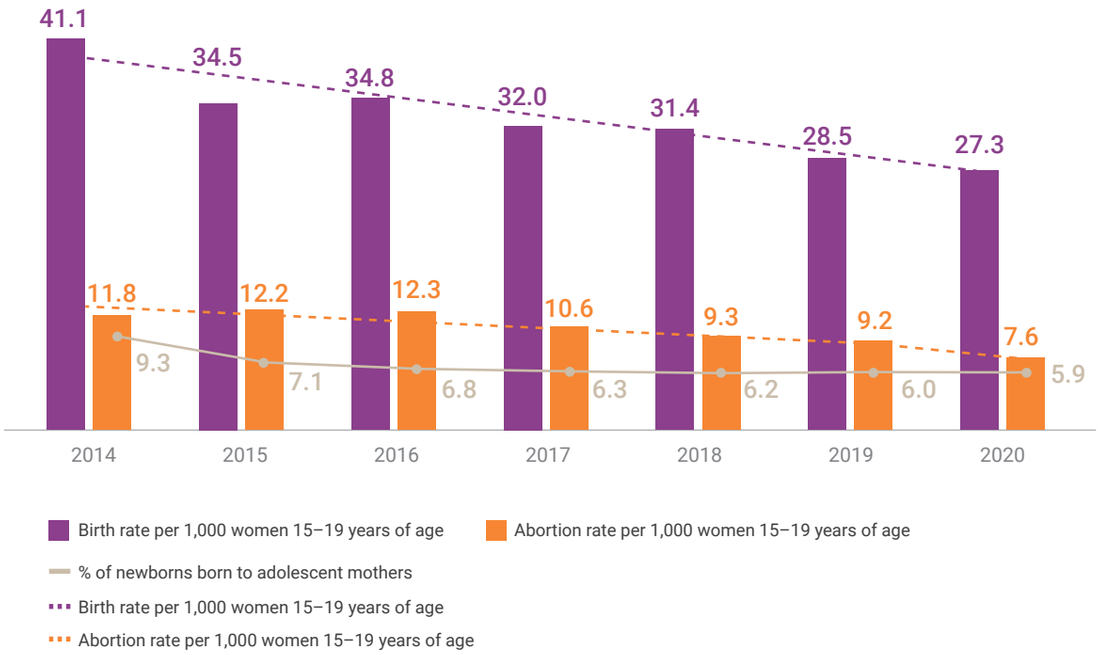
Figure 3. Number of abortions among adolescents, 2014–2020



Source: National Bureau of Statistics.

There has been a steady decline in the adolescent birth rate and abortion rate in recent years: in 2020, 27 out of every 1,000 girls aged 15–19 became mothers, down from 41 out of 1,000 in 2014, and 6 out of every 100 babies born were to adolescent mothers; 7 out of every 1,000 girls aged 15–19 terminated a pregnancy in 2020, a decrease from 9 out of 1,000 in 2014 (Figure 4).

Figure 4. Adolescent pregnancy in the Republic of Moldova, 2014–2020



Source: National Bureau of Statistics.

Although there has been a positive trend towards a decrease in the adolescent birth rate, it is three times higher than the average for the European region.[25]

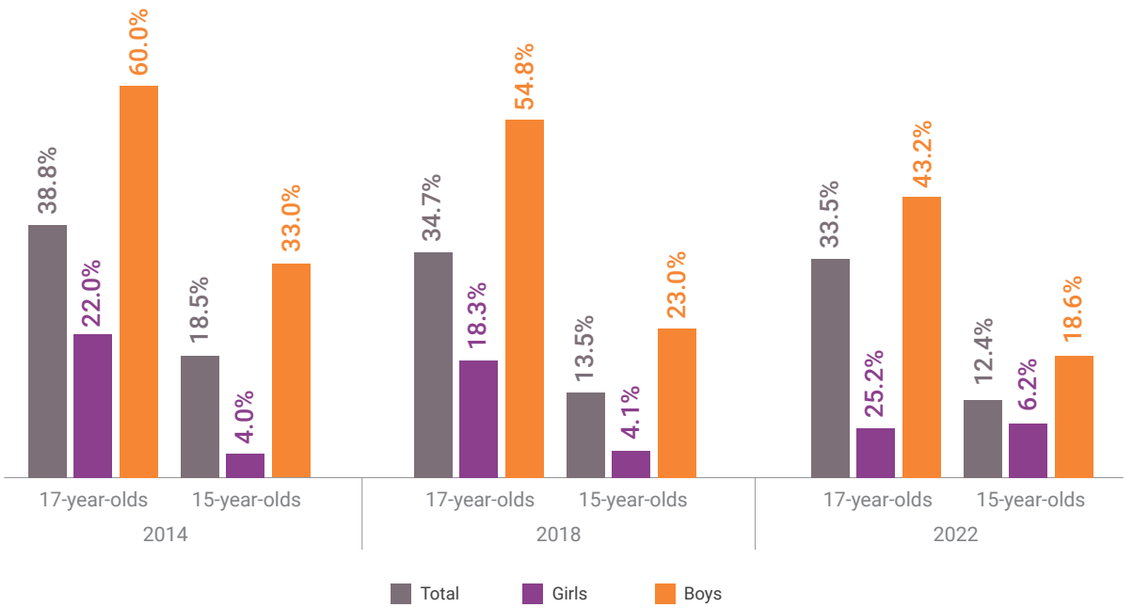
UNFPA's 2021 Generations and Gender survey reveals that, overall, 7.3 per cent of adolescent girls aged 15–19 in the Republic of Moldova indicated that they had given birth to at least one child (3.7 per cent in urban areas and 9.5 per cent in rural areas).[26] Half of the children born to adolescent mothers in 2020 were born out of wedlock, and the younger the mother, the more likely the child was to be born out of wedlock: fewer than half of 16-year-old mothers were married; 15 per cent of adolescent mothers who gave birth in 2020 had given birth at least once before.

25. Statista, "Adolescent fertility rate in Europe in 2019, by country", 18 November 2021. Available at https://www.statista.com/statistics/1268233/adolescent-fertility-rate-in-europe/ (accessed on 30 December 2022).
26. Fondul ONU pentru Populație (UNFPA) și alții, *Raportul Studiului "Generații și Gen" în Republica Moldova* (Chișinău, Institutul Național pentru Cercetări Economice, 2021). Available at https://moldova.unfpa.org/ro/publications/raportul-studiului-genera%C8%9Bii-%C8%99i-gen-%C3%AEn-republica-moldova (accessed on 23 December 2022).

Adolescent sexual behaviour

The available data show that in the Republic of Moldova, as in many countries in the region, fewer and fewer adolescents are engaging in sexual relations, but when they do, they continue to expose themselves to many risks, such as unplanned pregnancy and STIs due to unprotected sex. Some 12.4 per cent of 15-year-olds and 33.5 per cent of 17-year-olds reported in 2022 that they had had sexual intercourse (18.3 per cent and 38.8 per cent respectively in 2014) (Figure 5).

Figure 5. Proportion of adolescents who were sexually active, HBSC Moldova, 2014–2022



Source: Galina Leșco, "Comportamentele de sănătate a adolescenților în context de criză – conform datelor HBSC Moldova 2022", 18 mai 2023. Available at https://neovita.md/studii-si-cercetari/3336/ (accessed on 16 October 2023).

An analysis conducted by the Neovita National Resource Centre for Youth-Friendly Health Services and WHO suggests that adolescent girls who support the stereotype that "until marriage, girls must be virgins, and boys must have sexual experience" use condoms in relationships much less often than partners in relationships who do not support this attitude (20 per cent compared with 27 per cent, $p<0.05$).[27]

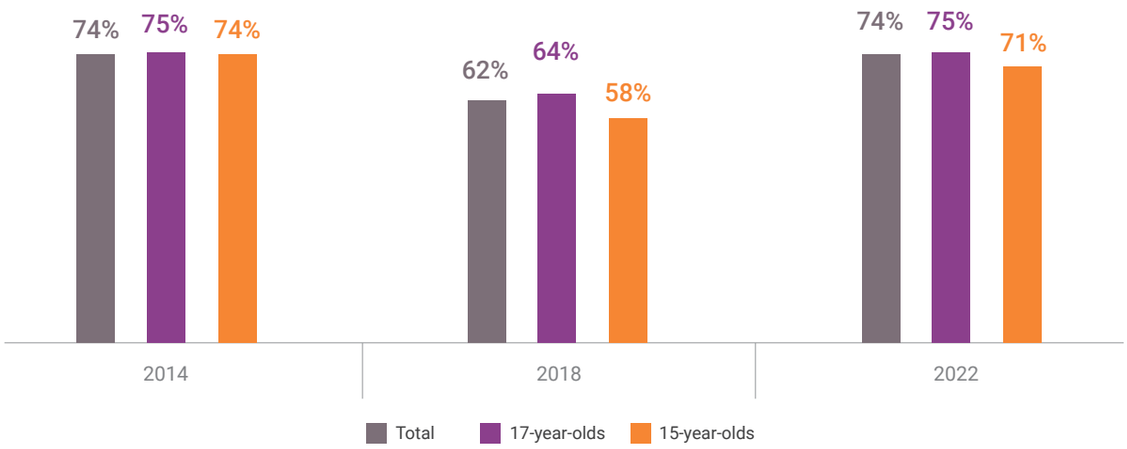
According to the same analysis, the first sexual experience of many adolescent girls is related to getting drunk, using drugs, spending the night out or being sexually abused or subjected to covert violence. A comparative analysis revealed that the age of a girl's first sexual experience correlated with the gynaecological age (VGi) of pregnant adolescents: the lower the VGi, the earlier the first sexual experience ($p<0.001$).[28]

27. Galina Leșco și alții, "În centrul atenției: sănătatea și dezvotlarea adolescenților din Republica Moldova în context internațional", NEOVITA - Centrul Național de Resurse și WHO Regional Office for Europe, 2020. Available at https://www.neovita.md/wp-content/uploads/2022/03/HBSC-Moldova.-Dinamica-2014-2018.-Moldova-in-context-international.pdf (accessed on 6 August 2023).
28. Ibid.

Contraception

In 2022, two thirds of sexually active 15-year-olds used a condom at last intercourse. This figure increased from 2018, when a gap in condom usage was identified, and returned to the level of 2014 (Figure 6).[29]

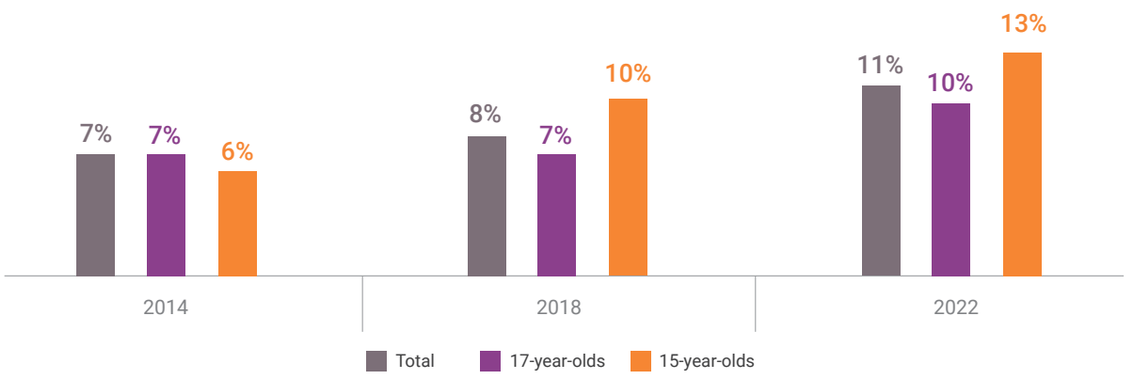
Figure 6. Proportion of sexually active adolescents who used a condom during their last instance of sexual intercourse, 2014–2022, HBSC Moldova



Source: Galina Leșco, "Comportamentele de sănătate a adolescenților în context de criză – conform datelor HBSC Moldova 2022", 18 mai 2023. Available at https://neovita.md/studii-si-cercetari/3336/ (accessed on 16 October 2023).

At the same time, the proportion of sexually active adolescents using contraceptive pills has progressively increased, especially in the 15-year-old age group, from 6 per cent in 2014 to 13 per cent in 2022 (Figure 7).

Figure 7. Proportion of sexually active adolescents who used contraceptive pills during their last instance of sexual intercourse, 2014–2022, HBSC Moldova



Source: Galina Leșco, "Comportamentele de sănătate a adolescenților în context de criză – conform datelor HBSC Moldova 2022", 18 mai 2023. Available at https://neovita.md/studii-si-cercetari/3336/ (accessed on 16 October 2023).

29. Ibid.

Similarly, the available data suggest that adolescent couples in which the partners are close in age (within 2–3 years of each other) use contraception more often than adolescent couples in which the girl's partner is more than five years older than her; in the latter case, the girl is often manipulated by her partner, which results in an unintended pregnancy.[30]

According to the Generations and Gender survey, 16.8 per cent of adolescents aged 15–19 used modern methods of contraception, and 3.5 per cent of the same age group had an unmet need for family planning and unmet demand for family planning using modern methods of contraception.[31]

Early marriage

According to the National Bureau of Statistics, young women marry earlier than young men. In 2021, some 22,500 marriages were registered. There were some 15,600 first marriages, the vast majority (90 per cent) of which involved young people aged 16–34.[32] Most men who got married in 2021 were in the 25–29 age group (43.8 per cent), and most women who got married were in the 20–24 age group (46.7 per cent). Men married for the first time at the age of 29, on average; women, at the age of 26, on average.[33]

No marriages involving adolescents under 16 years of age were registered from 2015 to 2020. Also, the number of registered marriages among 16-year-olds (all girls) decreased by almost 50 per cent in this period, from 42 cases in 2015 to 23 cases in 2020. Overall, the number of marriages involving adolescents aged 16–18 decreased by one third between 2015 and 2020, from 762 girls and 33 boys in 2015 to 482 and 23 respectively in 2020. Two thirds of the girls were from rural areas.[34]

Gender-based violence

Gender-based violence is a widespread phenomenon among adolescents and young people in the Republic of Moldova. According to data from a 2019 study on violence against children and young people in the Republic of Moldova, 14 per cent of girls and 5 per cent of boys aged 18–24 had been subjected to sexual violence by the age of 18. For 75 per cent of the girls and 90 per cent of the boys, the perpetrators were individuals known to them. In the case of 15.2 per cent of the girls and 9.6 per cent of the boys, the perpetrator was their then-current spouse or a former cohabiting lover, boyfriend, girlfriend or romantic partner.[35]

According to the same study, although more than half of young people had experienced sexual violence, only a very small proportion (2–5 per cent) sought assistance. The 18–24-year-olds reasoned that they did not seek assistance because they did not think the violence was a problem and they were ashamed of

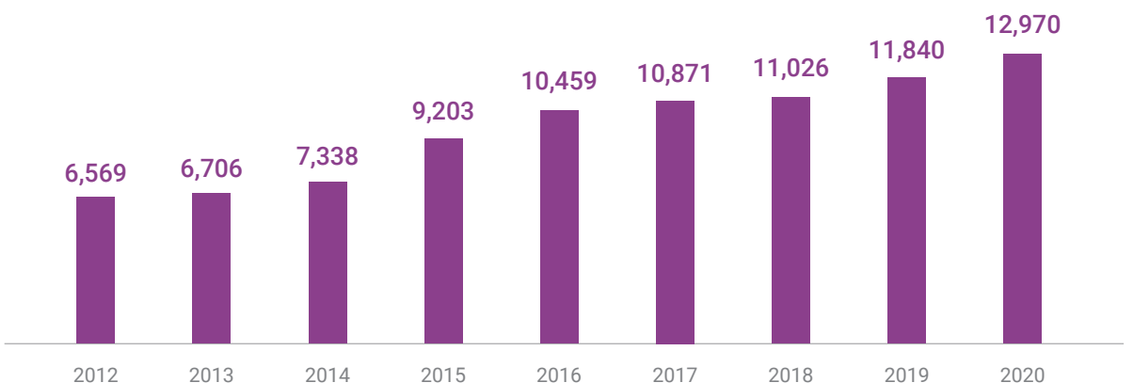
30. Unpublished data from the 2022 Health Behaviour in School-aged Children (HBSC) study in the Republic of Moldova, gathered by the author.
31. UNFPA și alții, *Raportul Studiului "Generații și Gen" în Republica Moldova*.
32. The minimum age of marriage is 18 for both women and men (Family Code, Article 13). Nonetheless, Article 14(1) of the Family Code was amended in 2015 to permit marriage, with good reason, up to two years earlier, at the discretion of the relevant local public administration and with the consent of the minor's parents.
33. Biroul National de Statistica al Republicii Moldova, "Tinerii în Republica Moldova în anul 2021", 11 august 2022. Available at https://statistica.gov.md/ro/tinerii-in-republica-moldova-in-anul-2021-9578_59664.html (accessed on 16 October 2023).
34. These data were provided by the National Bureau of Statistics but are no longer available on the Bureau's website.
35. Republica Moldova, Ministerul Sănătății, Muncii și Protecţiei Sociale, *Violența împotriva copiilor și tinerilor în Republica Moldova: constatările unui sondaj național, 2019* (Chișinău, 2020). Available at https://msmps.gov.md/wp-content/uploads/2020/08/OIM_MoldovaVACS2019_RO_interactive.pdf (accessed on 23 December 2022).

themselves and their loved ones. Those aged 13–17 did not want to tell anyone and, similarly, did not think it was a problem.[36]

An analysis of the complaints submitted to law enforcement agencies leads us to assume that awareness and intolerance of violence have increased in recent years.

With reference to the reporting of suspected cases of domestic violence, it should be noted that, during 2020, the police registered 12,970 referrals (twice as many as in 2012) regarding other information on crimes and incidents concerning conflicts in family relationships, 1,408 of which were referrals by a sector officer (Figure 8).[37]

Figure 8. Number of domestic violence referrals, 2012–2020



Source: Republica Moldova, Ministerul Sănătății, Muncii și Protecției Sociale, *Raportul pentru anul 2020 cu privire la violența în familie și violența față de femei* (Chișinău, 2021), p. 28.

The analysis of gender-based crimes committed by aggressors within the family shows that in 2020, 766 women, including 158 women with children, were survivors of violence. During the same period, there were 34 child survivors of domestic violence and 86 adult male survivors. The violence was perpetrated by 786 men and 111 women.[38]

Analysing the relevant SRH indicators for adolescents and young people, we can, on the one hand, mention some positive trends, such as the reduction in adolescent pregnancies, STIs and the number of underage marriages. At the same time, even with the decreasing adolescent pregnancy rate, STI morbidity remains at a high level, and the incidence of HIV is increasing, especially among groups at higher risk of infection and their partners. The phenomenon of gender-based violence is widespread among young people and largely influenced by gender stereotypes. School health services are not currently able to provide SRH services to students. The development of youth-friendly health services has been instrumental in improving some SRH indicators among adolescents and young people, as has the increased volume of informational and educational activities provided in schools and beyond in recent years.

36. Ibid.
37. Republica Moldova, Ministerul Sănătății, Muncii și Protecției Sociale, *Raportul pentru anul 2020 cu privire la violența în familie și violența față de femei* (Chișinău, 2021). Available at Raport-2020-privind-violența-în-familie-și-față-de-femei.pdf (accessed on 23 December 2022).
38. Ibid.

Legal and policy context

Education policies and strategies

According to the Education Code of the Republic of Moldova,[39] the aim of school is "the formation of a personality with a spirit of initiative, capable of self-development, possessing not only a system of knowledge and skills necessary for employment in the labour market, but also independence of opinion and action, being open to intercultural dialogue in the context of national and universally assumed values".

The missions of education set out in the Education Code are as follows: "meeting the educational needs of the individual and society"; "developing human potential to ensure quality of life, sustainable growth of the economy and the well-being of the people"; "developing national culture"; "promoting intercultural dialogue, spirit of tolerance, non-discrimination and social inclusion"; and "facilitating the reconciliation of work and family life for men and women".

According to the Ministry of Education and Research, its priorities also include "developing a culture of healthy lifestyles among pupils" and "ensuring a healthy, safe and protective educational environment for children". During the period of curriculum reform, in 2018–2019, in order to ensure a healthy environment for children's development, the Ministry contributed to the development of a culture of healthy lifestyles, focusing on one of the principles of building teaching support for students at all levels of education within school subjects oriented towards an interdisciplinary approach.

As a part of health education, sexuality education is provided in two ways: in compulsory subjects and through optional subjects in primary and general secondary education. Currently, according to MER data, subjects related to sexuality education are addressed to one extent or another in the following *compulsory subjects* as part of general education:

- personal development
- biology
- education for society

Similarly, these topics are addressed in *optional subjects* such as:

- health education (in a comprehensive way)
- education for human rights and democratic citizenship (some elements)
- education for gender equity and equal opportunities (some elements)
- moral and spiritual education, etc. (some elements)

There has also been a positive experience with the teaching of a compulsory subject on decision-making for a healthy lifestyle as part of technical vocational education in the Republic of Moldova. The influence of health education in shaping less risky and healthier behaviours among students has been clearly

39. Education Code of the Republic of Moldova, No. 152 of 17 July 2014. Available at https://www.legis.md/cautare/getResults?doc_id=133296&lang=ro# (accessed on 15 May 2022).

demonstrated.[40] The results of a study on knowledge, attitudes and practices regarding the health and life skills of students in vocational education and training indicated a clear positive trend among students who said that they had taken the course on decision-making for a healthy lifestyle. They generally showed a higher level of health literacy and safer behaviours.[41]

The Ministry of Education and Research has opted for health education in general education institutions in the Republic of Moldova, at an interdisciplinary and transdisciplinary level (through all school subjects) and emphasizes "the formation of a culture of healthy lifestyles among students", "ensuring a healthy, safe and protective educational environment for children",[42] as well as the professional development of teachers in the respective areas.

Legal framework

The legal framework in the Republic of Moldova provides strong support for the right to CSE, which is guaranteed by a set of provisions in the Law on Reproductive Health[43] and the Law on HIV/AIDS Prevention[44] as well as the National Programme on Sexual and Reproductive Health and Rights 2018–2021.[45] Moreover, the Education 2030 Development Strategy[46] includes for the first time access to sexuality education as part of the proposed objectives.

The Law on Reproductive Health stipulates access to sexuality in Article 6, on adolescents' SRH:

(2) Adolescents have the right to age-appropriate sexuality education to ensure correct psychosexual development, to prevent sexually transmitted infections and HIV/AIDS as well as unwanted pregnancy, and to develop responsible parenthood skills.

(3) Compulsory sexuality education and preparation for family life shall be carried out in educational institutions and in other institutions where adolescents or young people, including those with special needs, are present, following specially developed programmes, which are part of the compulsory curriculum of educational institutions, taking into account age, gender and the particularities of psychosexual development.

(4) The Ministry of Education and Research, in agreement with the Ministry of Health, is responsible for the development of age-appropriate sexuality education programmes for correct psychosexual development, prevention of sexually transmitted infections and HIV/AIDS as well as unintended pregnancy, and responsible parenthood.

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40. Galina Leșco, Andrei Luchian and Larisa Chirev, *Study to evaluate the knowledge, attitudes and practices regarding the health and life skills of students in vocational education and training in the Republic of Moldova: summary report* (Chisinau, UNFPA Moldova, 2021). Available at https://moldova.unfpa.org/sites/default/files/pub-pdf/study_to_evaluate_the_knowledge_attitudes_and_practices_regarding_the_health_and_life_skills_of_students_in_vocational_education_and_training_in_the_republic_of_moldova.pdf (accessed on 14 May 2022).
41. Ibid.
42. Interview with Mariana Goras, Deputy Chief of the General Education Department, Ministry of Education and Research.
43. Republic of Moldova, Law on Reproductive Health, No. 138 of 15 June 2012, *Official Gazette*, Nos. 205–207, article No. 673 (28 September 2012).
44. Republic of Moldova, Law on HIV/AIDS Prevention, No. 23 of 16 February 2007, *Official Gazette*, Nos. 54–56, article No. 250 (20 April 2007). Available at http://lex.justice.md/viewdoc.php?action=view&view=doc&id=323271&lang=1 (accessed on 23 December 2022).
45. National Programme on Sexual and Reproductive Health and Rights 2018–2021. Available at https://www.legis.md/cautare/getResults?doc_id=108813&lang=ro (accessed on 10 June 2022).
46. Education 2030 Development Strategy. Available at https://mecc.gov.md/ro/content/elaborarea-strategiei-de-dezvoltarea-educatiei-pentru-anii-2021-2030-educatia-2030 (accessed on 15 June 2022).

At the same time, the right to sexuality education is addressed in the Law on HIV/AIDS Prevention. Article 5, on education on HIV/AIDS prevention, states the following:

(1) The State is responsible, at the national level, for the development and implementation of educational programmes aimed at informing and educating children from the age of 12, adolescents and young people about responsible and harmless behaviour.

(2) HIV/AIDS prevention issues are included in the compulsory curriculum of secondary, secondary special, higher and post-university education, in formal and non-formal educational activities among institutionalized adolescents, young people with mental and physical disabilities, and armed forces personnel.[47]

(3) Training and promotion of responsible and harmless behaviours on HIV/AIDS prevention and information provision for out-of-school children are carried out in youth and children's centres and other social institutions.

(4) Ministries and other central administrative authorities and local government authorities are obliged to develop and implement measures to involve the population, the media, associations, and other organizations in educational programmes and to disseminate information about HIV/AIDS in health-care services, at work and at home.

(5) Education programmes are based on the principles of non-discrimination, promoting a tolerant attitude towards people living with HIV/AIDS, and respecting and guaranteeing their rights.

Article 6, on the family, children, young people, women and HIV/AIDS, states the following:[48]

(6) To reduce women's vulnerability to HIV infection, education and gender equality measures will be implemented through national and territorial programmes.

(7) Local government authorities, in partnership with civil society, will include, in territorial programmes for the prevention and control of HIV/AIDS and sexually transmitted infections, activities to strengthen the leadership and participation of women infected with / affected by HIV/AIDS in the decision-making process, as well as activities to assist and rehabilitate them through the development of social infrastructure in this area.

(8) Educational programmes will include information on HIV/AIDS, highlighting the combination of biological factors and gender inequalities that underpin women's specific vulnerability to HIV infection, comprehensive information on access to rehabilitation, support and counselling services, and options for reducing the risk of HIV transmission through post-exposure prophylaxis for victims of sexual violence.

47. Article 5(2) of Law No. 23 of 16 February 2007 on HIV/AIDS Prevention, amended by Law No. 76 of 12 April 2012, *Official Gazette*, No. 104–108 (1 June 2012).
48. Ibid, Article 6.

General objective No. 3 of the National Programme on Sexual and Reproductive Health and Rights 2018–2022 states the following: "To increase the level of education and information of the population of the Republic of Moldova on sexual and reproductive rights, their sexual and reproductive health and the services available in the field of sexual and reproductive health:

"a) specific objective 3.1. Ensure access for every person in the Republic of Moldova to health education programmes, including sexual and reproductive health education, adapted to the age and specific needs of vulnerable groups, including persons with disabilities, implemented in educational institutions through the compulsory curriculum and in the community;

"b) specific objective 3.2. Strengthen the role of public health institutions in informing and educating the population and beneficiaries on sexual and reproductive health;

"c) specific objective 3.3. Strengthen the role of the media in promoting sexual and reproductive health rights and services."

The Education 2030 Development Strategy and its programme of implementation aim to ensure access to sexuality education as part of specific objective 2.8, on ensuring the health education of children and young people on psychoemotional resilience, sexuality education and life skills development, especially for those from vulnerable families, at risk and/or those exhibiting deviant behaviour and those with special needs, so that up to 2030 the number of children and young people who demonstrate those skills should increase by at least 60 per cent.

The Strategy also provides an analysis of risky behaviours and evidence related to the sexual and reproductive health of young people and addresses the need for children and young people to develop life skills, build emotional resilience and improve their well-being by addressing gender-based violence as part of formal and non-formal education, etc.

A number of other laws address certain aspects of ensuring access to sex education, such as:

- The United Nations Convention on the Rights of the Child[49] (1989; the Republic of Moldova acceded to the Convention in 1993). According to the Convention, adolescents should be able to express their choices independently, access services and assert their rights. The Convention cites five general principles to guarantee the enjoyment of all rights:
  - Article 2: non-discrimination
  - Article 3: best interests
  - Article 6: right to life, survival and development
  - Article 12: participation and the right to express one's views freely (depending on the age and maturity of the child)
  - Article 24: right to health
- Law on Ensuring Equality[50]
- Law on Ensuring Equal Opportunities for Women and Men[51]

50. United Nations, *Treaty Series*, vol. 1577.
51. Republic of Moldova, Law on Ensuring Equality, No. 121 of 25 May 2012.
52. Republic of Moldova, Law on Ensuring Equal Opportunities for Women and Men, No. 5 of 9 February 2006.

- Criminal Code of the Republic of Moldova,[52] Articles 151–152 (serious or moderate intentional injury to body or health)
- Law on Preventing and Combating Domestic Violence[53]
- Family Code,[54] Title II, Marriage, Chapter 3, Conditions and Terms of Termination of Marriage, Article 14

The Republic of Moldova's accession to the UN 2030 Agenda for Sustainable Development, which includes a set of 17 Sustainable Development Goals (SDGs), required the establishment of national targets to be achieved through specific programmes and interventions. As a result, the national 2030 Agenda ensures the right to sexuality education under two SDGs and targets:

- Under SDG 3 ("Ensuring healthy lives and promoting well-being for all at all ages"), target 3.7 says, "By 2030, ensure universal access to sexual and reproductive health services, including family planning, information, and education".
- Under SDG 4 ("Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all"), target 4.7 says, "By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development and sustainable lifestyles, human rights, environmental protection, gender equality, a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development".

Links with services

The health services most accessible to pupils are school health services. In the Republic of Moldova, school health services are school-based: every school in the country has a medical office, and school-based health services (SHS) are provided by school nurses, who can be employed either permanently or part-time, depending on the number of pupils in the school.

According to information from the education sector, in 2022 976 nurses and 39 doctors were working in 943 general education institutions out of a total of 1,231 schools. The overall school-based health services coverage was 76.6 per cent.[55]

School-based health services in the Republic of Moldova are covered by the state budget through joint funding mechanisms with local authorities; there is no separate funding procedure for SHS. School nurses are in many cases employed part-time (25 per cent or 50 per cent of the number of hours covered by a full-time contract), with much lower pay than nurses from primary health care.[56]

The SHS regulation provides a description of service packages according to SHS quality standards: providing preventive services, health care and health education, and contributing to a safe school environment. Among the priority issues for SHS, those related to SRH as well as violence are some of the least addressed. School nurses do not have clear, approved protocols for addressing students' SRH in their work.

52. Republic of Moldova, Criminal Code of the Republic of Moldova, No. 985 of 18 April 2002.
53. Republic of Moldova, Law on Preventing and Combating Domestic Violence, No. 45 of 1 March 2007.
54. Republic of Moldova, Family Code, No. 1316 of 26 October 2000.
55. Information gathered by the author from the Ministry of Education and district departments of education during the sexuality education review and assessment.
56. Information gathered by the author from the Ministry of Education and district departments of education during the sexuality education review and assessment.

Decision makers who were interviewed mentioned that the level of involvement of school nurses is minimal and that there are few levers to motivate and involve them in the provision of family planning services. In some localities, school nurses are also employed on a cumulative basis at local health centres; in these cases, collaboration is more intense. These nurses engage more actively in counselling adolescents on contraceptive methods and health issues, including family planning, as well as providing referrals to their family doctor, family nurse practitioner or youth-friendly health centres in case of need.

School nurses, and schools in general, are working more and more actively with youth-friendly health services provided by the youth-friendly health centres network, which actively provides methodological support to school nurses and teachers in addressing adolescent health issues, including sexual and reproductive health. Similarly, youth-friendly health centres (YFHCs) complement existing school-based services by providing comprehensive adolescent health services, including SRH. According to the data provided by YFHCs, 29.0 per cent of young people aged 10–24 benefited from YFHC services in 2019, increasing to 38.8% per cent in 2022, the second year of the COVID-19 pandemic.[57]

We were also pleased that most of the teachers who teach biology and personal development classes mentioned in the evaluation that they enjoyed good collaboration with the YFHC network, where specialists from youth-friendly health centres come to visit some classes. One biology and personal development teacher said, “some schools collaborate with YFHCs, invite specialists to classes; there are modules on communication and relationships, safety” (biology and personal development teacher in an urban area).

Developing and expanding youth-friendly health services

In response to an analysis of the situation concerning the health and development of adolescents and young people in the Republic of Moldova and practices and evidence accumulated at the international and national level, and in an effort to act in the best interests of the child in health services, the Government of the Republic of Moldova established a network of 41 YFHCs covering every district and municipality in the country.

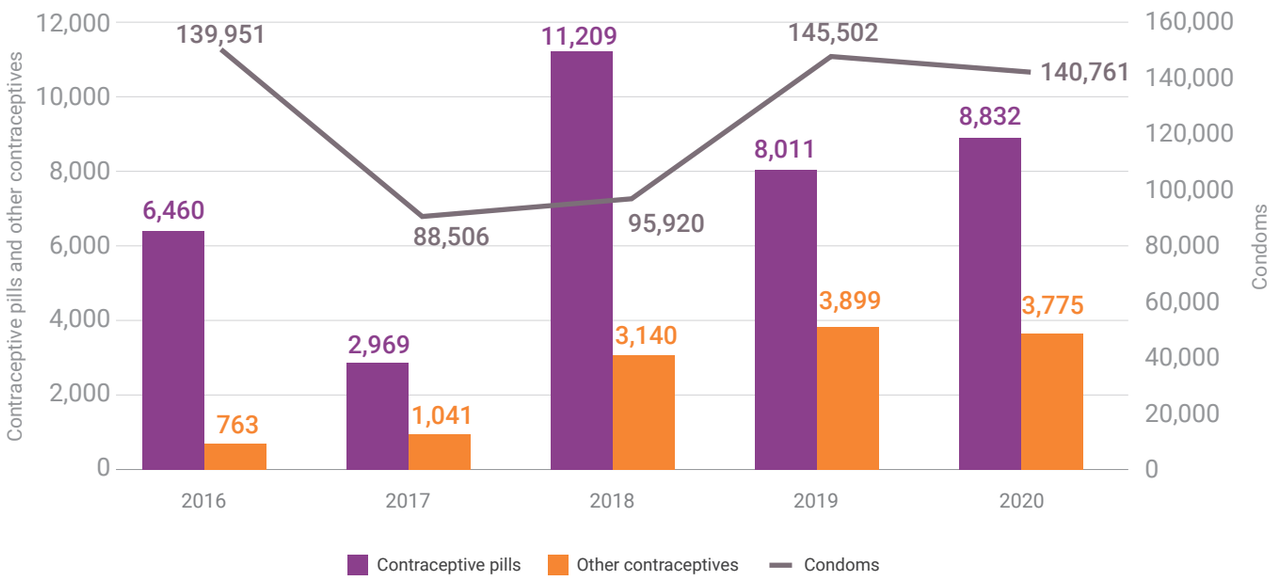
The main aim of the YFHCs is to improve the health of adolescents and young people and to create beneficial conditions for their development and social integration in the community by improving access to youth-friendly health services. One of the basic objectives of the YFHCs is to reduce the number of early and unintended pregnancies among young people.

To achieve this objective, the YFHCs organize mass, group and individual information activities, both in-person and remotely, on methods for preventing unintended pregnancy, family planning, the availability of family planning services, contraceptive counselling and the supply of contraceptive products at YFHCs, safe abortion services, counselling and psychosocial support for adolescents during pregnancy and after childbirth.

In 2016, in order to ensure that YFHCs are able to offer a package of services for the prevention of unintended pregnancy, YFHCs began procuring contraceptive supplies from their existing budgets, and since 2018 these supplies have been provided by the National Programme on Sexual and Reproductive Health and Rights, which has essentially improved the access of adolescents and young people to these products; the number of contraceptive pills distributed by YFHCs increased even during the first year of the pandemic (Figure 9).

57. NEOVITA - Centrul Național de Resurse, “Youth Klinic Moldova și-a îmbunătățit performanțele, în pofida dificultăților anului 2022”, 30 ianuarie 2023. Available at https://neovita.md/rapoarte-yk/reteaua-youth-klinic-moldova-si-imbunatatit-performantele-pofida-dificultatilor-anului-2022/ (accessed on 16 October 2023).

Figure 9. Contraceptive supplies distributed at YFHCs, 2016–2020



Source: Galina Lesco, "Menținerea serviciilor de sănătate esențiale în cadrul SSPT în perioada crizei pandemice", NEOVITA - Centrul Național de Resurse, 5 aprilie 2022.

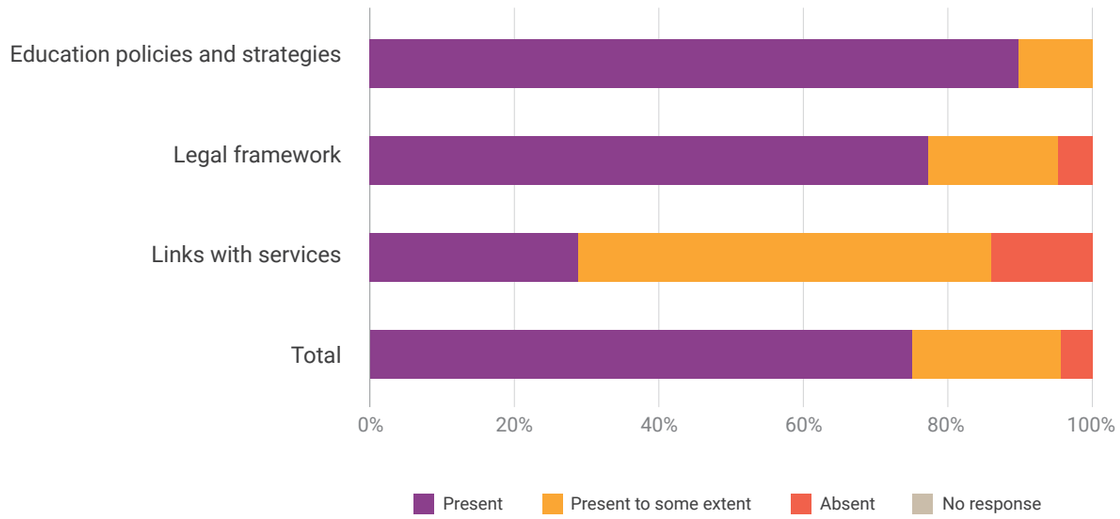
In 2020, the YFHC network provided around 106,000 adolescents and young people with information and conducted educational activities for them, including online.[58]

As was mentioned previously, from 2018 to 2022, the use of condoms and contraceptive pills among sexually active adolescent girls increased, and the rate of births and abortions among adolescents decreased.[59] These positive trends were the result of the introduction of more elements of sexuality education in the school curriculum and the activity of YFHCs in every district and municipality, where they provided extensive packages of services and information. In addition, increased collaboration between YFHCs and educational institutions and other community partners also had a positive impact on these trends.

The review of education policies, the legal framework and connections with health services found that the legal and political context largely corresponds to the SERAT criteria. The educational policies and strategies component covers 75 per cent of the SERAT criteria, and the legal framework component shows a positive result of around 80 per cent. A little weaker is the coverage of the connection with services, which exceeds 30 per cent, given the fact that there are limited possibilities in school health services to provide youth-friendly SRH services, etc. At the same time, the ministerial structure, policies and strategies for the education sector ultimately cover a proportion of about 90 per cent, in line with the criteria set by SERAT and international CSE standards (Figure 10).

58. This information comes from the YFHC's 2021 internal annual report submitted to the Ministry of Health.
59. Galina Lesco, "Menținerea serviciilor de sănătate esențiale în cadrul SSPT în perioada crizei pandemice", NEOVITA - Centrul Național de Resurse, 5 aprilie 2022. Available at https://neovita.md/rapoarte-yk/2662/ (accessed on 16 October 2023).

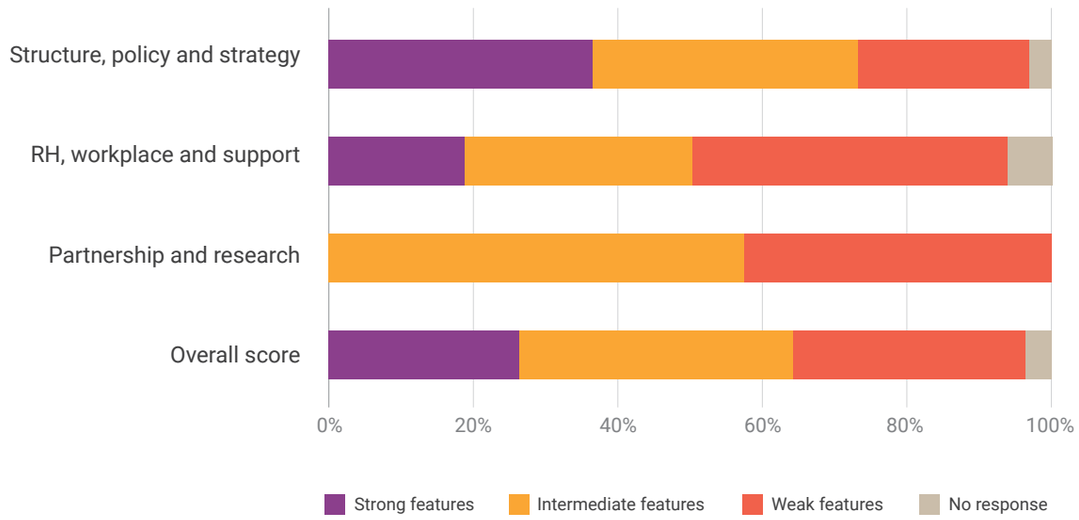
Figure 10. Legal and policy context, 2021



Source: Data collected through the SERAT tool.

At the same time, it should be noted that the alignment of the legal and policy context with the international criteria has improved a lot since the baseline SERAT survey in 2017, when it was around 26 per cent overall (Figure 11).

Figure 11. Institutional context, 2017



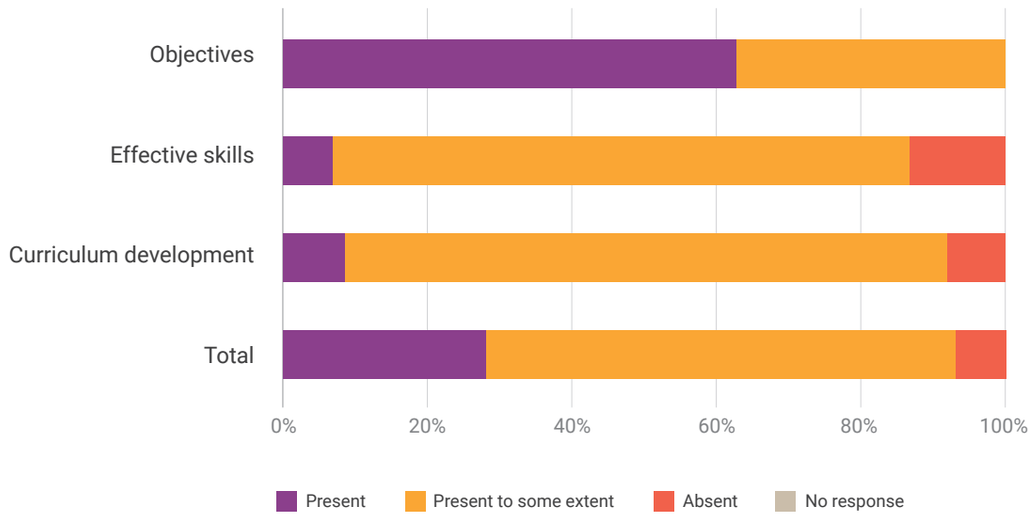
Source: Data collected through the SERAT tool.

This is primarily due to the curricular reform in 2018/2019, the approval of the National Programme on Sexual and Reproductive Health and Rights for 2018–2022 and the improved coordination of SHS with YFHCs.

Objectives and principles

The objectives and principles reflected in the curriculum for the compulsory subjects of biology, personal development and education for society largely show a satisfactory picture of the effectiveness of the skills, knowledge, attitudes and competence-based objectives and aspects of curriculum development, which are 29 per cent fully in line with international CSE standards and about 63 per cent in line to some extent (Figure 12).

Figure 12. Objectives and principles, 2021



Source: Data collected through the SERAT tool.

The following strengths were identified related to the overall objectives and principles of the programme that were used to design the curriculum for the compulsory subjects of biology and personal development:

- The curriculum has well-stipulated objectives based on knowledge and attitudes.
- Public health targets are clearly defined with reference to reducing HIV and STIs; ensuring safety, health and positive relationships; and reducing unintended pregnancies.
- Emphasis is placed on avoiding unprotected sexual contact and encouraging the use of contraception.
- The curriculum is based on a logical model that specifies health goals, specific behaviours that affect health and that need to be changed, and psychosocial factors that determine these behaviours.
- The programme has goals and objectives on safety, health and positive relationships.
- The programme has goals and objectives regarding respect for human rights, gender equality and diversity.
- The curriculum is partly geared towards suggesting ways to respond to pressure, to avoid situations where unwanted or unprotected sexual contact may occur and to seek out the nearest reproductive health services.

- The curriculum focuses largely on delaying the age of first sexual contact, using effective contraception and undergoing STI testing and treatment, etc.
- The programme also pursues youth empowerment goals, including improving analytical, communication and other life skills for health and well-being.
- Teachers, supervisors and managers were involved in the development of the content, and the programme was tested in pilot projects through meetings in the field, assistance in class and discussions with teachers, parents and pupils.

The following weaknesses were identified related to the overall objectives and principles of the programme that were used to design the curriculum for the compulsory subjects of biology and personal development:

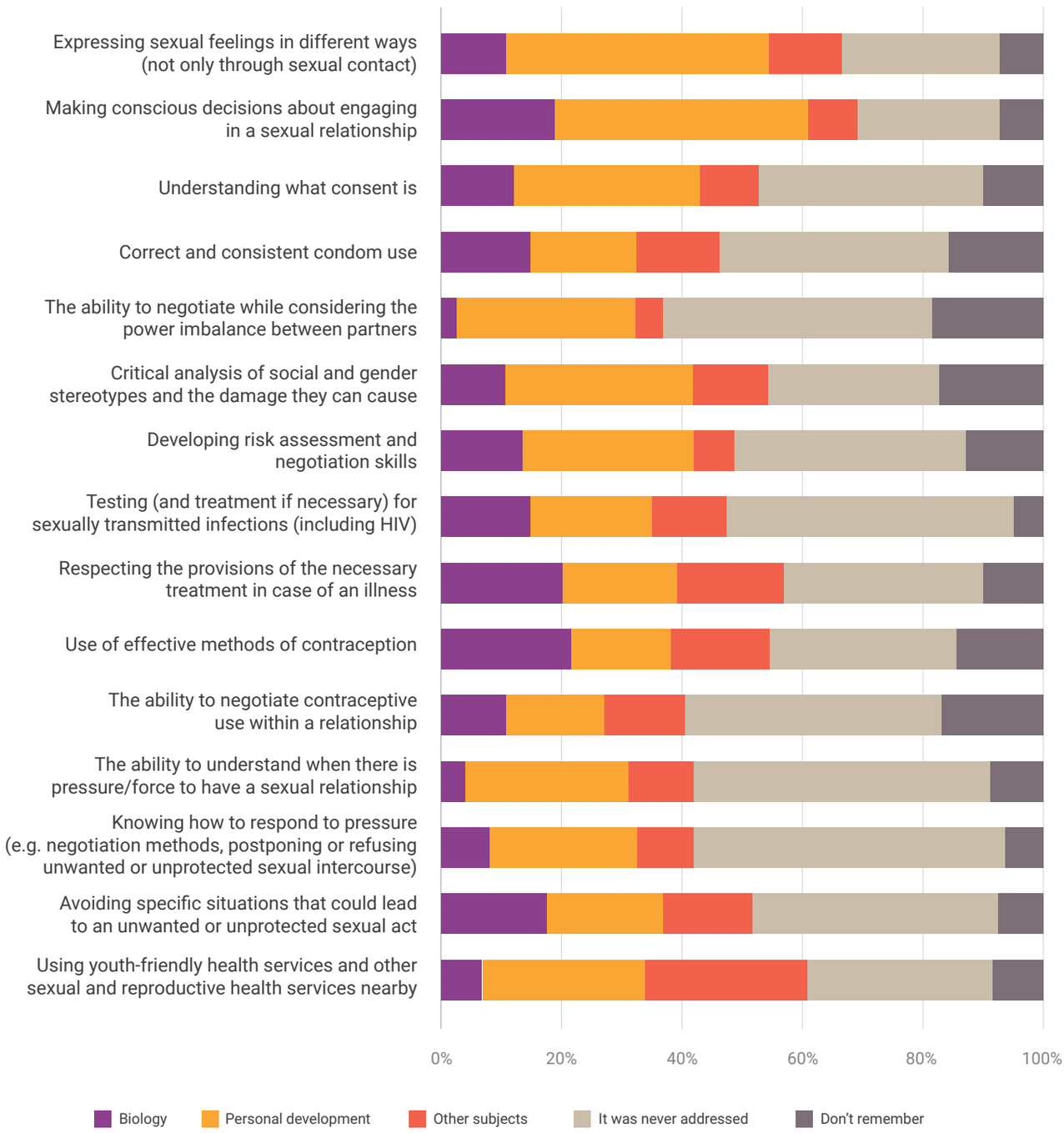
- Behavioural objectives (based on skills and competencies) are not sufficiently specified.
- The public health targets do not sufficiently reflect the issues of reducing gender-based violence (GBV), including school-related GBV, and reducing the number of illegal and unsafe abortions, etc.
- Ways to overcome barriers to obtaining and using condoms or other contraceptive methods correctly and consistently and identifying pressure to have sex are addressed to a limited extent.
- The curriculum does not provide multiple activities to change or influence factors that determine behaviours that pose a health risk.
- No experts in human sexuality research are involved in curriculum development.
- Young people, parents, HIV-positive people, community leaders and religious groups were not involved in the development of the content.
- The main interests of stakeholders (young people, parents, people affected by or infected with HIV, etc.) are identified to a limited extent, including how they have been affected by sexual and reproductive health problems.
- No emphasis is placed on negotiating power differentials between sexual partners.
- Community solutions to address unwanted pregnancy, unmet need for contraception, STIs, including HIV, and GBV have been integrated to a limited extent.

According to the opinion of the respondents interviewed concerning topics related to sexuality education within the subjects of biology and personal development, one personal development teacher said that, “according to the opinion of the respondents interviewed, the module ‘Healthy lifestyle’ in personal development, grade 7, guides students largely on their physical and emotional health and counteracts vices” (personal development teacher from an urban area); similarly, another teacher of the same subject stressed that, “through the subject of personal development, students gain an insight into the meaning of health” (personal development teacher from an urban area).

Biology teachers also emphasized that the more recently updated curriculum for this subject made considerable changes that indicated progress in addressing several SRH topics. One teacher said, “the consequences of unprotected sexual intercourse, the risks of an abortion, analysis of a contraceptive leaflet, discussions with medical and psychological staff, analysis of the systems to identify risk factors are explained in detail and emphasized during classes” (biology teacher from an urban area).

Students participating in the assessment were asked to identify which of the skills listed in Figure 13 were addressed by teachers. According to the responses, most of the skills were addressed in personal development, which received more positive responses than the compulsory subject of biology. At the same time, a considerable number of pupils emphasized that the skills listed in Figure 13 were never addressed, but some of them mentioned that they had gained these skills by studying other school subjects.

Figure 13. In your experience as a student, which of the skills listed below were addressed by teachers?



Source: Data collected through the SERAT tool.

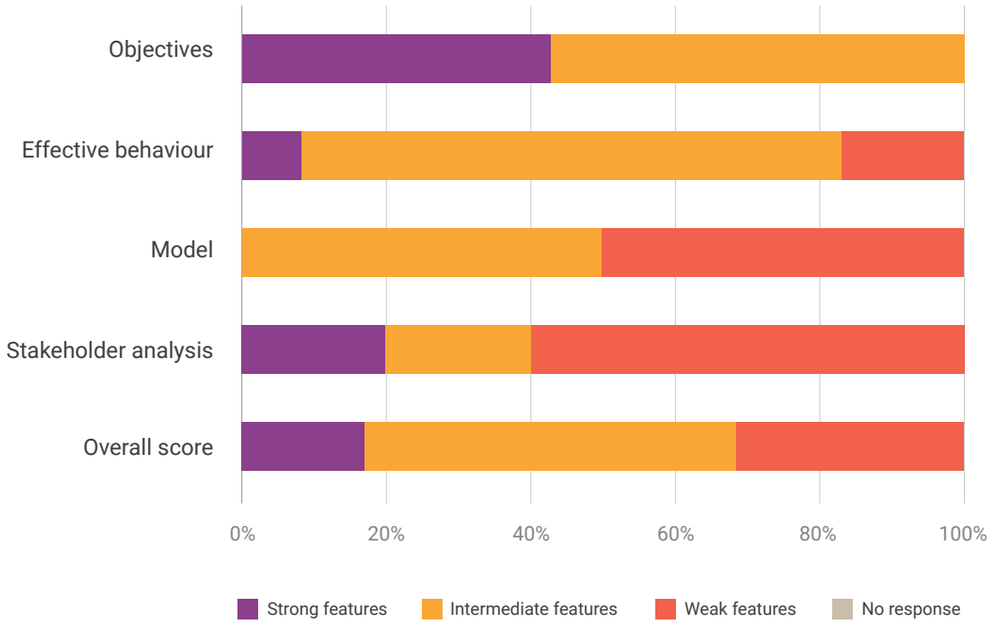
In order to understand which subjects students acquire the above-mentioned skills from, students were given the following instructions: "If you indicated 'other' in your answer to the previous question, write here which subjects these were and which subject was covered." Students mentioned that these subjects were primarily dealt with in the optional subjects that they had the opportunity to benefit from and in their YFHC volunteer activities or during informational visits to YFHCs; the compulsory curriculum was mentioned least often. The following list is a representative sample of students' responses:

- "Education for society"
- "Education for health"
- "Only once did we talk about this kind of homework in class; teachers did not talk to us students about such topics more than once."
- "It was only through volunteering that I found out what sex life is all about."
- "As part of YFHC network training"
- "We had a subject called ethics of family relations, and sometimes teachers of other specialities would talk to us about it at their own initiative."
- "Information classes in high school and [from] YFHC volunteers"
- "The Iunona YFHC"
- "These topics are not discussed in secondary school; we get the information from the YFHC."
- "[They] have been addressed in other activities (YFHC ImPuls) or on websites."
- "In civics class we talked about sexuality education, sexual abuse, contraception, etc."
- "Psychology, harmonious family relations, gender equality"
- "This is what we discussed when we were volunteering or when the YFHC psychologist lady came to the school because we or the teachers ask for help from outside because they don't know how to explain such topics."
- "It was hours spent at the youth-friendly health centre, where I, along with other students, [learned about] various similar topics; also, if some issues were not addressed, I reached a reasonable conclusion myself."
- "Youth-friendly health centre experts"

In many cases, the young people interviewed mentioned youth-friendly health centres as the main source of information, which can be explained by the increased outreach services provided by YFHCs in recent years as well as by the fact that the young respondents volunteer at YFHCs throughout the country. Still, many adolescents and young people from rural areas have no knowledge about YFHCs and/or are unable to benefit from YFHCs' services that are available at the district level (the YFHC is based in the main city of the district, and young people do not have money to travel there, but they would also need to explain to their parents why they are travelling to that city).

Compared with the baseline SERAT assessment from 2017, there was an insignificant increase in the correspondence of the curriculum objectives with those of the international CSE standards (Figure 14).

Figure 14. Objectives and principles, 2017



Source: Data collected through the SERAT tool.

Content

This section assesses the extent to which the major health indicators are reflected by age groups in the curriculum for the three disciplines of biology, personal development and education for society, and it identifies their strengths and weaknesses. This part of the report can be used to make specific recommendations on areas of the curriculum that need to be developed or modified.

Content (ages 5–8)

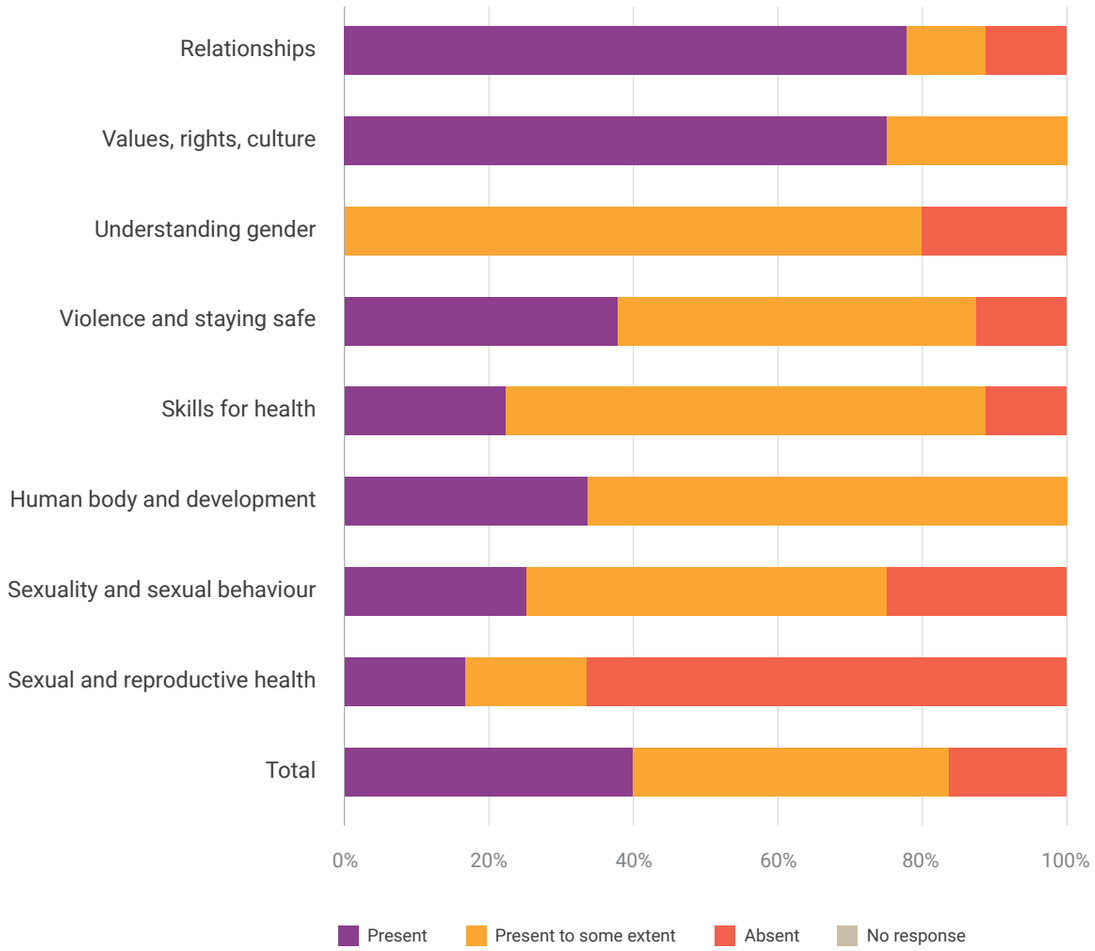
In the Republic of Moldova, children start attending school at the age of 7; children in the 5–6 age group attend preschool. The evaluation assessed the school curriculum only, not the preschool curriculum. This section presents the results of the primary school assessment, with a focus on grades 1 and 2 (7–8 years of age).

With the introduction of the subject of personal development in grade 1, following the curricular reform of 2018–2019, some age-appropriate topics related to CSE appeared in the primary school curriculum. The highest scores for alignment with international CSE standards were achieved for the themes of relationships (78 per cent) and values, rights and culture (75 per cent). The topics related to understanding gender, which is presented only to a certain extent, and those related to sexual and reproductive health, which had a score of 16.5 per cent (especially related to topics concerning the onset of pregnancy, a tolerant attitude towards HIV-infected people, different ways of expressing love), were the least in line with international standards.

Themes related to violence and safety included in the personal development curriculum for primary grades

received a score of 37 per cent alignment; those related to the human body and development, 33 per cent; sexuality and sexual behaviour, 24.5 per cent; and skills for health, 22 per cent, in terms of alignment with the requirements of international CSE standards (Figure 15).

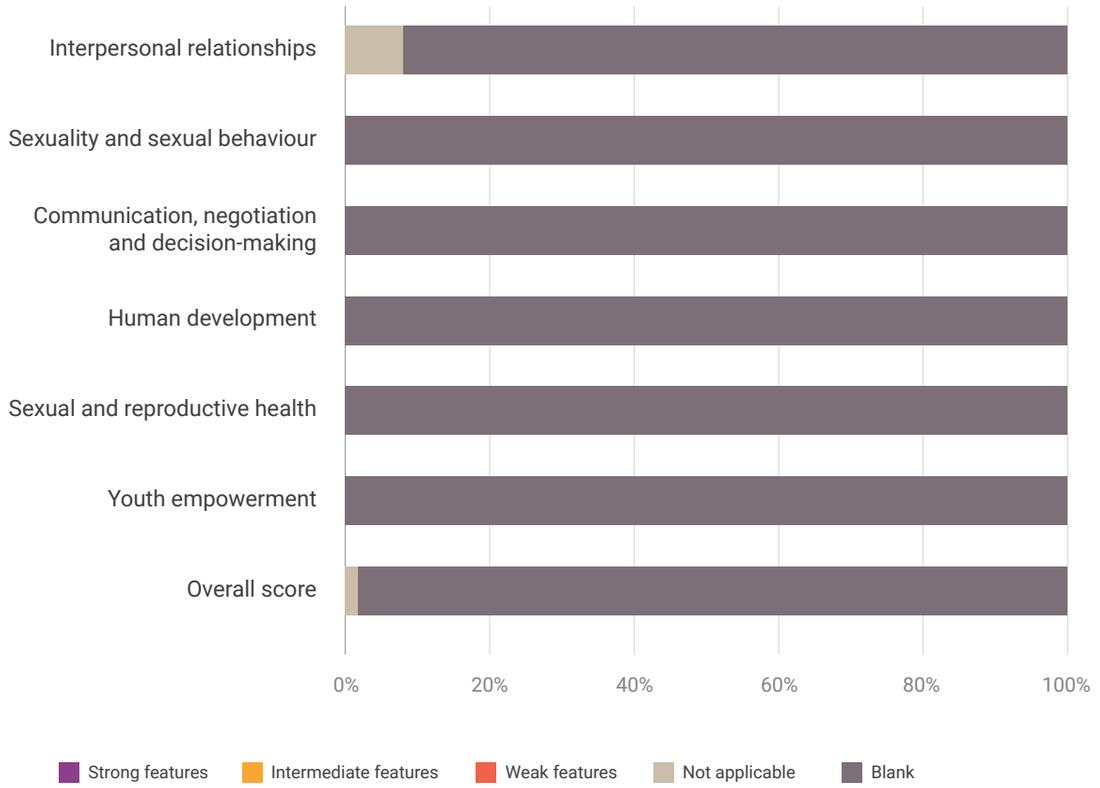
Figure 15. Content by key concept (ages 5–8), 2021



Source: Data collected through the SERAT tool.

It is important to note that, although these results may seem quite modest for some components, they constitute significant progress compared with 2017, when the baseline SERAT assessment found that key topics related to sexuality education were not addressed at all for 5–8-year-olds, and the evaluators considered knowledge about family structure diversity not to be applicable in the Republic of Moldova (Figure 16).

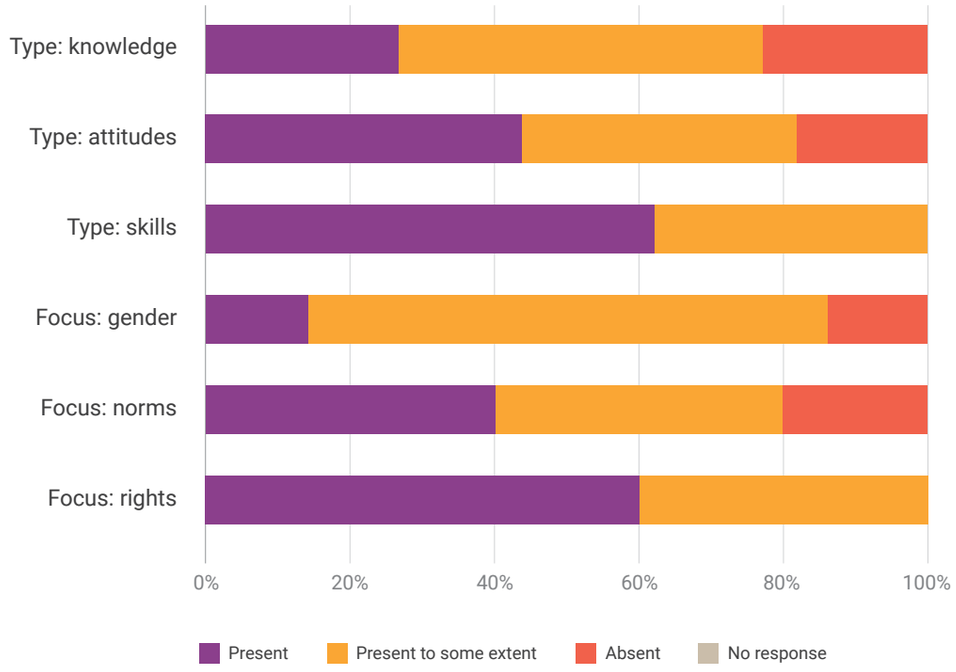
Figure 16. Content by key concept (ages 5–8), 2017



Source: Data collected through the SERAT tool.

The content analysis according to the type and focus of learning put the main emphasis on skills development (61 per cent) and on rights (60 per cent). Knowledge (26 per cent) and gender (15 per cent) were emphasized less (Figure 17).

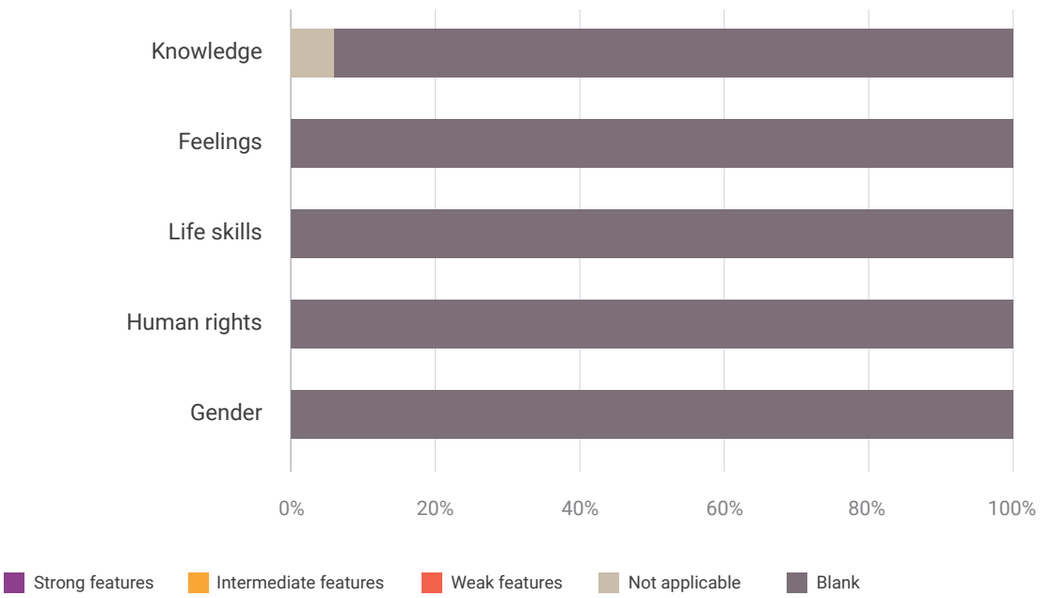
Figure 17. Content by type and focus of learning (ages 5–8), 2021



Source: Data collected through the SERAT tool.

In 2017, the curriculum for grades 1 and 2 did not contribute to the development of knowledge, attitudes or skills related to bodily development, sexuality, interpersonal relationships, human rights or gender (Figure 18).

Figure 18. Content by focus of learning (ages 5–8), 2017



Source: Data collected through the SERAT tool.

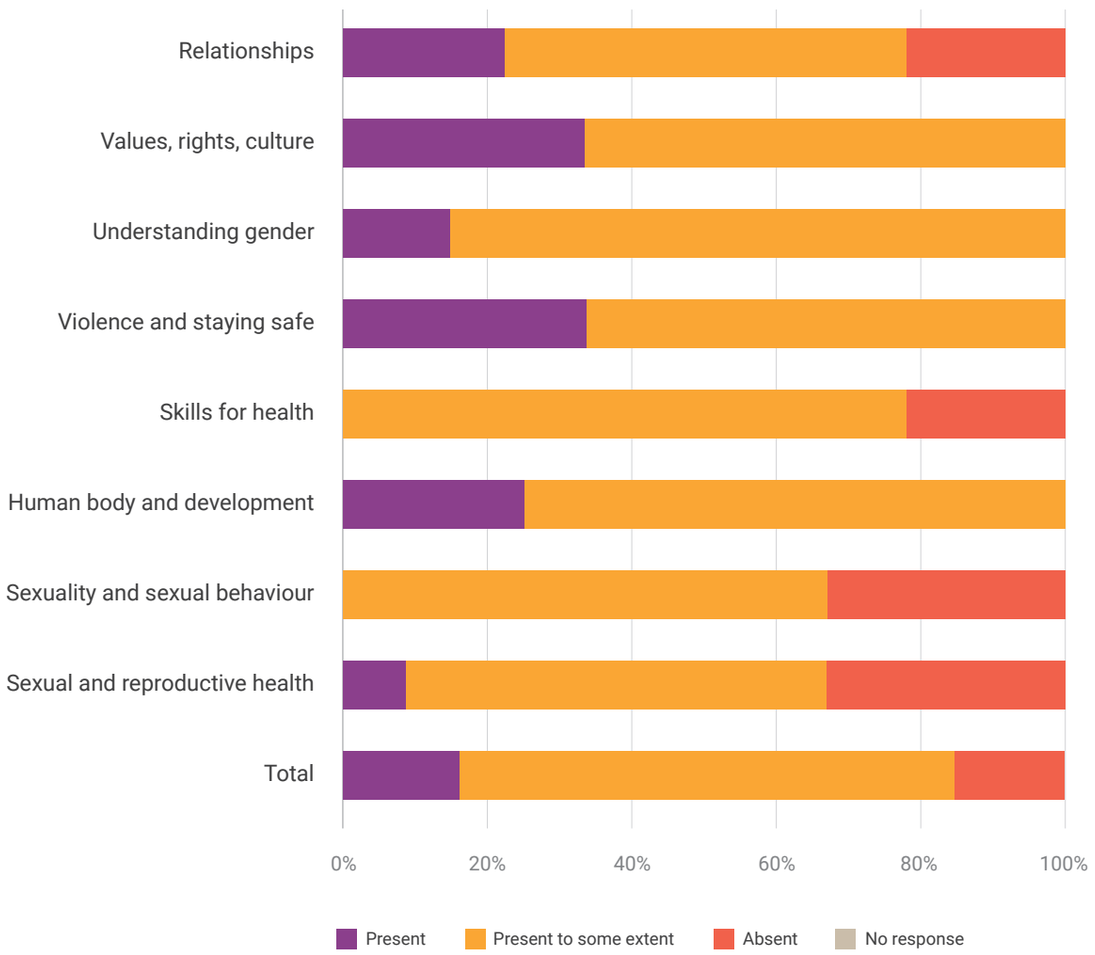
Content (ages 9–12)

Pupils aged 9–12 in the Republic of Moldova usually correspond to grades 3 and 4 of primary school (9–10 years of age) and grades 5 and 6 of secondary school (11–12 years of age).

For pupils in grades 3 and 4, some topics related to sexuality education, as in the previous age group, are dealt with in the subject of personal development. For grades 5 and 6, they are also covered as part of the subjects of biology and education for society.

The assessment results highlight the fact that most topics related to CSE are mainly reflected to some extent in the content framework for this age group: 16 per cent of topics are in full alignment with international CSE standards, and 68 per cent are present to some extent (Figure 19).

Figure 19. Content by key concept (ages 9–12), 2021



Source: Data collected through the SERAT tool.

The strengths of the content for this age group are the following topics, which are covered in full:

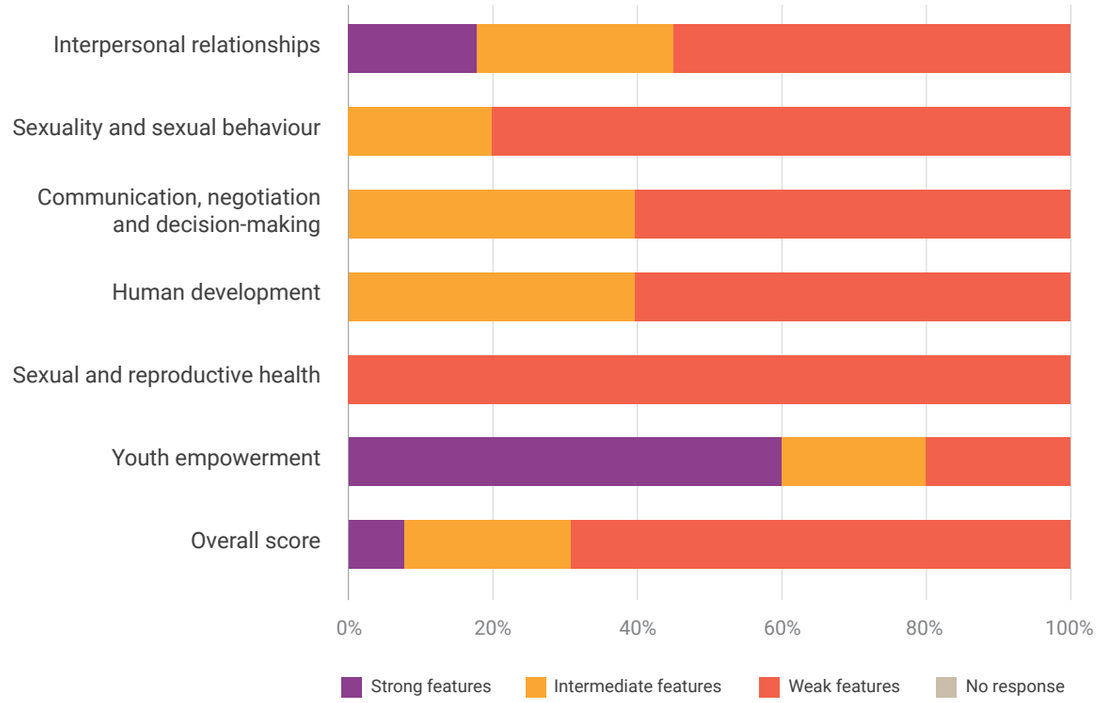
- relationships: showing support for equitable gender roles and responsibilities within the family; recognizing how equality is part of healthy relationships
- values, rights, culture: acknowledging that parenting is the responsibility of both women and men; being aware of the fact that children's rights are described in national laws and international agreements (e.g. the Universal Declaration of Human Rights and the Convention on the Rights of the Child)
- understanding gender: acknowledging that child marriage and female genital mutilation are human rights violations and illegal in most countries
- violence and staying safe: explaining that, during puberty, privacy in terms of one's own body and space becomes a more important issue for both boys and girls; demonstrating how to make decisions about what information can be shared on social media and where it can be shared
- human body and development: appreciating the importance of personal hygiene and health practices, including menstrual cycle hygiene; recognizing that a person's physical appearance is determined by heredity, their environment and their health habits, and does not determine their value as a human being
- sexual and reproductive health: acknowledging that both partners are responsible for preventing pregnancy and STIs through contraception and condom use

The weaknesses of the content for this age group are the following topics, which are not addressed:

- relationships: listing the negative consequences of child marriage, early marriage and forced marriage on the child, family and society; describing the ways in which culture, religion, society and law affect long-term commitments, marriage and parenting
- skills for health: acknowledging that negotiation requires mutual respect, cooperation and often compromise on the part of all actors; questioning how men and women are portrayed in the media
- sexuality and sexual behaviour: communicating and understanding different sexual urges and discussing sexuality in an appropriate way; understanding that masturbation on the part of girls and boys does not cause physical or emotional trauma but should be practised in private
- sexual and reproductive health: understanding the importance of informed decision-making (e.g. advantages and disadvantages, impact on future plans) about sexual behaviour, including the decision to delay sexual contact or become sexually active; describing, where possible, where one can get a human papillomavirus (HPV) vaccine and at what age; explaining that antiretroviral therapy (ART) is a lifelong daily treatment for HIV and that it is important to follow a healthy diet and lifestyle in addition to ART to prevent opportunistic infections; acknowledging that everyone is responsible for providing safe and supportive environments for people living with HIV

The enrichment of the curriculum content for the 9–12 age group also shows significant progress compared with 2017, when only 7 per cent of the content was fully compliant with international CSE standards, and 23 per cent was compliant to some extent (Figure 20).

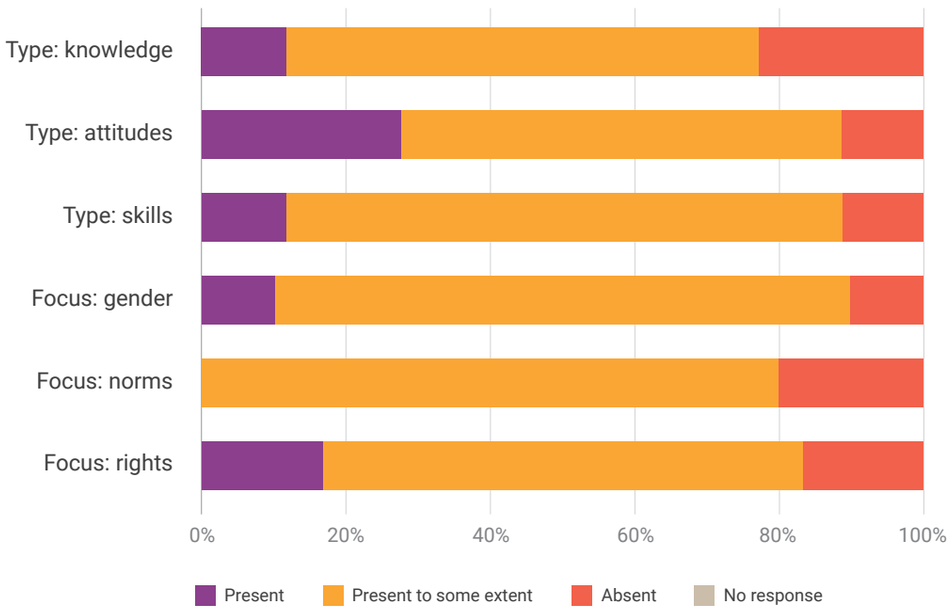
Figure 20. Content by key concept (ages 9–12), 2017



Source: Data collected through the SERAT tool.

The content according to the type and focus of learning was also enriched compared with 2017, when it was only to a certain extent in line with international CSE standards. In terms of learning focus, the most compliant were attitudes (27 per cent) and rights (16.5 per cent) (Figure 21).

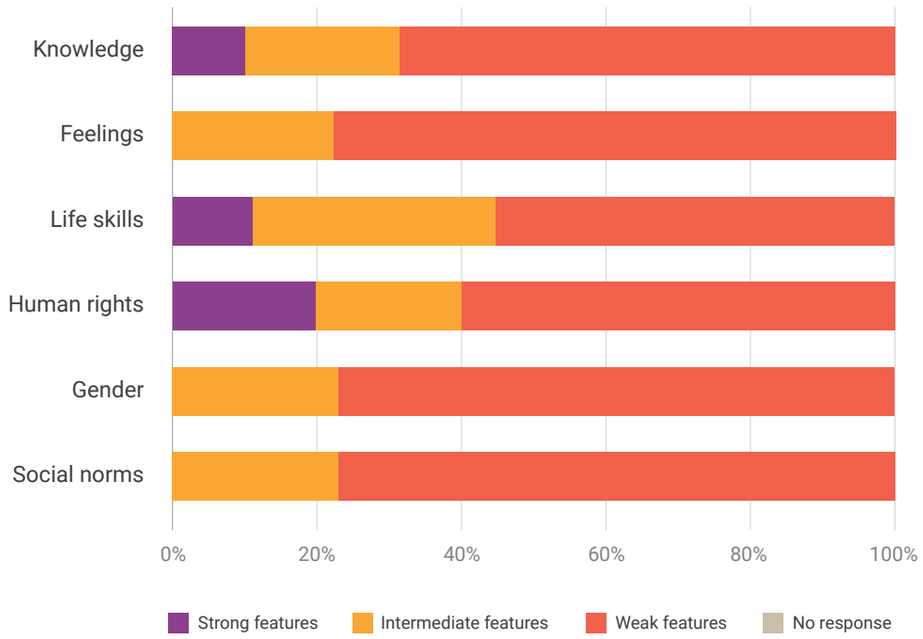
Figure 21. Content by type and focus of learning (ages 9–12), 2021



Source: Data collected through the SERAT tool.

Compared with 2017, there was progress in the development of content, especially with respect to skills that were missing as well as access to gender-related information, which was also missing (Figure 22).

Figure 22. Content by focus of learning (ages 9–12), 2017



Source: Data collected through the SERAT tool.

Content (ages 13–15)

In the Republic of Moldova, the ages of 13–15 correspond, in most cases, to grades 7–9 of secondary education. The analysis of the programmes available in the subjects of personal development, biology and education for society shows that 21 per cent of the topics related to sexuality education for 13–15-year-olds complied in full with international CSE standards, and 78 per cent complied to some extent (Figure 23).

A higher proportion of topics related to the development of health-related skills (50 per cent) and violence and safety (29 per cent) were in line with international CSE standards, while the remaining concepts are predominantly included to some extent in the existing curriculum content.

Figure 23. Content by key concept (ages 13–15), 2021

Source: Data collected through the SERAT tool.

The strengths of the content for this age group are the following topics, which are fully covered:

- relationships: acknowledging that love, collaboration, gender equality and mutual respect are essential to a healthy family and healthy relationships
- values, rights, culture: acknowledging the importance of tolerance and respect for different values, beliefs and attitudes
- violence and staying safe: comparing and contrasting aggressive behaviour, psychological violence, physical violence, sexual abuse, sexual assault and intimate partner violence; recognizing that all these forms of violence by adults, young people and people in authority are always a violation of human rights
- skills for health: applying the decision-making process to address sexual and/or reproductive health concerns; describing the ways in which alcohol and drugs can influence decision-making about sexual behaviour; understanding that there are many factors that influence people's decisions about

sexual behaviour, some of which are beyond their control, such as poverty, gender inequality and violence; describing the characteristics of good sources of help and support (including maintaining confidentiality and protecting privacy); understanding that there are places where people can get help with sexual and reproductive health (e.g. in the context of sexual and reproductive health services); understanding that there are many ways to get help with sexual and reproductive health issues, counselling, testing and treatment for STIs/HIV; understanding where to find modern contraceptive services and care following experiences such as sexual abuse, rape, domestic violence and GBV, abortion and post-abortion care, and assistance with stigma and discrimination

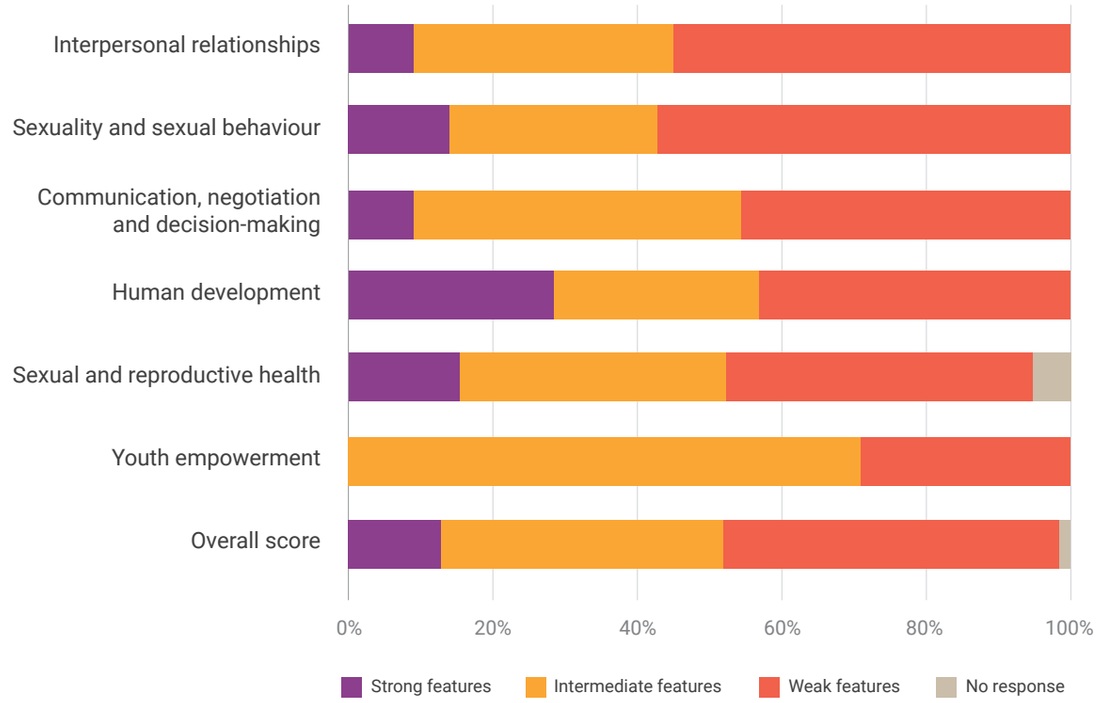
- human body and development: understanding that puberty occurs at different times for different people and has different effects on boys and girls; acknowledging the essential role of hormones during puberty and pregnancy and in the development of reproductive organs and sexual functions
- sexual and reproductive health: reviewing methods for preventing unintended pregnancy and their benefits and effectiveness, including male and female condoms, contraceptives, injectable contraceptives, implants, emergency contraception, sterilization and natural methods of contraception; understanding the importance of knowing one's HIV status and the availability of treatment in order to prevent the transmission of HIV, especially for groups (of young people) at higher risk of infection; confirming that everyone has the right to voluntary, informed and confidential HIV testing and should not be asked to disclose their HIV status

The weaknesses of the content for this age group are the following topics, which are not addressed:

- values, rights, culture: discussing local and/or national laws that impact sexual and reproductive health rights
- understanding gender: being reminded of social norms outlining how society creates an image of men, women and people of different sexual orientations and gender identities; demonstrating how to treat people without gender bias
- sexuality and sexual behaviour: confirming that sexual urges, fantasies and desires are natural and not embarrassing, and that they occur throughout one's life; presenting ways to manage emotions related to sexual urges, fantasies and desires; recognizing that intimate relationships involving transactions of money or goods increase unequal power relationships, intensify vulnerability and limit the power to negotiate in favour of safe sexual contact
- sexual and reproductive health: demonstrating how to use condoms correctly; expressing preferences about whether and when one wants to get pregnant

In terms of the curriculum content for the 13–15 age group, there was significant progress compared with 2017, when the total score for alignment with international CSE standards was only 13 per cent (Figure 24).

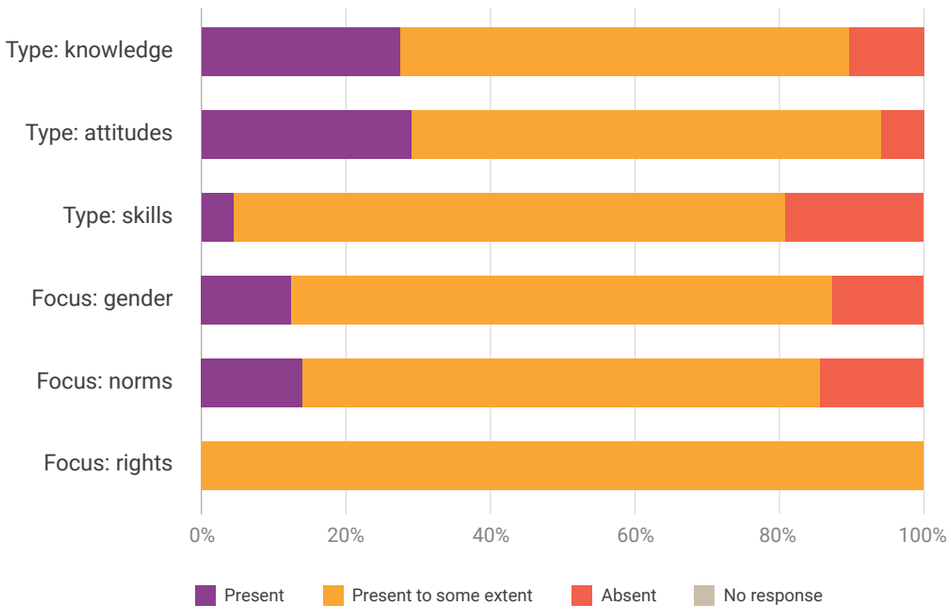
Figure 24. Content by key concept (ages 13–15), 2017



Source: Data collected through the SERAT tool.

Content by type focuses on knowledge (27 per cent) and attitudes (29 per cent), and to a much lesser extent on skills (4 per cent); learning focuses somewhat more on norms (14 per cent) and gender (12 per cent) and only to some extent on rights (Figure 25).

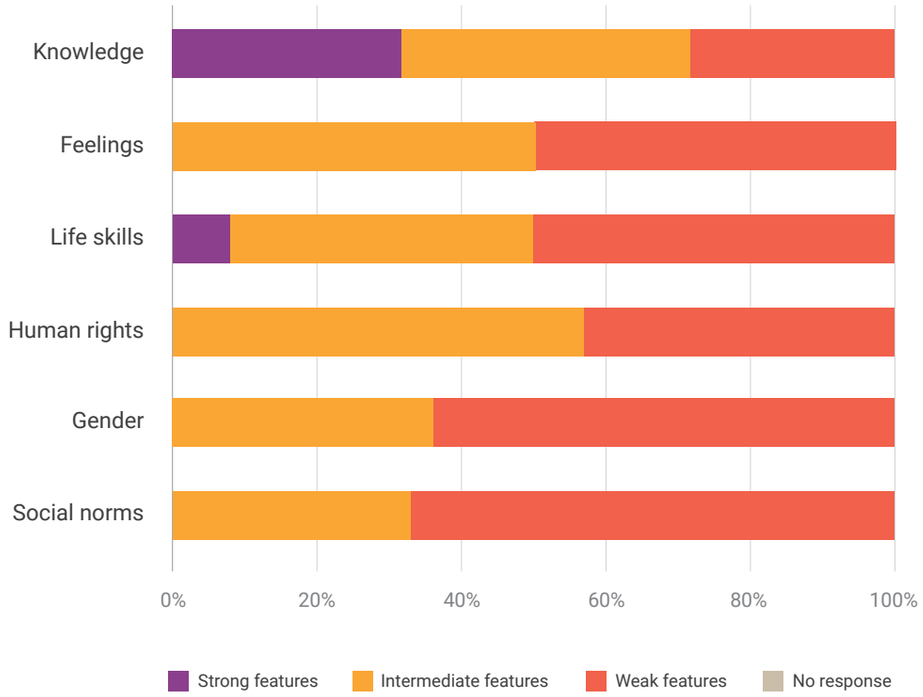
Figure 25. Content by type and focus of learning (ages 13–15), 2021



Source: Data collected through the SERAT tool.

Compared with 2017, the current content for 13–15-year-olds places more emphasis on developing attitudes, but less on more comprehensive knowledge and skills. There is also more emphasis on social norms and gender (Figure 26).

Figure 26. Content by focus of learning (ages 13–15), 2017



Source: Data collected through the SERAT tool.

Content (ages 16–18+)

In the Republic of Moldova's education system, the 16–19 age group corresponds to grades 10–12 of secondary school. The curriculum content for the subjects of personal development, biology and education for society for this age group demonstrated the least alignment with international CSE standards in terms of the curriculum for any group, at 9 per cent (Figure 27). Concerning most of the topics assessed, there was only some or no agreement; the areas of violence and security (33 per cent), the human body and development (28 per cent) and health-related skills (16 per cent) received the highest scores.

Figure 27. Content by key concept (ages 16–18), 2021

Source: Data collected through the SERAT tool.

The strengths of the content for this age group are the following topics, which are fully covered:

- violence and staying safe: assessing the importance of speaking out against violence and human rights violations everywhere, including at school, at home, online or in the community; acknowledging that the use of social media has many benefits, but that it can also lead to unsafe situations or violations of the law
- skills for health: identifying where sexual and reproductive health services or support can be accessed
- human body and development: examining the role of hormones in the emotional and physical changes a person experiences over their lifetime; summarizing the sexual and reproductive capacity of men and women throughout their life cycle

The weak points of the content for this age group are the following topics, which are not addressed:

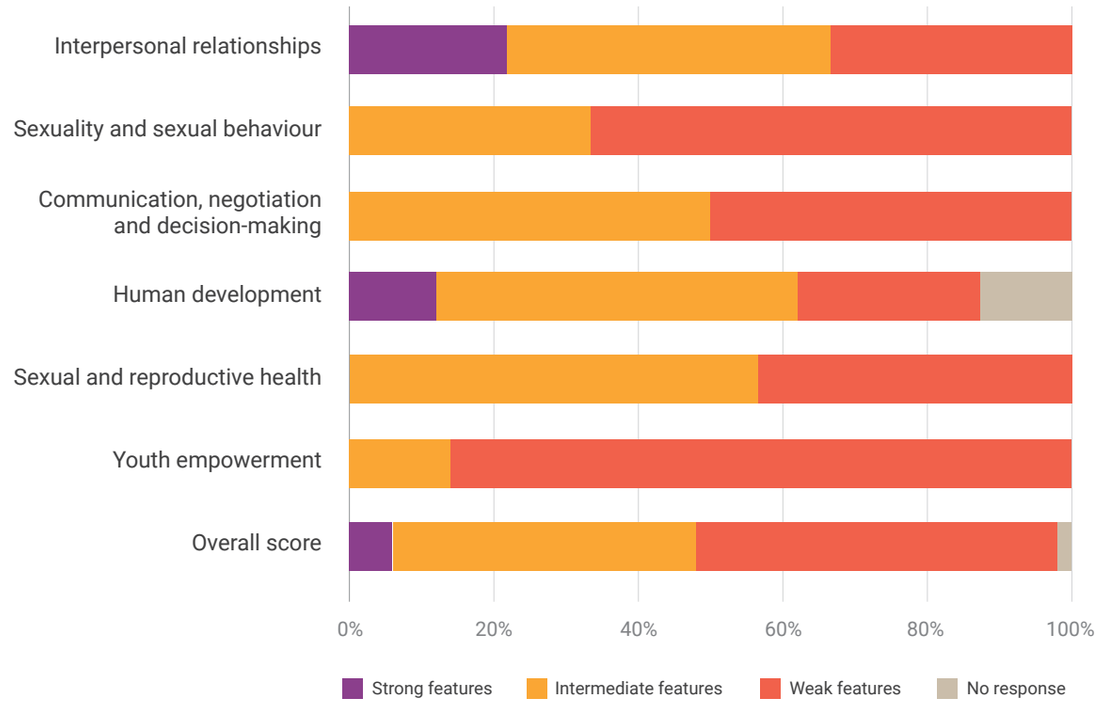
- relationships: describing how siblings, parents/guardians or extended family can support a young person who discloses or shares information related to their relationships or sexual health; critically

assessing the factors that influence one's views on whether, why and when to marry, and whether, why and when to have children

- values, rights, culture: analysing how one's values guide their sexual behaviour; analysing local and/or national laws and policies on:
  - surgery on intersex children without the patient's consent
  - forced sterilization
  - age of consent
  - gender equality
  - sexual orientation
  - gender identity
  - abortion
  - rape
  - sexual abuse
  - human trafficking for the purpose of sexual exploitation
  - access to services related to sexual and reproductive health and rights
- understanding gender: examining the social norms that lead to homophobia and transphobia and their consequences; recognizing that gender inequality and power differentials can influence sexual behaviour and one's ability to make safe choices and act accordingly (e.g. condom use, access to SRH services)
- violence and staying safe: acknowledging that consensual sexual behaviour is an important part of a healthy sexual relationship, presenting methods for communicating consent or refusal and recognizing the presence or absence of consent
- skills for health: demonstrating how to address negative gender and social norms in sexual decision-making; identifying national laws that influence what young people can and cannot do in relation to sexual behaviour (e.g. age of sexual consent, access to health services including contraception, STI/HIV status, same-sex sexual behaviour); demonstrating effective communication of personal needs and sexual boundaries, including assertiveness and negotiation skills
- human body and development: recognizing that infertility stigma is driven by gender-based expectations; presenting ways to challenge unrealistic standards in terms of physical appearance
- sexuality and sexual behaviour: reflecting on how gender norms and stereotypes influence people's expectations and experience of sexual pleasure
- sexual and reproductive health: identifying ways in which men and boys can support women and girls in securing a healthy pregnancy; recognizing that adopting a child, where legal and available, is an option for people who are not ready or able to become parents; developing a plan to access one's preferred method of modern contraception for those who may need it.

Compared with 2017, when alignment was 6 per cent, there was an insignificant improvement in overall alignment with international CSE standards (Figure 28).

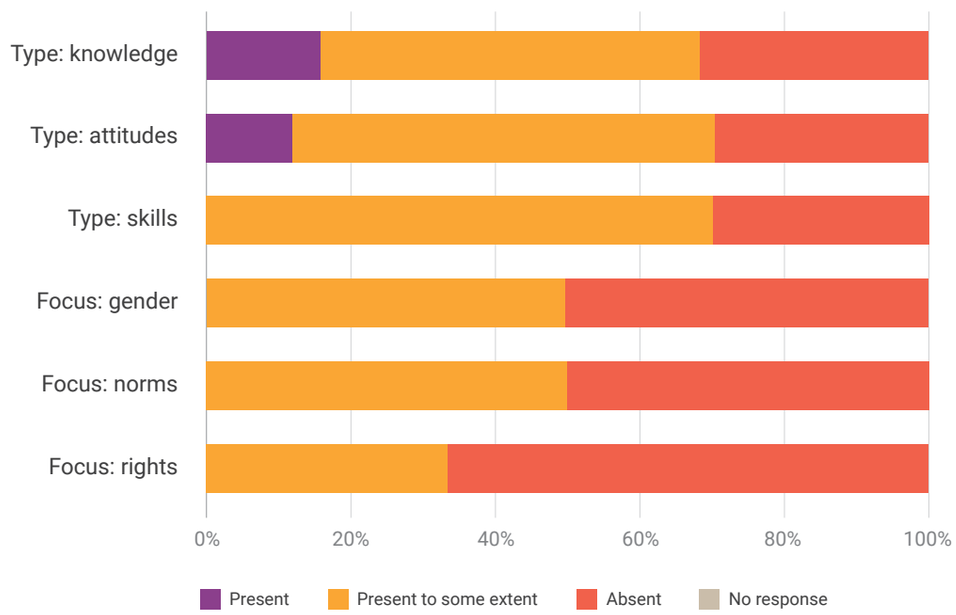
Figure 28. Content by key concept (ages 16–18), 2017



Source: Data collected through the SERAT tool.

Content according to the type of learning focused on knowledge (16 per cent), attitudes (12 per cent) and only to some extent on skills, gender, norms and rights (Figure 29).

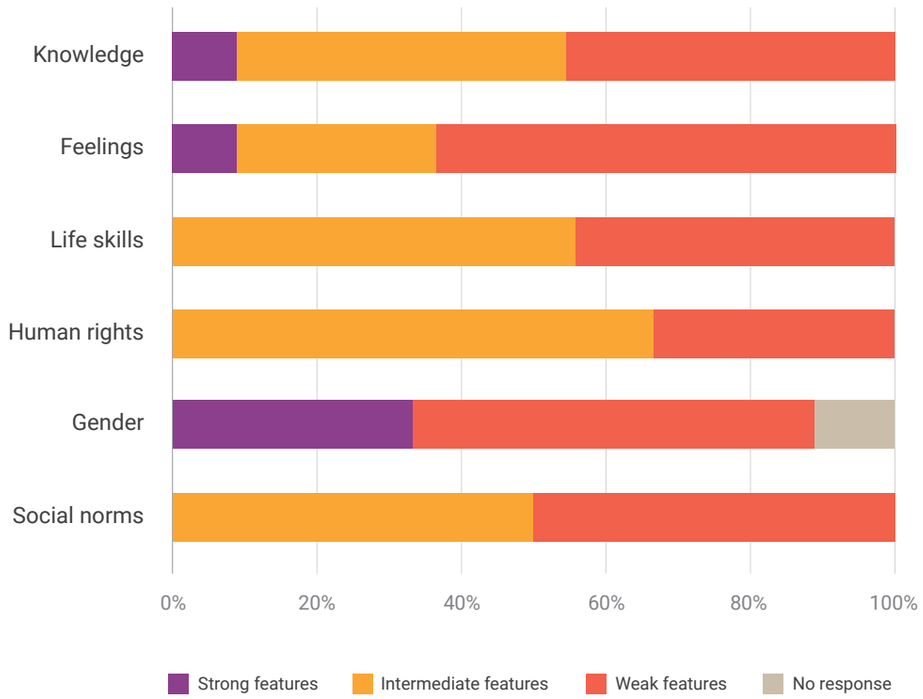
Figure 29. Content by type and focus of learning (ages 16–18), 2021



Source: Data collected through the SERAT tool.

No significant progress was seen for this component compared with 2017 (Figure 30).

Figure 30. Content by focus of learning (ages 16–18), 2017



Source: Data collected through the SERAT tool.

The decision makers participating in the assessment were surprised by the scores for the secondary and high school age groups, which they perceived as very low: "So much work went into the curriculum review, and we expected a higher score" (biology teacher from an urban area and member of the curriculum development working group).

One explanation for the relatively low score is that subjects continue to be tackled 2–3 years later than required by international standards. The adolescent respondents also said the same thing.

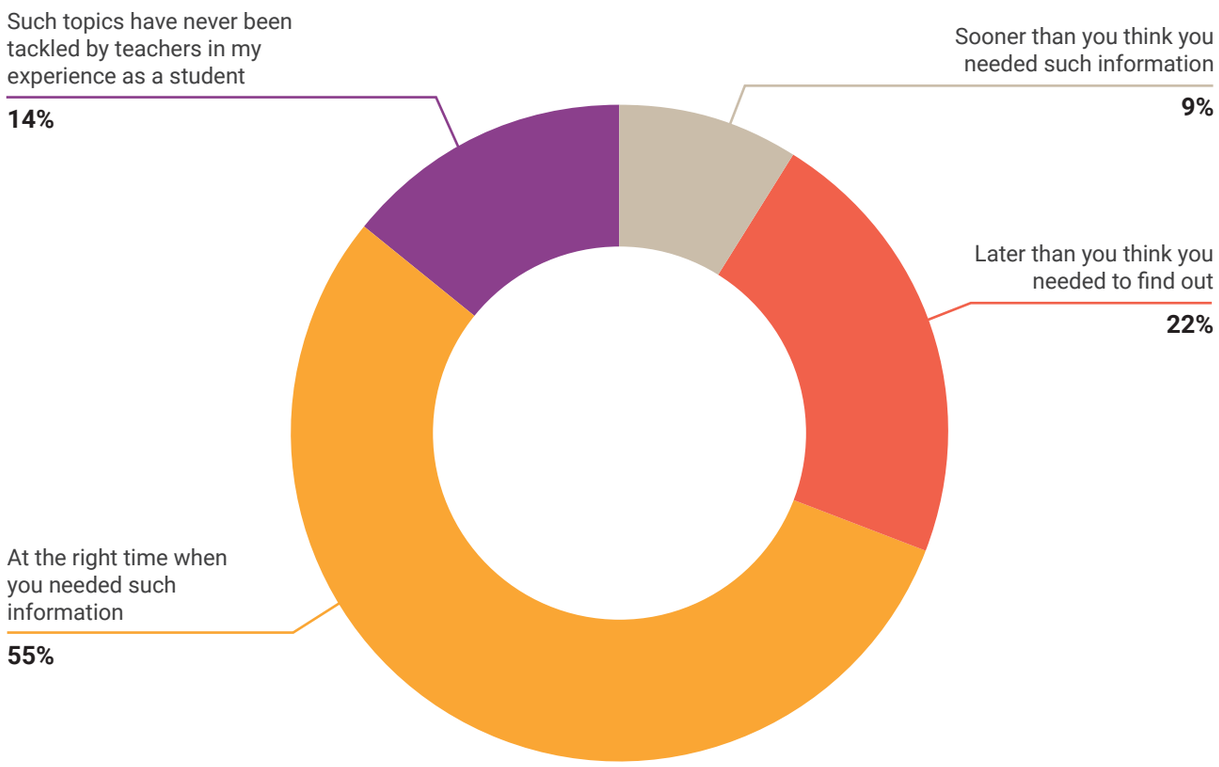
Students were asked the following two questions: "In your experience as a student, what were the first topics related to sexuality and sexual and reproductive health that were addressed by teachers? In which class and subject (biology, personal development [extracurricular class] or others)?" Students' responses revealed that the vast majority of adolescents mentioned that the first time topics related to sexuality and SRH were addressed by their teachers was in grades 6–8 (ages 12–14), as part of the subjects of biology, personal development and civic education. The following were among the first topics discussed:

- "reproductive hygiene, human reproduction, methods of contraception, STIs, etc.; for biology in grades 6–7 (ages 12–13), we studied human reproduction" (15-year-old girl from a rural area)
- "Among school lessons, the first subject that was related to sexual health was as part of personal development in grade 7 (age 13). The topic was about how and at what age to start one's sexual life and what the consequences are." (15-year-old girl from a rural area)

- “In biology in grade 7 (age 13), on reproduction, and in grade 6 (age 12) girls and boys had a separate lesson in which we talked about puberty by gender.” (15-year-old girl from an urban area)
- “sexual reproduction in grade 8” (16-year-old boy from a rural area)

More than half (55 per cent) of the young people surveyed for this assessment felt that they had received SRH information at the right time, when they needed it. When asked if topics related to sexuality and sexual and reproductive health had been addressed by teachers, 22 per cent of students said that they had received information about SRH later than they thought they should have, 14 per cent responded that they had never been approached by teachers about such topics in their experience as students, and 9 per cent said that they had received this information earlier than they thought they should have (Figure 31).

Figure 31. Have these topics related to sexuality and sexual and reproductive health been addressed by teachers?



Source: Data collected through the SERAT tool.

Integration

Sexuality education is not taught as a separate subject in schools in the Republic of Moldova. The Ministry of Education and Research opts for health education in general education institutions, at an interdisciplinary and multidisciplinary level (through different school subjects). Sexuality education is part of health education, which is provided in the educational process in various subjects.

At the same time, the Ministry of Education and Research has emphasized building teaching support for students at all levels of education, in all subjects, aimed at the following:

- developing skills that contribute to the learner's adaptation to and integration of real and changing life conditions
- instilling personal values relating to the protection of the environment as well as education to maintain one's own health and that of others

The Ministry has also increased flexibility in the selection of optional subjects, including those related to the promotion of healthy lifestyles.

Sexuality education as part of health education is provided in two ways: as part of compulsory subjects and through optional subjects in primary and general secondary education.

As part of compulsory subjects, health education is delivered through:

- the subject of personal development, in particular the module "Healthy lifestyle", which is taught one hour per week in grades 1–12
- the subject of biology, in particular the modules "The human body and health" (in grades 6–9) and "The reproductive system and reproduction in humans" (in high school, grades 10–12)
- education for society, which includes some elements related to personal development, values and human rights, as well as attitudes of tolerance and respect; the subject is taught one hour per week in grades 5–12

In addressing topics related to sexuality education, teachers contribute to the development of competencies while shaping the behaviour of their students, which is aimed at developing personal values related to maintaining their own health and that of others. Competencies can be developed by acquiring knowledge on the following:

- methods of preventing STIs
- the need for hygiene
- the specifics of prenatal and postnatal development
- the importance of physiological processes in human reproduction

The subject of health education is offered as part of the optional curriculum. It is taught as part of the curriculum for grades 5–12 and involves 34 hours of class time per year (for each of the mentioned grades). It is also provided with didactic support for teachers in both Romanian and Russian.

An increasing number of students – around 10 per cent of pupils – are choosing (from among 50–60

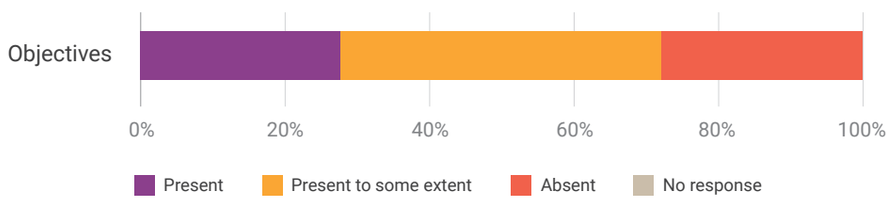
optional subjects) health education every year. In the 2020–2021 school year, more than 25,000 pupils from about 500 schools in the republic studied the subject,[60] which includes 6–7 modules related to changes in the human body / puberty, hygiene, healthy nutrition and nutritional disorders, physical activity / sport and leisure time, mental health, the prevention of alcohol and drug abuse, SRH and rights (prevention of STIs and teen pregnancy, access to contraception, age of consent and the legal framework, informed decisions, responsible sexual relationships, feelings and pleasure, access to services and voluntary HIV testing, the role of parents in supporting the sexual and reproductive health and rights of their children), GBV prevention and bullying, etc. The subject also addresses gender stereotypes, stress and depression management, human trafficking, gender identity and gender roles, the SDGs and major environmental issues at the national and local levels as well as bioethics.

Health education topics, including SRH, are also taught in other optional subjects such as the following:

- human rights education and democratic citizenship
- education for gender equity and equal opportunities
- harmonious family relations
- media education
- moral and spiritual education, etc.

According to the assessment, 28 per cent of the sexuality education programme has been integrated into the existing school curriculum (Figure 32).

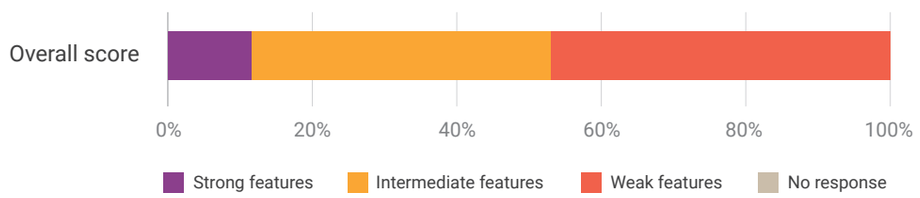
Figure 32. Integration into the official curriculum, 2021



Source: Data collected through the SERAT tool.

Compared with 2017, the integration of these topics has increased nearly twofold. In 2017, topics related to sexuality education were included in the existing curricula of the compulsory subjects of biology and civic education (Figure 33).

Figure 33. Integration, 2017



Source: Data collected through the SERAT tool.

60. Interview with Mariana Goras, Deputy Chief of the General Education Department, Ministry of Education and Research.

The following strengths were identified concerning the method for integrating the sexuality education programme into the national curriculum:

- Topics related to CSE are included in the school curriculum from grade 1 through grade 12.
- Some topics (personal hygiene, anatomy of the reproductive system, etc.) of the sexuality education programme are part of the curriculum.
- In primary grades, topics related to sexuality education (relationships, violence prevention, hygiene) are integrated into individual subjects, especially personal development. Some health issues are covered in science, physical education, and moral and spiritual education.
- In secondary and high school, subjects related to sexuality education are integrated into the subjects of biology (general characteristics of the body, reproductive system and reproduction in humans, anatomy of the human body, the human body and health, prevention of adolescent pregnancy, hygiene of the reproductive system, contraception, STIs, etc.), personal development (life and health, personal and social values, personal identity and harmonious relationships) and physical education.
- Sexuality education topics are taught nationwide.
- Sexuality education is partly integrated into extracurricular programmes.
- To some extent, standard manuals that support the sexuality education programme (life skills manual, biology, personal development, adolescent health promotion guide) have been developed and are available in the country.

The following weaknesses were identified concerning the method for integrating the sexuality education programme into the national curriculum:

- The sexuality education curriculum is not taught as a stand-alone compulsory and examinable subject.
- Sexuality education topics are integrated into mandatory subjects and are mostly addressed only superficially and several years late in the developmental niches of learners, as outlined in international CSE standards.
- The teaching time allocated to sexuality education is only to some extent adequate for primary, secondary and high school.
- No minimum national standards have been established for the objectives and content of sexuality education.
- There are no sexuality education manuals/materials for pupils.
- Quality materials are not available for all classroom activities.

Several students said that they wanted sexuality education to be a separate and compulsory subject, taught in all schools in both urban and rural areas with the involvement of specialists in the field (gynaecologists, urologists, psychologists, etc.) as part of the classes dedicated to this subject, etc.:

- “I would include this subject as a mandatory one, to discuss it freely, without fear of asking questions or embarrassment towards the opposite gender.” (14-year-old girl from a rural area)
- “I would even set up a sexuality education class once a week, with specialists coming to talk to children aged 12 and up.” (17-year-old girl from a rural area)

Teaching and learning approaches, and teacher training

The Ministry of Education and Research focuses on the professional development of teachers and the training of pupils with respect to healthy lifestyles and supports the organization of training sessions, giving priority to teachers of the compulsory subjects of biology and personal development.

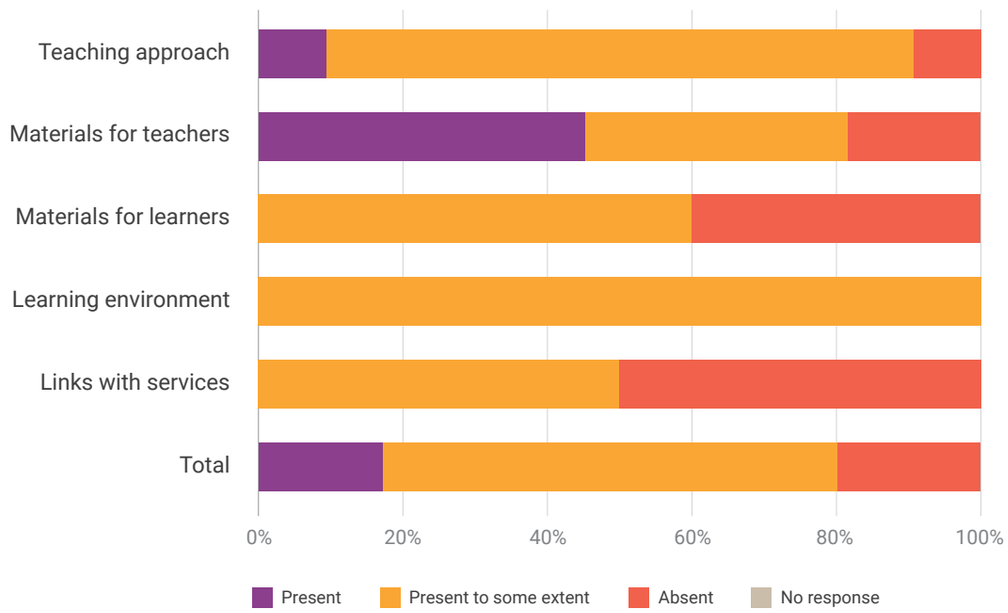
Teachers are trained through university programmes in pedagogical departments, refresher courses at the Institute of Educational Sciences and regular courses organized by various organizations and institutions such as UNFPA, the Child Rights Information Centre, La Strada, the Neovita Centre and the YFHCs network.

Thus, with the support of UNFPA, training courses are organized regularly for specialists from various disciplines who teach the optional subject of health education in districts with a higher proportion of students who are interested in this subject. Since 2018, for example, 90 schools have received comprehensive support from UNFPA and the Ministry of Education and Research to improve the quality of sexuality education (teacher training, interactive learning materials, etc.).

In 2021, the Ministry of Education and Research organized, also with the support of UNFPA, training sessions for 70 local trainers to provide teaching support for "The human body and health", a module developed for the new 2019 biology curriculum for grades 6–9. The local trainers trained 1,112 biology teachers at the district/municipal level (out of a total number of 1,410 in secondary and high schools countrywide).[61]

The results of the assessment revealed that the methods and environment for teaching and learning about sexuality education topics in the compulsory curriculum are 18 per cent fully in line with international CSE standards (Figure 34).

Figure 34. Teaching and learning approaches and environment, 2021



Source: Data collected through the SERAT tool.

61. The Ministry of Education provided this information to the author of the report during the SERAT data collection phase.

The assessment identified some strengths in the methods and environment for teaching and learning about sexuality education topics in the compulsory curriculum:

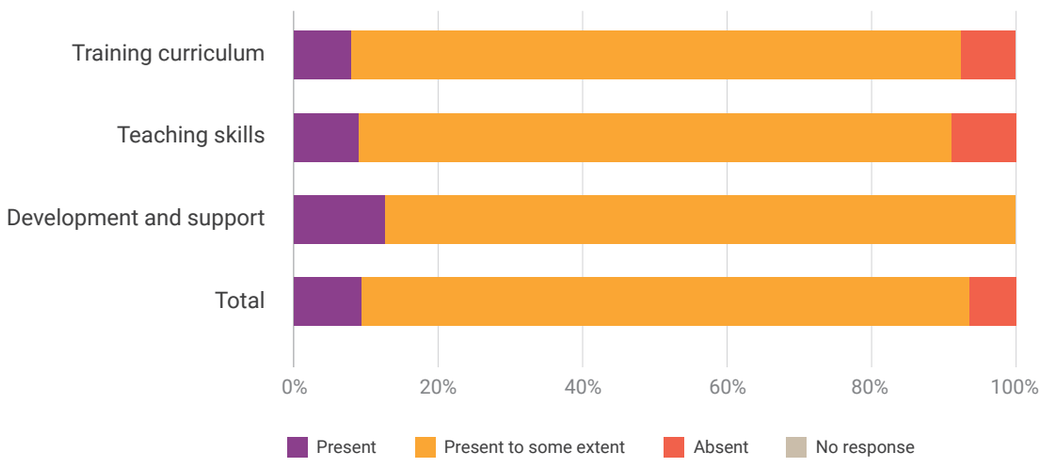
- Teaching approach: participatory learning is used in the classroom (e.g. energizing games, discussion topics, creative games, group discussions, participatory reflection).
- Materials for teachers: teachers have access to teaching materials and tools that include detailed recommendations on teaching methods, but all these components are clearly set out in the curriculum and subject guides, and they do not explicitly refer to sexuality education. Teaching materials can be adapted to specific local contexts.

Similarly, several weaknesses were also identified with regard to the methods and environment for teaching and learning about topics related to sexuality education in the compulsory curriculum:

- Materials for teachers: there are not enough textbooks for all teachers responsible for teaching sexuality education; not all teaching materials have been pre-tested before being used by teachers.
- Materials for learners are largely non-existent; guides and handbooks for some of the optional subjects exist in electronic versions or are offered by different organizations, without being a direct part of the curriculum.
- Links with services: condoms and/or other contraceptive methods are not accessible in schools; there are no approved protocols, guidelines or instructions that allow school medical services to provide SRH services (e.g. voluntary counselling and testing, etc.).

The assessment determined that 8 per cent of teacher training was fully in line with international CSE standards, with most cases complying only to some extent (Figure 35).

Figure 35. Teacher training, 2021



Source: Data collected through the SERAT tool.

The following were identified as strengths in teacher training:

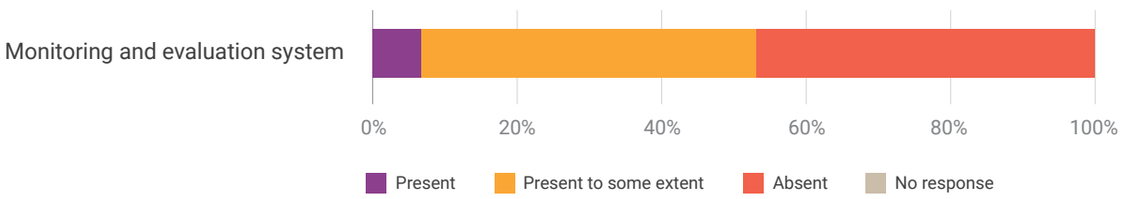
- The Ministry of Education takes responsibility for teacher training in sexuality education.
- Teachers are trained to refer students to medical or social services.

The following weaknesses were identified:

- There are no comprehensive training programmes on sexuality education (information adapted to the age and development of students, the use of evidence-based data and information and the avoidance of the subjective presentation of information, the avoidance of prejudices, stereotypes and harmful social norms, etc.).

The "present" score for teacher training with international CSE standards remained practically unchanged in 2021 (Figure 35) compared with 2017 (Figure 36); however, the response "present to some extent" doubled. Criteria for teacher training are gradually complying more and more with international CSE standards, as confirmed by the significant increase in the percentage of national criteria that correspond to some extent with the international criteria.

Figure 36. Teacher training, 2017



Source: Data collected through the SERAT tool.

In the assessment, students were given the opportunity to comment on how the compulsory subjects of biology and personal development are taught by answering the following question: "What general comments would you make on how sexuality education subjects are taught in schools today?"

The following are some of the positive responses from students:

- "I'm glad that people are already starting to talk more actively about sex education. I'd love it if all schools had this opportunity, not just those in cities." (16-year-old girl from a rural area)
- "I think that this subject should be more normalized in schools and have a separate class, to talk to us in more depth ..." (15-year-old girl from an urban area)
- "I'm glad that now teachers at least talk more openly with students and inform them about sex and personal hygiene. However, not all schools have these opportunities for teachers to talk to students on such topics ..." (17-year-old girl from a rural area)

However, there were also comments that emphasized certain negative aspects of the way SRH topics are taught in schools during compulsory biology and personal development classes, including the following:

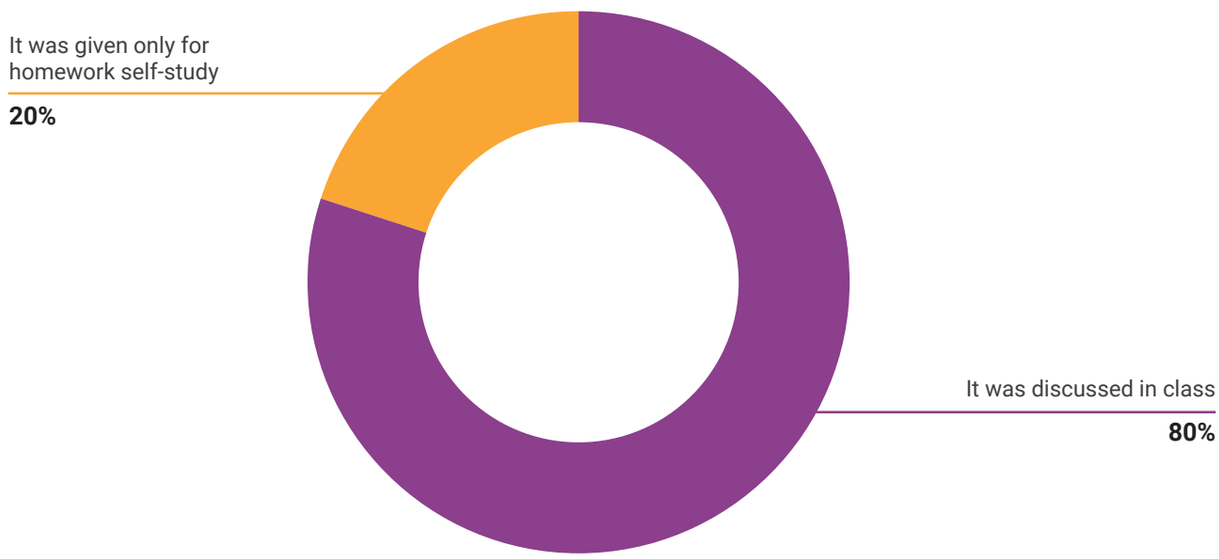
- "In my opinion very little is discussed; this topic is unfortunately taboo. And when we try to discuss

it as students during our breaks, we are interrupted by teachers on the grounds that this topic is 'indecent' in schools, and that it should be discussed privately. I believe that we should talk about sexuality at any age, just in age-appropriate ways, but we don't do that at all ..." (14-year-old girl from an urban area)

- "Sex education is not taught, but only glimpses of it, mentioning only small basic things, which in my opinion is wrong because adolescents themselves know what is covered in sex education classes. They need to go deeper into all the pitfalls of this topic and realize all the risks of early and ill-considered sexual intercourse ..." (16-year-old boy from a rural area)
- "In my experience, the teaching method is non-existent. In secondary school, we were told that we were going to go through the subject, but, on the day, the teacher completely skipped the topic." (17-year-old boy from an urban area)

Students were asked the following question: "Was the section from biology related to the reproductive system discussed in class, or was it given only for self-study as homework?" Eighty per cent of the students surveyed said that this section was discussed in class, but 20 per cent of them said that it was given only for self-study (see Figure 37), which shows that there are still teachers who shy away from teaching SRH topics to pupils.

Figure 37. Was the section from biology related to the reproductive system discussed in class, or was it given only for self-study as homework?



Source: Data collected through the SERAT tool.

Similarly, the students proposed solutions for teaching the compulsory subjects of biology and personal development, which were evaluated by means of the following question: "If it were in your power to decide, what would you change in the way sexuality education topics are taught in schools today?"

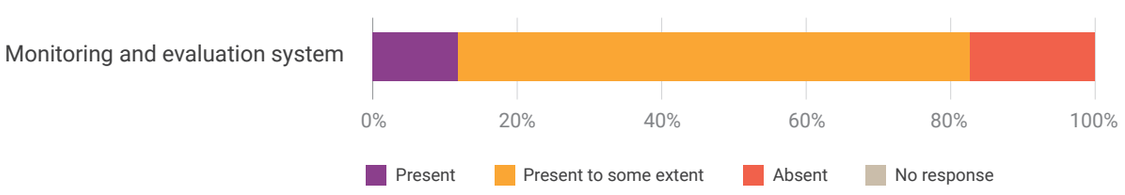
In response, students proposed the following teaching methods related to sexuality education:

- "To the biology lessons I would add more lessons on sexuality education, including lessons on the menstrual cycle, which is also related. In some lessons, specialists could be invited to explain, using the language of the age group, everything related to sexuality education ..." (17-year-old girl from a rural area)
- "To begin with, introducing in the programme specific subjects, and after that I would already touch on topics such as contraceptives, what they are for, how to use them and how they help us and against what, abortions (what types there are, in what conditions they are used, why they are used, which ones are safe and which not so safe, home abortions, clandestine abortions, their danger, the right to abortion, why it is important), sexual law and reproductive law, sexual orientation/minorities, STIs (how they spread, how to protect against them and how to treat/control them in case they do happen)." (18-year-old boy from a rural area)
- "I would propose lessons with a psychologist/gynaecologist who will explain everything to the students and answer their questions from a specialist doctor's perspective." (17-year-old girl from an urban area)
- "I would make sure it is taught in all schools first and bring in informed representatives on the subject." (14-year-old girl from an urban area)
- "Everything. At present, some teachers find it embarrassing to talk about such subjects, so they never address them, but this decision not to inform students can have serious consequences. Sexuality education should be taken more seriously." (17-year-old boy from an urban area)

Monitoring and evaluation

The assessment process showed that monitoring and evaluation tools for the teaching of sexuality education topics in the compulsory curriculum are present or present to some extent in 83 per cent of programmes. These tools tend to be used in an episodic way, more as part of periodic studies, such as the HBSC study, and less as sustainable monitoring tools (Figure 38). However, there has been significant progress since 2017, when the study showed that such tools were present or present to some extent in only 50 per cent of programmes.

Figure 38. Monitoring and evaluation, 2021



Source: Data collected through the SERAT tool.

The following strengths were identified:

- There is national data available on the SRH and needs of young people.
- There are some indicators derived from elements of the sexuality education curriculum that are included in the following information systems: the national demographics and health survey, and the national monitoring and evaluation framework on HIV and AIDS.
- There is some national data available on the coverage of the sexuality education programme for young people.

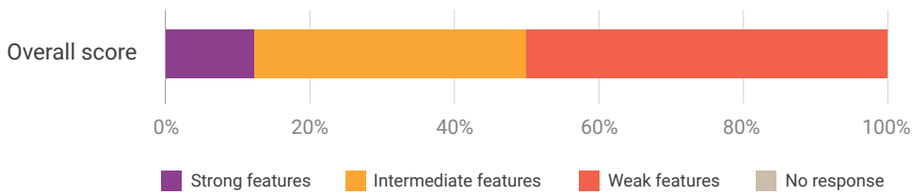
The following weaknesses were identified:

- There are no indicators derived from the elements of the sexuality education curriculum that are included in the national education management information system (EMIS) or school inspection tools.
- There is no information or data available in the country on the cost of sexuality education programmes for young people.
- There is no national data available on the outcomes and impact of sexuality education programmes for young people.

The EMIS provides an opportunity to include indicators for monitoring school sexuality education programmes.

The "present" alignment score for monitoring and evaluation mechanisms for sexuality education programmes did not change from 2017 to 2021 (Figure 39); however, the alignment of the "present to some extent" score almost doubled, from 38 per cent in 2017 to 70 per cent in 2021 (Figure 38).

Figure 39. Monitoring and evaluation, 2017



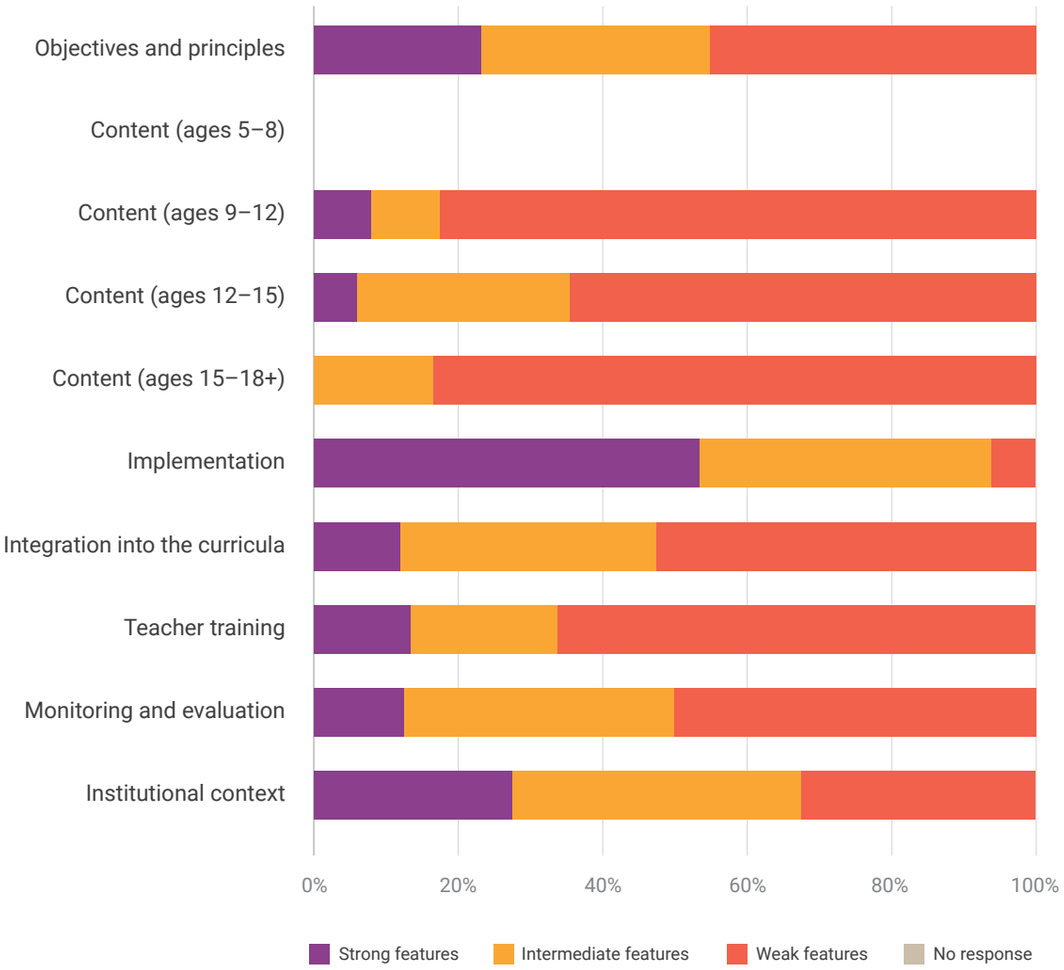
Source: Data collected through the SERAT tool.

PROGRAMME COHERENCE

Photo: UNFPA Republic of Moldova/Vladislav Culiomza

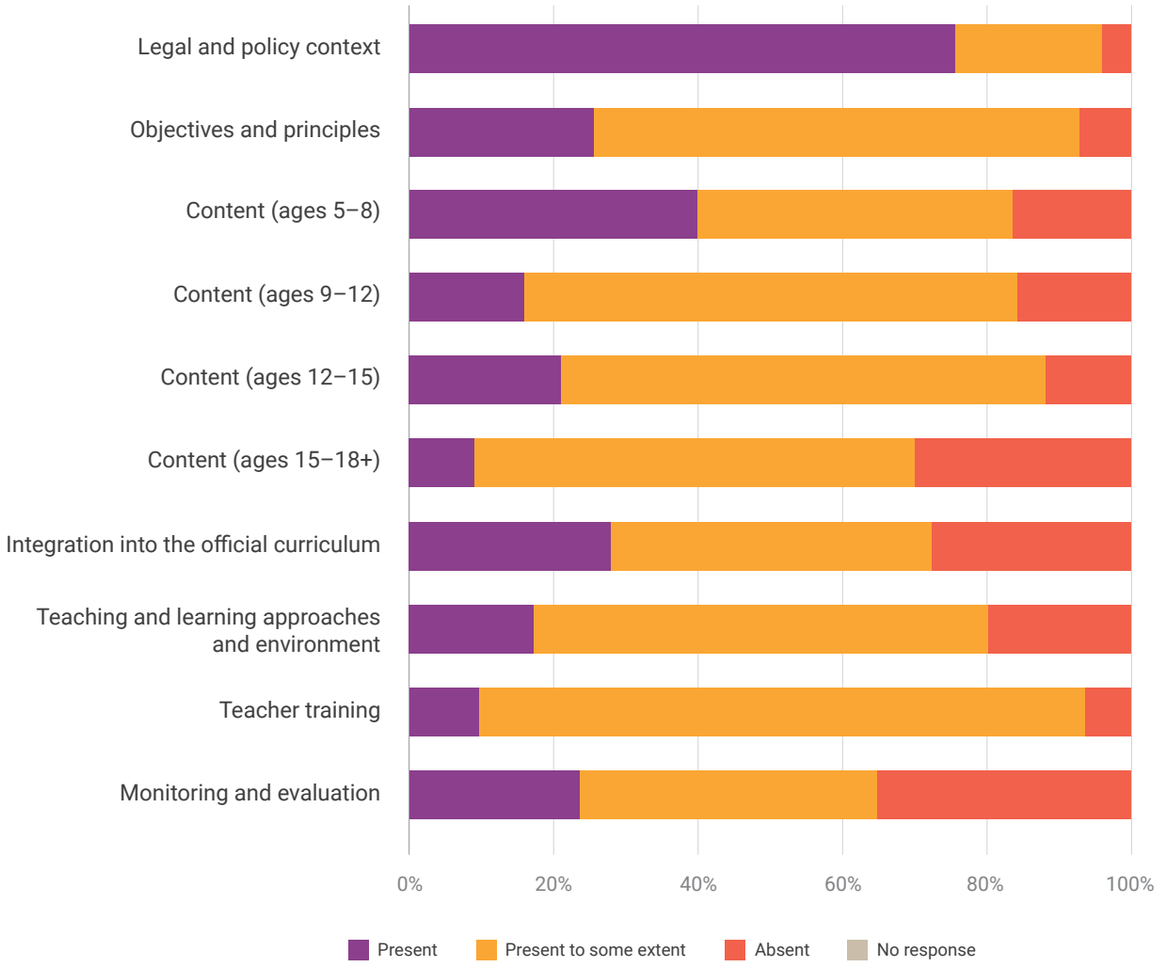
The results of the assessment demonstrate that significant progress has been made in the development of CSE programmes compared with 2017 (Figure 40). At the same time, these programmes comply with international standards only to a certain extent, in terms of objectives and principles as well as content, age-appropriateness, curriculum integration, teaching and learning, teacher training, monitoring and evaluation, etc. (Figure 41).

Figure 40. Summary of country results, 2017



Source: Data collected through the SERAT tool.

Figure 41. Country summary results, 2021



Source: Data collected through the SERAT tool.

Overall, every component of the compulsory school curriculum related to CSE progressed from 2017 to 2021, achieving a much higher score of alignment with international CSE standards:

1. *Legal and policy context*: The regulatory legal framework is supportive and is 75 per cent in line with international CSE standards.
2. *Objectives and principles*: At the level of objectives and principles, full alignment was 23 per cent in 2021 (18 per cent in 2017), and alignment to some extent was 70 per cent in 2021 (54 per cent in 2017).
3. *Content:*
    - Content for 5–8-year-olds: full alignment, 40 per cent; alignment to some extent, 42 per cent (in 2017, this content was entirely missing from the curriculum)

- *Content for 9–12-year-olds*: full alignment, 18 per cent (8 per cent in 2017); alignment to some extent, 65 per cent (22 per cent in 2017)
- *Content for 12–15-year-olds*: full alignment, 21 per cent (13 per cent in 2017); alignment to some extent, 67 per cent (40 per cent in 2017)
- *Content for pupils aged 15–18+*: full alignment, 9 per cent (7 per cent in 2017); alignment to some extent, 60 per cent (42 per cent in 2017)

4. *Integration into the official curriculum*: full alignment, 28 per cent (12 per cent in 2017); alignment to some extent, 44 per cent (41 per cent in 2017)
5. *Teaching and learning approaches and environment*: full alignment, 18 per cent (52 per cent in 2017); alignment to some extent, 62 per cent (48 per cent in 2017)
6. *Teacher training*: full alignment, 8 per cent (6 per cent in 2017); alignment to some extent, 84 per cent (53 per cent in 2017)
7. *Monitoring and evaluation*: full alignment, 23 per cent (13 per cent in 2017); alignment to some extent, 42 per cent (37 per cent in 2017)

CONCLUSIONS AND RECOMMENDATIONS

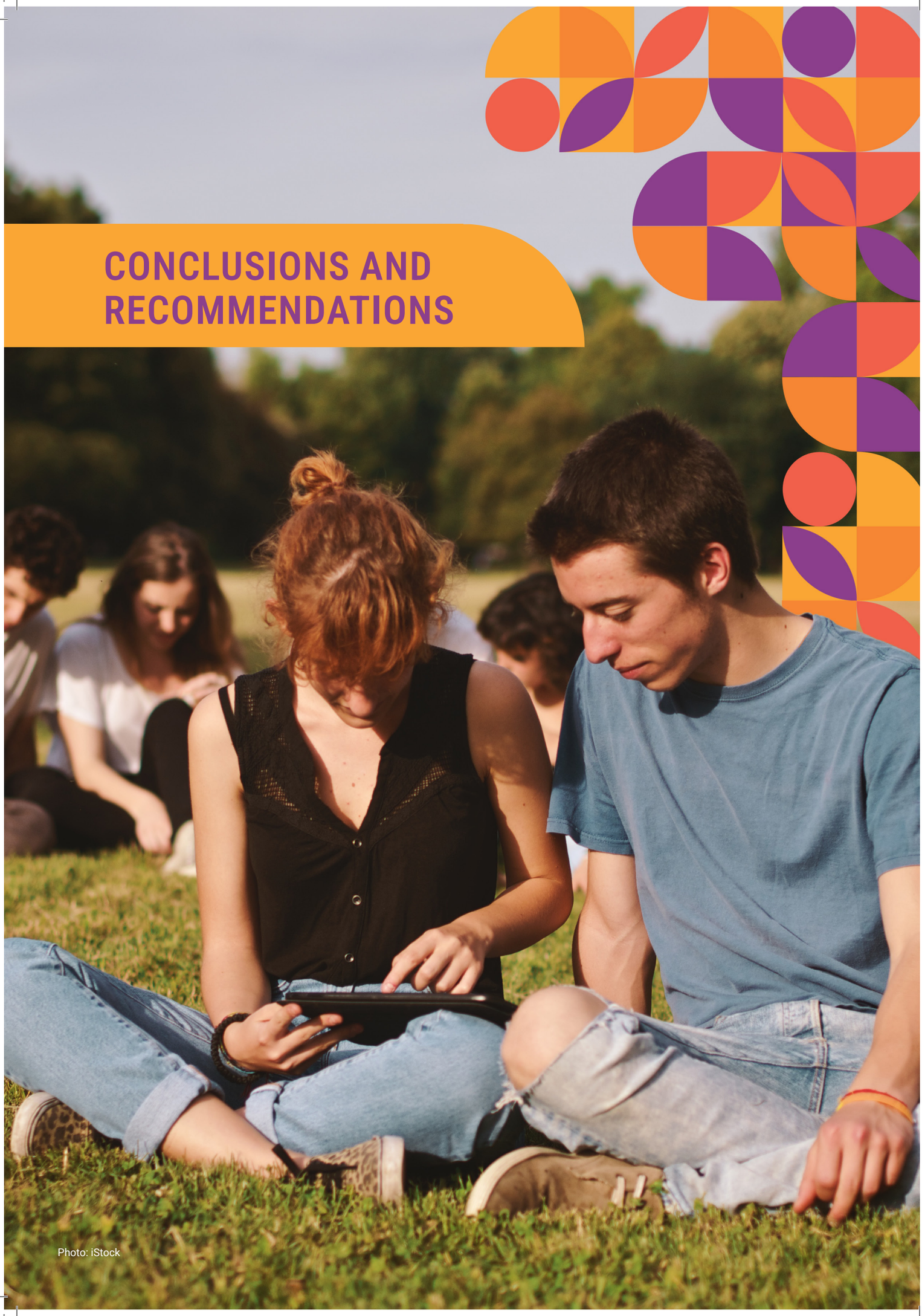


Photo: iStock

- The analysis of the relevant SRH indicators for adolescents and young people shows, on the one hand, some positive trends, such as a reduction in adolescent pregnancies, STIs and child marriages. At the same time, despite the positive trends of decreasing pregnancy rates among minors, STI morbidity remains at a high level, and the incidence of HIV is increasing, especially among groups at higher risk of HIV infection and their partners. Gender-based violence is widespread among young people and largely influenced by gender stereotypes. School health services are not currently adapted to provide SRH services to students. The development of youth-friendly health services and increased access to formal and non-formal sexuality education programmes have been instrumental in improving some SRH indicators for adolescents and young people.
- The review of the policy and legal context found the presence of a very supportive legal and policy framework for the implementation of CSE programmes in the compulsory school curriculum, as reflected in the provisions of the Law on Reproductive Health, the Law on HIV/AIDS Prevention, and the National Programme on Sexual and Reproductive Health and Rights. At the same time, the legal framework on education (Education Code) supports, to a more elusive and unclear extent, the development of life skills and comprehensive health education, including sexuality education, as well as the sustainable development of health services in schools and their collaboration with youth-friendly health services. However, a stronger focus on life skills, health education and sexuality education appear in the recently approved National Education Strategy 2030.
- Curriculum reform in 2018/2019 enabled the integration of CSE into the compulsory school curriculum. As a result, almost all CSE components have progressed since 2017, achieving a much higher score of alignment with international CSE standards.
- Overall, the results of the 2021 assessment demonstrate significant progress in the development of sexuality education programmes since 2017, achieving a much higher score of alignment with international CSE standards in 2021 – a 54 per cent average score for all components,[62] compared with 34 per cent in 2017.

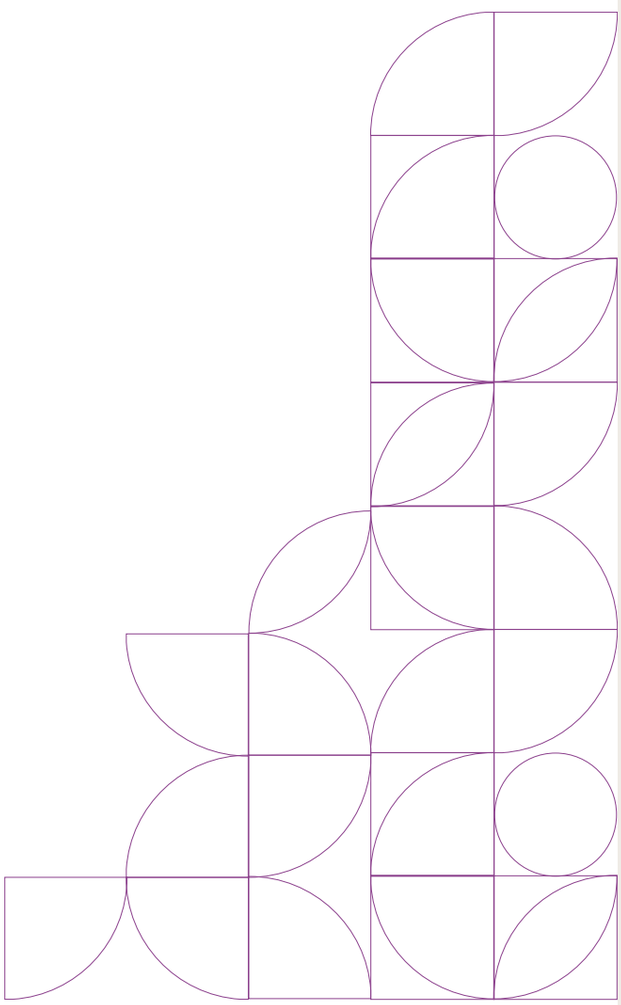
The analysis of the strengths and weaknesses of each component of the interdisciplinary sexuality education programme implemented in the Republic of Moldova revealed a number of areas that need further development. With that in mind, the following actions are recommended:

- Improve teachers' capacity to deliver CSE through sustainable interventions (a) by reviewing/introducing sexuality education into the initial (in universities and colleges) and continuing teacher training programmes, and (b) by equipping teachers and schools with teaching and learning materials.
- Continue aligning existing CSE programmes with international standards, in particular:
  - Adapt content according to developmental needs by age; current programmes are largely delayed by several years.
  - Address gender-specific needs and vulnerabilities as well as gender stereotypes that influence health behaviours in girls and boys.

62. Weighted score = "present" x 1 (100%) + "present to some extent" x 0.5 (50%). The percentages for "present" and "present to some extent" are derived from the graphs automatically generated by SERAT.

- Develop self-awareness and assertive communication skills as well as negotiation in relationships.
- Address evidence-based prevention of unwanted pregnancy.
- Focus more on attitudes and skills, and on the positive aspects of health (emphasizing positive, protective alternatives instead of what not to do).

- Consolidate health services in schools and psychological support services, and further strengthen referral and cooperation with youth-friendly health services.
- Develop sustainable monitoring tools for CSE programmes by including relevant indicators in the EMIS.
- Invest in literacy (with a focus on teachers, youth workers, parents, young people, etc.) regarding the content and benefits of sexuality education programmes.



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