



MINISTERUL
EDUCAȚIEI, CULTURII
ȘI CERCETĂRII



NAȚIUNILE UNITE
MOLDOVA



CENTRUL
Parteneriat pentru
Dezvoltare

COVID-19 and youth: The effects of the pandemic on psycho-emotional wellbeing



COVID-19 and youth:

The effects of the pandemic on psycho-emotional wellbeing

AUTHORS:

Natalia COVRIG, public policy analyst, Centre Partnership for Development

Alexei BUZU, executive director, Centre Partnership for Development

Vasile CANTARJI, researcher, CBS-RESEARCH

This analysis is carried out by Centre Partnership for Development, within the Joint Fund for Development of Youth Centres and consolidation of the participation and civic involvement of young people in the Republic of Moldova of the Ministry of Education, Culture and Research, the Swiss Agency for Development and Cooperation and the United Nations Population Fund

Contents

Executive summary	3
Introduction	5
Context	6
Methodology	7
Analysis framework	9
Psycho-emotional wellbeing of young people: fundamental elements	11
The effects of the pandemic on psycho-emotional wellbeing of young people	14
Violence during the pandemic	21
Conclusions	24
Recommendations	25

Executive summary

The COVID-19 pandemic has caused significant social and economic changes. In response to the pandemic crisis, the authorities of the Republic of Moldova have resorted to different measures that aimed at preventing and reducing the incidence of infections. These measures affected the population differently, whether women or men, young or old.

While the taken measures were reasonable and necessary, they caused significant effects on psycho-emotional wellbeing of the population. Fear, anxiety, sadness continues to worsen along with the distancing from school, work, friends, etc¹. Psychological impact had implications for the entire population, but different age groups experienced these effects distinctly. This analysis focuses primarily on psycho-emotional wellbeing of young population, aged 15-24, during the COVID-19 pandemic. Understanding how the pandemic affects young people is essential to develop a policy response that will meet youth needs during the crisis, but also to strengthen the support for groups that were more affected by restrictive measures.

This analysis addresses the young population of the Republic of Moldova in terms of its response to the COVID-19 crisis and the isolation measures taken by the authorities. Depending on the response to the pandemic crisis, we defined 3 major groups of young people: (i) **negatively affected** – young people whose psycho-emotional wellbeing worsened during the pandemic, (ii) **unaffected** – young people whose psycho-emotional wellbeing remained constant/unchanged, (iii) **positively influenced** – those who improved their psycho-emotional wellbeing during the pandemic.

Young people faced psycho-emotional wellbeing problems before the outbreak of the pandemic crisis. Measured on a 10 points scale, the perceived level of life satisfaction of young people aged 15-29 was only 6.5 points in 2015, below the average level in OECD countries (6.8) and European Union member states (6.6)². According to a study conducted in 2018, about 36% of young people in Moldova were deprived³ and dissatisfied with their situation in one or more dimensions of wellbeing: health, education, employment, participation and inclusion. Problems related to psycho-emotional wellbeing persist also in 2020: 1 out of 10 young people is dissatisfied with living, both from social and economic perspective.

As the pandemic spread, anxiety, depression, and emotional turmoil worsened. About 20% of young people reported a worsening of psycho-emotional wellbeing during the COVID-19 pandemic, compared to the first months of the year (January, February). The isolation measures affected mostly the girls, youth from urban areas and those with low income.

Life dissatisfaction of young people risks becoming chronic in the long term. The psycho-emotional wellbeing of the population can be determined by the structural factors (such as the general level of life satisfaction) and cyclical factors (in this case, the pandemic). Taking into account the cyclical nature of the pandemic, its effects would result in a low short-term psycho-emotional wellbeing. However, without any mitigation interventions, the pandemic risks influencing the overall life satisfaction (structural factors), the level of dissatisfaction increasing continuously and risking becoming chronic in the long term.

1 [Coronavirus: What is anxiety and how can I get help?](#), BBC, 2020

2 Youth Well-being. Policy Review of Moldova; OECD, 2018, https://www.oecd.org/countries/moldova/Youth_Well-being_Policy_Review_Moldova.pdf

3 Deprivation refers to disadvantages and disparities among young people in terms of their access to resources, qualitative services, equal opportunities in different wellbeing dimensions: health, education, employment, participation, inclusion. An indicative example is the Small Area Deprivation Index (IDAM), which estimates economic, geographical, educational, income deprivation in different regions of the country.

Dissatisfaction with the lifestyle, isolation and distancing measures, caused, in turn, behavioural changes. The risky behaviours manifested before the outbreak of the pandemic increased their intensity and frequency during isolation. Out of the total number of young people that used tobacco in the pre-pandemic period (24%), about 38% used it more often during the pandemic crisis. Out of those who previously tried to cause themselves injuries (6,5%), about 13% had more often such attempts during isolation. The rate of violence also increased, which led to a considerable deterioration in the psycho-emotional well-being of young people.

Changes in psycho-emotional wellbeing and behaviour caused an urgent need for support. One third of young people needed help during the crisis in order to overcome anxiety and depression, and to maintain the emotional integrity. The need for support is higher among girls, who were also the most psycho-emotionally affected by the pandemic (43% of the total number of girls and 17,9% of boys were negatively affected).

Although the most affected group had the greatest need for help to overcome the crisis, it received the least support. 50% of youth with the lowest psycho-emotional wellbeing needed support to overcome anxiety during the pandemic. However, only about 60% of them requested help and 20% failed to receive support.

In order to improve psycho-emotional wellbeing of the population, especially of young people, national authorities need to develop a comprehensive and appropriate policy response. To achieve this goal, the following is needed:

- (i) Integration of psycho-emotional wellbeing and mental health issues into the policy response of authorities to the COVID-19 pandemic** – the issue of psycho-emotional wellbeing must be integrated in the government plans to overcome the pandemic crisis: in national strategies, action plans, national provisions.
- (ii) Development of the strategies to control the effects of the COVID-19 pandemic, that will meet young people's needs** – as the pandemic had a distinct effect on young people, policies and programs should also have a specific character depending on the area affected and the vulnerable groups at risk.
- (iii) Involvement of young people in the policy response conceptualisation and elaboration** in order to ensure a coherent approach of young people needs, especially of those vulnerable (youth with low income, from rural areas, young people with disabilities, etc.).
- (iv) Investing financial resources in complex support measures/programs** – resources allocated for programs and measures that promote psycho-emotional wellbeing must be sufficient, adequate and calibrated to the current level of the psycho-emotional wellbeing, need of support and share of affected population.
- (v) Providing continuous support for maintaining psycho-emotional wellbeing at a high level** – the authorities should develop formal, non-formal and informal educational programs, social programs and specialized support services to maintain the psycho-emotional wellbeing, but also to support the community actions, civic initiatives aiming at increasing social cohesion and solidarity (outreach actions).
- (vi) Development of social partnerships** - national support measures and programs could have a greater impact and coverage if social partnerships with organizations that provide similar services are considered.

Introduction

The COVID-19 pandemic had a strong impact on the economic and social life of the population.

Following the rapid spread of the pandemic, the authorities took several measures to prevent and reduce the incidence of infections, including distancing and isolation measures. These measures had a deep impact on the psycho-emotional wellbeing of the entire society. Physical interaction proved to be closely connected with the wellbeing of the population, its health and social opportunities.

Global studies of the pandemic impact show that young people are among the most affected groups of population. They had to adapt to the dramatic changes in education or labour market, daily routine and family life. Some experienced failures, depressive states or other traumatic experiences during the isolation, while groups that were marginalized or disadvantaged before the pandemic are now at the increased risk of becoming even more isolated⁴.

Young people are particularly vulnerable to the perturbations caused by the pandemic and many risks, at a crucial stage in their development, being left out of education, social and economic opportunities, out of a favourable environment for health and wellbeing. At the beginning of April 2020, the closure of schools at the global level affected about 1,6 billion students⁵. In the Republic of Moldova, on March 11th, 2020, the authorities decided to suspend the activity of educational institutions as a response to the COVID-19 pandemic⁶. Approximately 434.000 children and adolescents⁷ of the educational institutions of all levels were forced to isolate themselves at home, while schools were allowed to provide distance learning opportunities. According to official data, young people aged 15-24 is about 10% (247,983 people in the Republic of Moldova) of the total population of the country⁸.

Young people will play a key role in the sustainable development of the country if they have sufficient support and resources to benefit from a qualitative education, decent workplaces and remain healthy and empowered to reach their potential. Currently, over 28% of young people in the Republic of Moldova neither study nor is employed (NEET)⁹. At the same time, health problems faced by young people are very diverse: use of psychoactive substances, STI/HIV/AIDS, unplanned pregnancies, mental health problems, violence, traumas, stigmatization, discrimination, etc¹⁰. Diseases and disorders in the development of young people can have various side effects. Thus, according to World Health Organization data, 70% of adults' premature mortality cases are determined by the risk behaviours initiated in adolescence. The rate of early pregnancies continues to be twice as high in Moldova (29,12 per 1.000 women aged 15 to 19 in 2019¹¹) compared to the EU, with large disparities between the rural and urban areas. According to recent data, more than a third of adolescents have at least one parent working abroad, and about 10% of them have both parents working abroad. Therefore, this category is at increased risk of harmful behaviour and needs support for a safe transition to maturity.

4 <https://www.un.org/development/desa/youth/news/2020/05/covid-19/>

5 UNESCO (July 31st, 2020)

6 Ministry of Education, Culture and Research (March 10th, 2020)

7 National Bureau of Statistics of the Republic of Moldova (2020)

8 National Bureau of Statistics of the Republic of Moldova (2020)

9 https://www.undp.org/content/dam/moldova/docs/Publications/Inclusion_youth_NEET_EN_web.pdf

10 Study on health behaviors among school children (HBSC, 2018)

11 National Bureau of Statistics of the Republic of Moldova (2019)

For these reasons, this analysis aims to study the impact that the COVID-19 pandemic had on young people in Moldova, especially on their psycho-emotional wellbeing. For an adequate policy response, it is crucial to understand and to define the groups of population that were mainly affected by the crisis, their reaction to the restrictive measures, the dimensions of social life that suffered the most perturbations and the need for support for each category of young people, whose wellbeing was damaged during pandemic.

There is no universally accepted "definition" of the psycho-emotional wellbeing, as it may have different connotations for different individuals, groups and cultures. In this analysis, the psycho-emotional wellbeing is defined as: *a combination of the experience of individual (such as happiness and satisfaction) and his/her ability to act both as an individual and as a member of society.* By wellbeing we refer to the elements that define the population satisfaction in regards to health, lifestyle, social interactions. According to the World Health Organization, the wellbeing is defined as a "resource for a healthy life" and a "positive state of health", which means more than the absence of disease and that allows us to function effectively from psychological, physical, emotional and social perspective¹². At the same time, the psycho-emotional well-being of the population is also interpreted as the way the person perceives himself, evaluates his life/ living, the way he feels and activates on a personal and social level¹³.

The wellbeing can be measured by subjective and objective factors. Subjective factors refer to the way the person feels himself/herself (perceptions of own functionality, usefulness, satisfaction with their own lifestyle), while objective factors show us the objective/measurable states related to health. This analysis addresses the wellbeing of the population from this perspective, following the changes that occurred as a result of the pandemic spread.

CONTEXT

The effects of the pandemic are experienced differently by different age groups. An analysis developed by OECD¹⁴ confirms the psychological impact of the distancing and isolation measures on young people, who are characterized by a higher level of stress compared to other age groups. According to the analysis, over 50% of young people consider mental health the most difficult domain for mitigation the effects of the pandemic.

International analyses of the COVID-19 impact pay special attention to psycho-emotional wellbeing, which is considered one of the most affected dimensions. According to a report developed by the McKinsey Global Institute¹⁵, the pandemic caused a decrease in life satisfaction, from 6,7 to about 6,3 points (on a scale from 0 to 10, where 0 means total dissatisfaction, and 10 – high level of satisfaction). Anxiety caused by the health crisis, economic uncertainty and limited possibility to stay close to friends and family are the main factors of this trend.

12 https://www.hsl.gov.uk/media/202146/5_kim_who.pdf

13 Measuring Wellbeing: A guide for practitioners; New Economics Foundation, <https://neweconomics.org/2012/07/measuring-wellbeing>

14 Youth and COVID-19: Response, recovery and resilience; OECD, 2020, <https://www.oecd.org/coronavirus/policy-responses/youth-and-covid-19-response-recovery-and-resilience-c40e61c6/>

15 Wellbeing in Europe: addressing the high cost of COVID-19 on life satisfaction, <https://www.mckinsey.com/feature-insights/europe/well-being-in-europe-addressing-the-high-cost-of-covid-19-on-life-satisfaction>



Figure 1. Score of life satisfaction, EU-27, UK

Source: Eurofound, Eurostat, Bureau of Statistics UK, McKinsey

Although psycho-emotional satisfaction/wellbeing is influenced by both economic and social factors, the latter seem to have a higher share. Low income and unemployment concerns during the pandemic played an essential role in the lowering the wellbeing¹⁶. However, among the European Union member states, the decomposition of the (dis)satisfaction into individual components suggests that health and relationship concerns are higher during the crisis (see figure 1).

The COVID-19 impact on health, including mental health, is strongly felt. In 2018, 69% of people in Europe reported "good or very good" health, while in April 2020 it fell to an average of 63%. The psycho-emotional wellbeing was decreased even more: the share of people who report depression/anxiety doubled, from 6% in 2016 to 13% in April 2020¹⁷.

Mental health of the population in Moldova was also affected. According to a study conducted in April 2020¹⁸, about 40% of the population claims that their mental/emotional health was affected during the COVID-19 pandemic, women being more exposed. At the same time, over 60% of the population is worried about the stress caused by the quarantine. Isolation restrictions became the risk factors for psycho-emotional wellbeing and overall life satisfaction, causing depression, fear, anxiety and, consequently, excess of alcohol, intake of psychotropic substances, domestic abuses, etc.

This research analyses these aspects in order to provide a general analytical framework on the profile of young people affected by the pandemic crisis, the most exposed dimensions, directions and trends of evolution of psycho-emotional wellbeing both in the short and long term.

METHODOLOGY

The study highlights the impact of the COVID-19 pandemic on youth of the Republic of Moldova. In this analysis are reflected the aspects related to: the actual wellbeing of young people, the implications of the pandemic crisis for their wellbeing, their response to the crisis, attitudes and behaviours, etc. The basic intention is to analyse the way pandemic affected young people, including those vulnerable, and to identify their needs in order to develop an appropriate policy response.

16 COVID-19 in the United Kingdom: Assessing jobs at risk and the impact on people and places; McKinsey Global Institute

17 Wellbeing in Europe: addressing the high cost of COVID-19 on life satisfaction, <https://www.mckinsey.com/featured-insights/europe/well-being-in-europe-addressing-the-high-cost-of-covid-19-on-life-satisfaction>

18 Analysis of the impact of COVID-19 on gender roles; Centre Partnership for Development

(CPD), UN Women Moldova http://www.progen.md/files/2356_analiza_impactului_covid-19_asupra_rolurilor_de_gen.pdf

The data for this analysis were collected by the Centre of Sociological Researches and Marketing "CBS-AXA", on a sample of 1010 persons aged 15-24. The research is based on a simple random sample.

Data collection method: telephone survey with computer application (CATI).

Stratification criteria: 13 geographical regions, which fit to territorial administrative units before the return to districts, residential environment (urban-rural), size of urban localities (2 types: cities and municipalities), population in rural areas (3 types of rural communities: large, medium and small).

Sampling: Volume of the urban strata and of the total by regions (former districts), as well as the volume of the rural strata were calculated in proportion to general population, according to data provided by the National Bureau of Statistics of the Republic of Moldova.

Selection mode: random selection of phone numbers.

Representativeness: the sample is representative for young population of the Republic of Moldova, with a maximum error of $\pm 3,1\%$.

Data collection period: July 06th – 21st, 2020. The questionnaire was in Romanian and Russian, the respondents having the possibility to choose the preferred language.

Structure of sample:

		Number	%
Total		1010	100,0%*
Sex of respondent:	Male	466	52,0%
	Female	544	48,0%
Age of respondent:	15-17 years old	337	29,8%
	18-20 years old	284	28,7%
	21-24 years old	389	41,5%
Studies of respondent:	Pupil / student	295	27,7%
	Incomplete secondary education (gymnasium)	248	23,3%
	General secondary education	168	17,6%
	Professional technical education	174	18,8%
	Higher	125	12,7%
Language of communication:	Moldavian/ Romanian	868	84,8%
	Russian	142	15,2%
Presence of people with disabilities:	No	905	90,0%
	Yes	105	10,0%
Socio-economic level:	Low level	252**	26,8%
	Medium level	365	38,6%
	High level	330	34,6%
Residence environment:	Urban	501	48,9%
	Rural	509	51,1%

* Percentage data are weighted in order to improve the quality of the sample estimations and to make them consistent with the totals in the reference population.

** The answers I do not know/I do not answer were excluded from the calculation when estimating the income.

Limitations of study:

- (i) The study does not have a reference framework that would allow an accurate estimation of the pandemic impact. Psycho-emotional wellbeing was not studied previously in a consistent manner at the national level therefore, we do not have the possibility to analyze data compared to previous years. For this reason, within this research we tried to create reference elements and to identify the COVID-19 impact, starting from these elements.
- (ii) The changes in behaviours, attitudes, perceptions in recent months are attributed to the impact of COVID-19. In the absence of a reference framework, we cannot affirm with absolute certainty that these changes are determined exclusively by the pandemic.

ANALYSIS FRAMEWORK

For young people, especially those vulnerable, the COVID-19 pandemic presents considerable risks in education, employment, mental health, income, etc. Although the economic and social consequences of the pandemic crisis will be felt over the long term, its implications have an immediate and disproportionate impact on the wellbeing of young population. Certain groups of young people react “badly” to changes, others improve their wellbeing or do not react in any way to these circumstantial changes.

This analysis framework addresses the psycho-emotional wellbeing of youth from the perspective of the pandemic impact on it. In particular, the dynamics of psycho-emotional wellbeing as a result of isolation and distancing measures were analysed. In the absence of a general reference framework, the impact on wellbeing was estimated by the direction and dynamics of psycho-emotional and physical wellbeing during pandemic: whether it registered a negative, positive trend or remained unchanged compared to the period before the pandemic crisis.

Depending on the dynamics of the psycho-emotional wellbeing of young population during the pandemic, we defined 3 main clusters of young people: (i) **negatively affected** – those whose psycho-emotional wellbeing worsened during the pandemic, (ii) **unaffected** – people whose psycho-emotional wellbeing remained at the same level compared to the period before the pandemic, (iii) **positively influenced** – young people who registered an improvement of psycho-emotional wellbeing during the pandemic.

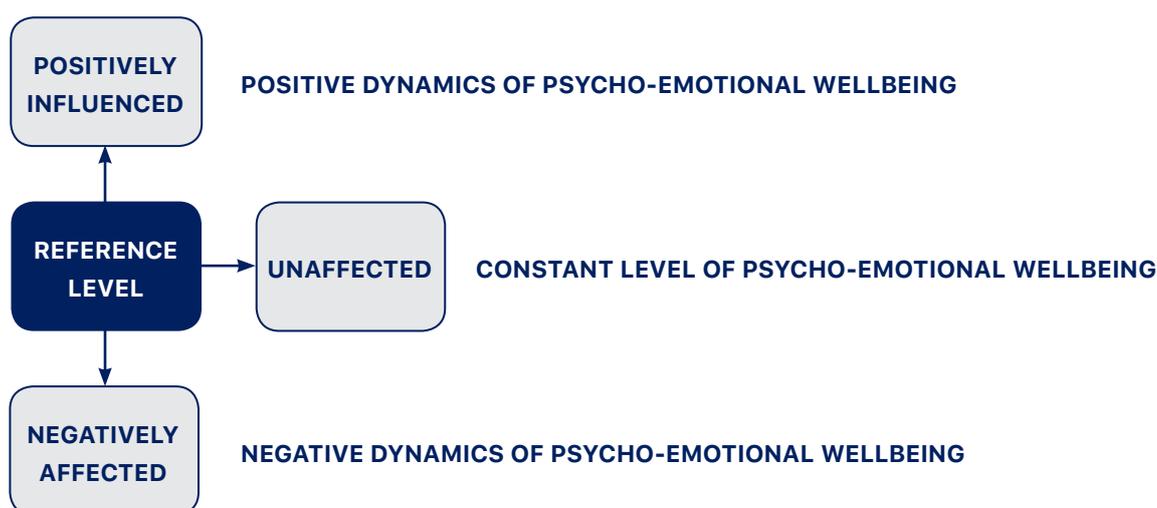


Figure 2. Clusters of psycho-emotional well-being of young people

To define these groups there was used the cluster analysis, which allowed the classification of young people according to their response to distancing and isolation measures. To estimate the wellbeing evolution, there were analysed the answers for 7 positive statements related to psycho-emotional and physical wellbeing during the pandemic:

- (i) presence of headaches,
- (ii) nervous outbursts/breakdowns,
- (iii) insomnia,
- (iv) fear/panic,
- (v) prolonged sadness,
- (vi) lack of appetite,
- (vii) crying or attempts of crying.

These 7 positive statements had 5 possible answers, ranging from *much more often* to *we did not have such a situation*. The answers to these 7 statements were aggregated in a final score, on a scale from 0 to 35. The string distribution was divided into 3 equal segments by weight: (a) segment 1 – young people with the lowest level of psycho-emotional wellbeing (negatively affected), (b) segment 2 – those with medium/constant wellbeing (unaffected), (c) segment 3 – those with the highest level of wellbeing (positively influenced).

From the perspective of policy and program response, the negatively affected young people are of the greatest interest. While it is important to identify all categories of young people, there is increased interest in those who have registered negative changes in psycho-emotional wellbeing during pandemic. It is important to understand what factors determined the negative evolution, which groups are most affected, were there offered some support measures, what needs are to be covered, etc. For these reasons **this analysis focuses primarily on the negatively affected youth**, which is the most relevant group for policy and program interventions.

Psycho-emotional wellbeing of young people: fundamental elements

In recent years, young people of Moldova faced several challenges related to various aspects of wellbeing. A study conducted by OECD in 2018 measured, through the *Multidimensional Deprivation Indicator (Y-MDI)*, the simultaneous deprivation and dissatisfaction of youth in several dimensions of wellbeing: health, education, employment, participation and inclusion. According to data, 36% of young people of Moldova were deprived in one or more dimensions of wellbeing. This trend is more noticeable among young people of the older cohort (18-29 years old). At the same time, the deprivation is higher among girls and young people from rural areas.

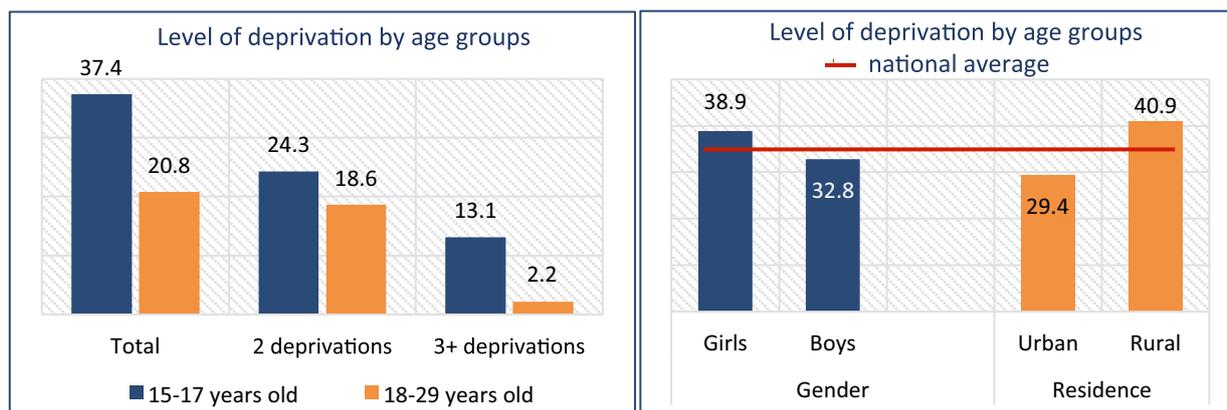


Figure 3. The level of deprivation of youth in Moldova by age, sex and place of residence, %
 * Note: by x deprivations we mean the number of wellbeing areas in which young people have high level of deprivation. Source: OECD, 2018

As for the subjective (self-perceived) psycho-emotional wellbeing of young people, there are also certain constraints. Ranked on a 10 points scale, the perceived level of life satisfaction among young people aged 15-29 years old in 2015 was 6.5 points, which is higher than among adults older than 30 years old. And in this case, rural youth are less satisfied with their way of life, which can be explained by the limited access to social opportunities in rural areas, less developed services, etc. At the same time, at regional level, youth of Moldova have a higher level of life satisfaction compared to the countries in the region, but the overall score of life satisfaction is lower compared to OECD countries and European Union member states.

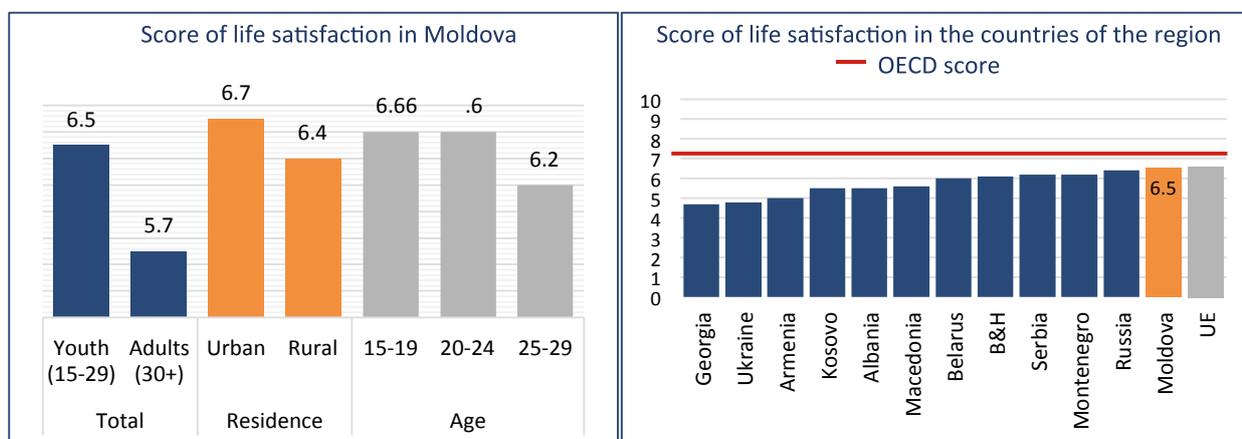


Figure 4. Score of life satisfaction among young people (15-29 years old) in Moldova
 Source: OECD 2018, Gallup World Poll 2015

Wellbeing-related problems of youth remain up to this day. According to recent data, 1 out of 10 young people is dissatisfied with living, both from social and economic perspective. The population wellbeing can be analysed through the *relationship with himself/herself* and the *relationship with others*. The relationship with *himself/herself* includes the aspects related to health, income level, opportunities, while the relationship with *others* refers to the interaction with the immediate circle: family, friends, work or school. The analysis of data reveals a more critical attitude of young people towards the relationship with *himself/herself* which indicates the existence of certain problems at the level of internal elements of the person: manner in which he/she perceives his/her state of health or physical condition at the moment, economic status, etc. Unlike European countries, where level of satisfaction in 2020 is largely determined by health problems, in the Republic of Moldova young people's dissatisfaction is determined by material problems.

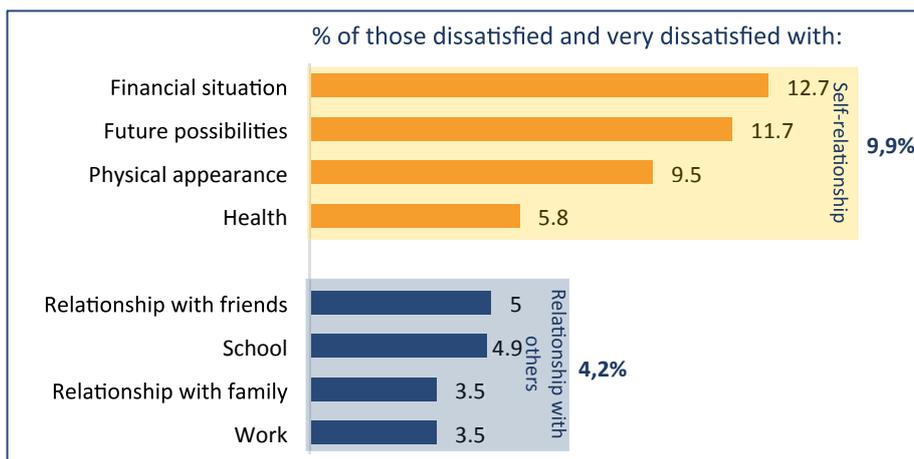


Figure 5. Degree of dissatisfaction of young people (15-24 years old) with various aspects of social life, %. Source: Opinion Poll CPD, UNFPA, 2020

Income and future perspectives are the main concerns of young people, especially of those vulnerable. Dissatisfaction with the financial situation and future perspectives increases with age, the highest level of dissatisfaction being attested among young people aged 21-24, when decisions related to education, work, family are most often made, etc. Vulnerable young people, with modest income are most concerned about that: a third of them are not satisfied with the financial situation, the share is about 6 times higher compared to the more advantaged youth. Inequalities are also very large in terms of the perceived health or future possibilities: the share of those dissatisfied with these problems is about 2 times higher among young people with low income.

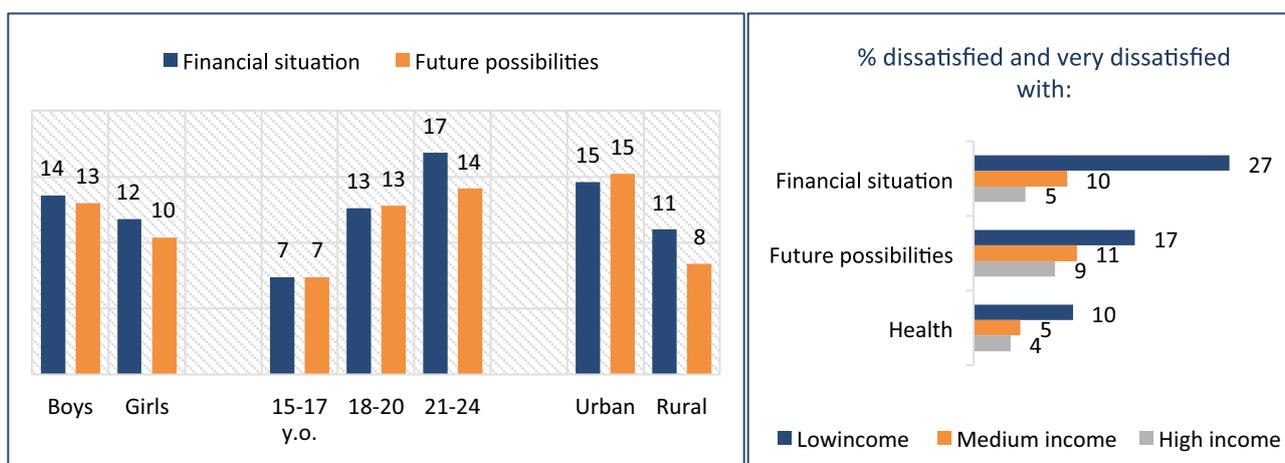


Figure 6. Level of youth dissatisfaction with health, financial situation, future opportunities, by groups, %. Source: Opinion Poll CPD, UNFPA, 2020

Young people experience also certain mental health problems. The analysis of the psycho-emotional profile of young people shows that they experience anxiety and frustration about aspects related to their future, their own usefulness and the ability to be active, clear and balanced, to interact with other people. Most of young people are pessimistic about the future, feeling useless or experiencing emotional tension. The share of those with low wellbeing increases with age: young people over the age of 20 most often experience anxiety.

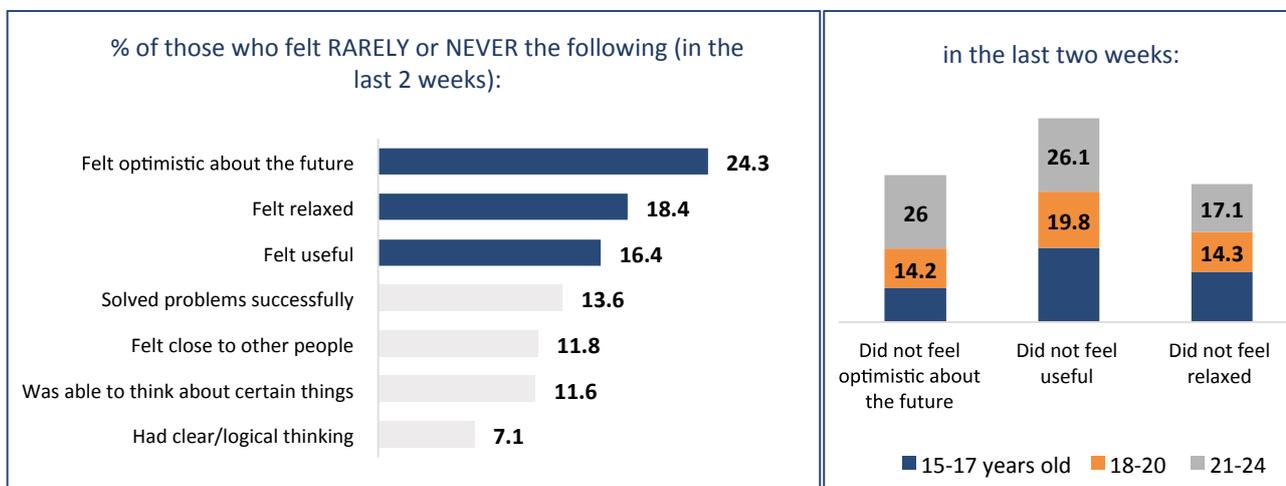


Figure 7. Level of mental health of young people in the last two weeks, %
Source: Opinion Poll CPD, UNFPA, 2020

When it comes to self-reported mental health, girls are more pessimistic. The population wellbeing can be measured by the subjective factors – self-assessment of wellbeing and the objective factors – measurement of wellbeing on the predetermined indicators-basis. In case of self-assessment, the girls position themselves at a lower level. About 80% of them are pessimistic about the future perspectives, compared to about 70% of boys. A similar situation is attested in terms of self-estimated own utility. However, in other dimensions of mental health, such as clear thinking, analytical abilities, relationships with others, etc., the situation is pretty identical.

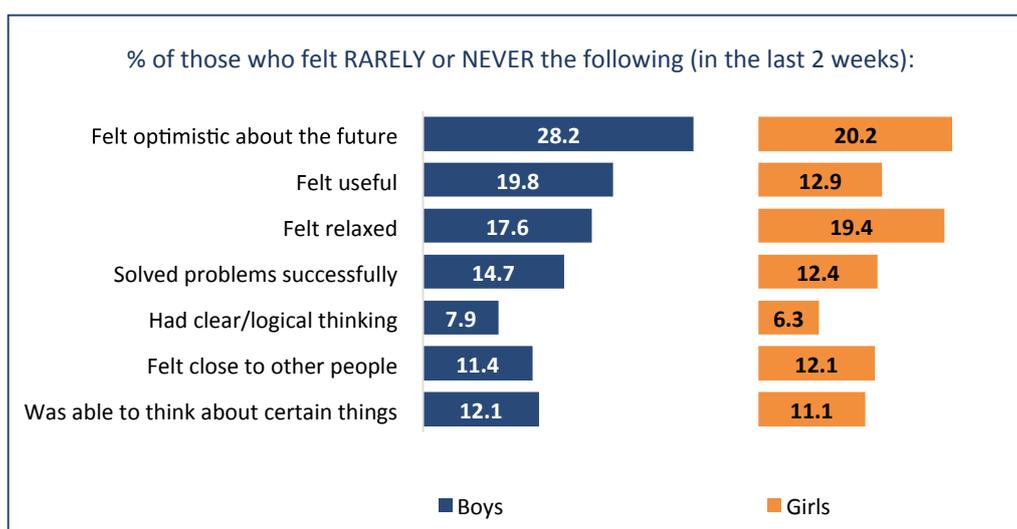


Figure 8. Youth mental health in the last two weeks, %
Source: Opinion poll CPD, UNFPA, 2020

The effects of the pandemic on psycho-emotional wellbeing of young people

The COVID-19 pandemic caused essential changes in physical and psycho-emotional wellbeing of young people. The stress associated with isolation and distancing measures, increased risk of domestic violence and uncertainty about the future are some of the channels through which the COVID-19 pandemic has impacted the psycho-emotional wellbeing of young people. According to a global report on the pandemic impact, about 17% of young people, with a high probability, faced anxiety or depression after the institution of the quarantine regime.

In the Republic of Moldova, the pandemic crisis also increased anxiety and uncertainty feelings among young people. During the pandemic, as a result of the isolation and distancing measures, the feelings of anxiety increased. About 20% of young people reported a worsening of the psycho-emotional wellbeing during the pandemic crisis, compared to first months of the year (January, February). The impact of the pandemic was felt both on psycho-emotional wellbeing (sadness, fear, seizures) and physical wellbeing (insomnia, lack of appetite, headaches).

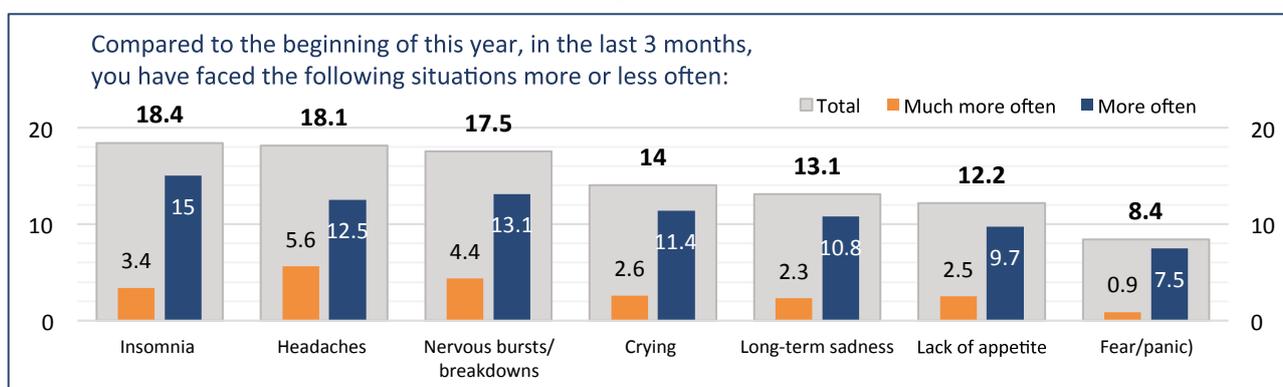


Figure 9. Share of young people that faced more often or much more often feelings of anxiety during the pandemic. Source: Opinion poll CPD, UNFPA, 2020

Although the general population was affected by anxiety, young people in the middle-aged and older cohort (over 21 years old) were more affected by the restrictions. Overall, the impact of the isolation measures was experienced distinctly by different groups of young people: some experienced increased anxiety and depression, while others, on the contrary, showed a higher level of psycho-emotional well-being. Depending on the impact of isolation measures and the response to them, we define 3 main groups of young people: (i) **negatively affected** – the group whose wellbeing worsened during COVID-19 pandemic, (ii) **unaffected** – those whose wellbeing remained unchanged/constant and (iii) **positively influenced** – young people whose psycho-emotional wellbeing improved. The highest level of anxiety was among youth over 18 years old, who were most affected by changes in the education system during the crisis: cancellation of graduation exams, confusion about how to organize further studies etc. At the same time, these are the young people who are going to integrate into the labour market, and this increases uncertainty: (i) during the crisis there will be a shortage of workplaces, (ii) the available jobs are likely to have a higher infection rate (e.g., service industries, where there are usually more young people) (Figure 10).

The measures imposed during the pandemic had a disproportionate impact on girls and boys. Self-isolation, distancing, restrictions in different spheres of public life (education, labour market, relations with environment) caused changes in the psycho-emotional wellbeing of the entire population, but girls/young women suffered more from them, compared to boys. The

COVID-19 pandemic has caused them to experience significantly more depression and anxiety. Inequalities in wellbeing vary from one situation to another, but in most cases, they are double or even triple to the disadvantage of girls: the incidence is twice as high in case of nervous breakdowns, sadness and three times higher in case of fear (figure 11).

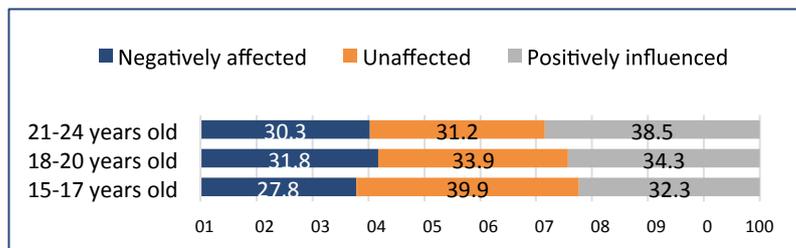


Figure 10. Classification of young people (15-24 years old) depending their psycho-emotional wellbeing during the COVID-19 pandemic, % Source: Opinion poll CPD, UNFPA, 2020

The analysis of wellbeing clusters confirms the stronger impact of the pandemic on girls. Out of the total number of girls/young women, over 40% were negatively affected (their wellbeing worsened significantly during the isolation). At the other extreme are boys/ men, half of whom (47%) are in the positively influenced group (whose level of psycho-emotional wellbeing increased). This can be explained by the gender roles related to family responsibilities distribution, participation in social and economic life. Some analyses on the social impact of the COVID-19 pandemic show that women undertook most of the household chores during isolation, at the same time being limited in relationships with the outside of the family environment.

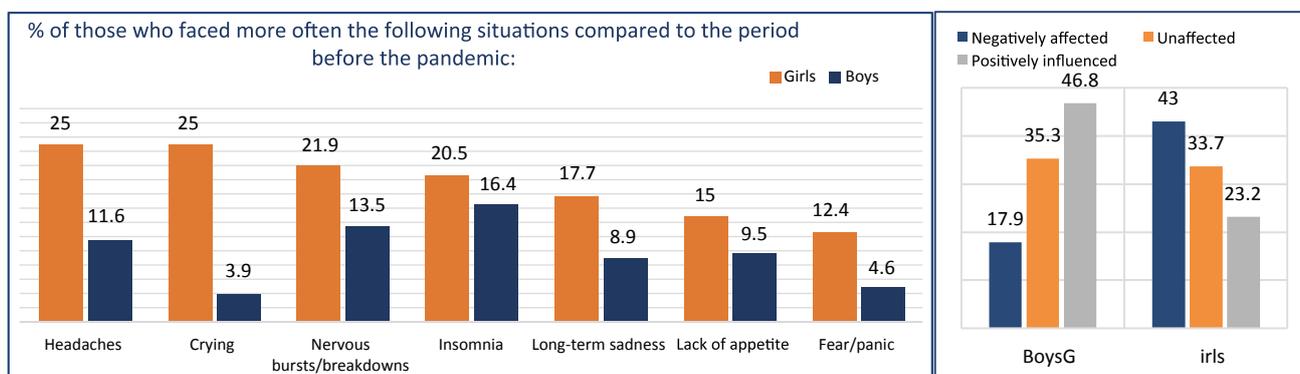


Figure 11. Share of young people who faced more often or much more often anxiety during the pandemic. Source: Opinion poll CPD, UNFPA, 2020

Inequalities in psycho-emotional wellbeing are higher among young people with low income. The pandemic crisis had a more visible financial impact. Young people do not have yet financial capital, so the restrictions imposed on the labour market during the crisis risk "throwing" them into poverty.

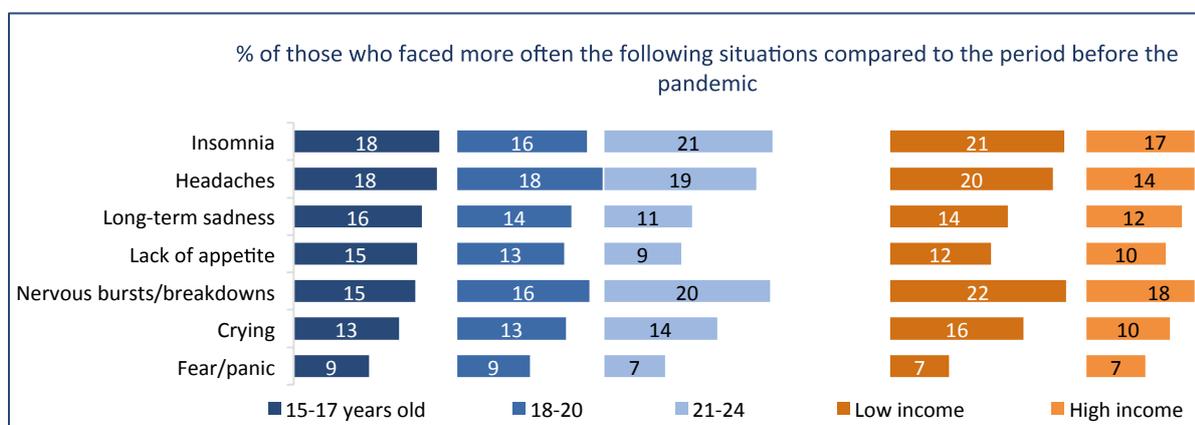


Figure 12. Share of young people who faced more often or much more often anxiety during the pandemic. Source: Opinion poll CPD, UNFPA, 2020

The pandemic increased wellbeing inequalities in territorial perspective. Although measures to prevent the spread of the COVID-19 virus were introduced at the national level during the emergency state (isolation and distance measures, mandatory protective equipment, etc.), the response to these restrictions varied from one community to another, with the greatest disparity between rural and urban communities. Residents of villages, including young people, despite the orders issued by the competent authorities, approached the restrictive measures more easily, since they were not fully monitored. At the same time, due to a higher social proximity in rural areas, the relationship and interaction between people was maintained at a fairly high level, compared to cities, where the distancing measures were monitored more rigorously. These factors determined a disproportionate psychological impact, with the psycho-emotional wellbeing of young people in urban areas being affected to a greater extent, while young people in rural areas were in a better position from this point of view (figure 13).

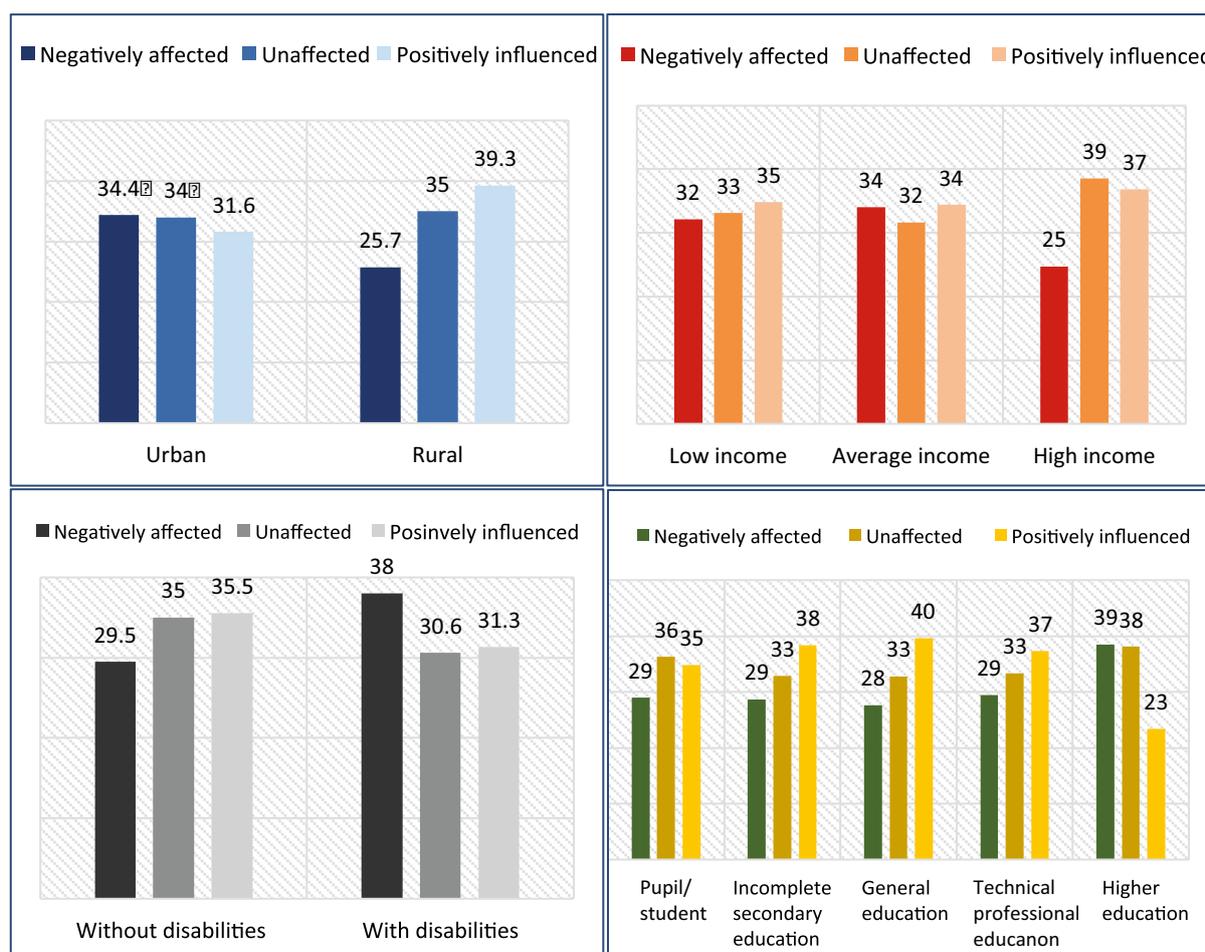


Figure 13. Impact of COVID-19 pandemic on psycho-emotional wellbeing of different youth social groups, %. Source: Opinion poll CPD, UNFPA, 2020

There are also important differences in the response to crisis depending on the level of education. About 40% of young people with higher education are positioned in the negatively affected group, compared to less than 30% of young people with lower levels of education.

Households with people with disabilities were more affected by the restrictions introduced during the pandemic. The psycho-emotional and physical wellbeing of people with disabilities was at risk prior to the outbreak of the pandemic crisis amid their limited mobility, limited access to social and economic opportunities, persistent discrimination and marginalization. The pandemic crisis worsened the wellbeing of this group of young people, 38% of them experiencing a higher

state of anxiety, compared to the period before the pandemic. The isolation measures caused an even greater distancing of the group from other members of society, thus being created favourable conditions for their increased marginalization.

The pandemic crisis has also increased the level of life dissatisfaction of young people, which can become chronic in the long term. The population wellbeing can be influenced by the structural factors (such as the general life satisfaction) and cyclical factors (in this case, COVID-19 pandemic). Due to the cyclical nature of the pandemic, its effects would result in low short-term psycho-emotional wellbeing. However, if the crisis conditions persist over time and specific mitigation measures are not undertaken, structural factors will be affected in the long term: life dissatisfaction will become chronic over time. Figure 14 shows that young people, whose psycho-emotional wellbeing decreased during the pandemic (the impact of cyclical factors), were the most dissatisfied with their living conditions in terms of health, income, relationships, etc. (impact on structural factors) and situation will worsen in the absence of urgent measures.

Dissatisfaction with own situation (in terms of health, income, relationships, etc.) is inversely proportional to the level of the psycho-emotional wellbeing, which show a close connection between these two elements. Figure 15 confirms the pandemic impact on the structural factors of wellbeing. Life dissatisfaction increases with the increase of anxiety during the pandemic. In the absence of some specific and calibrated interventions, the life dissatisfaction among those negatively affected will increase constantly.

Dissatisfaction with own lifestyle, social isolation and distancing measures caused, in their turn, a sharpening of risky behaviours. The pandemic crisis triggered changes both at the attitudes, self-perceptions level and at the behavioural level. Isolation restrictions, distancing from the social environment caused a worsening in alcohol and tobacco

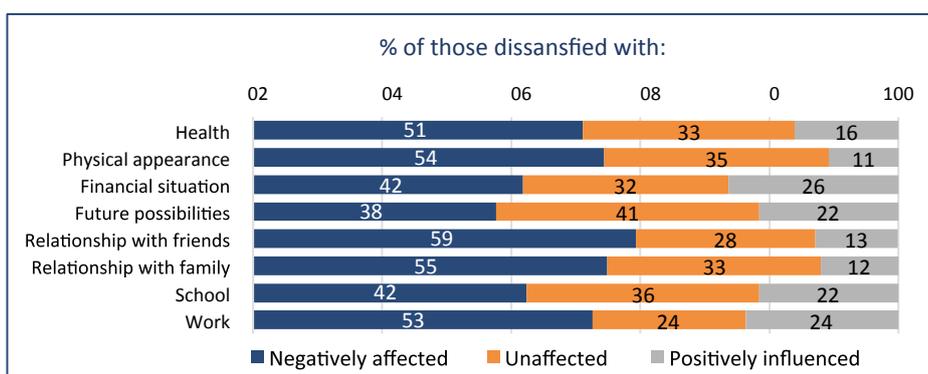


Figure 14. Dissatisfaction with various dimensions of public life by psycho-emotional wellbeing, %
Source: Opinion poll CPD, UNFPA, 2020

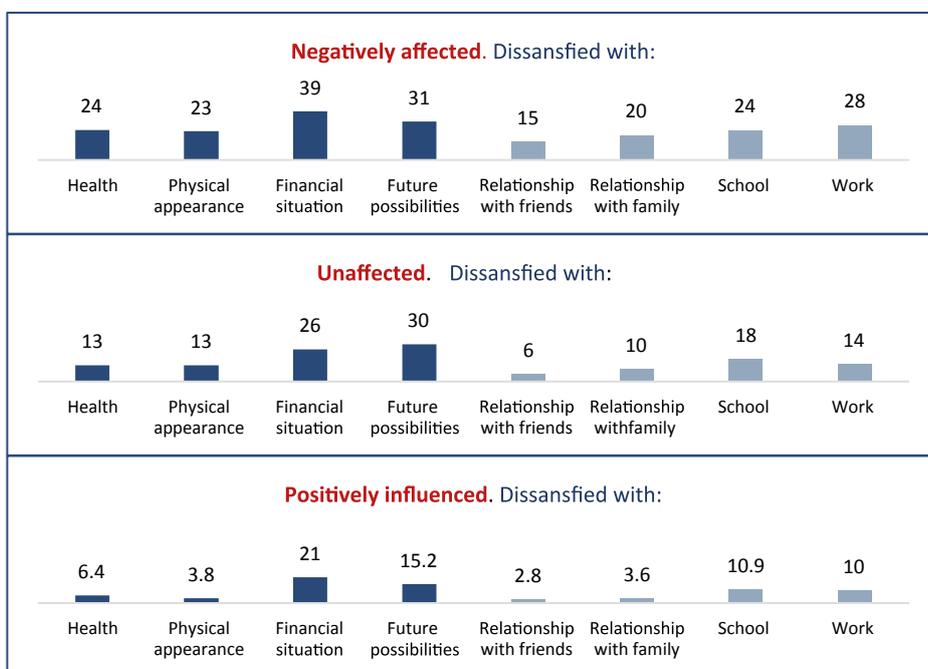


Figure 15. Correlation between dissatisfaction with different aspects of public life and psycho-emotional wellbeing, %
Source: Opinion poll CPD, UNFPA, 2020

consumption, harmful practices (beatings, drunk driving, self-harm). The analysis reveals that the risky behaviours manifested by some young people before the outbreak of the pandemic became more frequent during the isolation. Thus, out of total youths who smoked cigarettes in the last 12 months, about 37% used tobacco much more often during the pandemic, which suggest an emotional tension and stress among them. The alcohol consumption also intensified among young people who had this habit before the pandemic (also practicing drunk driving). We need to pay more attention to self-destructive behaviours (self-injuries), which tell us about the most serious form of anxiety that can end in suicide. Out of total young people who resorted previously to self-injury actions, about 13% had such attempts more often during isolation.



Figure 16. Changes in youth behaviour during the COVID-19 pandemic, %
Source: Opinion poll CPD, UNFPA, 2020

Distancing measures led to the greatest behavioural changes among young people over the age of 20, with low income. They reported more frequent involvement in beatings or other actions that endangered their health, they caused more often conflicts/beatings during isolation – 39% compared to 10% of youth aged 15-17. At the same time, in this age group, there is an increase in cases of extremely dangerous behaviour, such as self-harm/ injury - 8% in the case of young people aged 15-17 years old and 29% among those aged 21-24 (see figure 17). This trend confirms once again the visible impact of the isolation and distancing measures on psycho-emotional wellbeing of young people in the older cohort. Reasonably, young people of this age group were more exposed to problems related to unemployment and low income, remote work and life balance, reforms in education, all these being less relevant for children. Moreover, these young people are those going to integrate into the labour market, and the uncertainty related to this aspect increases frustration even more.

Changes in psycho-emotional wellbeing and behaviour determined a strong need of support for youth to overcome the crisis. One third of young people felt the need for help during the pandemic crisis in order to overcome anxiety and depression and to maintain the emotional integrity. The need for support is greater among girls, who were also the most emotionally affected by the pandemic crisis.

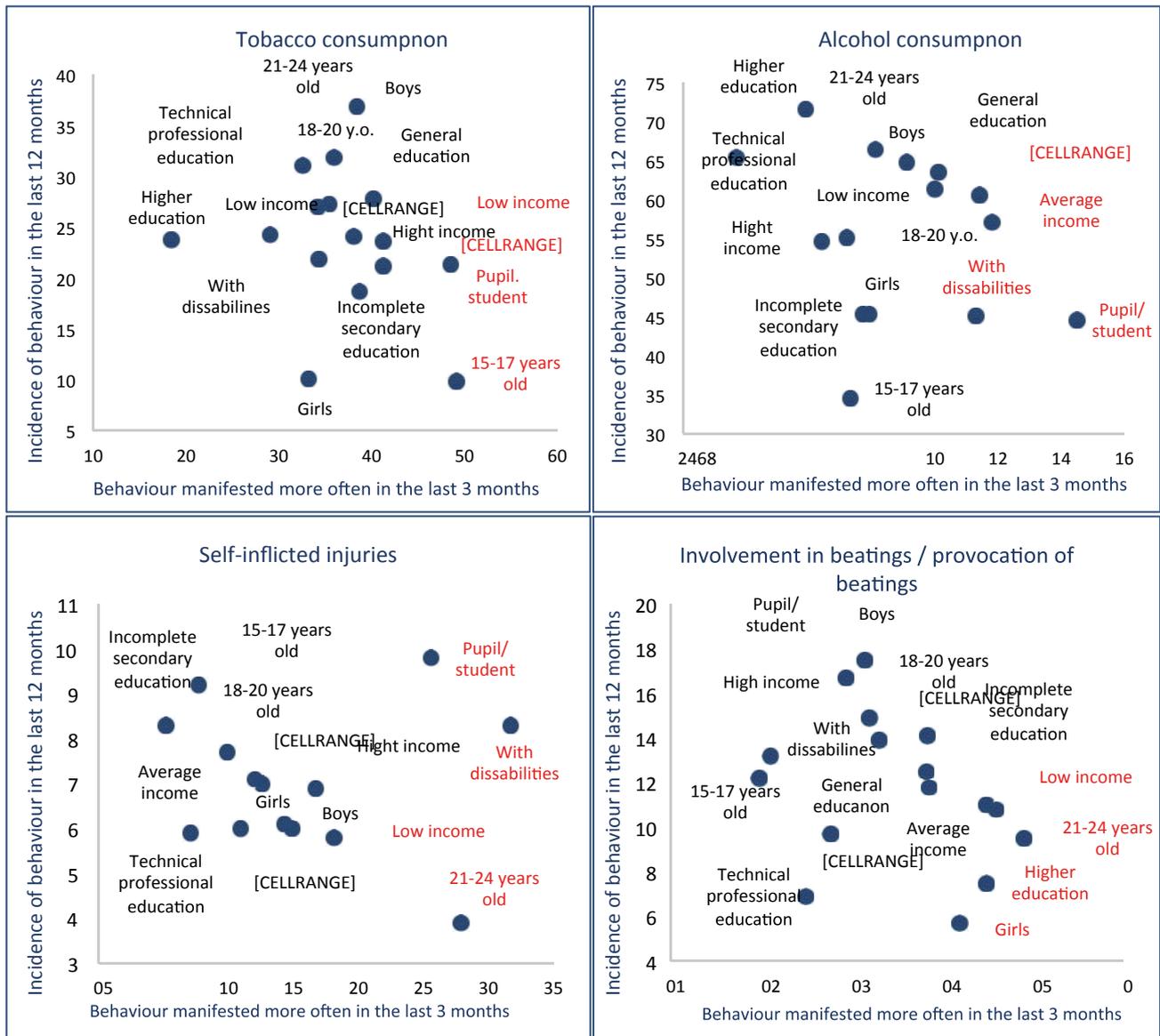


Figure 17. Social groups mapping by behavioural changes occurred as a result of the COVID-19 pandemic spread, %; Source: Opinion poll CPD, UNFPA, 2020

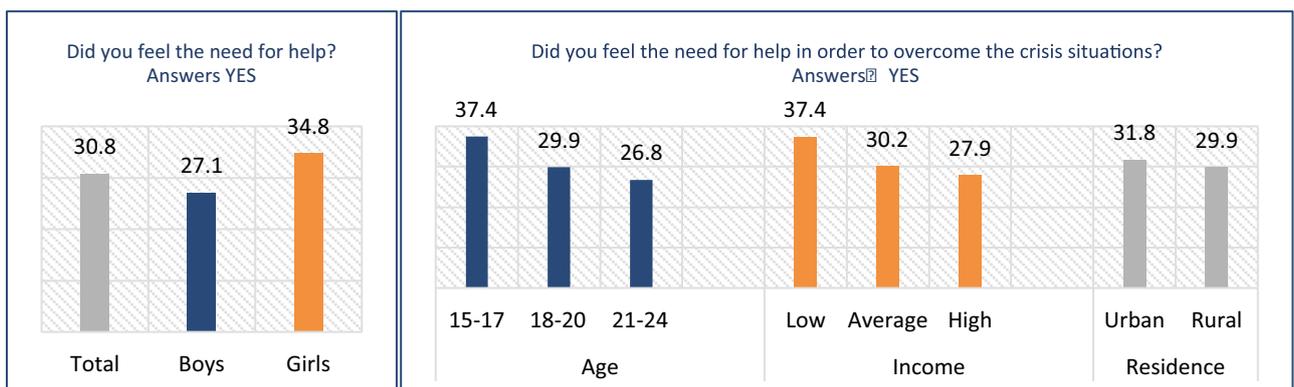


Figure 18. Changes of behaviour of young people as a result of the COVID-19 pandemic, % Source: Opinion poll CPD, UNFPA, 2020

While the group hardest hit by the pandemic crisis needed the most help to get over anxiety, it received the least support. When we talk about an appropriate response to crisis situations in health or other area, it should be based on the inclusion principle (*no one left behind*) – the key

element of a policy response that provides support for vulnerable people. When this principle is not taken into account, the policy response may not be effective or will not generate the expected results. Figure 19 show that 50% of young people with the lowest wellbeing needed support during the pandemic to get over the crisis. However, only about 60% of them asked for help, and 20% failed to receive it.

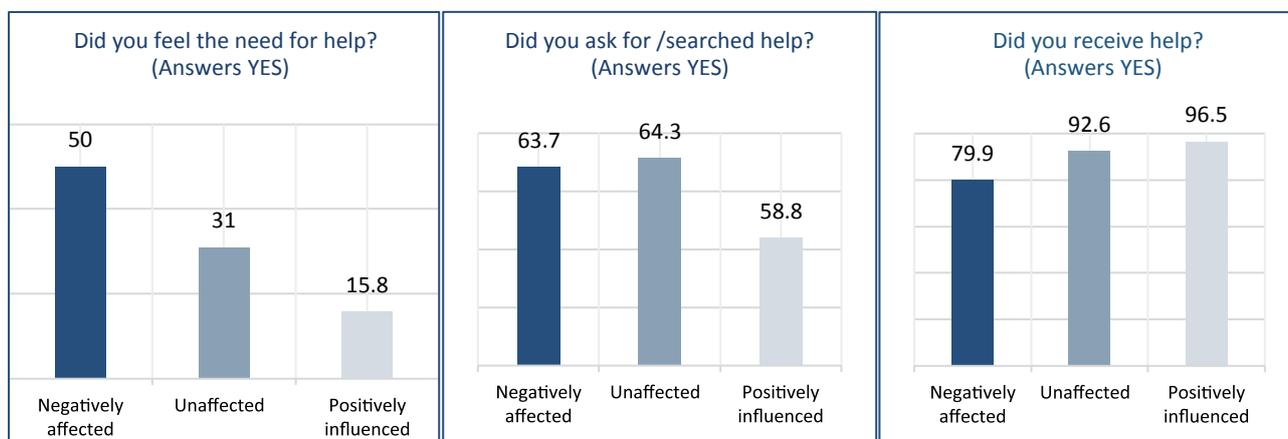


Figure 19. Support provided to young people during COVID-19 pandemic, %
Source: Opinion poll CPD, UNFPA, 2020

Despite the high level of anxiety during the pandemic, few young people asked professionals for help. Most young people preferred to ask their own entourage for support (family, relatives, friends) and less -people who could provide specialized services. While there are no significant differences in behaviour between girls and boys, we still see a slightly higher tendency among girls to use specialized services. At the same time, we see a higher level of vulnerability in rural areas, where there was no evidence of professional support, compared with 8% in the case of young people in cities. This show a low level of access to specialized services in rural areas.

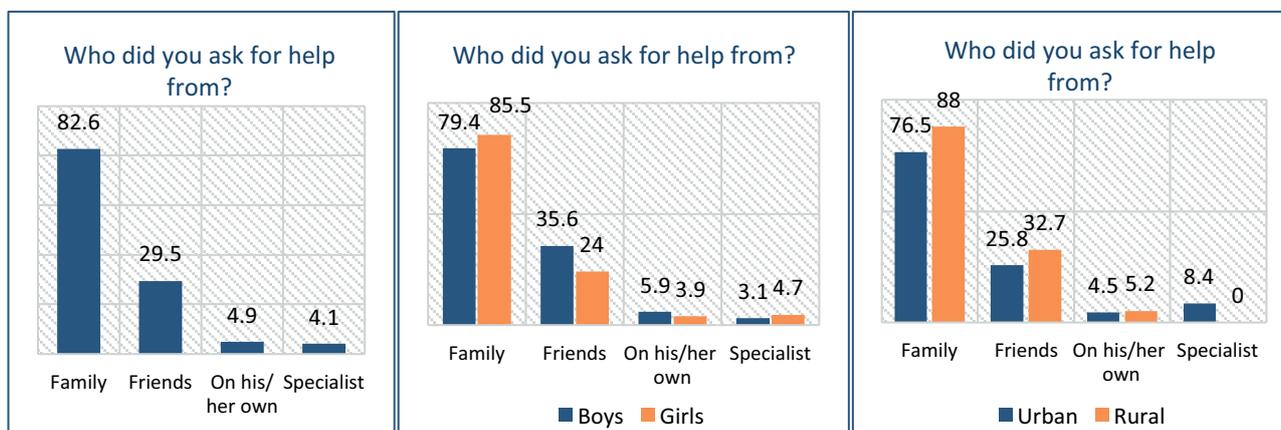


Figure 20. People/actors from whom young people (15-24 years old) requested the support during COVID-19 pandemic. Source: Opinion poll CPD, UNFPA, 2020

Violence during the pandemic

The COVID-19 pandemic increased the risk of domestic violence. The development of aggressive behaviour during isolation affects inevitably the psycho-emotional health of the population. Exposure to abuse and violence has long-term psychological effects on children, adolescents and women who are the most frequently exposed to domestic violence. According to a study of the pandemic impact on the population wellbeing during isolation, the level of violence increased by about 30% in France and by more than 20% in the United States. In England, the number of calls to the domestic violence hotline increased by 25%, and the number of calls for domestic violence - by 75%.

At the global level, violence against women and children intensified during isolation at home. More and more countries report the worrying statistics showing that the COVID-19 pandemic placed the vulnerable people in high risk. Since a large part of population was in isolation at home during the emergency state, it has reduced possibilities to request support from Police or at hotline, as the affected persons were in close proximity to the abuser. With regard to violence against children, the data show that those who should protect children (parents, guardians, other family members, teachers, etc.) most often abuse them.

In Moldova the rate of violence during the pandemic increased as well. According to internal statistics La Strada, the calls to the trust line in April 2020 doubled compared to March, increasing from 70 to 165 calls. At the same time, according to the reports of the General Police Inspectorate, in the first 4 months of this year, 4213 complaints of domestic violence were considered, which is about 7% more than in the same period in 2019. The available data show that in the first half of 2020, 3363 cases of violence against children were registered, of which 40% were physical violence and 27% were psychological violence. In the context of transition to distance learning, cyber-bullying becomes a major problem.

Young people who were abused before the pandemic spread were even more likely to be abused during isolation. Thus, during the crisis, aggressive behaviour intensified, and groups that were often subjected to violence became even more vulnerable (amid of limited access to support). The highest increase is observed in the case of serious forms of violence - threats and blows with an object or with the foot/ hand - about 22%.

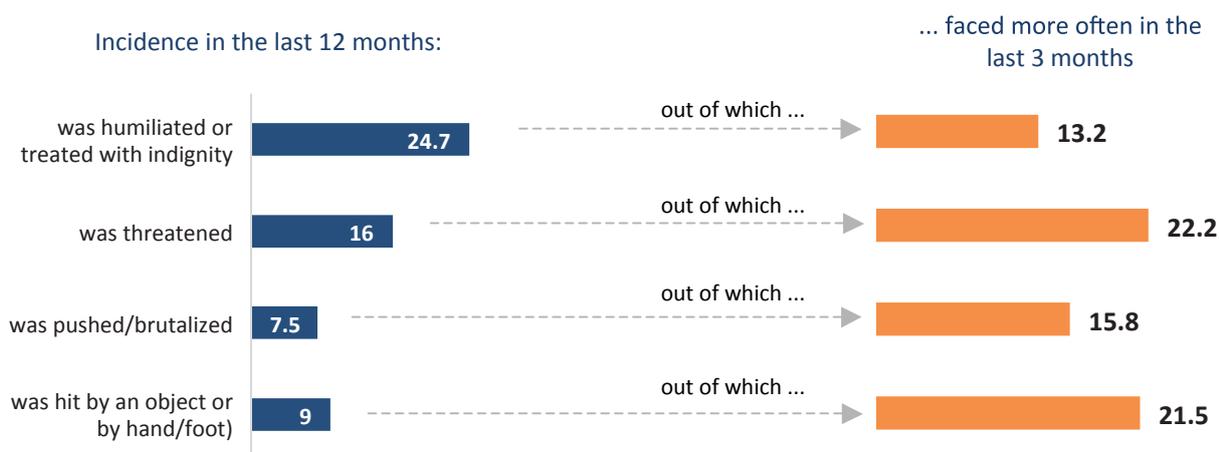


Figure 21. Incidence of violence during the COVID-19 pandemic, compared to the previous period
Source: Opinion poll CPD, UNFPA, 2020

The incidence of violence increased more among girls. Available data show that boys and girls are equally affected by various forms of violence. According to a study conducted among pupils, over 70% of them suffered from at least one form of bullying at school in 2019¹⁹. However, analysis of the dynamics of violence during the pandemic indicates a more noticeable increase in the incidence among girls. In particular, they were more likely to be exposed to serious forms of violence: threats and beatings, which once again confirm the increased vulnerability of this group.

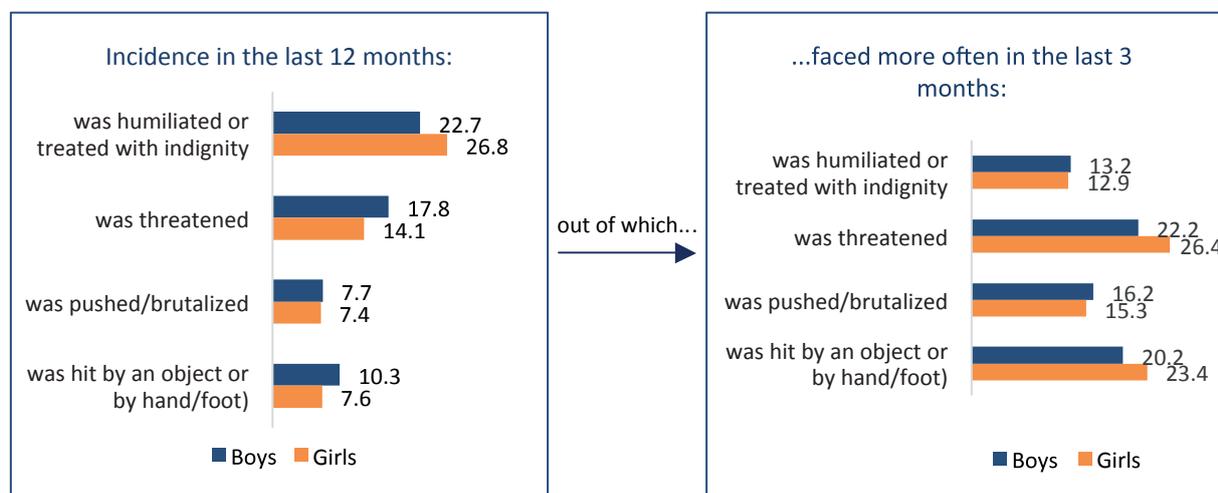


Figure 22. Incidence of violence during the COVID-19 pandemic
Source: Opinion poll CPD, UNFPA, 2020

The increased rate of violence may be one of the determining factors of psycho-emotional wellbeing during the pandemic. The population wellbeing is influenced by multiple factors, either objective or subjective. This analysis shows that wellbeing was also influenced by the increased presence of various forms of abuse in the lives of young people: more than half of those who experienced acts of violence showed higher levels of anxiety and emotional distress during isolation. An exception in this regard is observed in serious cases of violence - hitting with an object or with a hand/ foot - where the proportion of victims is lower compared to young people who registered positive dynamics of psycho-emotional wellbeing. This exception is explained by the fact that girls most often experienced serious forms of violence (beatings), making up the majority of the negatively affected group of young people. The positively influenced group consists mainly of boys, who are also the least susceptible to violent forms of violence and, therefore, have a higher level of psycho-emotional well-being.

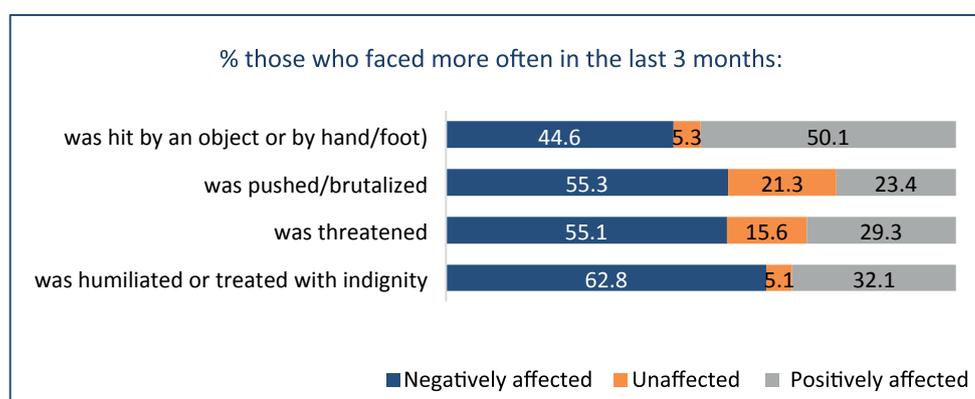


Figure 23. Incidence of violence during the COVID-19 pandemic
Source: Opinion poll CPD, UNFPA, 2020

19 Bullying among students in Republic of Moldova, UNICEF, 2019

Young people were affected differently by the presence of violence. A higher incidence is observed among the persons aged 21-24, this being the category that to a greater extent lives independently of the family of origin. This indirectly suggests that the acts of violence during the pandemic were largely committed by the partner. We observe a clear trend regarding the variation of the domestic violence incidence by residence. In urban areas, violence rate has increased significantly compared to rural areas, and this phenomenon is explained by how each type of community internalizes measures of social distance. In urban communities, the restrictions on isolation and distancing were much stricter, forcing the urban population to isolate themselves in narrow spaces (physical and social) for a long time. This had more consistent implications for the psycho-emotional well-being of urban residents and ultimately contributed to the rise in violence.

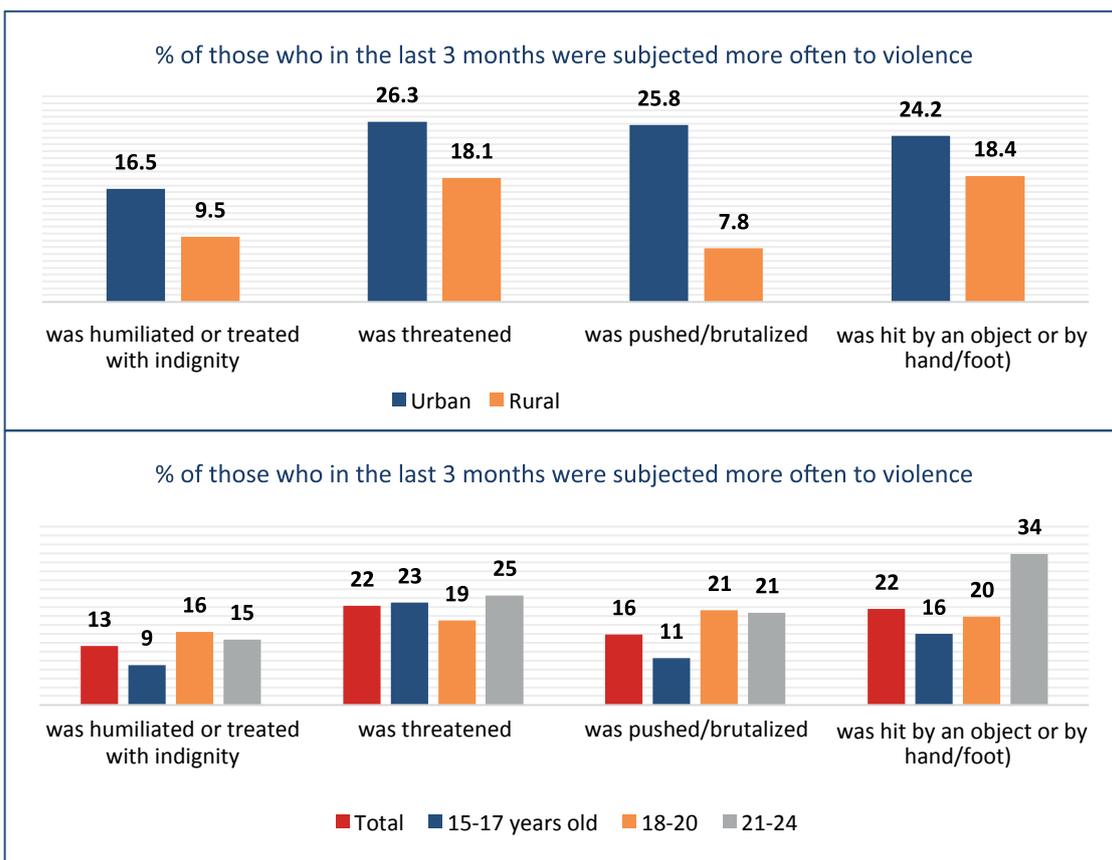


Figure 24. Incidence of the cases of violence during the period of the COVID-19 pandemic
Source: Opinion poll CPD, UNFPA, 2020

Conclusions

The COVID-19 pandemic had a detrimental impact on the psycho-emotional wellbeing of young people. Emotional difficulties were exacerbated by stress within the family, physical isolation, increased abuses, disrupted education and uncertainty about the future. These constitutes the crucial elements for the emotional balance of young people. According to the analysis, about 20% of young people suffered a worsening of the psycho-emotional wellbeing during the pandemic. The impact of the pandemic was felt both at the psycho-emotional level (states of sadness, fear, seizures) as well as at the level of physical wellbeing (insomnia, lack of appetite, headaches).

The pandemic had a disproportionate impact on different groups of young people. Self-isolation and distance measures, restrictions imposed in various spheres of social life (education, labour market, relations with the environment) caused changes in the psycho-emotional wellbeing of the entire population, but they varied from one group to another. The analysis highlighted significant differences in how different age groups, boys and girls, from rural and urban areas, young people with disabilities, etc., have experienced the impact of the pandemic. These differences are very important and should be taken as a basis for policy response (approach based on facts and needs).

People with disabilities suffered more from the restrictions imposed during the pandemic. 38% of them reported the stronger states of anxiety compared to the period before the pandemic. Isolation measures determined an even greater distancing of people with disabilities from other members of society, thus being created favourable conditions for their increased marginalization.

The rate of violence increased during isolation. This analysis shows that violent behaviours intensified during isolation, those who frequently experienced abuses becoming even more vulnerable (amid of the limited access to support). Thus, the data highlighted that young people who experienced violence before the pandemic spread were even more abused during isolation.

The groups hardest hit by the pandemic crisis benefited from less support to maintain the psycho-emotional wellbeing. An appropriate response to crisis situations in health or other area should be based on the inclusion principle (*no one left behind*) – the key element of a policy response that provides support for vulnerable people. When this principle is not taken into account, the policy response may not be effective or will not generate the expected results. The analysis revealed that a good part of the young people most affected by the pandemic crisis was left out of any support (institutional or other type) – about 20% failed to benefit from support during the pandemic.

Youth had a low access to institutional support for maintaining psycho-emotional wellbeing. Despite the challenges related to psycho-emotional wellbeing, most of young population preferred to request support from the close circle (family, relatives, friends) and less from people who could provide specialized services. This situation suggests, on one hand, a low level of trust in the institutions, and on the other hand – a low level of access to such services.

In the absence of immediate and adequate supportive interventions for young people, low psycho-emotional wellbeing risks becoming chronic. Due to the cyclical nature of the pandemic crisis, its effects would result in low wellbeing for a short time. However, if the crisis persists and no specific mitigation interventions are undertaken, in the long term this can affect the overall life dissatisfaction, which can become chronic over time.

Recommendations

In order to improve psycho-emotional wellbeing of the population, especially of young people, national authorities should undertake specific interventions, such as comprehensive and adequate policy response and support measures. Therefore, we recommend the following:

I. Integration of psycho-emotional wellbeing and mental health into the policy response of authorities to the COVID-19 pandemic. The Government representatives must take into account the potential effects of the restrictive measures on the population wellbeing and to provide mitigation measures for these effects. The psycho-emotional wellbeing issues must be integrated in the Government plans to overcome the COVID-19 crisis: in national strategies, action plans, national provisions. During the emergency state, several legislative modifications were made, policy support for population was developed and support measures were instituted, but psycho-emotional wellbeing and mental health issues were very little or not at all approached.

II. Development of the strategies to control the effects of the COVID-19 pandemic, that will meet young people's needs. National and international analyses show that the pandemic had a different impact on different groups of population, of different age, from economic, social and health perspective. As the pandemic had a distinct effect on young people, policies and programs should also have a specific character depending on the area affected and the vulnerable groups at risk. Remediation measures should cover specific needs of young people, especially those related to the psycho-emotional wellbeing and mental health.

III. Involvement of young people in the policy response conceptualisation and elaboration would ensure an inclusive participation and, as a result, sensitive support measures. The available data show that youth participation in decision-making process is quite low²⁰, and because of their under-representation, the policy documents do not meet the needs of young people. For these reasons, local and national policy response to COVID-19 pandemic should take into account the specific needs of young people, especially of those vulnerable (young people with low income, from rural areas, young people with disabilities, etc.).

IV. Investing financial resources in complex support measures/programs. Any support measure or program for psycho-emotional wellbeing of young people requires significant investments. Taking into account the increased long-term needs caused by the pandemic crisis, it is necessary to allocate the sufficient financial resources for implementation of the support policies and programs. Resources allocated to programs and measures that promote psycho-emotional wellbeing must be sufficient, adequate and calibrated to the current level of the psycho-emotional wellbeing, need of support and share of affected population. An indicative model of intervention is the British Government one. There was developed a national program to support the psycho-emotional wellbeing of young people returning to school and colleges, for the implementation of which £8 million has been allocated by the Government²¹. It will include a comprehensive mental health training program for teachers, students and their parents, as well as providing access to the resources needed to maintain high levels of wellbeing. At the same time, the authorities have developed national programs to support mental health and psycho-emotional well-being, providing financial resources to organizations and initiatives in this area and strengthening specialized services. The allocation of financial

20 Report „Unequal Moldova”, Partnership Centre for Development, 2019

21 https://www.gov.uk/government/news/8m-programme-to-boost-pupil-and-teacher-wellbeing?fbclid=IwAR3Fk-75VzDniF_9Zulo2voaJhqwUEH_X91oA5GS2DW98GMNnTqkaA0U6Q0

resources for these programs show that psycho-emotional wellbeing of young people is a priority for the British Government.

V. Providing continuous support for maintaining psycho-emotional wellbeing at a high level. National and local authorities shall be concerned about the access to support measures for maintaining or increasing psycho-emotional wellbeing. The authorities should develop specialized programs and services that would address the wellbeing-related needs of the population (including young people). An important role play educational programs designed to develop resilience and skills to manage the negative emotions. In actual circumstances, these services must ensure online and offline (face-to-face) access, taking into account digital competences and access to technologies. Additionally, the authorities could also consider the outreach actions, such as support for community actions, aiming at increasing social cohesion and solidarity²². During the emergency state and isolation, in the capital and other regions of Moldova (rural and urban areas) were developed civic initiatives to support isolated people, especially those vulnerable and marginalized (the elderly, with disabilities, with low income, young families with more children, etc.). These actions, although not systematic, contributed to the maintenance of psycho-emotional wellbeing of the vulnerable groups. It is important to strengthen the mechanisms of the community and voluntary assistance for vulnerable people. Efforts to help isolated people stay connected to the social environment, efforts to reduce loneliness and anxiety (especially children and adolescents) should be encouraged. Intergenerational support programs (especially youth support for older people) are encouraged and have benefits for both categories of participants.

VI. Development of social partnerships. Community, national organizations and other civil society members can play an essential role in consolidation of social support. National support measures and programs could have a greater impact and coverage if social partnerships with organizations that provide similar services are considered. Strengthening joint efforts could provide wider access of young people to psycho-social services, expand the range of services and support programs, targeting specific groups of population, depending on their needs. An indicative example is the social partnership developed by the Ministry of Education, Culture and Research and the United Nations Fund for Population²³, which laid the foundations of a psychological assistance program for students to help them to protect their mental and emotional health in the context of COVID-19 pandemic.

22 <https://unsdg.un.org/sites/default/files/2020-05/UN-Policy-Brief-COVID-19-and-mental-health.pdf>

23 <https://mecc.gov.md/ro/content/aleg-sa-ma-simt-bine-un-nou-program-de-asistenta-psihologica-pentru-elevi-contextul-covid-19>