

Quality of Life Survey

Republic of Moldova



June 2024

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Data for Impact

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This publication was produced with the support of the United States Agency for International Development (USAID) under the terms of the Data for Impact (D4I) associate award 7200AA18LA00008, which is implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill, in partnership with Palladium International, LLC; ICF Macro, Inc.; John Snow, Inc.; and Tulane University. The views expressed in this publication do not necessarily reflect the views of USAID or the United States government. SR-24-213 D4I

June 2024



Acknowledgments

First and foremost, Data for Impact (D4I) greatly appreciates the contributions of all those who participated in the survey.

We are grateful for support from the United States Agency for International Development (USAID) Moldova Mission, especially Tatiana Lungu, Eugeniu Zaporojan, and Erin Doss.

This study would not have been possible without the expertise of [imas] in design, data collection, analysis, and report writing.

Special thanks to Maria Vremis, consulting research and analysis advisor; Dr. Lisa Parker, Technical Director for Measurement and Learning, D4I, Palladium; Alex Collins, Senior Technical Advisor, D4I, Palladium; Camelia Gheorghe, Chief of Party, D4I, Palladium; Eszter Sandor, Senior Research Manager, European Foundation for the Improvement of Living and Working Conditions (Eurofound); and Dr. J. Michael Bowling, Professor Emeritus, Department of Health Behavior, UNC Gillings School of Global Public Health, University of North Carolina (UNC), Gillings School of Global Public Health, University of North Carolina at Chapel Hill.

Finally, we thank D4I's knowledge management team for editorial, design, and production services.

Cover credit

Photo: Family dinner at Butuceni, the Republic of Moldova, courtesy of ANTRIM (National Inbound and Domestic Tourism Association of Moldova).

Abbreviations

CAPI	computer-assisted personal interviewing (software)
CI	confidence interval
CLSD	current living standard deprivation
EB	Eurobarometer
D4I	Data for Impact
EC	European Commission
EQLS	European Quality of Life Survey
EU	European Union
Eurofound	European Foundation for the Improvement of Living and Working Conditions
GP	general practitioner
HH	household
[imas]	IMAS – Cercetare si Strategii SRL
LFS	Labor Force Survey
LLL	lifelong learning
MoLSP	Ministry of Labour and Social Protection
NEET	not in employment, education, or training
NGO	nongovernmental organization
OLS	ordinary least squares
PSU	primary sampling unit
QLS-Moldova	Quality of Life Survey in the Republic of Moldova
SEI	social exclusion index
TAPI	tablet-assisted personal interview
UNDP	United Nations Development Program
WG-SS	Washington Group Short Set on Functioning
USAID	United States Agency for International Development
WHO	World Health Organization
WHO-5	WHO Mental Well-Being Index

Contents

Acknowledgments	3
Abbreviations	4
Contents	5
Figures	7
Tables	8
Executive Summary	9
Introduction.....	9
Methods	9
Key Findings.....	9
Concluding Messages	10
Introduction and Background	12
Methods	13
Target Population.....	13
Sample	13
Weighting.....	14
Data Collection	15
Quality of Life	16
Key Points and Implications	16
Context.....	16
Subjective Well-Being.....	17
Income and Material Deprivation.....	34
Comparisons with other European Countries.....	45
Work, Care Responsibilities, and Personal Development.....	46
Key Points	46
Context.....	46
Work-Life Balance and Care Responsibilities.....	47
Investment in human capital	52
Preferences for Time Use	54
Comparisons with Other European Societies	54
Quality of Public Services	56
Key Points	56
Context.....	56

Quality Ratings for Public Services	56
Comparisons with Other European Countries	63
Quality of Society.....	64
Key Points	64
Context.....	65
Democracy and Economy	65
Confidence in Institutions and Trust in People.....	67
Participation in Society and Community Involvement.....	68
Neighborhood Quality and Services	71
Social Tensions.....	74
Social Exclusion	77
Associations between Indicators of Quality of Society and Indicators of Well-Being at the Individual Level.....	78
Comparisons with Other European Societies	79
Experiencing Multiple Personal and Social Insecurities	81
Concluding Messages	82
Quality of Life.....	82
Quality of Work, Care Responsibilities, and Personal Development.....	83
Quality of Public Services.....	84
Quality of Society.....	84
References.....	87
Appendix: Fieldwork overview	95

Figures

Figure 1. Happiness levels by selected variables (mean scores).....	18
Figure 2. Life satisfaction levels, by key variables (mean scores)	19
Figure 3 a-d. Predictors of life satisfaction and happiness by different variables	20
Figure 4. Average levels of life satisfaction and happiness, by income levels.....	22
Figure 5. Average levels for domain satisfactions.....	23
Figure 6. Domain satisfactions depending on education level, controlling for various other confounders	24
Figure 7. Domain satisfactions depending on income levels, controlling for various other confounders	26
Figure 8. Predicted subjective health by age, education, income, and marital status, while controlling for various other confounders	27
Figure 9 a-d. Estimated effects of types of income on subjective outcomes, in multivariate models ...	36
Figure 10 a-d. Association of the level of worry about income at various ages, in multivariate models	39
Figure 11. CLSD levels, by age group.....	42
Figure 12. Accommodation problems reported (% of HH reporting specific issues)	43
Figure 13. Predicted probability of not using the Internet, depending on region and ethnicity	44
Figure 14. Time spent on the way to and from the workplace.....	48
Figure 15. Assessment of job security depending on current household income.....	49
Figure 16. Perceived likelihood of job replacement	49
Figure 17. Associations between perceived work-life balance and time spent working	50
Figure 18. Time preferences if not constrained by anything.....	54
Figure 19. Assessing health services on a 10-points scale (1=very dissatisfied; 10=very satisfied)	59
Figure 20. Assessment of GPs on a 10-point scale (1=very dissatisfied; 10=very satisfied).....	59
Figure 21. Assessment of hospitals and specialists on a 10-point scale (1=very dissatisfied; 10=very satisfied)	60
Figure 22. Ability to cover healthcare expenses.....	61
Figure 23. Assessment of long-term care services, by aspects of care and treatment (1=very dissatisfied; 10=very satisfied).....	62
Figure 24. Assessment of educational services (1=very dissatisfied; 10=very satisfied)	63
Figure 25 a-d. Satisfaction with democracy and economy in the Republic of Moldova (1=very dissatisfied; 10=very satisfied).....	66
Figure 26. Reported mean confidence in institutions in the Republic of Moldova (1=very dissatisfied; 10=very satisfied)	67
Figure 27. Trust in people (social trust measured on a scale of 1 to 10, 1 being “can’t be too careful” and 10 being “can be trusted”), by ethnicity	68
Figure 28. Participation in civic and political actions.....	71
Figure 29. Differences across age groups in reporting neighborhood material problems	72
Figure 30. Services in the neighborhood.....	73
Figure 31. Assessment of safety in the neighborhood.....	74
Figure 32. Predicted social exclusion index (SEI) by region	78

Tables

Table 1. Allocation of questionnaires by location	14
Table 2. Weighting coefficients by age and sex.....	14
Table 3. Respondent distribution by age and sex.....	15
Table 4. Distribution of sample according to disabilities defined by the WG-SS	28
Table 5. Levels of WHO-5 Well-Being Index across key demographic variables.....	30
Table 6. Positive functioning findings	32
Table 7. Negative affect findings	33
Table 8. Subjective well-being in the Republic of Moldova and in selected countries: key indicators ..	34
Table 9. Subjective viewpoints on financial trajectories of households.....	35
Table 10. Summary responses about material deprivation at the household level	41
Table 11. Subjective well-being in the Republic of Moldova and in selected countries: key indicators	45
Table 12. Reported work-life imbalances	51
Table 13. Time spent for caring activities	51
Table 14. Associations of selected work and caregiving indicators and selected outcomes	52
Table 15. Incidence of LLL (past 12 months) and physical activity (weekly) across various groups	53
Table 16. Work, caregiving, LLL, and physical activity in the Republic of Moldova and in selected countries: key indicators.....	55
Table 17. Quality ratings for public services	57
Table 18. Frequency of social interactions.....	69
Table 19. Support networks.....	69
Table 20. Participation in voluntary associations	70
Table 21. Statements about problems in natural and built environments of the neighborhood	72
Table 22. Statements about social tensions	75
Table 23. Statements about the impact brought by the Ukrainian refugees	76
Table 24. Acceptance levels of Ukrainian refugees	77
Table 25. Feelings of social exclusion.....	77
Table 26. Comparison of indicators about the quality of society	80
Table 27. Selected insecurities	81

Executive Summary

Introduction

The Quality of Life Survey in the Republic of Moldova (QLS-Moldova), inspired by the European Quality of Life Surveys (EQLS), was conducted by Data for Impact (D4I) in partnership with IMAS – Cercetare si Strategii SRL ([imas]), a Moldovan research institute, with funding from the United States Agency for International Development (USAID). This survey aims to assess the well-being and quality of life of Moldovan residents, providing valuable insights into various socioeconomic and political factors affecting their lives. The dimensions of quality of life included in this report, like the EQLS-2016, promote well-being as a public policy issue. The QLS-Moldova results are intended to assist policy makers in making decisions that consider the multi-faceted nature of quality of life.

Political and Socioeconomic Context

QLS-Moldova follows the public agenda and political goals of the Republic of Moldova, including a major strategy adopted in 2022: the National Development Strategy “European Moldova 2030.”¹ The country’s current political and socioeconomic context presents a mix of challenges and opportunities. Political instability, characterized by frequent changes in government and disagreements among political groups, has impacted governance, economic development, and social cohesion. Tensions between pro-Russian and pro-European factions have influenced economic cooperation, foreign relations, and the overall development landscape. Republic of Moldova's economy, reliant on agriculture, remittances, and exports to Russia and the European Union (EU), faces risks from external shocks and migration challenges. Efforts to diversify the economy and align with EU standards have been underway, aiming to enhance market access and stimulate economic growth. Social cohesion in the Republic of Moldova is affected by ethnic divisions stemming from its complex history, posing challenges in inter-ethnic relations and identity politics. Recently, the standard of living has been greatly threatened by the war in Ukraine (Gray Molina, Montoya-Aguirre, & Ortiz-Juarez, 2022; Jones, Vasilescu, Botezatu, Margarint, & Davies, 2022; United Nations Development Programme [UNDP], 2021). As a result, the Republic of Moldova has been experiencing an energy crisis, with two-thirds of households (HH) unable to afford needed energy costs (Parlicov, Vremis, Craievschi-Toarta, & Cepoi, 2022).

Methods

The QLS-Moldova used a questionnaire similar to the EQLS conducted in 2016 (EQLS-2016) among EU and some EU candidate countries. The survey was applied to a stratified, multi-stage sample of 2,027 Moldovan residents ages 18 and over, excluding the breakaway Transnistrian region. The sample size allowed an examination of quality of life at national and regional levels and a comparison among various demographic groups.

Key Findings

- Compared to other EU countries and EU candidate countries, people in the Republic of Moldova are, on average, happier (score of 7.2 vs 6.8 out of 10) and more satisfied with their lives (score of 6.7 vs 5.9 out of 10). Income is the most powerful predictor of happiness and satisfaction. Health, including mental

¹ <https://monitorul.gov.md/ro/monitorul/view/pdf/2579/part/1#page=1>

health, is an area of concern. People who are unable to work due to illness or disability, or who are divorced/separated or widowed are not as happy as others.

- Only 37% of respondents reported that their health was good or very good. Almost a quarter of the population (22%) has negative views of their own health. People with a disability reported significantly worse health, specifically those with disabilities related to memory, motricity, and self-care.
- Only 58% of people in the Republic of Moldova can make ends meet with little or no difficulty, lower than the average of other EU candidate countries of 77%.
- While Moldovans average 43.5 hours per week in paid work, other EU candidate countries average 36 hours per week. Despite the higher time spent on work, 76% of people in the Republic of Moldova express having a good work-life balance.
- Caregiving responsibilities disproportionately affect women compared to men, even women working paid jobs.
- Although higher than the average of other EU candidate countries (12%), few people over 25 years old in the Republic of Moldova (16%) benefited from lifelong learning (LLL) opportunities in the 12 months prior to the survey.
- The quality of education, transportation, childcare, long-term care, and social/municipal housing is moderate. State pensions received the lowest quality rating.
- Specific areas of health and education service provision were rated with high quality. This includes people being satisfied with personnel, expertise, facilities, and care in both the health and education systems. Nevertheless, corruption is one of the main areas that negatively affects perceptions of the overall quality of services in health, education, and long-term care.
- There is low satisfaction with both democracy and the economy, with an average score of 4.2 and 3.6 out of 10, respectively. People of all income levels express dissatisfaction with the economy, with people from Gagauzian ethnicities being more dissatisfied than people from other ethnicities.
- There are low levels of trust in most institutions. People have the most trust in the church (score of 7.6 out of 10), followed by local authorities (5.9) and humanitarian or charitable organizations (5.8). Trust is below average for several institutions, especially those affiliated with the political system (political parties – 3.4, parliament – 3.7, the government overall – 3.9 and the presidency – 4.4). There is also low trust in the justice system (3.6) and mass media (4.4).
- Civic participation is low. The most common form of participation is commenting online on a political or social issue, which is only reported by 10% of people.
- Social tensions and exclusion exist. There is social tension between the rich and the poor (48% report a lot of tension and 36% report some tension). There is also social tension between people of different sexual orientations.
- There is moderate social exclusion, with an average score of 2.6 on a 5-point scale. Twelve percent of people feel left out of society in some way, with one of the main areas being that people feel disrespected due to their occupation or income.
- When it comes to the inflow of Ukrainian refugees, there seems to be minimal social tension. Most people report acceptance of refugees as neighbors (72%), and as colleagues of their children (70%). There are some concerns that Ukrainian refugees may have a negative impact on society, particularly among Moldovans with lower incomes.

Concluding Messages

- Concerns over income and worsening financial situations, combined with troubling levels of material deprivation, should be considered through social inclusion and protection programs, employment policies, and economic stimulation.
- The Government of the Republic of Moldova is planning to adopt the National Program for the Social

Inclusion of Persons with Disabilities (2024–2028), which is expected to address lower subjective health among people with disabilities.

- The EU Commission has expressed concern for the persistence of patriarchal attitudes and discriminatory stereotypes on the roles and responsibilities of women and men in the family and society, and encourages the implementation of the national program on promoting and ensuring gender equality for 2023–2027, which also aims to increase social protection for people involved in long-term care of family members (European Commission, 2023, pages 40 and 92).
- The [European Pillar of Social Rights Action Plan](#) indicates that 60% of all adults should be participating in training every year by 2030. In this respect, Moldova needs to embark on profound reforms, starting with the development of a legal framework and providing lifelong learning (LLL) opportunities to all citizens, in line with the National Action Plan for the Accession of the Republic of Moldova to the European Union for 2024–2027 (https://www.legis.md/cautare/getResults?doc_id=141820&lang=ro, page 102).
- The Ministry of Labour and Social Protection’s (MoLSP) RESTART (2023–2026) social assistance reform, which, among other areas, aims to increase the performance of social assistance public institutions as well as to increase access, quality, and cost-efficiency of social services, is an area to monitor as the reform is implemented.
- Corruption is a major area of concern in general, and the government needs to take decisive steps to prevent and mitigate it (European Commission, 2023, page 9).
- The implementation of the justice sector reform strategy and action plan for 2022–2025, which has a strong focus on restoring public trust in the judiciary, should be pursued (European Commission, 2023, page 22).
- As recognized by the European Commission (EC), the Republic of Moldova established a platform for dialogue and civic participation in the Parliament’s decision-making process (European Commission, page 10). This platform, along with a new program for the development of civil society organizations, should be monitored to determine their impacts on civic participation.

Introduction and Background

The Quality of Life Survey in the Republic of Moldova (QLS-Moldova) was inspired by the European Quality of Life Surveys (EQLS) implemented by the European Foundation for the Improvement of Living and Working Conditions (Eurofound). EQLS are a series of comparative studies in European Union (EU) member states and candidate countries that assess the living conditions and social situations of residents using both objective and subjective measures. The QLS-Moldova was conducted by the Data for Impact project, or D4I, in partnership with IMAS – Cercetare si Strategii SRL ([imas]), a Moldovan research institute, with funding from the United States Agency for International Development (USAID).

Political and Socioeconomic Context

The Republic of Moldova's current political and socioeconomic context presents a mix of challenges and opportunities. Political instability has been persistent, with frequent changes in government, political disagreements, and government coalitions collapsing. The country's internal political landscape is dominated by pro-Russian and pro-European parties or factions (Marandici, 2022; Țugui, 2020). Recent elections brought a pro-European president to power (Maia Sandu, since 2020) and a pro-European cabinet (since 2021). In 2023, the latter underwent a complete reshuffle, including a change of prime minister.

Tensions between pro-Russian and pro-European factions have influenced economic cooperation, foreign relations, and the overall socioeconomic landscape. In 2014, the Republic of Moldova formally signed an Association Agreement with the EU, demonstrating significant steps aimed at deepening political and economic relations with the EU. In 2022, the Republic of Moldova officially applied for EU membership, and was granted EU candidate status a few months later (European Council). In 2023, EU leaders opened accession negotiations with the Republic of Moldova, resulting from intensified bilateral exchanges at a high political level.

The Republic of Moldova's economy is reliant on agriculture, remittances from Moldovans working abroad, and exports to Russia and the EU, which puts the economy at risk from external shocks and migration challenges and impacts employment opportunities. The Republic of Moldova recognizes the need to diversify its economy through efforts to promote manufacturing and services and has pursued fiscal reforms with measures such as tax collection and reducing budget deficits. Further, efforts to align with EU standards and regulations and the signing of the Association Agreement with the EU have improved market access for Moldovan exports (Țugui, 2020).

Social cohesion in the Republic of Moldova is undermined by ethnic divisions that stem from the country's complex history of being part of the Moldovan Kingdom, Russia, Romania, the Soviet Union, and its current status as an independent nation. Self-identified ethnic groups² include Moldovans, Romanians, Ukrainians, Russians, Gagauzians, and others, which brings a rich cultural fabric to the country but can pose challenges in inter-ethnic relations and identity politics (Țugui, 2020).

Russia's 2022 invasion of Ukraine has significantly impacted the Republic of Moldova and added more complexity to its geopolitical dynamics. There are heightened concerns about border security, particularly

² Per categories included in the 2014 Census by the National Bureau of Statistics - [Tabele | Recensământ \(statistica.md\)](#).

in the Transnistrian region, a breakaway region with close ties to Russia. Cross-border trade between the Republic of Moldova and Ukraine has been disrupted, and the country has faced increased costs and logistical challenges exporting to Europe. Further, the Government of the Republic of Moldova has shown leadership in protecting Ukrainian refugees, with an estimated 116,857 refugees from Ukraine recorded³.

Developments in Measuring Quality of Life

Over the past five decades, societies and governments have begun giving more importance to subjective well-being, following a trend toward post-modernization at societal and individual levels (Inglehart, 1990; Inglehart, 2018). “Subjective well-being”—which is an overarching concept that comprises how satisfied people are with their own lives—replaced the accumulation of wealth as a major goal of governments.

The need for information on well-being and quality of life is growing with the development of policies that explicitly aim to improve well-being. At the EU level, Eurofound reports on how well-being plays a role in directing policy and public agendas across Europe. In recent years, the United Nations-sponsored World Happiness Report series has annually showcased the state of human development. Quality of life indices and measures are increasingly being used by cities in a bid to attract talent or investment (EQLS-2016).

Since the 2000s, Eurofound has produced several reports on the quality of life in Europe. Eurofound recognizes “quality of life” more broadly than “living conditions,” referring to the overall well-being of individuals. This approach considers how best to enable people to achieve their desired goals and emphasizes that people’s opportunities play out in relation to policy and institutional settings, the economy, community settings, and society. As such, the survey covers the life domains that are included in this report.

Methods

QLS-Moldova data were collected in the spring of 2023 using a questionnaire that was almost identical to the EQLS-2016 carried out by Eurofound. The survey involves standardized interviews administered in person with a representative sample of Moldovan residents ages 18 and older.

Target Population

The target population for this study was the civilian, non-institutionalized population ages 18 and older in the Republic of Moldova. As of January 2023, according to the National Bureau of Statistics, this population was 1,974,246. The survey covered all regions, except the Transnistrian region, which is not controlled by the constitutional bodies of the Republic of Moldova. The sample also excluded people doing their military service by draft or by contract, people imprisoned before trial and convicted prisoners, and unhoused people. Combined, these demographics represent less than 0.3% of the Moldovan population.

Sample

The population statistics provided by the Central Electoral Committee were used for sampling. The questionnaire was administered with a stratified, multi-stage sample of 2,027 Moldovan residents ages 18 and older.

The design employed sampling with probability proportional to size, stratified by region (12) and type of

³ <https://data.unhcr.org/en/situations/ukraine/location/10784>

locality (city, town, and village). In each stratum, primary sampling units (PSUs—electoral constituencies) were randomly selected proportional to population size. Within each PSU, participants were randomly selected using randomly selected streets, starting points, and household GPS locations. A systematic step of 3 was applied to select the households. A random number generator was then used to select the individual within each household from all adults ages 18 and older living in the household.

The questionnaire was administered in 46 urban localities (cities and towns), 103 villages (149 localities in total), and 345 PSUs (an average of 5.9 questionnaires per PSU). The breakdown of allocated questionnaires by region and type of locality is presented below.

Table 1. Allocation of questionnaires by location

Region	Cities	Towns	Villages	Total
1		25	83	108
2		12	13	25
3	15	23	57	95
4		37	119	156
5		20	73	93
6		36	196	232
7	375	42	48	465
8		36	127	163
9		40	107	147
10	71	37	139	247
11		45	111	156
12		39	102	141
Total	461	392	1175	2028

Weighting

Due to the fact that response rates were disproportionately higher among older age groups (55–64 years old and 65+ years old) and women in the sample, a weighting has been done to ensure that the age and gender distribution among respondents matched those for the population overall. The following weighting coefficients were applied (see Table 2):.

Table 2. Weighting coefficients by age and sex

Age	Male	Female
18-24	1.1198	0.9642
25-34	1.2639	0.9705
35-44	1.2565	0.9367
45-54	1.1692	1.0077
55-64	1.0425	0.8415
65+	1.0562	0.8011

The distribution of the respondents by demographic characteristics is shown in Table 3.

Table 3. Respondent distribution by age and sex

Age	Male	Female	Both
18-24	75	86	161
25-34	135	181	316
35-44	155	214	369
45-54	138	171	309
55-64	161	241	402
65+	148	322	470
Total	812	1,215	2,027

More details on sampling and other methodological aspects are provided in a separate technical report, which is available on request.

Data Collection

Data collection was conducted from April 18, 2023, to July 6, 2023. All questionnaires were administered face-to-face in respondents' homes by 41 interviewers. The questionnaire was digitally programmed using special computer-assisted personal interviewing (CAPI) software, and data was collected using tablets with mobile internet connections. All data (on tablets and on servers) were encrypted and could not be accessed by interviewers or any other unauthorized persons after submission.

Comparison with EU

Within this report, the Republic of Moldova is compared with the EU average and with Romania, Poland, and Albania. Comparisons are made using the "COVID-19 e-survey," a series of web-based surveys implemented by Eurofound in April–May 2020, July 2020, March 2021, October–November 2021, and March–May 2022 (Ahrendt, et al., 2022). The items in the questionnaires were the same as in the QLS-Moldova.

The three comparison countries were selected based on available data for different reasons. Romania is geographically close to the Republic of Moldova, with historical and cultural connections, including a large Romanian population living in the Republic of Moldova. Both countries aspire to more EU integration (although Romania is a member state). Poland, also an EU member state in close geographic proximity to the Republic of Moldova, has also faced issues of economic inequality and emigration and, like the Republic of Moldova, is active in regional cooperation within Europe. Albania, also a recognized candidate for EU membership, also has a history of government transition from post-communist rule.

Aims and Content of the Report

The QLS-Moldova aims to support the Government of the Republic of Moldova and its partners in improving the quality of life for its residents. The dimensions of quality of life included in this report, like the EQLS-2016, promote well-being as a public policy issue. Results are intended to assist policy makers in making decisions that consider the multi-faceted nature of quality of life while also providing an overview of the life of people living in the Republic of Moldova.

This report starts by explaining respondents' perceptions of their subjective well-being, income, and material deprivation. The second chapter focuses on work, care responsibilities, and personal

development. The third chapter looks at the quality of public services. The fourth chapter addresses indicators of the quality of society, including satisfaction with democracy, the economy, confidence in institutions, involvement in the community, and relationships and tensions among people and groups. The final chapter provides a summary of those respondents and groups experiencing multiple personal and social insecurities. The report ends with concluding messages.

Quality of Life

Key Points and Implications

- People in the Republic of Moldova are moderately happy, satisfied with their lives, and optimistic about their future. Compared to other EU candidate countries, people in the Republic of Moldova are, on average, happier and more satisfied with their lives.
- Income is the most powerful predictor of happiness and satisfaction. More specifically, households netting less than MDL 3,000 lei (US\$1 = MDL 0.057, 2024) per month are less satisfied with their standard of living, accommodation, and overall family life compared to those who earn more.
- People who are unable to work due to illness or disability and people who are divorced/separated or widowed are not as happy as others.
- Health, including mental health, is an area of concern. Only 37% of respondents reported that their health is good or very good, and almost a quarter (22%) have negative views of their own health. People with a disability reported significantly worse health.
- Although fewer people are at risk of depression in the Republic of Moldova (34%) compared to the average of other EU candidate countries (56%). There are specific demographics in the Republic of Moldova who are at risk or close to the threshold of being classified as at risk of depression. This includes people over the age of 60, people living in Gagauzia, retired people, people unable to work due to illness or disability, and widows and lower-income earners, all of whom are at risk or nearly at risk of being depressed.
- Only 58% of people in Moldova can make ends meet with little or no difficulty, lower than the average of other EU candidate countries of 77%. Material deprivation exists in the Republic of Moldova, with 36% unable to afford to keep their house warm and 30% reporting some level of food deprivation.
- Accommodation problems are significantly more frequent in rural areas compared to urban areas and among those who are unable to work due to illness or disability.
- Eighty-one percent of people in the Republic of Moldova use the internet for purposes other than for work, lower than the average of other EU candidate countries (91%).

Context

This chapter investigates quality of life by looking at how respondents felt about their lives, how happy and satisfied they were, the domains of most life satisfaction, how they rated their own health, and to what extent they reported positive mood, mental health, and positive functioning. After covering this entire spectrum of subjective well-being, the chapter refers to more objective indicators, covering income and

material deprivation or wealth. Both sections in this chapter include a comparison with other European countries, placing the Republic of Moldova in the broader context of Europe.

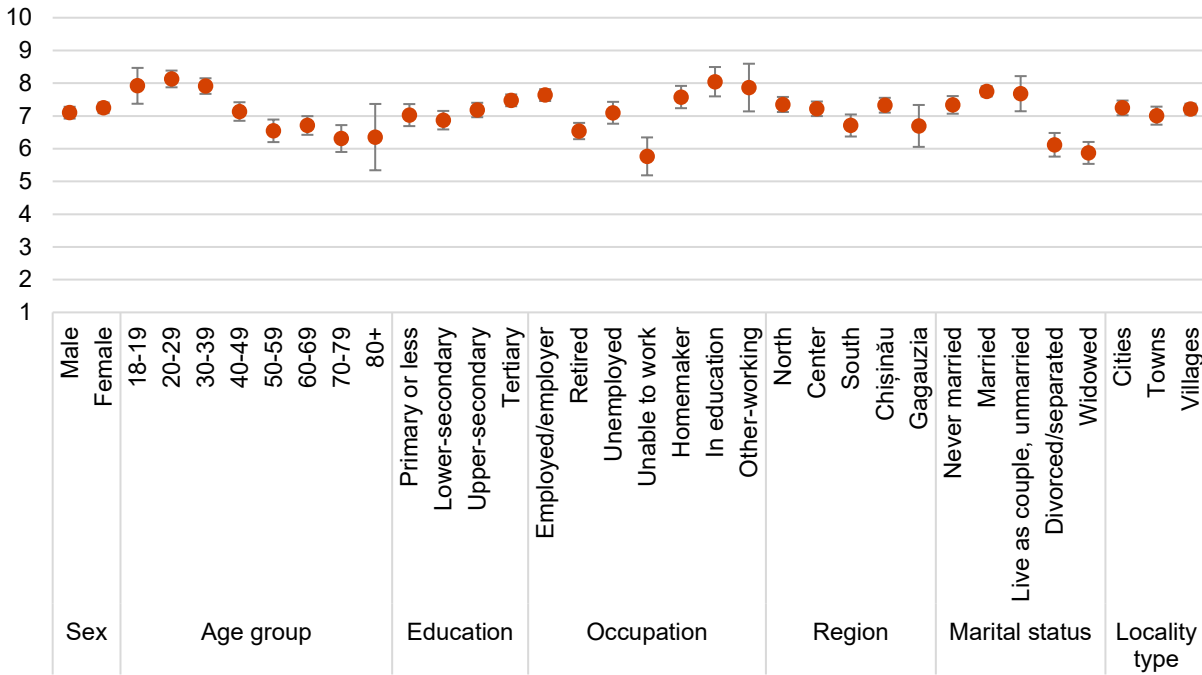
Subjective Well-Being

Life Satisfaction and Happiness

Life satisfaction and happiness are the most common measurements of subjective well-being. The average values tend to remain stable over periods as short as decades (Easterlin & O'Connor, 2022). The explanation lies in developing a certain dynamic equilibrium of well-being (Headey & Wearing, 1989), which can be depicted as homeostatic: the human body adapts its temperature in such a way that it remains relatively constant despite outside conditions. Similar mechanisms tend to keep the levels of subjective well-being constant, around a certain set point, over a person's life (Cummins, 2010; Cummins & Wooden, 2014). However, life events may change the set point (Headey, 2010) and growing up in a specific society can result in individuals developing a certain "culture of life satisfaction" based on their set point (Voicu & Vasile, 2014).

The QLS-Moldova measured personal opinions of happiness on a 10-point scale, where 1 is the lowest happiness and 10 is the highest happiness. The overall average score was approximately 7, indicating moderately high happiness. As Figure 1 shows, happiness was higher among people of younger ages. Happiness also increased with education and was higher among those employed or working at home or in education, compared to those who are unemployed or unable to work due to sickness or disability. Happiness levels did not significantly differ across sex and region and were much lower among those who were divorced/separated or widowed. Moldovan and Romanian ethnic groups reported higher levels of happiness (7.28 and 7.71, respectively) compared with Russian (6.03) and Ukrainian (6.57) ethnic groups (data not shown). Happiness scores were not significantly different across locality types (cities, towns, or villages).

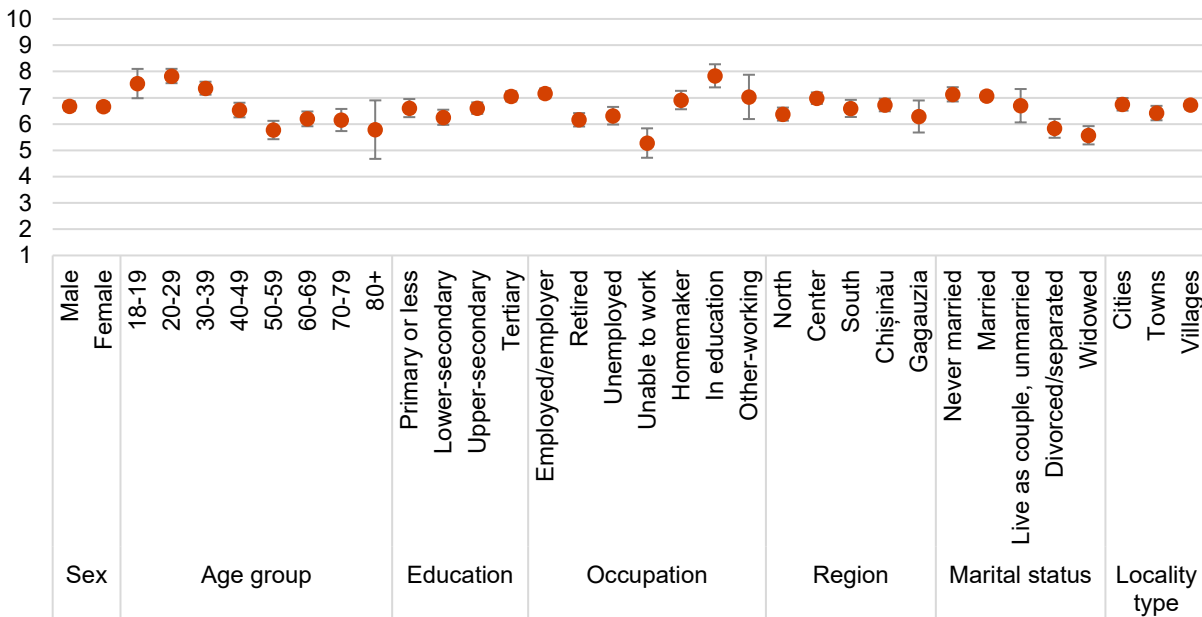
Figure 1. Happiness levels by selected variables (mean scores)



Note: On a scale of 1 to 10; red midpoint points indicate the mean, whereas the bars reflect the 95 confidence intervals (CIs).

The QLS-Moldova also measured personal opinions of life satisfaction on the same 10-point scale, where 1 is the lowest satisfaction and 10 is the highest satisfaction. The average score for life satisfaction was 6.4, indicating moderate levels of life satisfaction. Like happiness, life satisfaction was higher among younger respondents and those with higher education. There were no significant differences between men and women or across regions (Figure 2). Those having a partner and those having children (data not shown) also had statistically significantly higher levels of life satisfaction. Romanians had an average life satisfaction score (7.26) higher than other nationalities, and Moldovans (7.15) were, on average, significantly more satisfied with their lives compared with Russians (5.78), Ukrainians (5.91), and Gagauzians (6.17) (data not shown).

Figure 2. Life satisfaction levels, by key variables (mean scores)



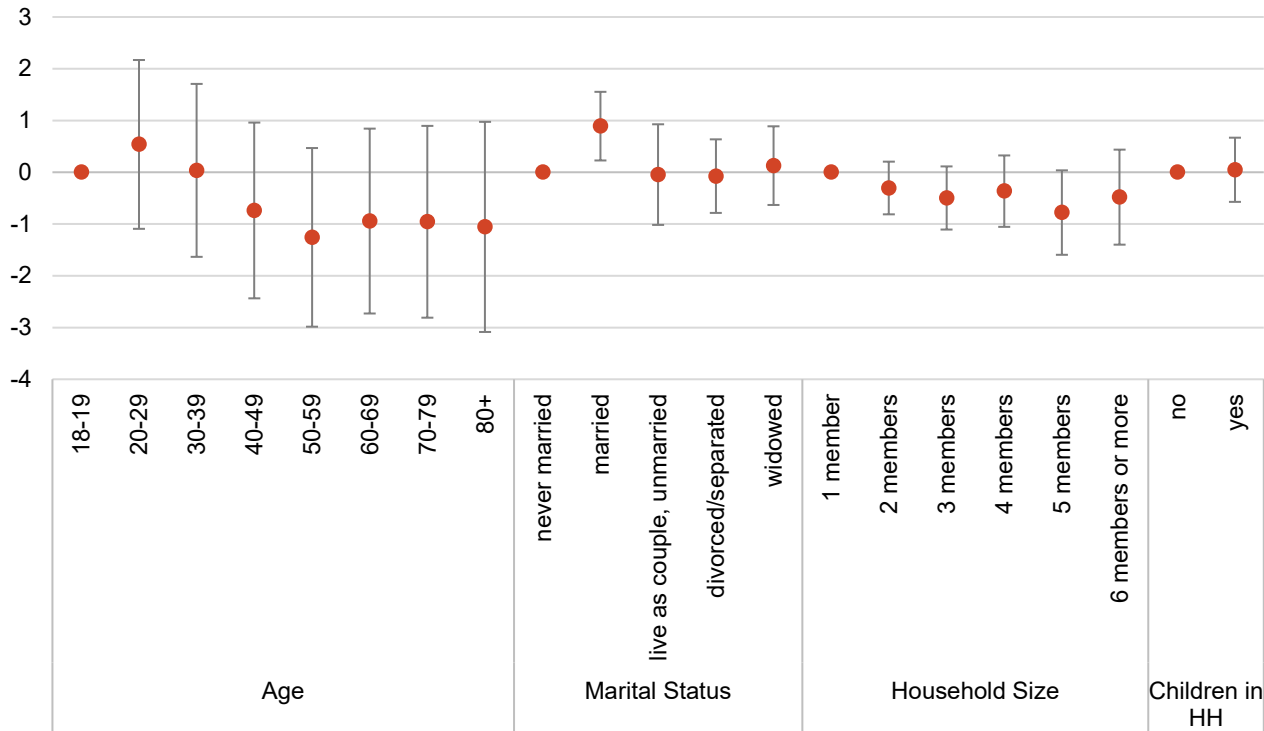
Note: On a scale of 1 to 10; red midpoint points indicate the mean, whereas the lines reflect the 95% CIs.

Predictors of Happiness and Life Satisfaction

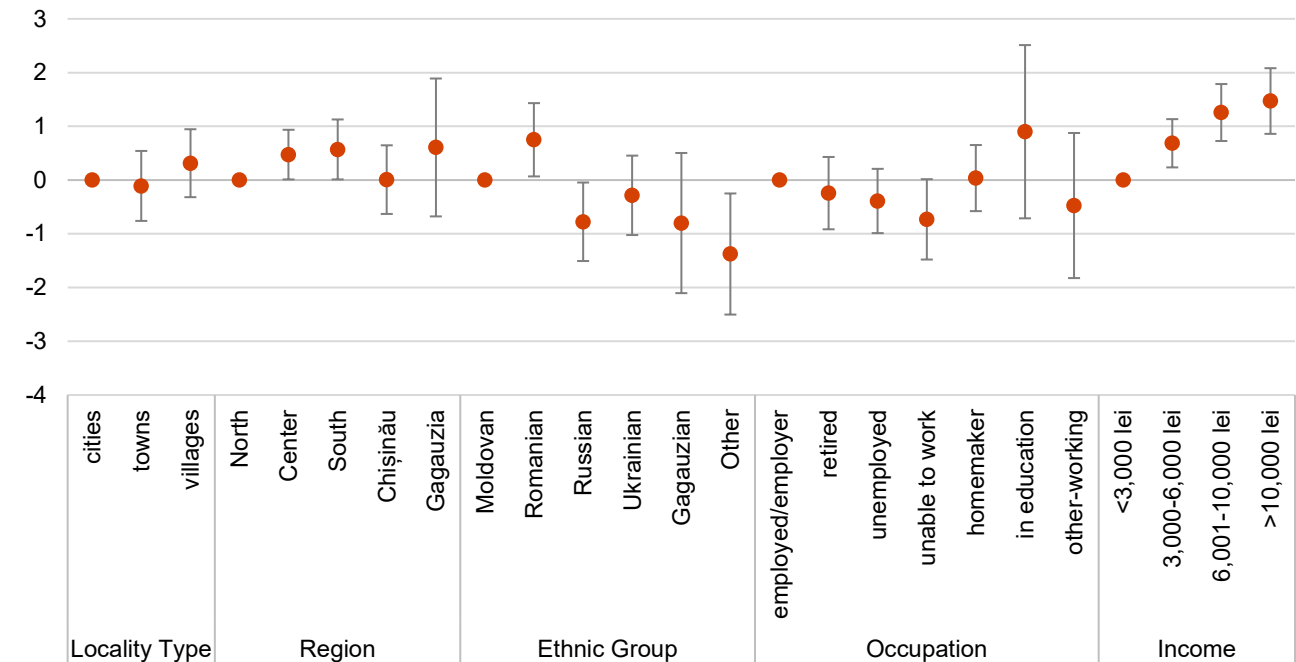
When controlling for various predictors, as shown in Figure 3, only a few traits remained significantly associated with happiness and life satisfaction: age, income, marital status, and ethnicity. Being younger, having a higher income, being married, and being Moldovan/Romanian were associated with greater happiness and life satisfaction. Education, sex, occupation status, household size, and region were not significantly associated with happiness or life satisfaction. Living in a village rather than a town was positively associated with happiness but not associated with life satisfaction.

Figure 3 a-d. Predictors of life satisfaction and happiness by different variables

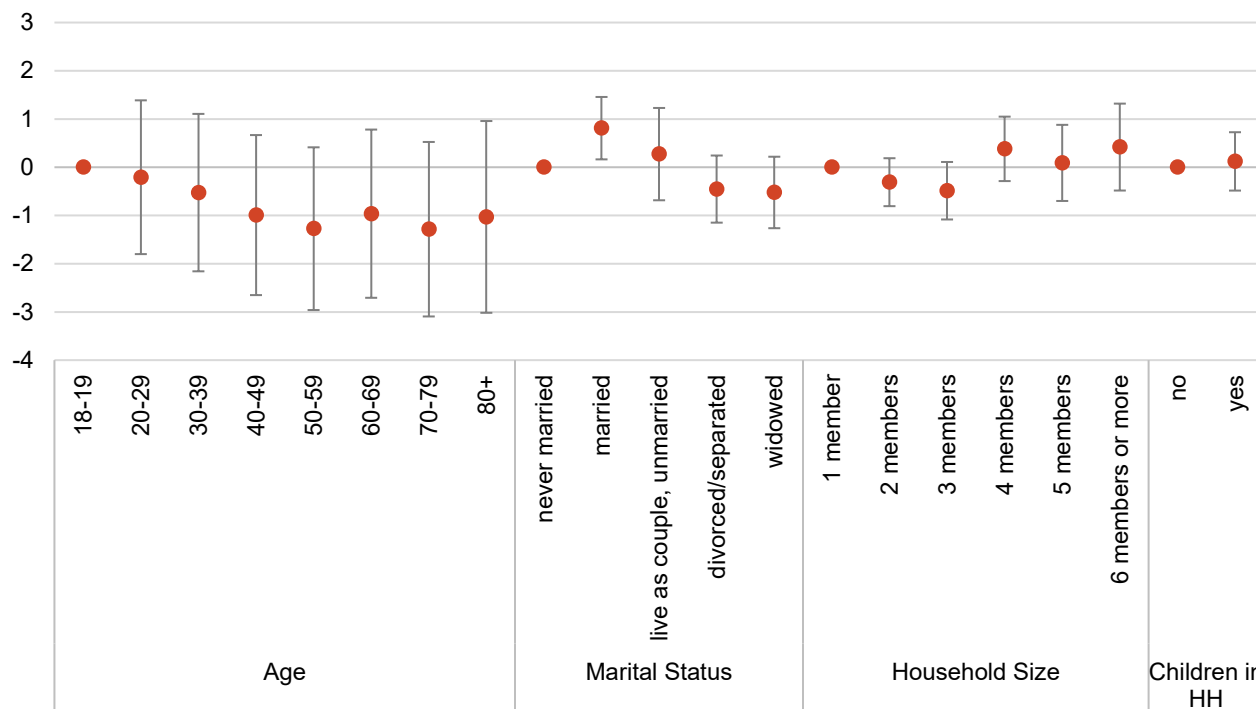
3a. Predictors of life satisfaction by age and family identity variables



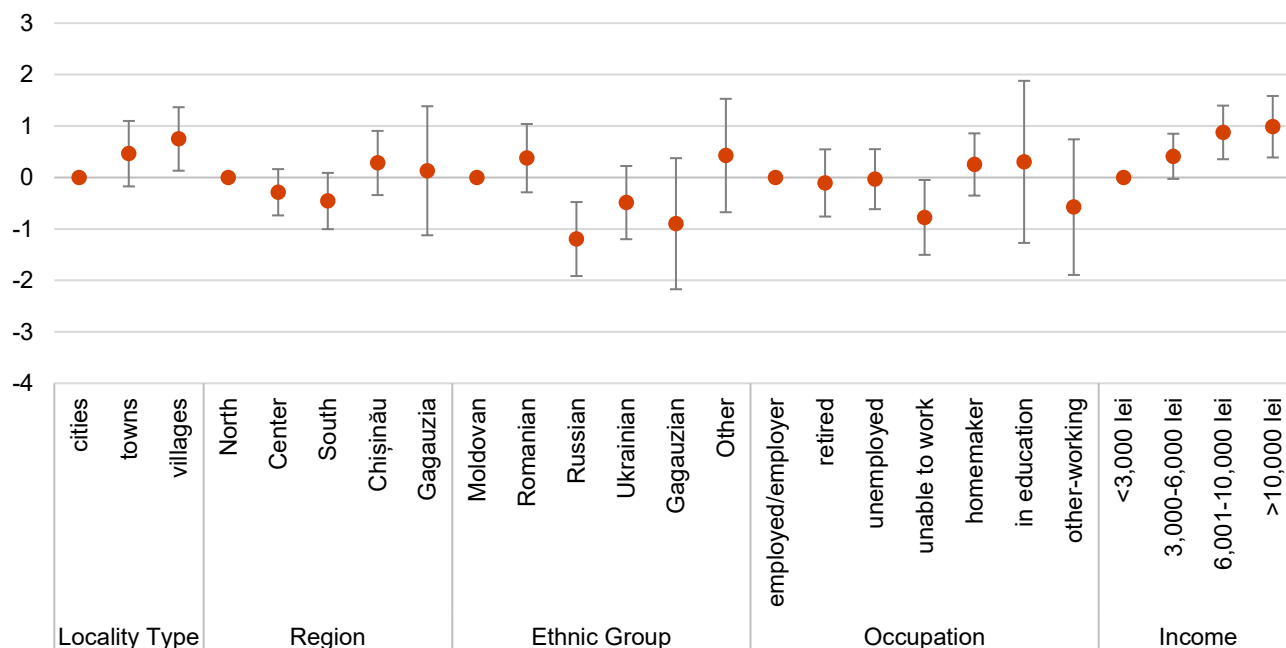
3b. Predictors of life satisfaction, by socioeconomic and location variables



3c. Predictors of happiness, by age and family identity variables



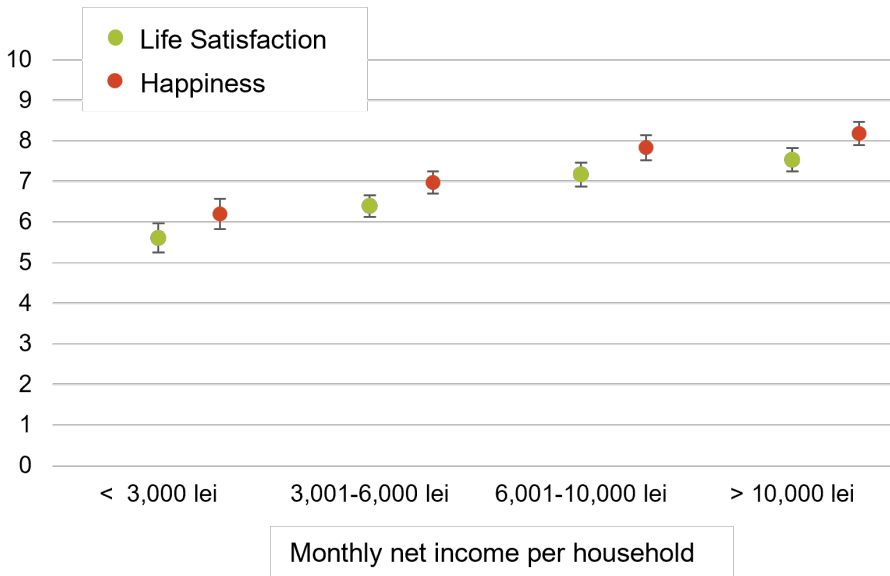
3d. Predictors of happiness, by socioeconomic and location variables



Note: Robust standard errors were estimated in ordinary least squares (OLS) models. The figure includes point estimates and 95% CIs. Adjusted R-squares were 11% (life satisfaction model) and 13% (happiness). Similar results were observed when income was not included in the model (missingness on the income variable affected 39% of the sample).

The strongest predictor of life satisfaction and happiness was income. As presented in Figure 4, the higher the household income, the higher the scores were for both happiness and life satisfaction.

Figure 4. Average levels of life satisfaction and happiness, by income levels

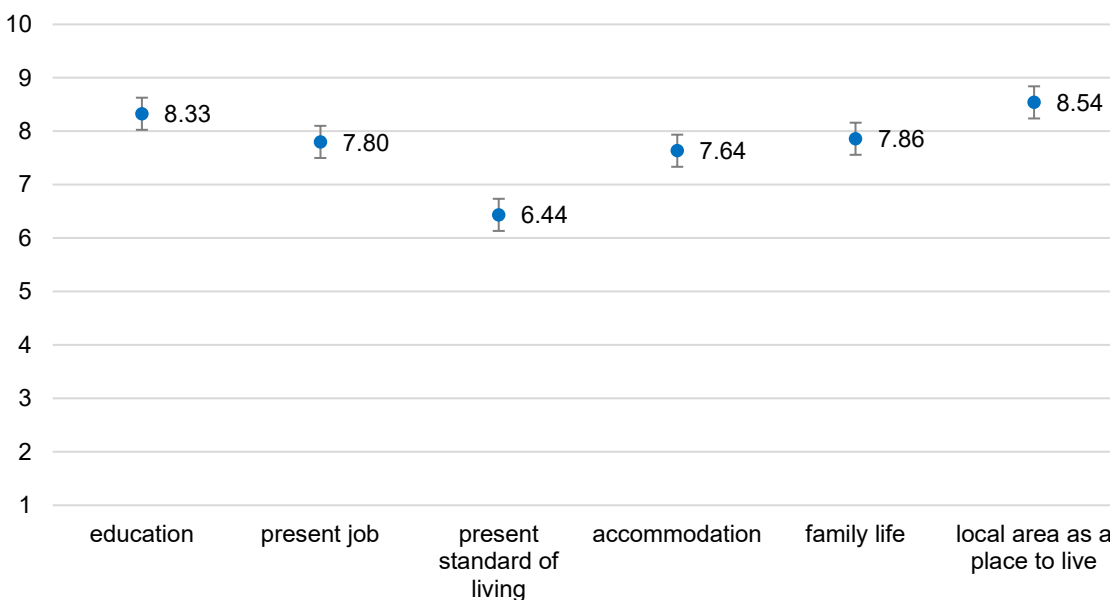


Note: Mid-points indicate the mean, whereas the bars reflect 95% CIs. Missingness on the income variable affected 39% of the sample.

Domains of Life Satisfaction

Although happiness and life satisfaction provide perspectives on overall subjective well-being, satisfaction with domains of life are more specific. The QLS-Moldova questionnaire asked how satisfied the respondent was with the following domains: education, housing conditions, current job (if any), standard of living, family life, and neighborhood (Figure 5). Respondents rated their satisfaction with these on a 10-point scale, with 1 being least satisfied and 10 being most satisfied. On average, these domains combined scored a 7.7, indicating higher levels of satisfaction. More specifically, as seen in Figure 5, neighborhoods scored the highest (8.5), followed by education (8.3), family life (7.9), current job (7.8), accommodation (7.6), and standard of living (6.4). Each of these domains are discussed in more detail below.

Figure 5. Average levels for domain satisfactions



Note: Scale of 1 to 10 where 1 indicates not satisfied and 10 indicates completely satisfied. The figure includes point estimates and 95% CIs. For satisfaction with their current job, only those respondents who had a job were considered.

In-depth insights on the determinants of satisfaction in each domain were gathered through a series of tobit models. Such models allow one to identify the effect of each factor on satisfaction in a given domain while accounting for the influence of the other factors included in the model.⁴ This report focuses on the significant associations identified in the analysis.

Satisfaction with education was higher for the very young and very old and lower for others. Satisfaction with education significantly increased from one education level to the next (Figure 6). Satisfaction was higher for lower and middle-upper incomes (Figure 7). It was also higher for married couples and for those who identified themselves as Moldovan or Romanian (data not shown). All other predictors considered in the model showed no significant associations with satisfaction with education.

Satisfaction with current job increased with education level (Figure 6) and was higher among women and slightly lower in households with more people (data not shown).

Satisfaction with the current living standard decreased with age. On average, there were as many as 2.54 points between those under age 20 and those over age 80. Satisfaction with living standards was also 0.7 points lower among the unemployed on average compared with employed respondents (data not shown). Satisfaction with living standards increased with income (Figure 7), and it was 0.74 points lower among divorced and separated respondents (data not shown). Large households also reported lower satisfaction with the living standard. Gagauzia scored lower than all other regions, and

⁴ Tobit models are regression models, which in this case took into consideration the fact that domain satisfactions were censored below (at the value of 1) and above (they cannot increase over the scale value of 10). This means that they provided better estimates than the OLS models if the OLS models tend to predict values outside the interval 1–10. In lay terms, the models allow one to tell which factor influences the respective domain satisfaction after isolating its influence from the influence of all other factors.

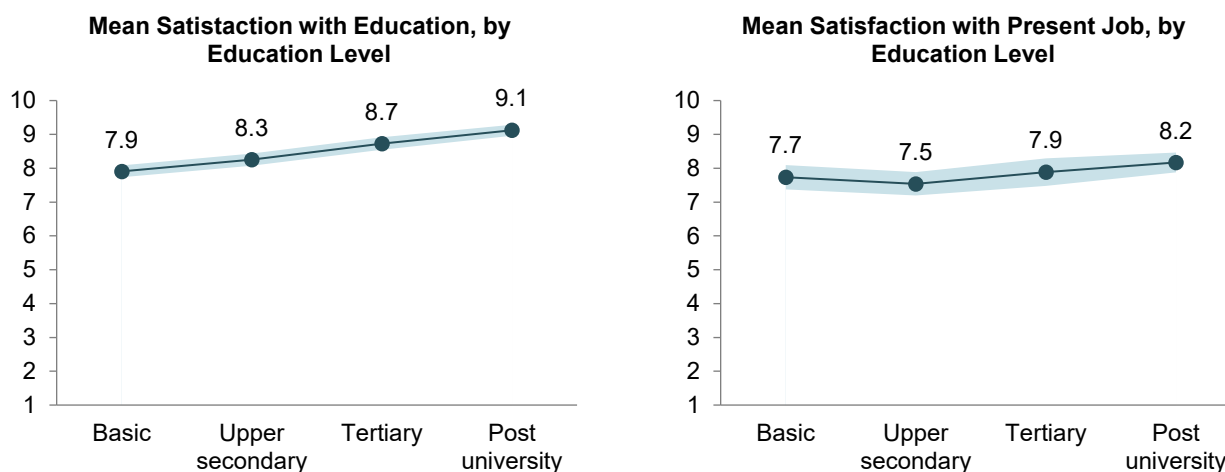
Romanian/Moldovan ethnic groups had higher satisfaction with living standards compared with all others (data not shown).

Satisfaction with accommodation increased with income levels (Figure 7) and was lower among divorcees/separated respondents and unmarried couples compared with single and married respondents (data not shown). Smaller households and people in cities were more satisfied with their accommodations, specifically less-crowded homes and those with better access to utilities. The North, Chisinau, and Center regions did not score significantly differently on accommodation but were below the South and Gagauzian regions. Moldovan/Romanian ethnic groups were 0.67 points, on average, more satisfied with their housing accommodations than other nationalities (data not shown).

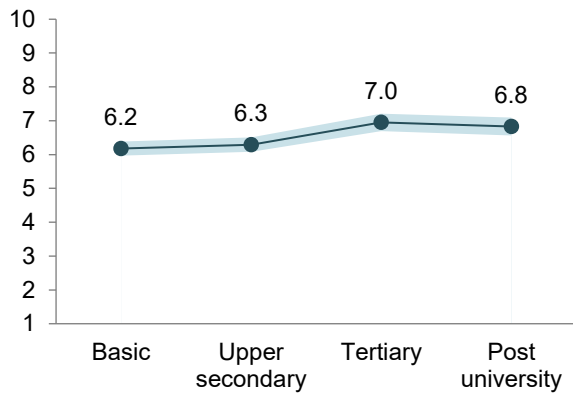
Family life brought more satisfaction among those with post-secondary education (Figure 6) and increased with income (Figure 7). People who were married scored an average of 1.2 points higher than those living with partners, about 2.5 points higher than those who were single or widowed (data not shown). Larger households were shown to be more satisfied with family life, whereas people in cities were less satisfied than those in towns and even less satisfied than those from villages. Respondents in the Gagauzia and Chisinau regions were more satisfied than those in other regions. Again, Moldovan/Romanian ethnic groups were more satisfied with their family life than people of other nationalities (data not shown).

Satisfaction with the neighborhood/local area was higher in the Gagauzia and Chisinau regions and lower in the South (that is, closer to the war zone), but there was no difference associated with ethnicity (data not shown).

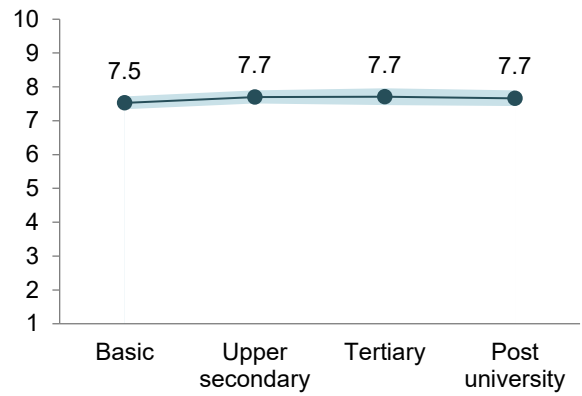
Figure 6. Domain satisfactions depending on education level, controlling for various other confounders



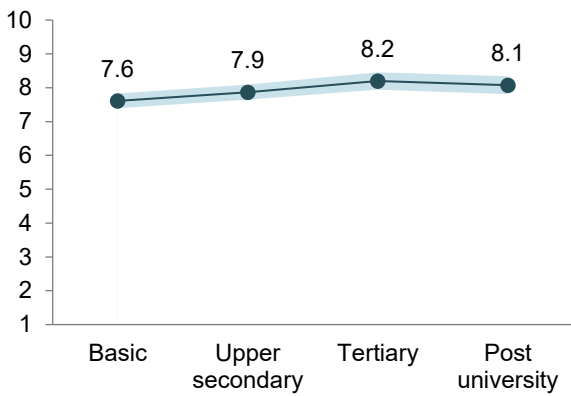
Mean Satisfaction with Living Standard, by Education Level



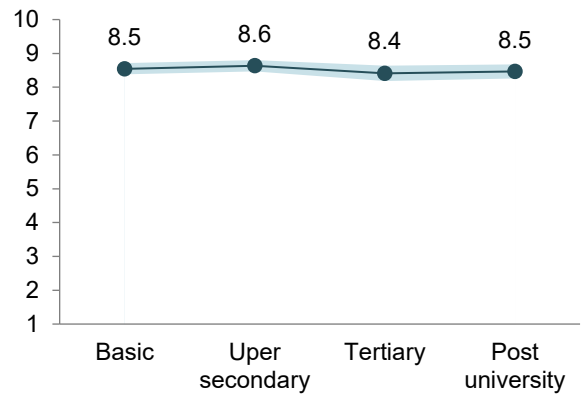
Mean Satisfaction with Accommodation, by Education Level



Mean Satisfaction with Family Life, by Education Level

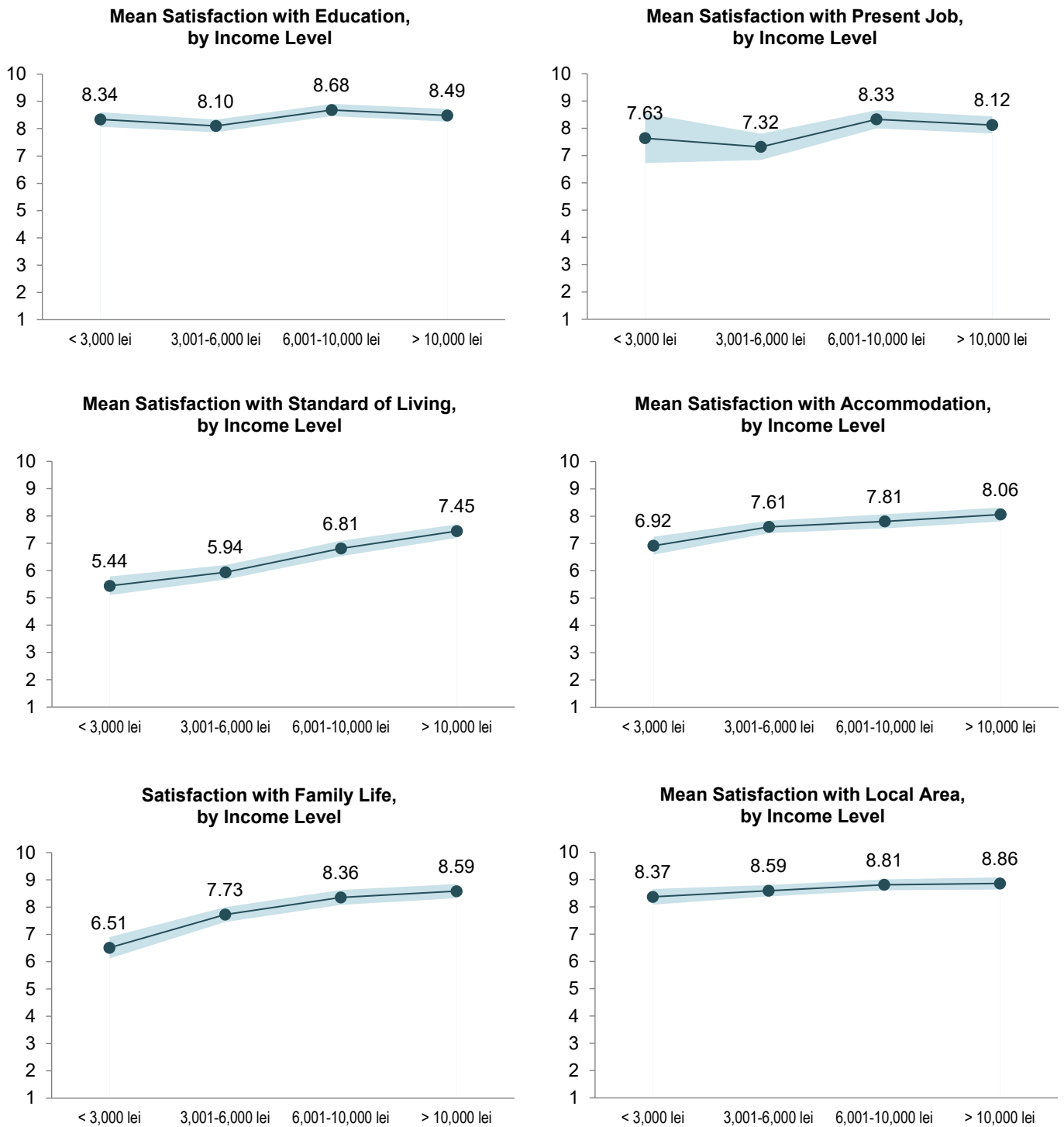


Mean Satisfaction with Local Area, by Education Level



Note: The figures show marginal effects with 95% CIs from tobit models, with robust standard errors. The models included controls for age, gender, education, occupation, region, locality size, ethnicity, children, household size, and marital status. Similar results were observed when income was not included in the model (missingness on the income variable affected 39% of the sample).

Figure 7. Domain satisfactions depending on income levels, controlling for various other confounders



Note: The figures show marginal effects with 95% CIs from tobit models, with robust standard errors. The models include controls for age, gender, education, occupation, region, locality size, ethnicity, children, household size, and marital status. Similar results were observed when income was not included in the model (missingness on the income variable affected 39% of the sample).

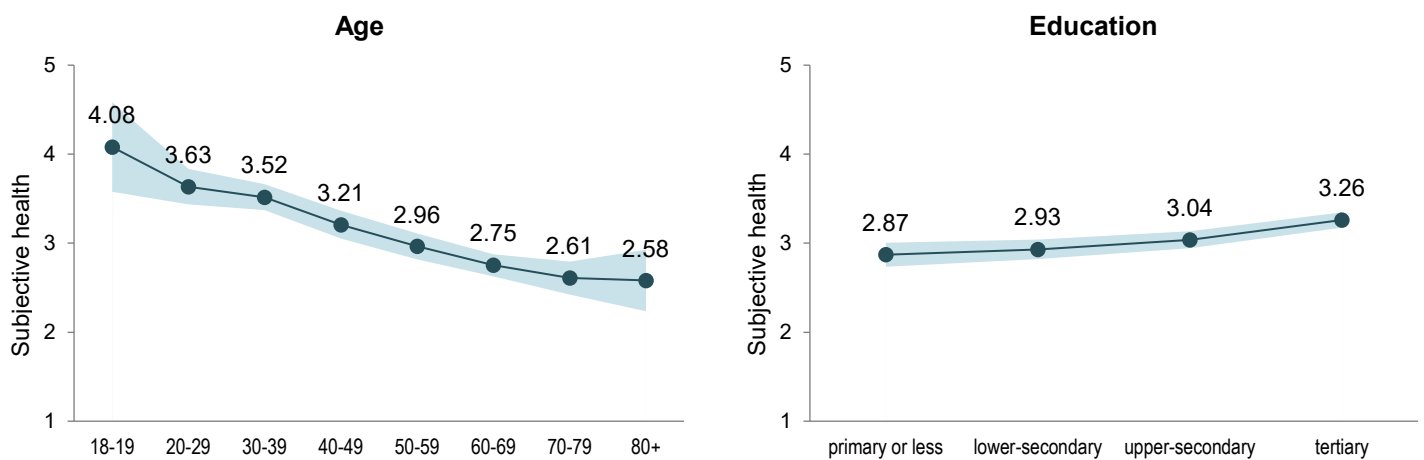
Subjective Health

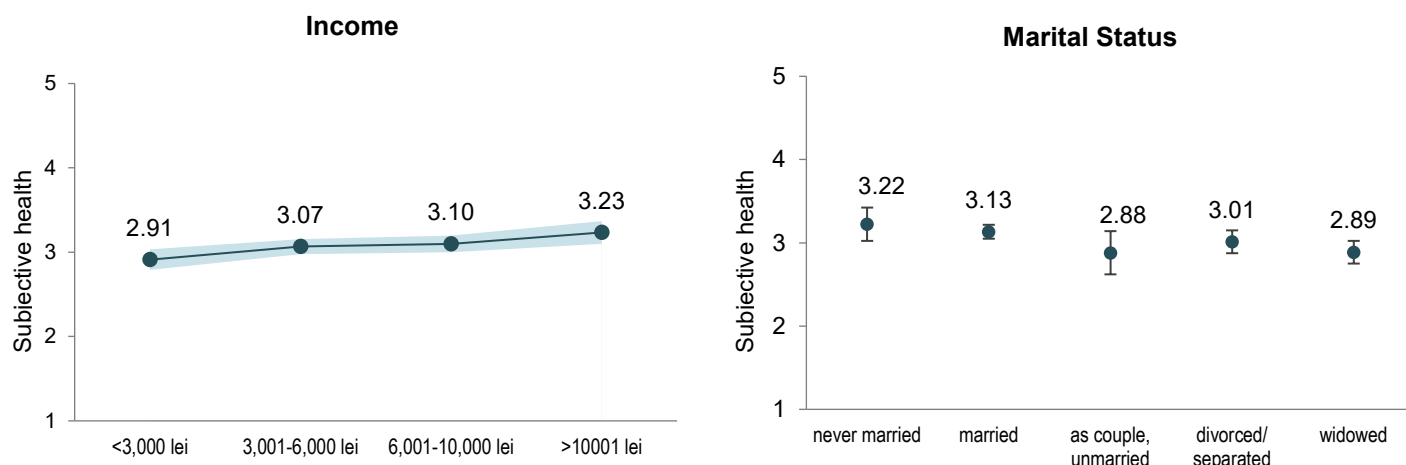
The concept of subjective health has a decades-long history (Hunt & McEwen, 1980) and is currently used as an essential covariate of overall well-being (Joshnloo & Jovanović, 2021; Read, Grundy, & Foverskov, 2016; Sun, Chen, Johannesson, Kind, & Burström, 2016).

The QLS-Moldova found that 5% of the sample felt that their health was “very bad,” 17% as “bad,” 41% as “fair,” 30% as “good,” and 7% as “very good.” On a scale of 1 (very bad) to 5 (very good), the average score in subjective health was 3.2 and can be classified as “fair.” Subjective health decreased with age and increased with education level and income level (Figure 8). Men had higher subjective health (average of 3.3) than women (average of 3.1). This difference is not necessarily indicative of better health among men but potentially better opinions of their own health, as has been observed in other countries (Monden, 2014) (Almgren, Magarati, & Mogford, 2009; Dahlin & Härkönen, 2013), and may also be related to greater concern shown systematically by women about their health (Courtenay, 2000). Moldovan/Romanian ethnic groups had an average of 3.2, compared to the 3.1 level observed for the Ukrainian/Russian group.

Widowers, divorcees, separated people, and those living together but unmarried had significantly lower subjective health compared with married and single people. The presence of children in the household decreased the average subjective health of individuals by 0.2 points. Household size, region, locality, and ethnicity did not show significant variations in subjective health (data not shown).

Figure 8. Predicted subjective health by age, education, income, and marital status, while controlling for various other confounders





Note: The figures show marginal effects with 95% CIs from a tobit model, with robust standard errors. The models included controls for gender, occupation, region, locality size, ethnicity, children, and household size. Explained variance: 15%. Similar results were observed when income was not included in the model (missingness on the income variable affected 39% of the sample).

Table 4 describes the sample with respect to the presence of disabilities, following the standard measurement proposed by the Washington Group Short Set on Functioning (WG-SS) (Washington Group on Disability Statistics, 2020). Forty-two percent of the respondents reported at least some difficulties in seeing, 12% had hearing difficulties, 35% reported motricity difficulties, 29% had difficulty remembering or concentrating, 7% had difficulty taking care of their own hygiene, and 5% reported difficulty communicating. Repeating the analysis on subjective well-being and adding the disabilities from Table 4 as factors led to an observation of a lower subjective assessment of health, except for difficulty in communicating and hearing.

Table 4. Distribution of sample according to disabilities defined by the WG-SS

	No, no difficulty	Yes, some difficulty	Yes, a lot of difficulty	Cannot do it at all	Total
Do you have difficulty seeing, even if wearing glasses?	56.9%	35.2%	7.5%	0.4%	100%
Do you have difficulty hearing, even if using a hearing aid?	88.0%	10.6%	1.4%	0.0%	100%
Do you have difficulty walking or climbing steps?	64.3%	23.1%	12.2%	0.4%	100%
Do you have difficulty remembering or concentrating?	71.3%	24.9%	3.6%	0.2%	100%
Do you have difficulty with self-care such as washing all over or dressing?	92.6%	5.6%	1.5%	0.3%	100%
Using your usual language, do you have difficulty communicating?	94.7%	4.8%	0.4%	0.1%	100%

Mental Health

The World Health Organization (WHO) Five Well-Being Index (WHO-5) has been shown to be a reliable tool for measuring mental health that is suitable for any society and for both children and adults (Topp,

Østergaard, Søndergaard, & Bech, 2015). It asks respondents to assess “How did you feel in the last two weeks?” and offers five statements: “(1) I have felt cheerful and in good spirits; (2) I have felt calm and relaxed; (3) I have felt active and vigorous; (4) I woke up feeling fresh and rested; and (5) My daily life has been filled with things that interest me.” Each statement can be answered on scale ranging from 0 to 5, defined as follows: “All of the time = 5; Most of the time = 4; More than half of the time = 3; Less than half of the time = 2; Some of the time = 1; At no time = 0.”

Using responses on each of the five statements, the WHO-5 index totals the results and multiplies the sum by 4. The index ranges from 0—at very high risk of depression—to 100—at no risk of depression at all. Scores of 50 or lower are considered an indication of being at risk of depression. Compared with life satisfaction and happiness, which are more stable over time, the WHO-5 index has the advantage of quickly assessing reactions under more recent or current personal or societal stress.

In 2016, 22% of people in the EU scored lower than 50 (Eurofound, 2017). However, with the recent societal stresses (such as the COVID-19 pandemic and the invasion of Ukraine by Russia), comparison with the 2016 findings is less relevant. Based on the QLS-Moldova data, the average WHO-5 index in the Republic of Moldova was 60. Thirty-five percent were below the threshold of 50 and could be labeled as at risk of depression. On the upper side of the scale, 20% were above 80, showing very little risk of depression, if any.

However, several groups had a much higher prevalence of being at risk of depression, as Table 5 shows. The multivariate analysis indicated that when controlling for other factors,⁵ mental health was better when the respondent had a higher income; it was higher among men, with an average of 5.2 points higher compared with women; and mental health decreased for retired persons (with an average of 5.4 points, on average, compared with employed people) and those unable to work (9 points less than those who were employed). Age, specifically being 60 years and older; living in Gagauzia; and being retired, unable to work due to illness or disability, widowed, or a low-income earner, were reported to be, or were nearly at risk of being, depressed.

⁵ OLS models with WHO-5 as predicted value, and the factors used in the previous models being controlled.

Table 5. Levels of WHO-5 Well-Being Index across key demographic variables

Status Group		Mean	95% confidence interval		At risk of depression
			Lower bound	Upper bound	
Gender	Male	63	61	65	29%
	Female	57	56	59	39%
Age group	18–19	68	63	74	23%
	20–29	69	66	72	21%
	30–39	63	60	65	31%
	40–49	62	59	64	31%
	50–59	57	54	60	38%
	60–69	54	52	57	43%
	70–79	52	48	56	47%
	80+	50	40	60	44%
Education	Primary or less	58	55	61	38%
	Lower-secondary	58	55	60	39%
	Upper-secondary	59	57	61	35%
	Tertiary	64	62	66	28%
Occupation	Employed/employer	64	62	66	27%
	Retired	52	50	55	46%
	Unemployed	61	58	64	36%
	Unable to work	50	45	55	51%
	Homemaker	63	59	66	30%
	In education	69	65	74	21%
	Other working	74	68	80	15%
Region	North	58	56	60	40%
	Center	61	59	64	34%
	South	57	54	60	40%
	Chisinau	64	62	66	24%
	Gagauzia	52	46	58	43%
Marital status	Never married	65	62	67	29%
	Married	62	60	63	32%
	Live as couple, unmarried	64	59	70	29%
	Divorced/separated	58	55	61	37%
	Widowed	49	46	52	50%
Locality type	Cities	63	61	65	27%
	Towns	58	56	61	37%
	Villages	59	58	61	37%
Ethnicity	Moldovan/Romanian	61	60	62	34%
	Other (Russian, Ukrainian, etc.)	54	51	57	38%
Household type	Single	57	55	59	40%
	Couple	60	58	62	35%
	Single with children	61	56	65	29%
	Couple with children	65	62	67	27%
Monthly net income per household	Under 3000 lei	51	48	54	49%
	3001–6000 lei	59	57	62	34%
	6001–10000 lei	64	61	67	28%
	10001 lei and over	68	66	71	16%

Note: The WHO-5 index varies from 0 (very high risk of depression) to 100 (very low risk of depression). The last column shows the percentage of people in the respective category that had scores under 50. The middle columns show the 95% CIs.

Positive Functioning Measures

Beyond the classic indicators of subjective well-being, increasing attention has been paid in recent decades to psychological functioning (Rusk & Waters, 2015). Positive functioning is often seen as related to eudemonic well-being, conceived as a reflection of purpose, meaning of life, and personal reflexivity (Eurofound, 2017; Lee & Carey, 2013; Ruini & Ryff, 2016). There are various ways to measure elements related to positive functioning. The module included in the European Social Survey refers to elements related to personal feelings and personal functioning (Huppert, Marks, Clark, Siegrist, Stutzer, Vittersø, & Wahrendorf, 2009). A scale called the Positive Functioning Inventory-12 focuses solely on personal feelings (Joseph & Maltby, 2014).

The EQLS approach, informed by the European Social Survey and Organisation for Economic Co-operation and Development (OECD) guidelines for the measurement of subjective well-being, was also used in the QLS-Moldova questionnaire; it combined personal feelings and personal functioning, using seven indicators, as shown in Table 6. Eighty-four percent of respondents felt a sense of purpose, and 83% reported a feeling of autonomy. These were followed by optimism for their children (70%) and for themselves (67%). Resilience scored lower compared with all other indicators, with 47% of respondents finding it difficult to deal with important life problems.

Tobit models were set up to predict each of the seven indicators. Significant associations were reported in the following (data not shown):

- Compared to men, women were more optimistic about their children's future, had less of a sense of purpose, and reported feeling less resilient.
- People with higher education had less optimism about their children's future but greater coping resilience.
- Retired people had lower autonomy and higher coping resilience. Those unable to work due to illness or disability had lower recovery resilience. Those working as homemakers felt less purpose in life and experienced less autonomy. Students had lower optimism with respect to their children's future and found a much higher purpose in life.
- Income levels mattered very little, but the higher the income, the higher the recovery resilience.
- Divorced/separated people showed lower recovery resilience and less optimism in themselves but higher optimism about the next generation. Unmarried couples reported significantly higher recovery resilience. The presence of children decreased coping resilience but increased feelings of autonomy.
- People living in cities reported more optimism for children and grandchildren compared to people in towns and villages. People in the North region had lower coping resilience, whereas people in the Chisinau region had higher coping resilience. People in the Southern region and Gagauzian had less personal optimism, whereas people in the Chisinau region showed more skepticism with respect to their children's future.
- Those who identified themselves as Moldovan or Romanian were more optimistic for their own futures, felt more sense of purpose, and reported more autonomy compared to those from other nationalities.

Table 6. Positive functioning findings

			Do not know	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Total	Mean
Personal feelings	Optimism for self	I am optimistic about my future	3%	4%	8%	17%	42%	25%	100%	3.95
	Optimism for children	I am optimistic about my children's or grandchildren's future	4%	3%	9%	13%	44%	26%	100%	3.97
Personal functioning	Sense of purpose	I generally feel that what I do in life is worthwhile	3%	1%	4%	8%	50%	34%	100%	4.24
	Autonomy	I feel I am free to decide how to live my life	1%	2%	6%	8%	45%	38%	100%	4.23
	No time	In my daily life, I seldom have time to do the things I really enjoy	2%	10%	21%	13%	41%	14%	100%	3.34
	Resilience (coping)	I find it difficult to deal with important problems that come up in my life	2%	9%	24%	18%	36%	11%	100%	3.20
	Resilience (recovery)	When things go wrong in my life, it generally takes me a long time to get back to normal	2%	9%	28%	18%	32%	11%	100%	3.09

Note: Mean values were computed after treating “don't know” as missing values, and considering a five-point scale, where “strongly disagree” had a value of 1, and “strongly agree” had a value of 5.

Negative Functioning Measures

The QLS-Moldova questionnaire asked respondents whether they felt lonely, tense, or depressed in the two weeks before being interviewed. This is called the “negative affect.” Using a scale to measure the frequency of such feelings, the distributions revealed low levels of negative affect (Table 7). However, 29% reported feeling tense more than half the time, with 24% feeling lonely and 21% feeling downhearted and depressed more than half the time. The three items significantly correlate among themselves at 0.4–0.6 (Spearman's rho, which measures the strength of association between two variables), indicating that the more one shows negative affect in one dimension, the more one shows it in the other two.

Sixty percent of the sample were not feeling tense, lonely or depressed/downhearted frequently. Eighteen percent experienced one of these negative feelings, 10% experienced two of these feelings, and 11% experienced all three negative feelings more than half of the time (data not shown).

These experiences are negatively correlated with life satisfaction, happiness, and mental health. The multivariate analysis (tobit models) revealed that the negative affect index was significantly higher among women (at 0.7 points, on average); increased with age (with more than one point between the younger cohort and the oldest one); was higher among lower-secondary and upper-secondary graduates compared to higher education levels; was slightly less with lower education levels; and was about one point lower for tertiary graduates. Those unable to work due to disability or illness had a higher negative affect, on average, compared with those who were employed, whereas the higher the income level, the lower the

negative affect. The average point difference between those earning more than MDL 10,000 lei per household and those earning less than MDL 3,000 lei was 2 points on the 0–3 scale of negative affect.

Table 7. Negative affect findings

Please indicate for each of the statements which is closest to how you have been feeling over the past two weeks.	I have felt particularly tense	I have felt lonely	I have felt downhearted and depressed
At no time	25%	52%	46%
Some of the time	31%	18%	24%
Less than half of the time	15%	7%	10%
More than half of the time	10%	6%	7%
Most of the time	9%	5%	6%
All of the time	10%	13%	8%
Total	100%	100%	100%

Note: All refusals to answer and “don’t know” answers were treated as missing values. They initially accounted for about 1 percent being tense or depressed and 0.3 percent for loneliness and were not deemed to affect the magnitude of the results.

Comparisons with other European Societies

Table 8 summarizes a few indicators of subjective well-being and compares the average situation in the Republic of Moldova with corresponding figures in selected EU and EU candidate countries.

Overall, Moldovans were moderately happy and satisfied with life. Compared to other EU and EU candidate countries, people in the Republic of Moldova were, on average, happier (score of 7.2 vs. 6.8) and more satisfied with their lives (score of 6.7 vs. 5.9). Most people in the Republic of Moldova were optimistic about their future (67%) and felt like what they are doing in life is worthwhile (84%). This sentiment was far higher than that of other EU and EU candidate countries. As well, fewer people were at risk of depression in the Republic of Moldova (35%) compared to the EU average (56%). Subjective health, however, was not as positive, with only 37% of respondents reporting that their health is good or very good compared to 58% for the average of EU countries.

Table 8. Subjective well-being in the Republic of Moldova and in selected countries: key indicators

		Life satisfaction	Happiness	Subjective health (% “good” or “very good”)	WHO-5: Mental health average	WHO-5: At risk of depression	Optimism (% agree/strongly agree)
Min		1	1	0%	0	Not available (n.a.)	0%
Max		10	10	100%	100	n.a.	100%
QLS-Moldova	Republic of Moldova	6.67 [6.55–6.79]	7.18 [7.06–7.30]	37%	60 [58.8–61.1]	35%	67%
COVID-19 e-survey (2021–2022)*	EU (average)	5.9	6.8	58%	46	56%	45%
	Romania	6.2	6.5	45%	n.a.	59%	46%
	Poland	5.8	6.5	46%	n.a.	68%	36%
	Albania	4.5	n.a.	n.a.	n.a.	77%	n.a.
	Republic of Moldova	5.8	n.a.	n.a.	n.a.	60%	n.a.

* Data sources: Own computations based on data sources cited in the COVID-19 e-survey to align with key indicators in both of the quality-of-life surveys. Life satisfaction and WHO-5 index: Data from the January–February 2022 wave of e-survey. Optimism and Happiness: Data from June–July 2021 e-survey. Subjective health: Data from the February–March 2021 wave of e-survey.

Income and Material Deprivation

Making Ends Meet

The QLS-Moldova used the “living level scale”, which asks respondents to assess a statement (with some variations) about household income being able to make ends meet on a scale of 1 to 6: “6= very easily, 5= easily, 4= fairly easily, 3= with some difficulty, 2= with difficulty, 1= with great difficulty” (Deleek, Van den Bosch, & De Lathouwer, 1992; Dubnoff, 1985; Van den Bosch, 2017).

The responses in the QLS-Moldova generally showed difficulty making ends meet. Only 3% reported that they made ends meet very easily; 14% easily; 10% fairly easily; 32% with some difficulty; 28% with difficulty; and 14% with great difficulty. In other words, 42% reported serious difficulties in making ends meet. At the same time, 16% said that the financial situation of their household was better than 12 months ago; 47% assessed it as the same; 37% felt that it was worse; and 1% did not know or refused to answer.

Table 9 brings together difficulty in making ends meet and perspective on financial situation in the last 12 months. Statistically significant differences were revealed across key demographic groups in the multivariate (ordinal logit) models. Respondents who were able to achieve their preferred standard of

living more easily were male, younger, higher educated, higher income, from smaller households, Romanian, employed, and those who were not yet retired (data not shown).

Table 9. Subjective viewpoints on financial trajectories of households

		Financial situation today, compared with 12 months ago			
		Worse	The same	Better	Total
Making ends meet	With great difficulty	62%	33%	6%	100%
	With difficulty	46%	43%	11%	100%
	With some difficulty	34%	51%	15%	100%
	Fairly easily	22%	53%	25%	100%
	Easily	16%	56%	27%	100%
	Very easily	13%	49%	38%	100%

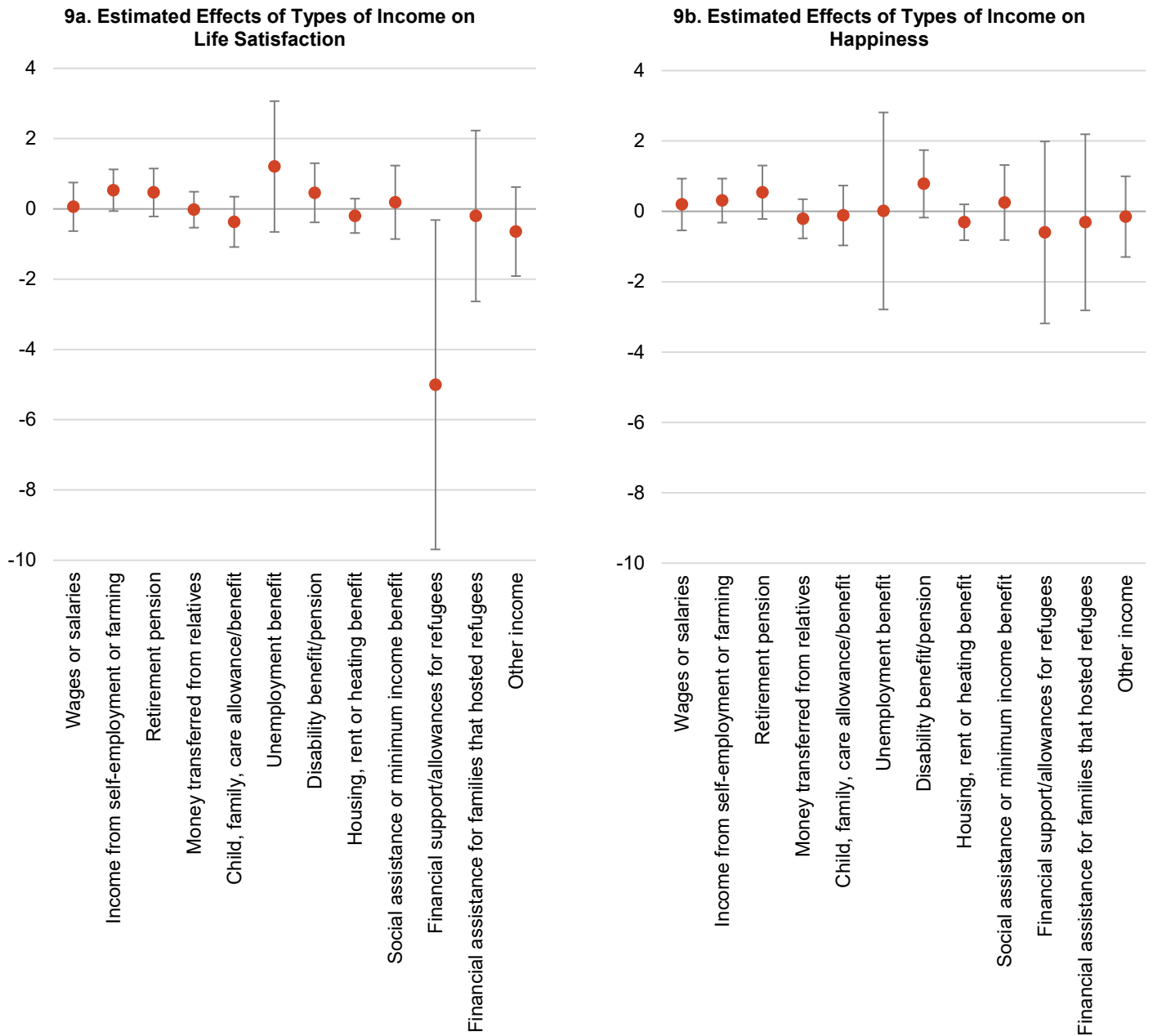
*Green cells indicate positive significant associations, whereas red cells indicate negative significant associations ($p < .05$).

Types of Income and Subjective Well-Being

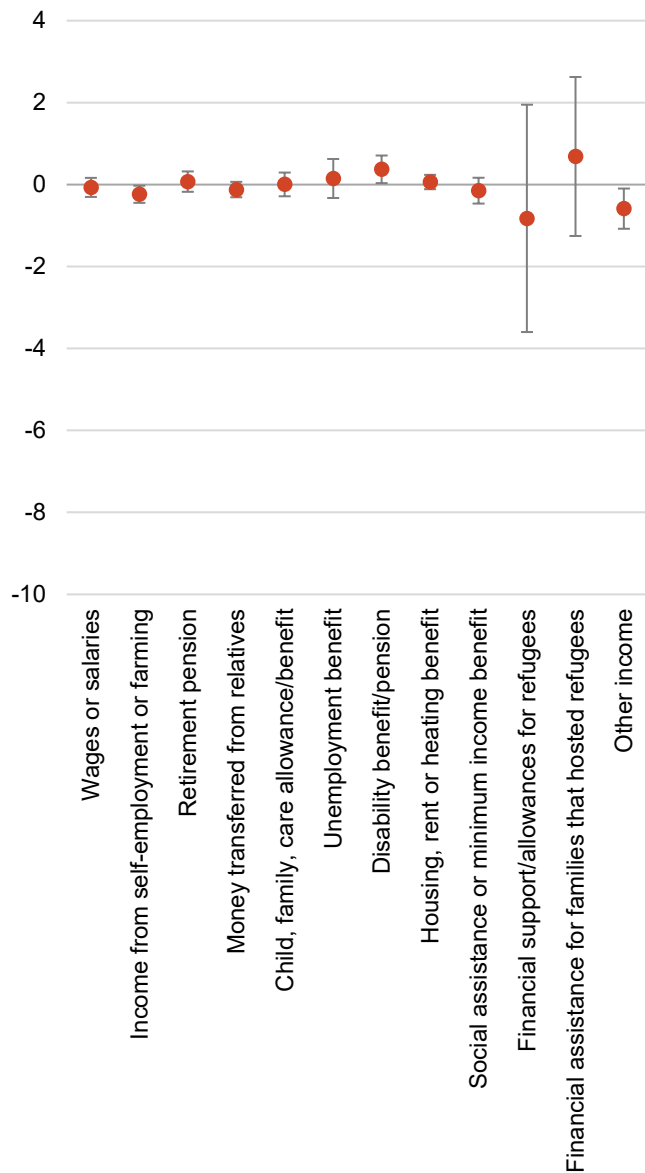
More than half (57%) of respondents reported living in a household where there was at least one source of income from wages and salaries. Twenty percent reported household income from farming or self-employment; 44% from pensions; 24% from transfers sent by family members; 11% received child allowances; less than 1% collected unemployment benefits; 7% received disability allowances; 26% reported receiving housing, rent, or heating benefits; 6% mentioned social welfare benefits; less than 1% had incomes from helping refugees; and 3% indicated other sources of income (such as rents, interest, dividends, etc.). Total household incomes were often a combination of these types of income sources. The question that this very short section asks is whether receiving a specific type of income is associated with specific differences in subjective well-being.

Figure 9 presents the association between receiving income from the various sources and life satisfaction, happiness, mental health, and the living level scale (“making ends meet”). The closer to 0 the point estimate is (that is, the bubble in the middle), the lower the association. Except for refugees receiving allowances, the analysis showed no sign of other income sources having a significant impact on subjective well-being.

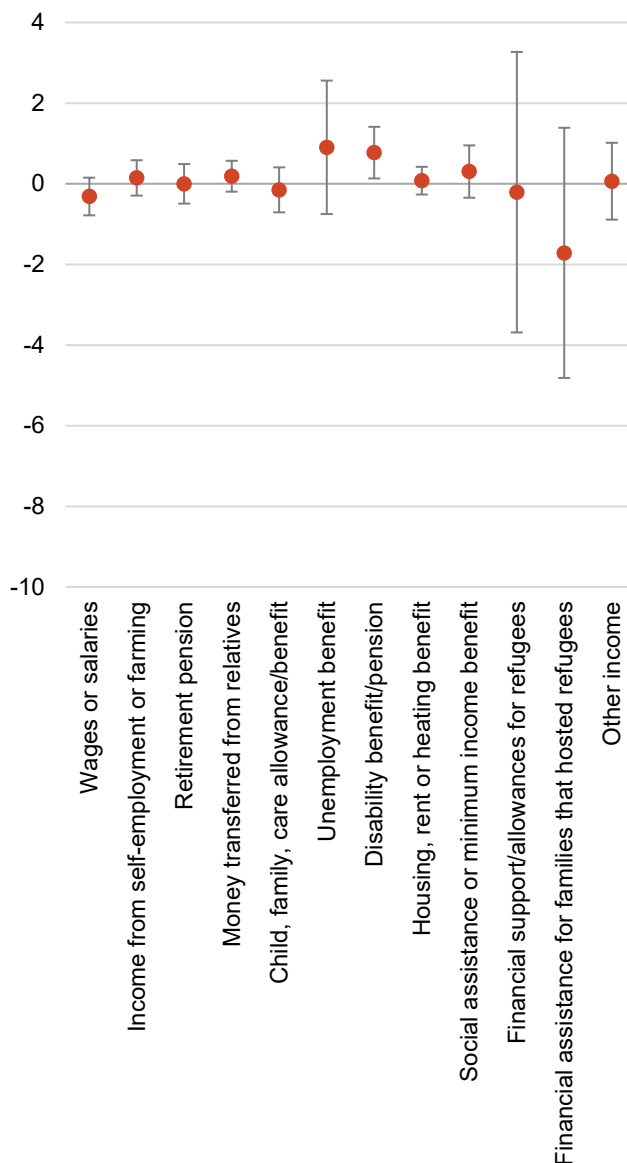
Figure 9 a-d. Estimated effects of types of income on subjective outcomes, in multivariate models



9c. Estimated Effects of Types of Income on Making Ends Meet



9d. Estimated Effects of Types of Income on Mental Health



Note: Point estimates and 95% CIs from tobit models (life satisfaction, happiness, and making ends meet), respectively regression model (mental health), with robust standard errors. The models included controls for marital status, education, age, gender, income, region, ethnicity, presence of children, and size of locality. The results were virtually unchanged when size of income was not in the model (missingness on the income variable affected 39% of the sample).

Level of Worry about Income in Old Age

In addition to satisfaction with income or an assessment of the household financial situation, one can also look at the prospects that younger people have. Financial worries and concerns are shown to have negative psychological consequences (De Bruijn & Antonides, 2020). Expected income at retirement shapes an individual's decision about retirement age, with wealthier people choosing an earlier retirement (Garcia, 2013; Post, Schneer, Reitman, & Ogilvie, 2013). Therefore, looking not only at current income and income satisfaction but also at prospective opinions about what will happen at older ages is meaningful for employers, policy makers, and the public.

The QLS-Moldova asked respondents under age 60 to report: "On a scale of 1 to 10, how worried are you, if at all, that your income in old age will not be sufficient?" Ten was defined as "extremely worried," whereas 1 meant "not worried at all." Seventeen percent reported few worries (responses from 1 to 3), 21% indicated moderate worries (corresponding to 4 to 7 on the scale), and 60% expressed a clear concern about expected income (8 to 10 on the scale). The most striking finding was that 49% indicated being extremely worried (10 on the scale). The remaining 3% did not provide an answer to this question.

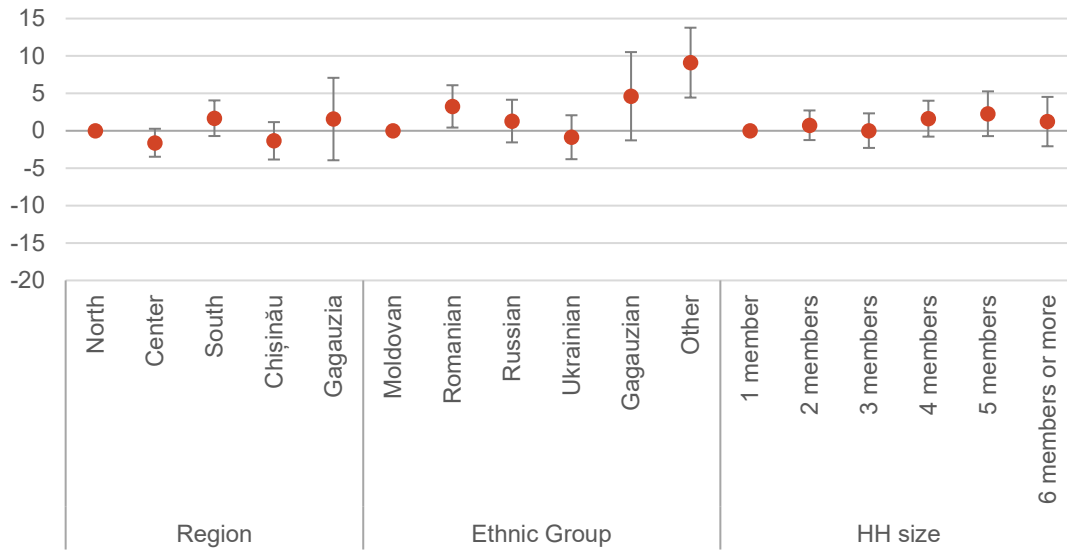
A similar question was addressed to those ages 60 and over: "On a scale of 1 to 10, how worried are you, if at all, that your income is not sufficient?" The scale was the same. Forty-four percent of the sample were extremely worried. Fifty-five percent of the respondents indicated 8 to 10 on the scale, whereas 16% responded between 1 to 3 (minimal worry) and 24% expressed moderate worries (4 to 7 on the scale). Again, 3% did not respond.

The mean values of the two age groups' responses were not significantly different. People under the age of 60 had an average score of 7.35, with a 95% CI of 7.17 to 7.52. Respondents over the age of 60 scored an average of 7.18 on the same scale, with a 95% CI of 6.93 to 7.44.

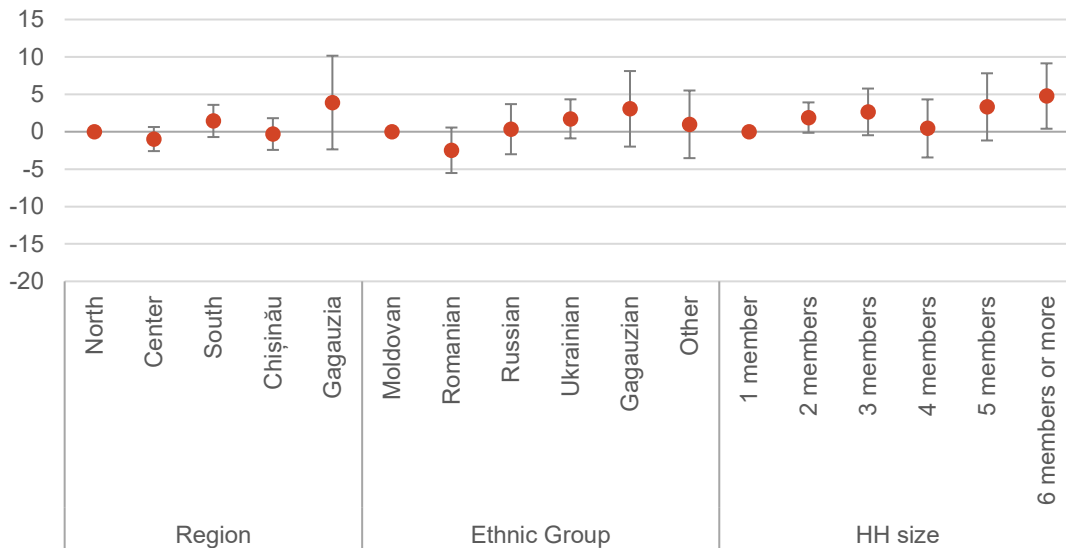
Figure 10 goes into detail, highlighting the differences among the key demographic groups. Women were more worried than men. Younger women were 2.1 points more worried than men about their future income after controlling for income size, having a job, and having children. Among those older than 60, the difference was even greater (2.7 points). These results indicate a much more profound concern among women about their expected financial situation than among men. Among younger people, concerns about old age income increased with age: the closer to retirement the respondent was, the more worried about future income. However, among older people, worry decreased with age.

Figure 10 a-d. Association of the level of worry about income at various ages, in multivariate models

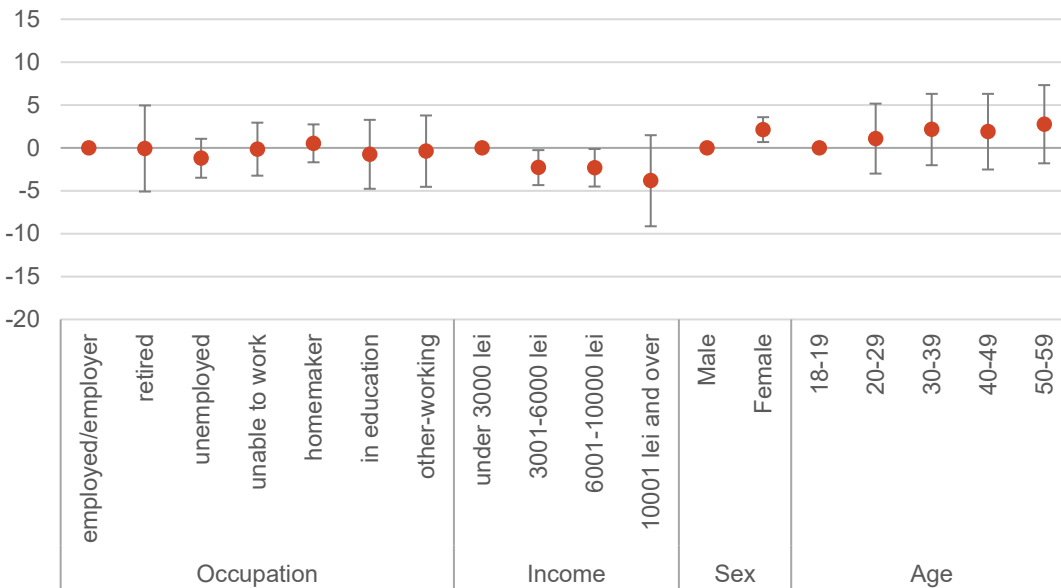
10a. Association of worriedness about income, by younger people (for family identity variables)



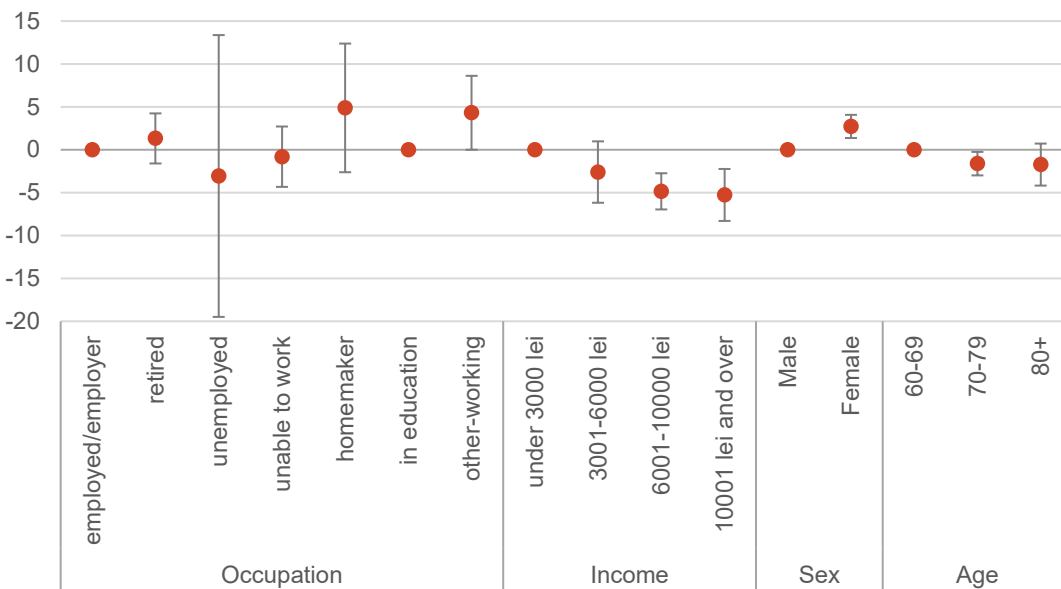
10b. Association of worriedness about income, by people over 60 (for family identity variables)



10c. Association of worriedness about income, by younger people (for socio-economic variables)



10d. Association of worriedness about income, by people over 60 (for socio-economic variables)



Note: Point estimates and 95% CIs from tobit models, with robust standard errors. The models included controls for type of income (not shown in the figure). The results were virtually unchanged when size of income was not included in the model (missingness of the income variable affected 39% of the sample).

Areas of Material Disadvantage

The QLS-Moldova included a version of the current living standard deprivation (CLSD) approach, which is identical to the one in the 2016-EQLS (Whelan & Maître, 2007). It revealed that about one-third of respondents (36%) lived in households that experienced difficulties in keeping the house warm enough; 74% could not afford to take holidays; two-thirds could not pay for replacing furniture; one-third had difficulty securing proper food; half could not afford new clothes; and a little more than one-quarter could not afford to socialize with friends or family at least once a month (Table 10). Considering all six items, on average, respondents rated 2.8 of them as being unaffordable.

Table 10. Summary responses about material deprivation at the household level

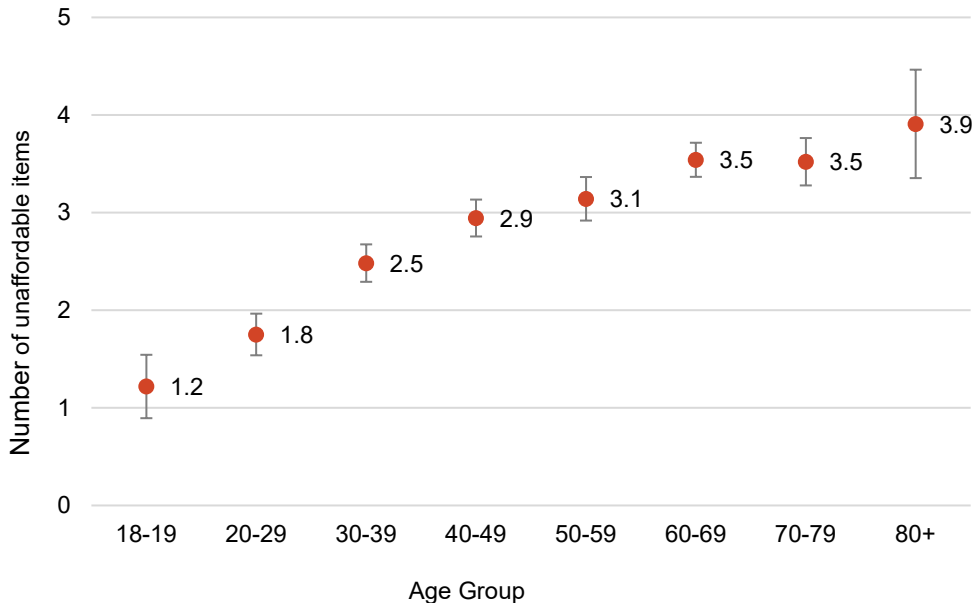
For each of the following things, can I just check whether your household can afford it if you want it	Yes, can afford if want	No, cannot afford it	Don't know	Refusal	Total
Keeping your home adequately warm	63%	36%	1.0%	0,0%	100%
Paying for a week's annual holiday away from home (not staying with relatives)	24%	74%	1.3%	0.1%	100%
Replacing any worn-out furniture	32%	66%	1.3%	0.2%	100%
A meal with meat, chicken, fish every second day if you wanted it	69%	30%	0.5%	0.0%	100%
Buying new, rather than second-hand, clothes	48%	51%	1.1%	0.2%	100%
Having friends or family for a drink or meal at least once a month	71%	28%	0.5%	0.1%	100%

As presented in Figure 11, there was a significant association between CLSD and age. The older the respondent was, the higher the number of unaffordable items. The differences across age groups remained unaltered when controlling for other variables in the multivariate analysis. There was less material deprivation for men, people with higher incomes, people with higher education, and people with Romanian ethnicity. Material deprivation was worse for widowers, those living in larger households, and those unable to work due to illness or disability.

The worrisome food deprivation finding (30% could not afford a proper meal) was also reflected in patterns of saving resources. When asked whether they could spend less by cutting from their food expenditures, 47% of respondents indicated that they had gone without fresh fruits and vegetables, and another 47% bought cheaper cuts of meat or bought less food than they wanted to buy. To save money, 16% had not visited a doctor in the past 12 months, and 19% had postponed a visit. During the same period, 23% had not visited a dentist due to a lack of money, and 19% delayed the visit.

CLSD is highly correlated in bivariate associations with subjective well-being, showing significant Pearson correlations of -.34 with life satisfaction, -.32 with happiness, and -.35 with mental health. In other words, when material deprivation increased, life satisfaction, happiness, and mental health decreased.

Figure 11. CLSD levels, by age group



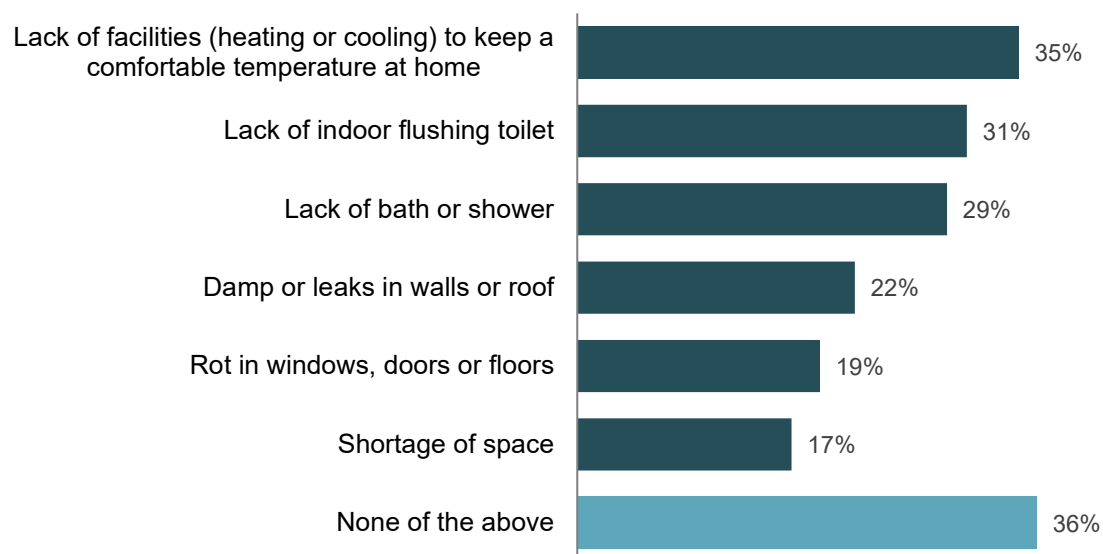
Housing

The QLS-Moldova asked whether coping measures were taken with respect to housing: “Over the past 12 months, have you moved to a cheaper home, taken other people into your home, or moved into someone else’s home to save on housing costs?” Three percent reported that they had moved to a cheaper home, 0.5% took other people into their home, and about 1% moved into someone else’s home. With Moldovans typically owning their accommodations, it was no surprise that 96% of the respondents did none of the above.

Housing arrears were likewise not frequent. Three-quarters of the respondents reported no arrears (73%), 13% reported only one arrear, 8% indicated two arrears, and 6% indicated three or more (data not shown). The most frequently reported were energy-related bills (19%), reflecting general conditions from the effects of the war in Ukraine. Ten percent reported difficulties paying telephone or Internet bills, and 16% had difficulties repaying loans of various types, either informal or formal.

Figure 12 shows that 35% indicated a lack of facilities; 29% lacked a bath or shower; 31% had no flushing toilet; 22% suffered from poor structural quality of their accommodations; 19% had rot in their windows, doors, or floors; and 17% indicated a shortage of space. Many of these problems coincided. Overall, 36% reported no such problems, 23% cited one problem, 15% cited two problems, 13% faced three problems, and 13% reported four or more (data not shown).

Figure 12. Accommodation problems reported (% of HH reporting specific issues)



Accommodation problems were significantly more frequent in rural areas (in villages). Regional discrepancies included more arrears in the Center region and more accommodation problems in the Southern region and in Gagauzia. University graduates had fewer accommodation problems compared with those respondents with no more than a lower-secondary education level. Housing arrears decreased with age. Women reported significantly more accommodation problems. The same was true for people unable to work due to disability or illness and for those who did not live in their own house. Accommodation problems also decreased with the size of the house (number of rooms), whereas both the number of arrears and accommodation problems increased with the size of the household (number of household members).

Considering the results of the housing indicators, a multivariate model to examine the association with subjective well-being was analyzed. The resulting significant associations included decreasing life satisfaction when the number of arrears was higher and decreasing mental health when the number of accommodation problems was higher. Larger households, houses owned but not rented, fewer accommodation problems, and a lower number of arrears were positively associated with higher levels of satisfaction with accommodation (data not shown).

Using the Internet

Nineteen percent of the respondents never used the internet other than for work. The remaining four-fifths of the sample used the internet for personal and professional reasons every day or almost every day (71%), at least once a week (6%), 1 to 3 times a month (1%), and another 4% used it less often.

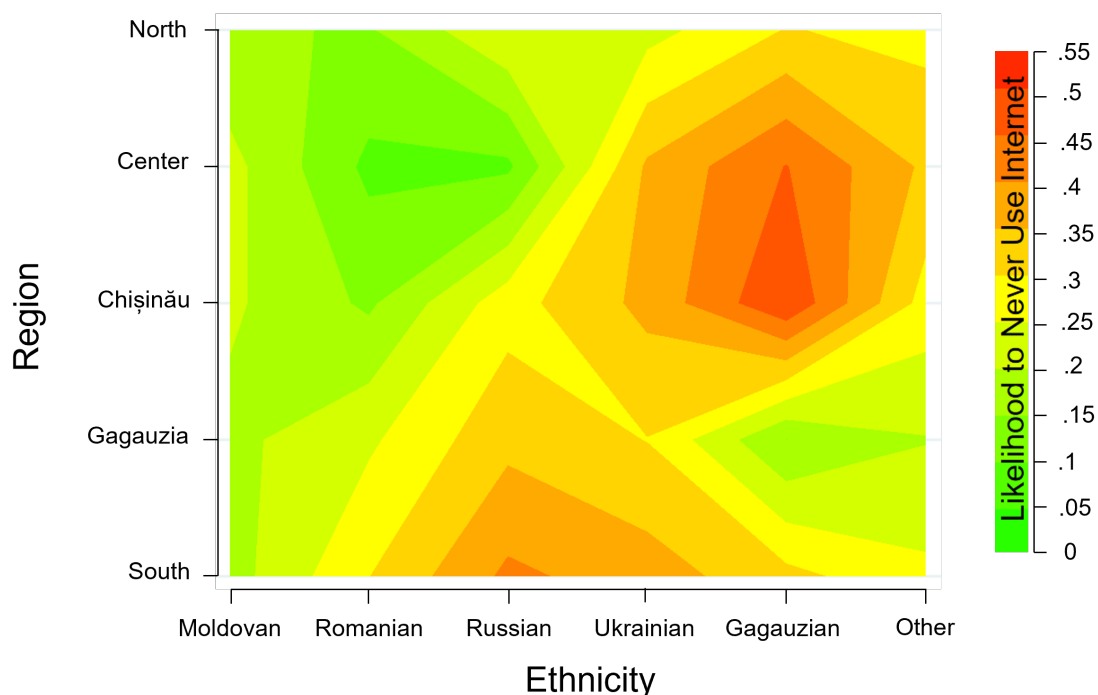
The findings were consistent with other surveys in the Republic of Moldova. As CBS-AXA (2022b) noted by using surveys with nationally representative samples, the share of the population accessing the internet in the past 12 months before being surveyed was 77% in 2019, 75% in 2020, 80% in 2021, and 85% in 2022.

The corresponding percentage estimated by the QLS-Moldova was slightly lower (81%)⁶ but still in the same range, indicating that despite recent improvements, there is still a part of society that is digitally excluded.

Results from the multivariate analysis showed that respondents who never used the internet other than for work were more commonly men, poorer, less educated, older, located in the Center region, and not in Gagauzia. They identified themselves as Gagauzian, Ukrainian, or Russian ethnicity, whereas those who declared Romanian ethnicity were even less likely to never use the internet compared with Moldovan ethnicity. Geographic location and ethnicity were not contradictory because they interact, as shown in Figure 13.

Uses of the internet included finding a job online (14% reported doing so in the past 12 months), buying things online (38%), using an online public administration facility (i.e., tax returns, applications for benefit claims, driving licenses, passports, etc.) (20%), and online banking facilities (39%). Seven percent reported being subjected to online harassment, and 8% reported experiencing online privacy problems or fraud.

Figure 13. Predicted probability of not using the Internet, depending on region and ethnicity



Note: The estimated probabilities were based on a logit model that included controls for age, gender, education, occupation, region, locality size, ethnicity, children, household size, and marital status. Similar results were observed when income was not included in the model (missingness on the income variable affected 39% of the sample).

⁶ Technical note: The 95% CI for the estimated use of the Internet by the QLS-Moldova was 79% to 83%. In the case of the 2022 CBS-AXA survey, given its sample size of roughly 3000 respondents and the standard deviation estimated by QLS-Moldova, the resulting CI was 84.99%–85.01%.

Comparisons with other European Countries

Only 58% of people in the Republic of Moldova reported making ends meet with little or no difficulty, lower than the average of other EU countries and EU candidate countries of 77%. Internet use other than for work was 81%, lower than the average of other EU candidate countries (91%). There was little difference in the average number of housing arrears observed in the Republic of Moldova and the average of the EU countries and EU candidate countries. Data from the summer of 2022 Eurofound’s e-survey (Ahrendt, et al., 2022) revealed another relevant comparison (not shown in the table): across the EU, the percentage of those facing difficulties paying their bills for energy (electricity, water, gas) was 18%, no different from the figure in the QLS-Moldova (19%). Apart from the caution that in the COVID-19 e-surveys, self-selection bias may have distorted the comparison against representative samples,⁷ it should be noted that the question referred to the past three months instead of the past 12 months, as was the case in the QLS-Moldova. However, the expectations of EU respondents in the summer 2022 e-survey were also tested with respect to the expected likelihood of future utility bill payment problems. Twenty-eight percent of the EU respondents indicated such expected difficulties, giving an indication of a trend that made the Republic of Moldova no different from other countries.

There were no available comparison data for CLSD and housing problems.

Table 11. Subjective well-being in the Republic of Moldova and in selected countries: key indicators

		Making endet with no or little difficulty)	CLSD (unaffordable items)	Housing arrears	Housing problems	Using the Internet
	Min	0%	0	0	0	0%
	Max	100%	6	6	6	100%
QLS-Moldova	Republic of Moldova	58%	2.86 [2.78, 2.95]	.50 [.46, .55]	1.51 [1.44, 1.58]	81%
	Albania		3.8			
COVID-19 e-survey (2021–2022) & Eurostat (2022)	EU (average)	77%	n.a.	.53	n.a.	91%
	Romania	85%	n.a.	.89	n.a.	89%
	Poland	73%	n.a.	.59	n.a.	88%
	Albania	n.a.	n.a.	n.a.	n.a.	86%
	Republic of Moldova	n.a.	n.a.	n.a.	n.a.	n.a.

Data sources: Computations based on data sources cited in the COVID-19 Eurostat e-survey (Jan/Feb 2022) to align with key indicators in both of the quality of life surveys (https://ec.europa.eu/eurostat/databrowser/view/isoc_ci_ifp_iu/). The meaning of “never using Internet” is slightly different because the reference period is three months before interviewing (compared with 12 months in the case of the QLS-Moldova and EQLS), meaning that the 2022 figures for Romania, Poland, Albania, and the EU were likely to be underestimated compared with the EQLS-2016 and QLS-Moldova. Squared brackets show the 95% CIs.

⁷ As explained, given the potential for self-selection bias among the COVID-19 e-survey participants, the resulting sample could be slightly better off than in reality, even after weighting.

Work, Care Responsibilities, and Personal Development

Key Points

- People in the Republic of Moldova reported working more than average compared to other EU candidate countries. While Moldovans averaged 43.5 hours per week in paid work, other EU candidate countries averaged 36 hours per week. Despite the higher time spent on work, 76% of people expressed having a good work-life balance.
- Caretaking responsibilities take a lot of time, affecting women more than men. Caring for children took an average of 46 hours per week. Caregiving responsibilities disproportionately affected women compared to men, even women working paid jobs. Women spent 20 hours more than men per week caring for their children and grandchildren. People in rural areas spent more time devoted to both work and caring for others compared to those in urban areas.
- Investment in human capital through LLL was low but more common among younger adults. The [European Pillar of Social Rights Action Plan](#) aims for 60% of all adults to participate in training every year by 2030; results were well below this target.
- Regular physical activity was not commonly practiced. Only 40% of people in the Republic of Moldova exercised at least weekly, lower than the average of other EU candidate countries (44%). Regular physical activity was lower for people in Gagauzia (26%), the South (32%), and the North (36%).

Context

Work used to be an essential part of daily life, but its centrality has weakened with major transformations in contemporary society (Halman & Gelissen, 2019; Halman & Müller, 2006; Kraaykamp, Cemalcilar, & Tosun, 2019). Countries are following a pattern of reducing work hours, improving working conditions, and searching for flexible work arrangements (Lott, 2020), including remote work, teleworking, part time and shared jobs, and flexible working hours. These arrangements have been shown to have generally positive impacts on family life, organizational life, educational systems, gender equality, employee health, creativity, and innovation (Allen, Johnson, Kiburz, & Shockley, 2013; Austin-Egole, Iheriohanma, & Nworie, 2020; Chen, Rossi, Chevalier, & Oehlsen, 2019; Choi, 2020; Chung, 2019; Erden Bayazit & Bayazit, 2019; Shifrin & Michel, 2022). Though these trends may seem far away from lower- and middle-income countries, they are spreading in a global world where migration plays the role of a catalyst (Voicu, 2022), with an increasing prevalence of working from home in these economies (Engelen, Chau, Young, Mackey, Jeyapalan, & Bauman, 2019) that has only been heightened by the COVID-19 pandemic (Corpuz, 2021).

Being left out of the labor market is problematic. In recent decades, great attention has been paid to those not in employment, education, or training (NEET), especially among young people and in European countries (Petrescu, Ellena, Fernandes-Jesus, & Marta, 2022; Scandurra, Cefalo, & Kazepov, 2021; Simões, Meneses, Luís, & Drumonde, 2017), with the European Commission (EC) focusing on policies devoted to NEETs (European Commission, 2020a; European Commission, 2020b).

The first section of this chapter discusses working conditions (including time spent on work) and work-life balance, along with care responsibilities. The second section consists of a discussion on participation in LLL (as a tool for increasing skills and thus human capital) and on physical exercise (to increase or

maintain biological capital). The third section stresses other preferences for using time. At the end of the section, there is a comparison with other European countries.

Work-Life Balance and Care Responsibilities

Time Spent Working

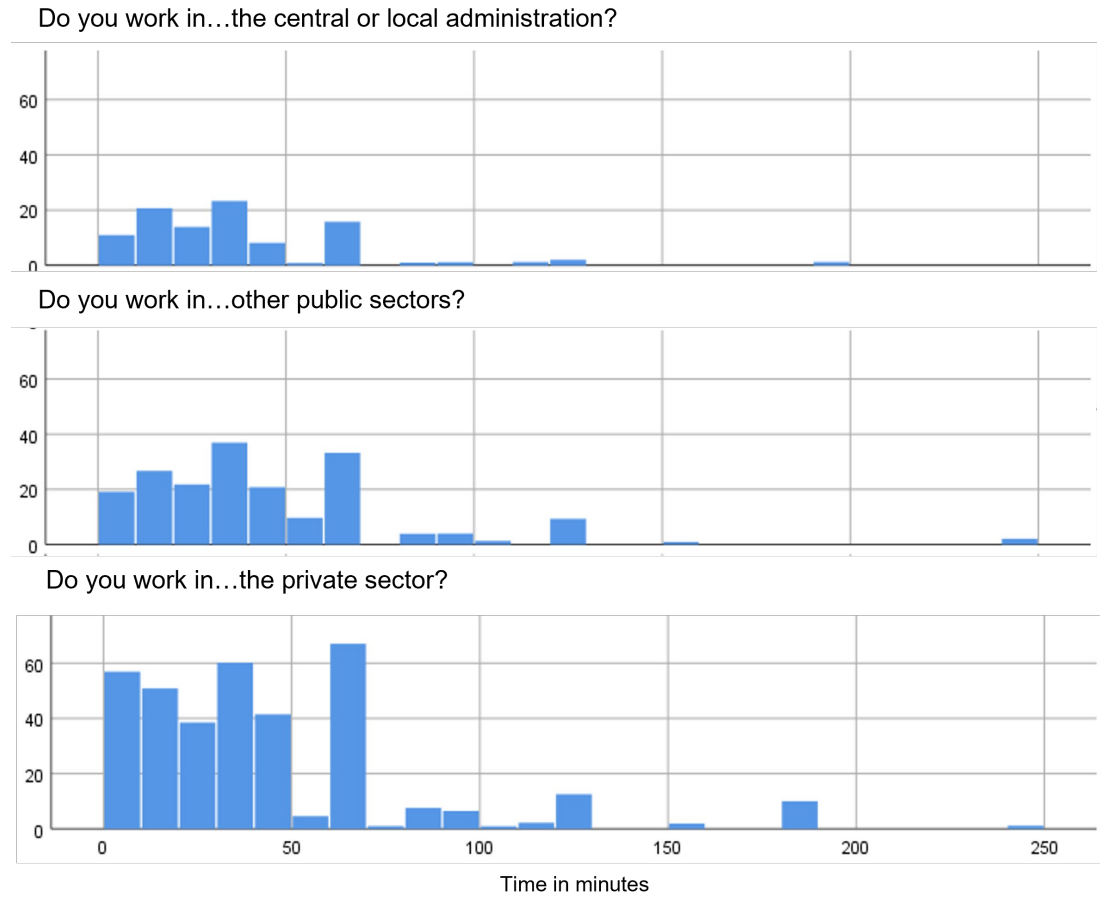
Moldovans reported working 43.5 hours per week, on average, in their main job. Ten percent of the sample mentioned having more than one job. For people working more than one job, they averaged an overall working time of 45.5 hours per week across all jobs. The average time spent getting to and from work was 40 minutes a day.

When asked how much time they would like to work while considering the need to earn a living, about 50% said between 20–40 hours. Putting aside those who did not report any current workload, the average preferred number of work hours was 35 per week. One-third of respondents indicated that they worked exactly as much as they preferred to work, 52% said that they worked more than they preferred, and the remaining 15% said that they worked less than they wanted.

On average, women worked four hours less than men. There was no significant difference in working hours by age or education level. Those earning under MDL 3,000 lei per month worked, on average, 7.5 hours less than those earning more than MDL 6,000 lei per month. People in rural areas worked seven hours more a week, on average, than those living in cities and four hours more compared with those living in towns. Respondents living in the Southern and Center regions worked less time than those in the North region. There was no significant difference in work hours between the public and private sectors.

Figure 14. Time spent on the way to and from the workplace

About how much time in total per day do you usually spend getting to and from work?
(bars represent number of cases)



Employment Security

Most people (64% of respondents) who were employed stated that it was “very unlikely” or “rather unlikely” that they would lose their jobs in the next six months. Twenty-one percent showed concern for employment security, reporting that it was “rather likely” to lose employment. Households earning more have higher employment security than those earning less, as shown in Figure 15. Perceived job security was better among those in the Center region and worse among larger households.

Figure 15. Assessment of job security depending on current household income

Using this scale, how likely or unlikely do you think it is that you might lose your job in the next 6 months?
(percent distribution)

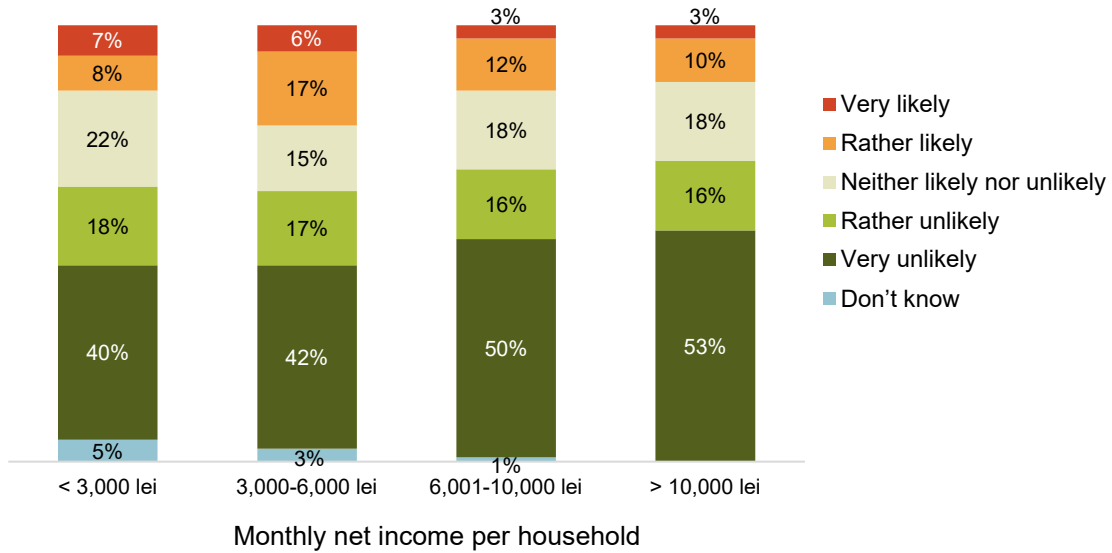
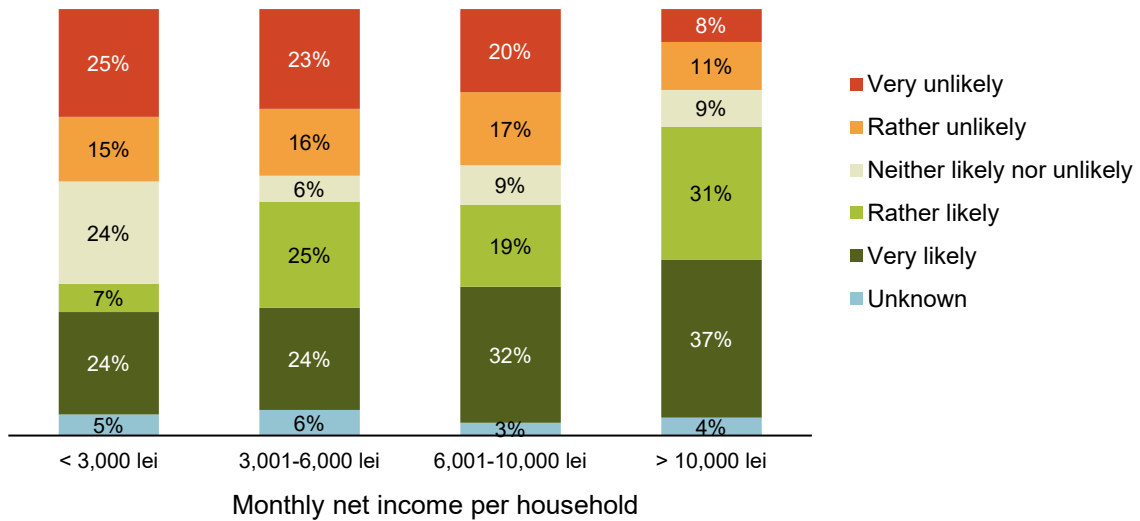


Figure 16. Perceived likelihood of job replacement

If you were to lose or quit your job, how likely would you be to find one with a similar salary?
(percent distribution)

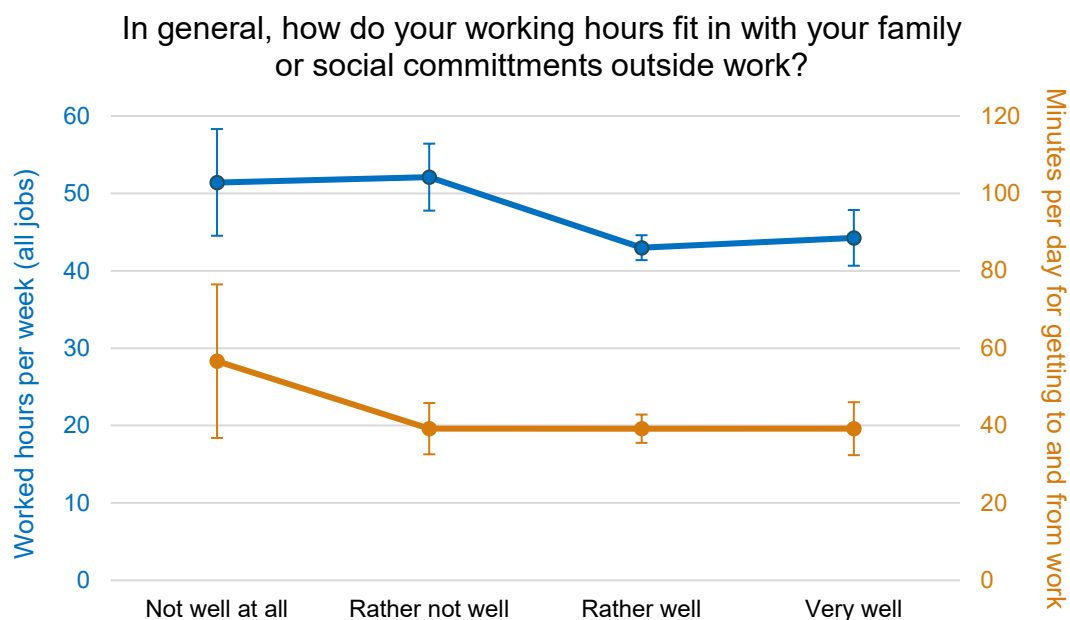


Responses concerning the possibility of finding a job of similar salary varied across household income levels, as shown in Figure 16. About two-thirds (68%) of the households earning MDL 10,001 lei and over per month believe it is “rather likely” or “very likely” they could find a similar job. However, among respondents in the poorest households, only 31% felt likely they could find a job with a similar salary. Optimism about job replacement decreased exponentially with age, lower for those over age 50. Widowers and people in larger households were not optimistic about job replacement. People in the Center, South, and Chisinau regions were more optimistic than those in the North, whereas Gagauzia was not significantly different compared with any other region. Workload, sector of employment, and having a second job were not statistically significant factors in optimism about finding a similar job (data not shown).

Work-Life Balance

About 20% of the interviewees assessed that work and life fit “very well”; 56% rated it “well”; 19% “rather not well”; and 6% “not at all well.” As Figure 17 shows, those who reported a better fit between working time and family life worked fewer hours and spent less time commuting.

Figure 17. Associations between perceived work-life balance and time spent working



Note: Variation in hours worked is plotted on the left-hand vertical axis, and time spent commuting is shown in the right-hand vertical axis.

The multivariate analysis (ordinal logit models) revealed that work-life balance was more difficult to achieve when respondents had minor children, lived in larger households, had a second job, were living with someone else or were unmarried (data not shown).

More than half (56%) reported at least weekly barriers to doing housework because of work; 41% indicated work impeded family duties each week; and 21% reported weekly disturbances at work due to family duties (Table 12).

Table 12. Reported work-life imbalances

How often has each of the following happened to you during the past 12 months?	Never	Less often/rarely	Several times a year	Several times a month	Several times a week	Every day	Total
I have come home from work too tired to do some of the household jobs that need to be done	10%	12%	4%	19%	35%	21%	100%
It has been difficult for me to fulfill my family responsibilities because of the amount of time I spend on the job	25%	15%	4%	16%	27%	14%	100%
I have found it difficult to concentrate at work because of my family responsibilities	51%	14%	5%	9%	12%	9%	100%

Care Responsibilities and the Situation of Caregivers

On average, people spend 46 hours a week caring for children. On average, people spend 31 hours a week caring for grandchildren, 23 hours caring for those with a disability under the age of 75, and 18 hours caring for those with a disability over the age of 75 (Table 13).

Table 13. Time spent for caring activities

On average, how many hours per week are you involved in any of the following activities outside of paid work	% of people doing it	Average hours/week
Caring for and/or educating your children	26%	46
Caring for and/or educating your grandchildren	14%	31
Cooking and/or housework	85%	26
Caring for disabled or infirm family members, neighbors, or friends under 75 years old	12%	23
Caring for disabled or infirm family members, neighbors or friends ages 75 or over	8%	18

Note: Each average value was computed for people who spent time with the activities listed in the rows.

Having children increased the number of hours spent on each of the above activities. In addition, the number of hours devoted to household chores increased with age (data not shown). Caring for older people with disabilities was more frequent among those ages 40–49 and ages 50–69. In rural areas, people spend about 5–6 more hours per week caring for the elderly compared to urban areas. For those who spent time caring for others, workload did not affect the time spent caregiving.

Women spent more time on caregiving. Compared with men, women spent 20 more hours a week, on average, on childcare. Among men, 51% said that they did less than their partner, 39% said that sharing caregiving was equal, and 11% indicated that they did more compared with their spouse. The corresponding results for women indicated a clear prevalence of those saying that they did more (78%), with 20% indicating an equal share, and 2% saying that their spouses were the ones doing more caregiving tasks.

Respondents who care for others were asked how easy it was to combine paid work with caregiving responsibilities. Eleven percent indicated that it was very easy; 28% said that it was easy; 38% found it rather difficult; 13% found it very difficult, and the remaining 10% did not respond. People who reported more difficulty combining work and caregiving include: women, those with children, those having a second

job, those caring for the elderly or disabled, and those of Ukrainian ethnicity. Those living in the Center region and those working in public administration were less likely to report difficulty combining paid work with caregiving compared to those in other regions and working in other sectors (data not shown).

Work, Care Responsibilities, and Well-Being

This section reports on the associations between work- and caregiving-related indicators and well-being. People who work more have less life satisfaction and more arrears. However, the association disappeared when care responsibilities were considered. People employed in the private sector had slightly more arrears, whereas those employed in the public sector, but not in administration, were more satisfied with their lives. People who care for younger people with disabilities have more worries about future income and making ends meet (Table 14).

Table 14. Associations of selected work and caregiving indicators and selected outcomes

Factors	Outcomes	Life satisfaction	Mental health	Negative Affect	Worried about income when older
Second Job		0.24	-4.17	0.40 [†]	1.96 ^{**}
Occupation (sector):					
Central or local administration		0.00	0.00	0.00	0.00
Other public sector		0.93 [†]	5.81	-0.01	-1.05
Private sector		0.66	3.23	-0.05	-0.36
Total worked hours per week		-0.02	-0.09	0.00	-0.02
Does childcare		-0.45	-3.51	0.21	0.26
Does grandchild-care		-0.34	-5.91	0.12	0.14
Does house chores		-0.22	2.62	-0.27 [†]	0.15
Cares for young-disabled		0.24	-2.05	0.04	1.24 ^{**}
Cares for old-disabled		0.37	5.29	0.01	0.76
Adjusted R ²		0.109	0.006	0.147	0.062

† p < 0.10, * p < 0.05, ** p < 0.01, *** p < 0.001

OLS models, with robust estimation of standard errors. All models included controls for age, gender, education, ethnicity, region, income, and marital status. Models without controls for income or caregiving responsibilities were also considered (not shown).

Investment in human capital

Lifelong Learning (LLL)

The QLS-Moldova asked respondents whether they had participated in training or courses (including online) in the 12 months before the interview. Participants were asked separately about “courses mostly for professional/work-related reasons” and “courses mostly for nonprofessional reasons.”

In the sample, participation in LLL activities was low. Fourteen percent reported professional training, 7% reported non-professional training, and 4% had both professional and non-professional LLL. About 82% were not exposed to any kind of training.

As Table 15 shows, participating in LLL was more frequent among younger, better educated, and wealthier people. Further, people in cities, those in Chisinau, and those of Romanian and Russian ethnicity paid more attention to professional training compared to others.

Table 15. Incidence of LLL (past 12 months) and physical activity (weekly) across various groups

		LLL - professional	LLL - non-professional	Physical activity (weekly)
Sex	Male	15%	7%	45%
	Female	14%	8%	34%
Age group	18–19	36%	21%	53%
	20–29	28%	12%	45%
	30–39	23%	13%	40%
	40–49	13%	8%	37%
	50–59	12%	5%	40%
	60–69	5%	2%	39%
	70–79	2%	1%	34%
	80+	0%	0%	28%
Education	Primary or less	6%	3%	35%
	Lower-secondary	5%	2%	32%
	Upper-secondary	12%	7%	40%
	Tertiary	28%	13%	47%
Monthly net income per household	Under 3000 lei	3%	2%	37%
	3001–6000 lei	10%	5%	36%
	6001–10000 lei	19%	12%	48%
	10001 lei and over	33%	14%	44%
Region	North	9%	5%	36%
	Center	13%	4%	43%
	South	8%	3%	32%
	Chisinau	27%	16%	47%
	Gagauzia	13%	7%	26%
Locality type	Cities	28%	16%	43%
	Towns	12%	9%	44%
	Villages	10%	3%	37%
Ethnicity	Moldovan	14%	7%	39%
	Romanian	26%	16%	53%
	Russian	20%	13%	51%
	Ukrainian	8%	2%	41%
	Gagauzian	14%	8%	29%
	Other	5%	3%	21%

Note: The heat map indicates relative positions in the columns. In other words, the more intense the shading is in one cell, the higher is the corresponding value compared with the values in the same column.

Physical Exercise

Twenty-seven percent of the sample reported daily or near-daily involvement in sports or physical exercise. Thirteen percent exercised weekly; 4% one to three times a month; 15% less often; and 41% never exercised (data not shown). The multivariate analysis (ordinal logit models) showed that participating in physical activity decreased with age, increased with education, was lower for women, higher in cities, and higher in the Center and Chisinau regions (Table 15).

Covariates of Participation in LLL and Physical Activities

Participation in LLL for professional reasons was associated with higher levels of life satisfaction. Participation in training for non-professional purposes was associated with lower housing arrears and more positive opinions about making ends meet (data not shown).

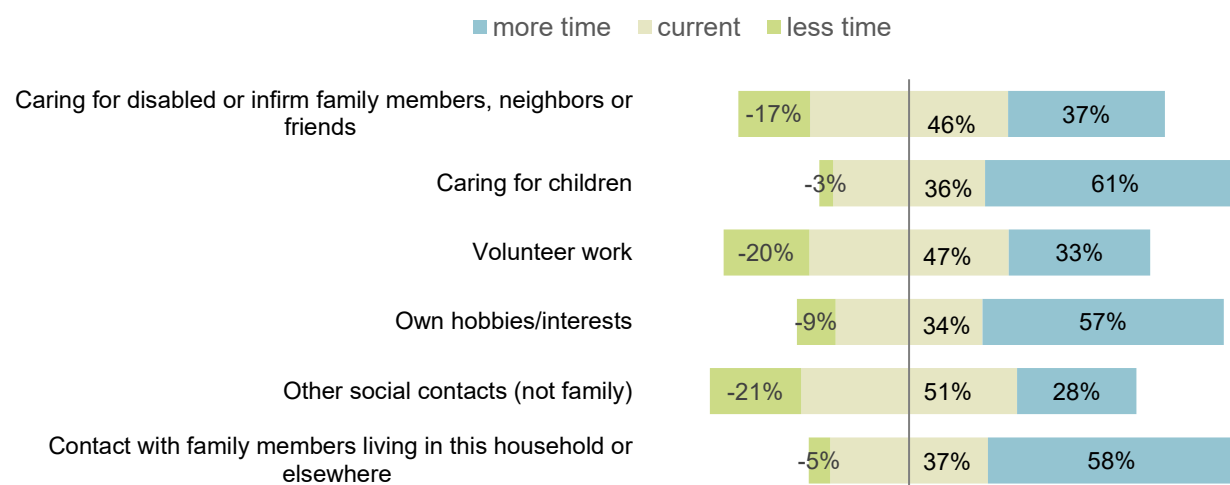
More frequent physical activity was significantly associated with greater life satisfaction, better mental health, less negative affect, and increased job satisfaction (data not shown).

Preferences for Time Use

The QLS-Moldova asked about willingness to do more or less among a set of activities if the respondent did not have any time constraints. Most people would like to spend more time caring for children (61%), having contact with family members (58%), and pursuing their own hobbies or interests (57%) (Figure 18).

Figure 18. Time preferences if not constrained by anything

Could you tell me if you spend as much time as you would like to in each area, or if you wish you could spend "less time" or "more time" in that activity



Compared with men, women preferred spending more time in contact with family, pursuing their own hobbies, and spending less time on childcare. More education was associated with stronger preferences to spend more time socializing outside the family and less on childcare. People with minor children preferred to devote more time to family and slightly less to socializing. Gagauzians preferred spending less time on socialization in or outside the family, and Russians preferred spending less time on childcare. Age played a role only with respect to hobbies and interests, in which younger people showed stronger preferences (data not shown).

Comparisons with Other European Societies

Comparing results from the QLS-Moldova with data from Eurostat (Table 16), Moldovans worked more hours per week than the average of EU countries and EU candidate countries,⁸ had a higher proportion of

⁸ With the caution that the measurement in the QLS-Moldova referred to "past 12 months," whereas for other countries, it was to the "past 4 weeks."

people with caregiving responsibilities (for children, elderly, or persons with disability), and participated in physical exercise slightly less than the EU average but much more than Poles or Romanians. Note that the LLL statistics were difficult to compare because the QLS-Moldova and Eurostat used different reference periods.

Table 16. Work, caregiving, LLL, and physical activity in the Republic of Moldova and in selected countries: key indicators

		Hours worked per week (main job)	Caring for others	LLL (if ages 25+)	Weekly physical activity
Min		0	0%	0%	0%
Max		168	100%	100%	100%
QLS-Moldova	Republic of Moldova	43.5 [42.3, 44.8]	48%	16%	40%
Eurostat (2018–2022)	EU (average)	35.9	36%	12%	44%
	Romania	39.6	35%	5%	6%
	Poland	39.3	38%	8%	26%
	Albania	n.a	n.a.	n.a.	n.a.

Data sources: Working hours – Eurostat, based on the Labor Force Survey (LFS) 2022, variable LFSA_EWHAN2 (https://ec.europa.eu/eurostat/databrowser/view/LFSA_EWHAN2/); LLL – Eurostat, LFS 2022, variable trng_lfse_01 (https://ec.europa.eu/eurostat/databrowser/product/view/TRNG_LFSE_01), with the caution that the data refer to the past four weeks compared with the QLS-Moldova, which used the past 12 months. Physical activity: data for 2019 from Eurostat using the European Health Interview Survey variable HLTH_EHIS_PE3I, data from (https://ec.europa.eu/eurostat/databrowser/view/hlth_ehis_pe3i/). Caring for others: Eurostat, data from LFS, 2018, https://ec.europa.eu/eurostat/databrowser/view/lfso_18cresls/.

Quality of Public Services

Key Points

- Respondents rated most public services in the Republic of Moldova as of moderate quality. State pensions scored the lowest (4.5), followed by social/municipal housing (5.7), health services (5.9), and long-term care (6.0), all at or below the overall national average score of public service quality (6.0).
- Public service quality was fairly consistent across regions, except for in Gagauzia, where long-term care and social/municipal housing have lower quality.
- When asked to rate specific areas of healthcare, long-term care, and education, quality was fairly high for staff or professionals, and facilities. Respondents expressed that the quality of these services is lower when it comes to all people being treated equally and corruption. Corruption was seen as a problem across all service areas.
- Cost was not seen as prohibitive for basic healthcare but was seen as prohibitive for more specialized health services.
- No recent comparisons with other EU candidate countries were available.

Context

The Moldovan National Development Strategy, “European Moldova 2030,” cites low levels of various indicators related to health, social protection, and education and promotes measures to increase the quality of public services. In this context, it is important to know what Moldovans think about the institutional provision of services in the country, an important dimension for quality of life (Eurofound, 2017; Holmberg & Rothstein, 2012; Michalos & Zumbo, 1999) which is constantly under scrutiny and improvement (Lapuente & Van de Walle, 2020).

This chapter presents information about how respondents perceived the quality of public services, namely health, education, public transportation, childcare, long-term care, social/municipal housing, and state pension services. Several services are examined in more detail, providing insight into specific aspects of the services that people found to be of higher and lower quality. Unlike other chapters, comparisons with other EU candidate countries are not included due to a lack of available data.

Quality Ratings for Public Services

Like Eurofound’s surveys, the 2023 QLS-Moldova asked respondents to rate on a 10-point scale—ranging from 1=very poor quality to 10=very high quality—seven public services: health services, education services, public transport, childcare services, long-term care services, social/municipal housing, and state pension services. Table 17 presents the primary results from asking respondents to rate the quality of each service.

Overall, people have a moderate view of the quality of public services, with the average ratings (i.e., for each item or service) around the midpoint of the scale (5.5). State pensions scored the lowest (4.5), followed by social/municipal housing (5.7), health services (5.9), and long-term care (6.0), all at or below the national average score. The significant lower score for state pensions could be because the amount of

money received from pensions is low, averaging MDL 3,676 lei per month⁹, which is about equivalent to the international poverty line of MDL 121 lei per day¹⁰ (approximately 3,630 lei per month)¹¹.

For long-term care, social/municipal housing, and childcare services, a high percentage of people did not have an opinion on service quality. This may reflect a lack of knowledge, interest, or personal experience with the respective services.

Table 17. Quality ratings for public services

In general, how would you rate the quality of each of the following public services in Moldova		Health services	Education system	Public transport	Childcare services	Long-term care services	Social/municipal housing	State pension system
Locality type	Cities	5.7	6.6	7.1	6.4	5.8	5.2	4.3
	Towns	5.6	6.4	6.4	6.2	5.8	5.6	4.6
	Villages	6.0	6.8	7.0	6.7	6.1	6.0	4.6
Region	North	5.8	6.6	6.7	6.3	5.9	6.1	4.4
	Center	6.1	6.9	6.9	6.7	6.0	5.7	4.7
	South	5.8	6.3	6.8	6.3	6.1	5.4	4.6
	Chisinau	5.8	6.9	7.3	6.7	5.9	5.1	4.5
	Gagauzia	4.8	6.0	6.7	5.3	6.4	6.1	4.0
Total		5.9	6.7	6.9	6.5	6.0	5.7	4.5
% do not know		4%	12%	6%	35%	44%	42%	13%

Note. Each public service was rated on a scale from 1 to 10. The numbers show the average values for key demographic groups on the rows, excluding the respondents who answered “do not know,” whose total percentages are given in the last row. Scores below the national average of 6.0 have been highlighted in red.

There are a few important demographic differences in service quality ratings. First, the higher a person’s education level, the lower their rating of the quality of services. Further, retired respondents were more likely to give higher ratings to long-term care services. Higher incomes were associated with higher ratings for pension services. Rural areas rated education services higher than urban areas. The Center region was happier than other regions with health services. Both the Center and Chisinau regions scored lower for social/municipal housing compared to other regions. People of Russian ethnicity were more likely to give lower marks to all services except social housing. Ukrainians were more critical about health services (data not shown).

Separately, respondents were asked to rate specific areas of healthcare services, long-term care, childcare services, and education services. Such ratings were not used to calculate overall average ratings in Table

⁹ InfoTag. Last Year, Number of Pensioners in Moldova Dropped by 783, and Average Pension Size Grew by 520 Lei. News article. 19 January 2024. Retried on March 11, 2024 from: <https://www.infotag.md/populis-en/313291/#:~:text=The%20average%20monthly%20pension%20size,2%2C451%20lei>.

¹⁰ The World Bank. Moldova report. Retrieved on March 11, 2024 from: <https://thedocs.worldbank.org/en/doc/d5f32ef28464d01f195827b7e020a3e8-0500022021/related/mpo-mda.pdf>.

¹¹ Figures are based off a month average 30 days and an exchange rate of 1 lei = 0.057 United States dollars.

17, but rather explain some of the reasons behind service quality ratings. These are presented below.

Healthcare Services

In the 12 months before the interview, 40% of respondents accessed public health services, 10% accessed private health services, 15% accessed mixed services (public and private services), and 35% accessed no health service at all (data not shown). Respondents who interacted with health services, either personally or for a member of their household, were asked to assess various aspects about the quality of: infrastructure and equipment, quality of the staff, attention they received, and information received. Assessments were done separately for general practitioners (GPs) and for hospitals and specialists. A separate set of identical questions was addressed to those who had no personal experience with hospitals and specialists.

While the overall average score for health was 5.9, when asked about specific areas of health services, respondents mostly rated them higher. The quality of GPs, family doctors, or health centers was good (7.0) and similar to hospitals or medical specialists (6.7) (Figure 19).

For both GPs and specialists, respondents noted high quality of staff (around 8.0) and high quality of facilities (also around 8.0). GPs scored slightly higher on treating all people equally (7.1) compared to specialists (6.8). The only area that scored low was corruption (4.5 for GPs and 5.5 for specialists), which people believe is a common problem in healthcare services (Figures 20 and 21).

Those who had direct experience with public health services gave significantly higher scores (predicted average of 6.3 after OLS models) compared with those who accessed only private services (5.5) or no health services at all (5.6).

Figure 19. Assessing health services on a 10-points scale (1=very dissatisfied; 10=very satisfied)

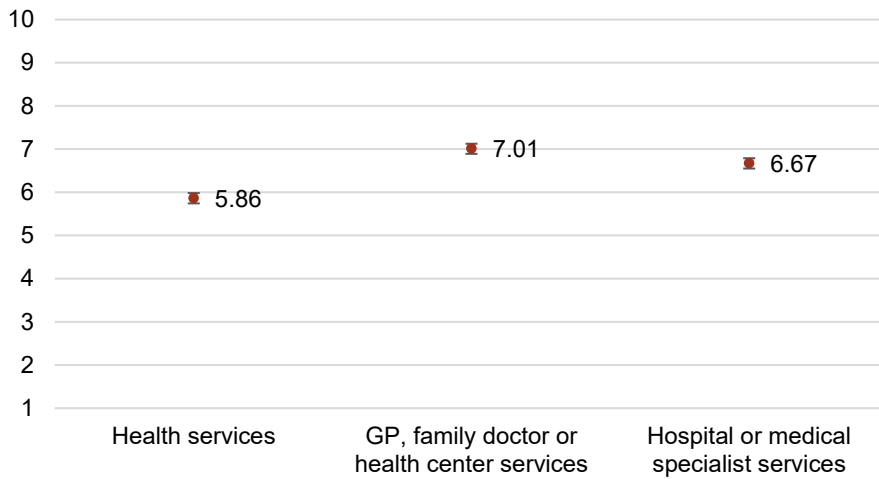
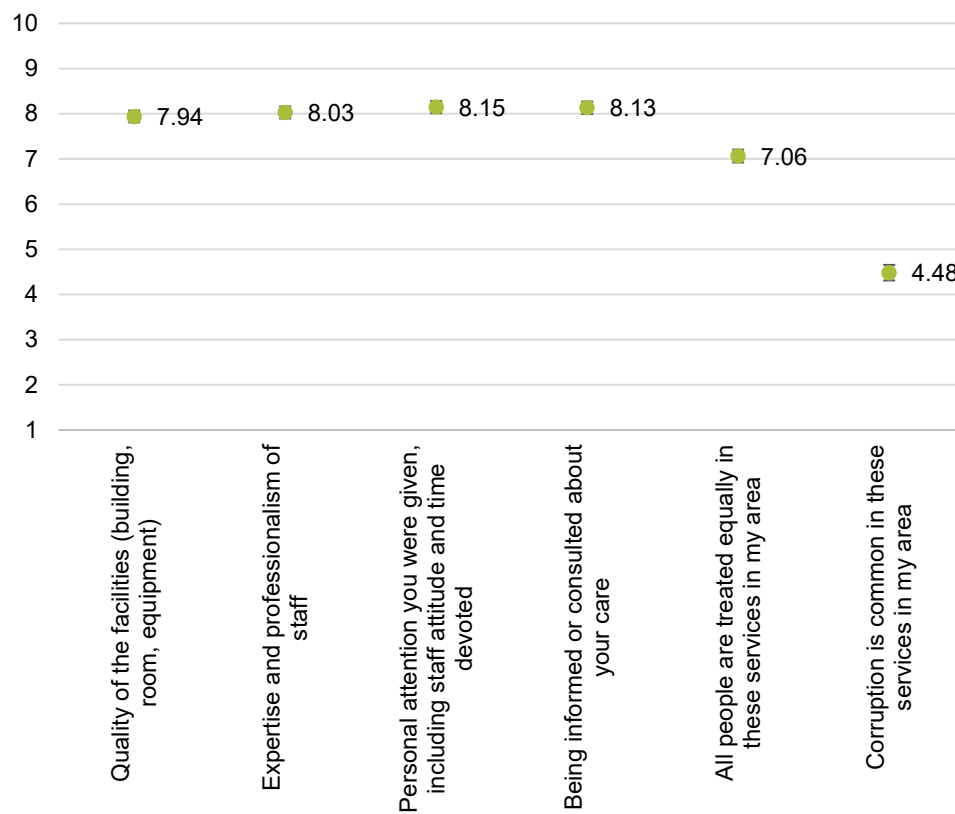
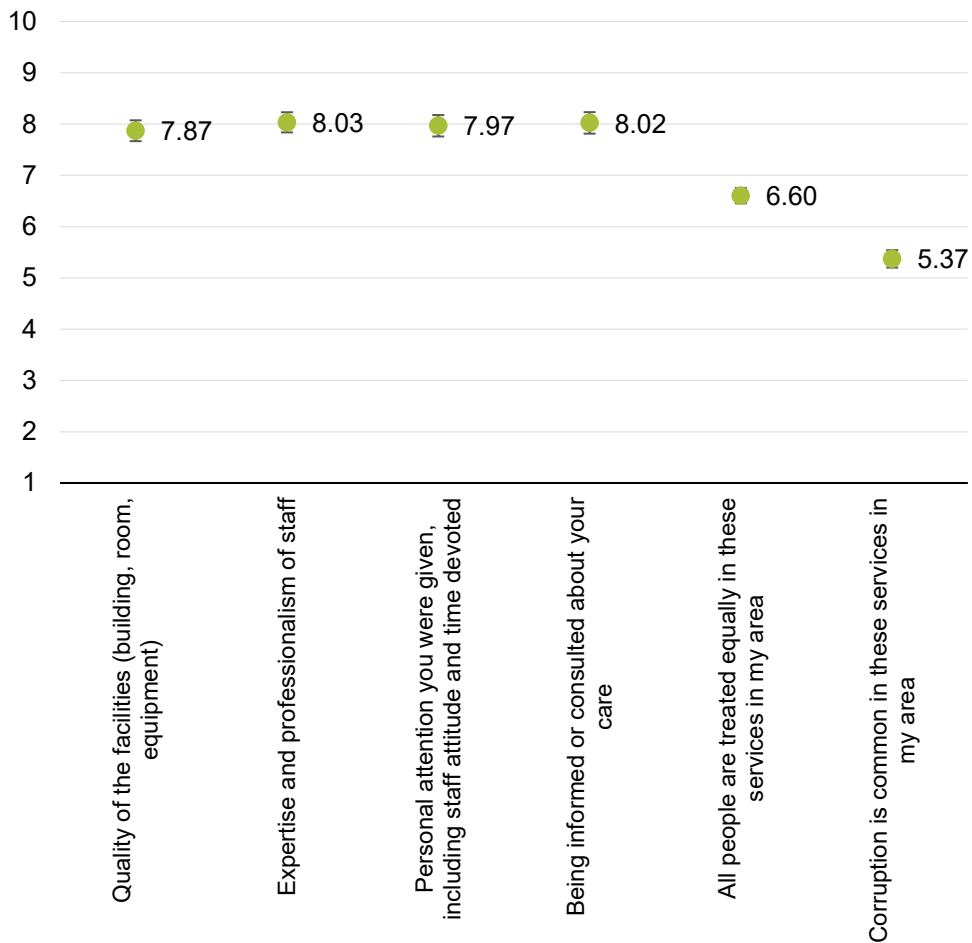


Figure 20. Assessment of GPs on a 10-point scale (1=very dissatisfied; 10=very satisfied)



Note: For the last two topics, respondents were asked to say whether they agreed with the statement. The first four topics show the average ratings. All scales were from 1 to 10. The questions were addressed only to respondents who had used GP services.

Figure 21. Assessment of hospitals and specialists on a 10-point scale (1=very dissatisfied; 10=very satisfied)

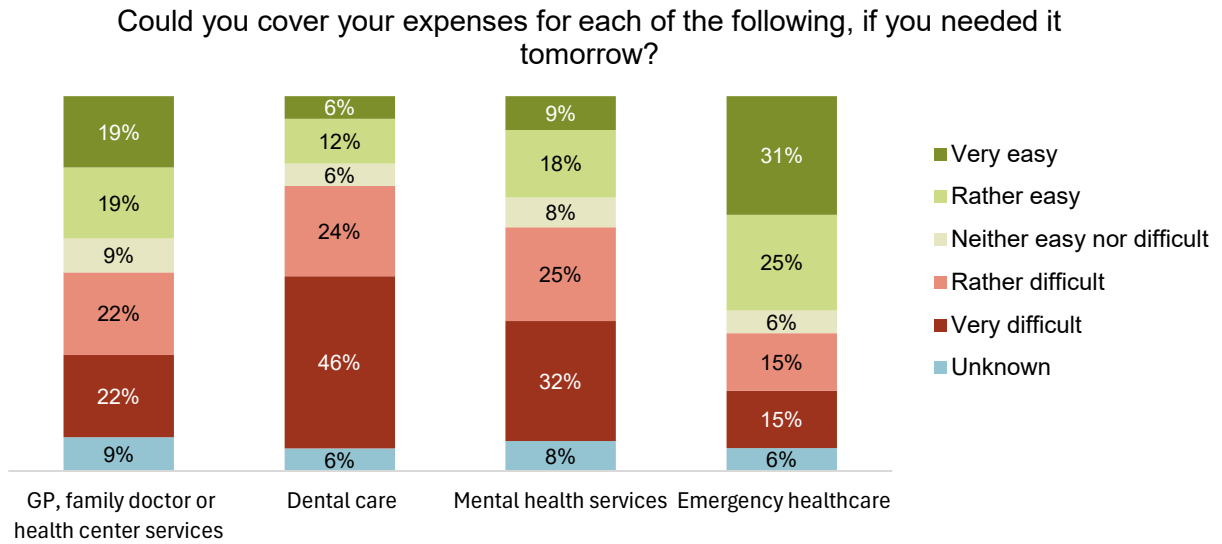


Note: For the last two topics, respondents were asked to say whether they agreed with the statement. The first four topics show the average ratings. All scales were from 1 to 10. The questions were addressed only to respondents who personally used hospital and specialist services.

Those who accessed healthcare services were asked to assess how difficult it was to receive services. Most respondents did not report much difficulty in accessing healthcare services. Seventy-five percent said healthcare costs were “not difficult at all,” which was the same with finding time given constraints due to work or caring for others (68% said not difficult at all) and distance to the service provider (59% said not difficult at all). Some respondents noted they have a little difficulty with waiting times (37%), distance to the service provider (30%), and time to get an appointment (22%).

Around 40% of all respondents included in the survey indicated that the cost of health services was difficult to cover. Except for emergency services, all other forms of healthcare seemed to be rather costly and difficult to access: 70% reported difficulty receiving dental care, 54% for hospital services, 57% for mental health services, and 44% for GPs (Figure 22). Further analysis (OLS models) showed that neither direct experience (the respondent benefited from healthcare services) nor indirect experience (a member of the household accessed health services) significantly changed the assessment of costs for access.

Figure 22. Ability to cover healthcare expenses

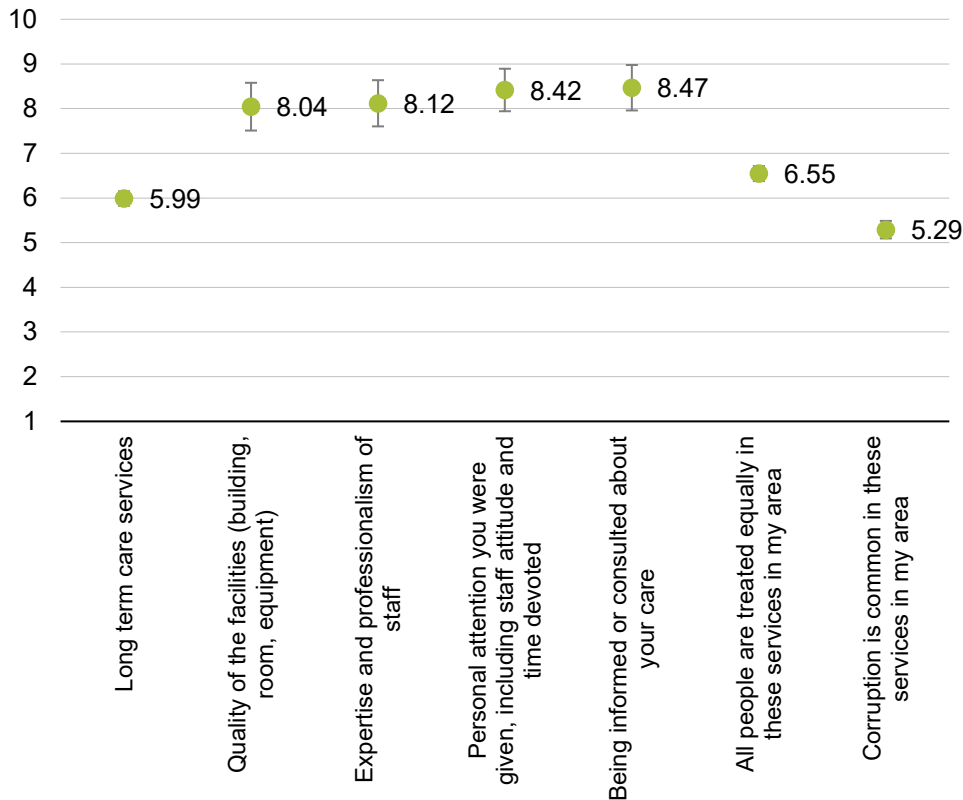


Note. All respondents answered the question irrespective of their personal experience with healthcare services in the recent past.

Long-Term Care Services

Only 83 respondents had some experience with long-term care services. While the overall average score for long-term care was 6.0, when asked about specific areas of such services, respondents mostly rated them higher. The quality of staff providing long-term care was good (above 8.6), as was the quality of facilities (8.6). People being treated equally (6.7) and corruption (5.5) were rated the lowest and seen as problematic (Figure 23).

Figure 23. Assessment of long-term care services, by aspects of care and treatment (1=very dissatisfied; 10=very satisfied)



Note: The overall assessment of long-term care services was done by all respondents. The same applied to assessments of equality and corruption. However, the assessment of the components of the system were based only on the opinions of those who had accessed these services.

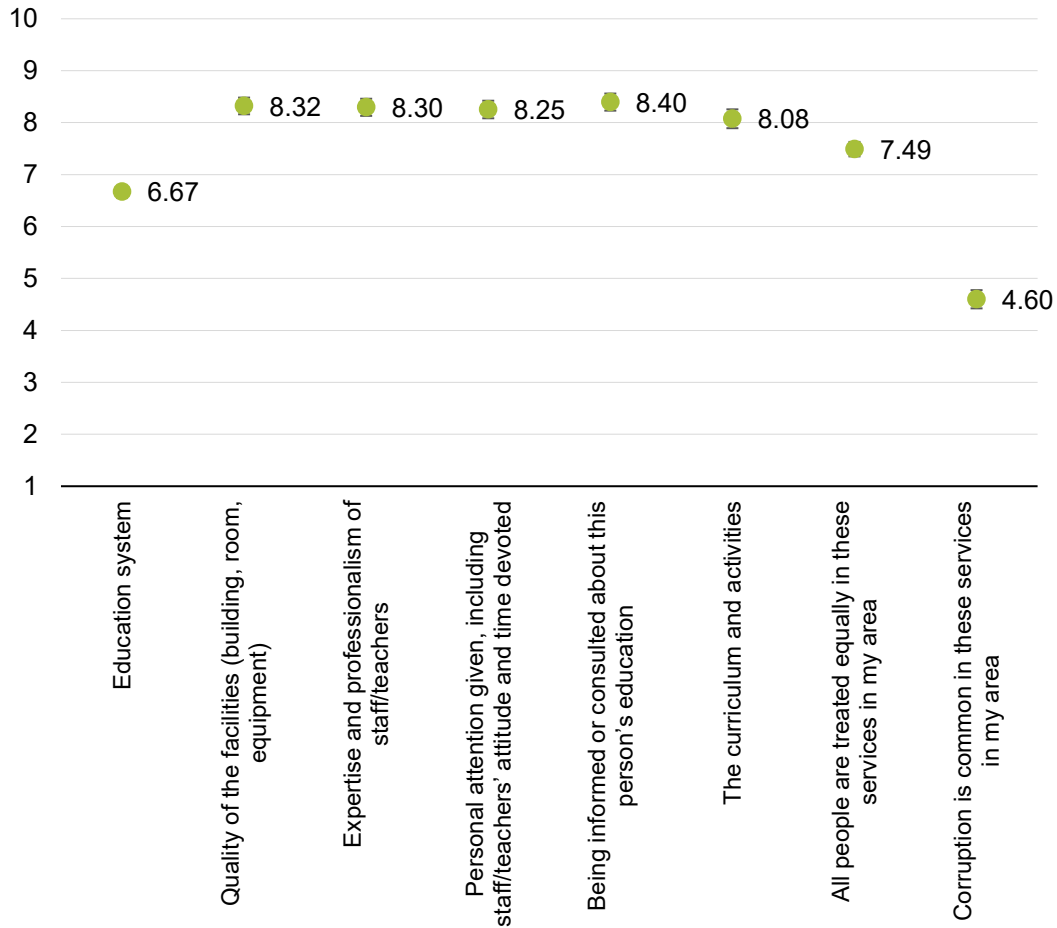
Childcare Services

Childcare services include care by grandparents, other household members, or relatives, or through more formal means such as a childcare facility (e.g., kindergarten, creche, nursery, playgroup, daycare or afterschool care) or another formal childcare agreement or contract. Out of the respondents who have children (537 respondents), 25% reported receiving support with childcare from family or friends. The ages of children that received any type of childcare ranged with 37% being children ages 12 or older and attending school, 37% being children ages 3 or older and not attending school, and 26% being under 3 years old.

Education Services

While the overall average score for health was 6.7, when asked about specific areas of education, respondents mostly rated them higher. The quality of staff, facilities, curriculum, and activities all scored above 8.0. Equality in education service provision was scored slightly lower (7.6). As with health and long-term care, corruption scored the lowest (4.8) and was seen as a problem for education services (Figure 24).

Figure 24. Assessment of educational services (1=very dissatisfied; 10=very satisfied)



Comparisons with Other European Countries

The most recent data available for comparison is from 2016. Given the gap in time, comparing service quality with EU countries and other EU candidate countries has been excluded.

Quality of Society

This chapter starts with an examination of satisfaction with democracy and the economy, both of which can affect individual well-being (Sasaoka & Seki, 2011). Relatedly, trust in institutions and trust in people contribute to well-being both individually and societally (Macchia & Plagnol, 2019; Michalos, 1990; Sarracino & Riillo, 2020; Tokuda, Jimba, Yanai, Fujii, & Inoguchi, 2008). The quality of society also examines the quality of the neighborhood (Gandelman, Piani, & Ferre, 2012; Sirgy & Cornwell, 2002) and social relations (Amati, Meggiolaro, Rivellini, & Zaccarin, 2018; Helgeson, 2003), including civic participation (Wallace & Pichler, 2009). The negative side of this context is defined by actual or potential social tensions (Mărginean, Precupețu, Tzanov, Preoteasa, & Voicu, 2006; Rose, Munro, & Wallace, 2009) which may lead to exclusion and intolerance, and are part of the mix of quality of life (Crowley & Walsh, 2021).

The above themes structure the flow of this chapter. A few comparisons with other European countries are provided at the end of the chapter.

Key Points

- Satisfaction with democracy and the economy correlated with each other, and there was low satisfaction with both. People of Romanian ethnicity were far more satisfied with democracy (score of 6.5 out of 10), while people of Russian, Ukrainian, and Gagauzian ethnicities were the least satisfied (2.7, 2.8, and 2.3, respectively). People of all income levels expressed dissatisfaction with the economy, with people from Gagauzian ethnicities being more dissatisfied than people from other ethnicities.
- Most people did not trust institutions, except for the church. The average score of trust was 4.9 (out of 10) and trust is below average for several institutions, especially those affiliated with the political system (political parties – 3.4, parliament – 3.7, the government overall – 3.9 and the presidency – 4.4), the justice system (3.6), and mass media (4.4).
- Overall, there were high levels of mistrust among people. The average trust score was 4.2 on a scale ranging from 1 to 10, lower than the EU average of 5.0. Family was the most common support network for areas such as help around the house, dealing with family matters, depression, emergency funds, and looking after children.
- Civic participation and volunteering were low. The most common form of participation was commenting online on a political or social issue, which was only reported by 10% of people. People did not report much volunteering, with the most common types being community and social services, of which only 16% reported occasionally volunteering for.
- Neighborhoods were viewed as mostly safe and with accessible services such as grocery stores, recreational areas, public transportation, and banks, but there were issues related to noise, air quality, litter, water quality, traffic, and the sewer system.
- Social tensions existed in several areas, especially between rich and poor people and between people with different sexual orientations. Forty-three percent reported a lot of tension, and 25% reported not knowing, potentially indicating people were not comfortable answering this question honestly.
- There was moderate social exclusion with an average score of 2.6 on a 5-point scale. Twelve percent of people felt left out of society in some way, with one of the main areas being that people felt disrespected due to their occupation or income.

- People were split on how they see the inflow of refugees affecting society. Positive perceptions of refugees were more common among those with higher incomes. Most people reported that they would accept refugees as neighbors (72%) and as colleagues of their children (70%). There were some concerns that Ukrainian refugees may have a negative impact on society, particularly among Moldovans with lower incomes. Thirty-eight percent of people were concerned about rent prices, 28% about buying/renting a house, and nearly a quarter of people were concerned about access to state social services, public safety, and different types of assistance.

Context

The Soviet rule lasting until 1991 left a profound impact on the country's political and economic structures and society. Historically, particularly in Eastern European countries, the transition to democracy has been tumultuous, including attempts to overturn democratic governance (Boyle, 2023; Bustikova & Guasti, 2017; Kapidžić, 2021; Kolozova & Milanese, 2023; Mudde, 2021; Wagrandl, 2021; Zakaria, 1997; Zakaria, 2007). In its transition to democracy, the Republic of Moldova now has a pro-European government, with tensions persisting with pro-Russian factions. The country also has a history of economic disparities and a lack of economic opportunities, combined with its multi-ethnic and multi-cultural society, which can contribute to social tension. Geographically, the Republic of Moldova is positioned between Romania and Ukraine, contributing to geopolitical issues related to ethnic identity and historical and current tensions and disputes with Russia. There has also been global disagreement related to the extent to which Moldovan elections and politics are free and fair and concerns about corruption, which contribute to mistrust in government institutions. In this context, the quality of society depends to some extent on how its basic organizing principles are viewed by its citizens and on the perceived effectiveness of the state.

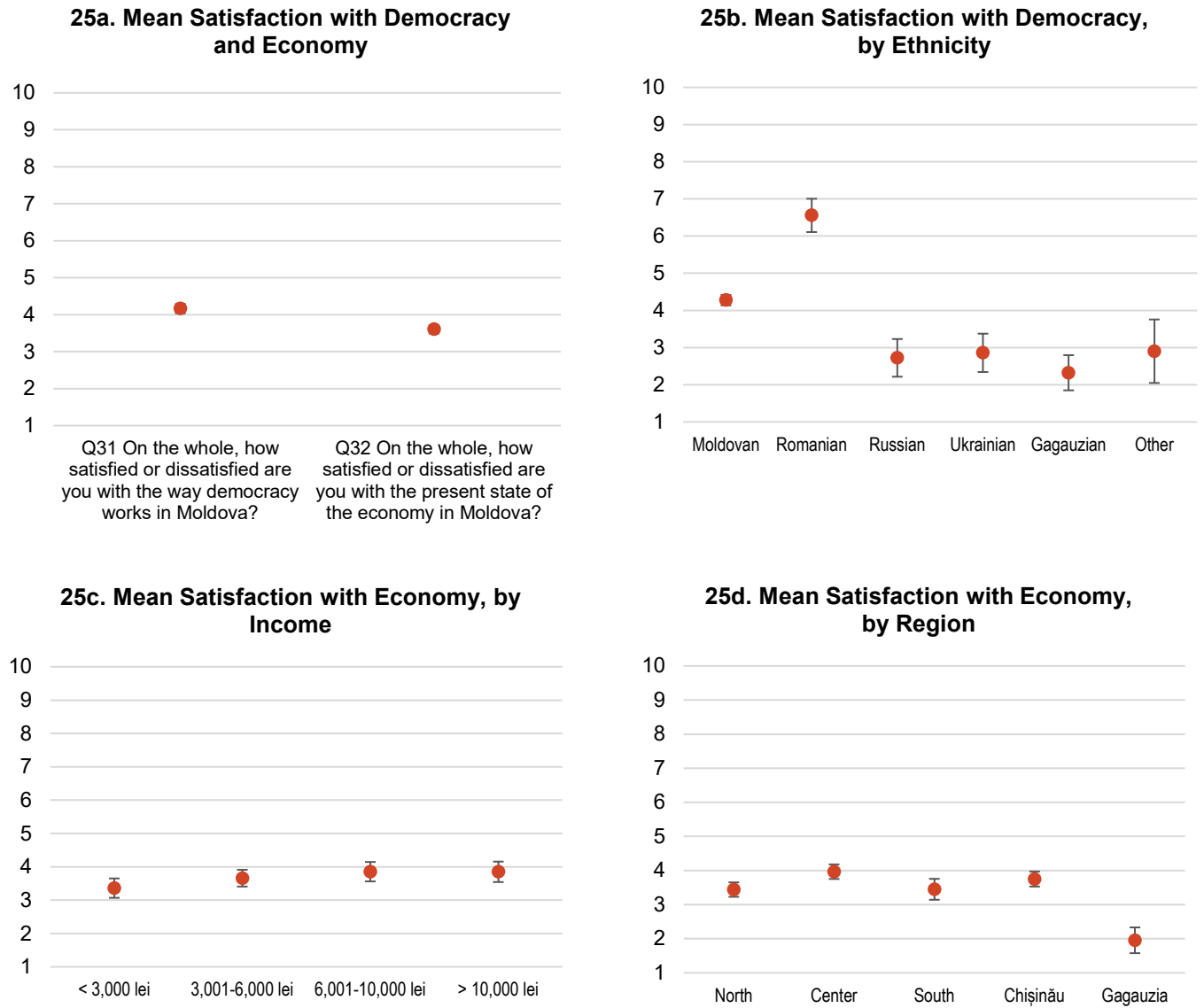
Democracy and Economy

Satisfaction with how democracy was working in the Republic of Moldova and the current state of the economy revealed rather negative viewpoints. When rated on a 10-point scale where 1 is least satisfied and 10 is most satisfied, the average score for democracy was 4.2, and the average score for the economy was 3.6. This confirms the ratings recorded by other surveys (e.g., CBS-AXA, 2022a; Petruți, 2023a; Petruți, 2023b).

Satisfaction with democracy correlated highly with satisfaction with the economy (Pearson's rho = 0.73). Satisfaction with democracy was substantially higher among those reporting Romanian ethnicity (6.6), followed by Moldovans (4.3). The score was much lower for all other ethnicities, which scored between 2 and 3. The rating was one point less for Moldovans and much lower for other nationalities. Satisfaction with the economy was similar across the various income categories, and it was significantly lower in Gagauzia compared to other regions (Figure 25).

The multivariate analysis revealed that women were more inclined to rate democracy better compared with men. Older respondents were slightly more satisfied with democracy compared to younger ones. People with less education were likely prone to consider the economy satisfactory. People currently in school were more satisfied with democracy than those who were working and unemployed. People with children were more satisfied with the economy compared to those without children. People in Gagauzia also proved to be less satisfied with democracy and with the economy compared to other regions. Life satisfaction was positively related to both satisfaction with the economy and democracy (data not shown).

Figure 25 a-d. Satisfaction with democracy and economy in the Republic of Moldova (1=very dissatisfied; 10=very satisfied)



Confidence in Institutions and Trust in People

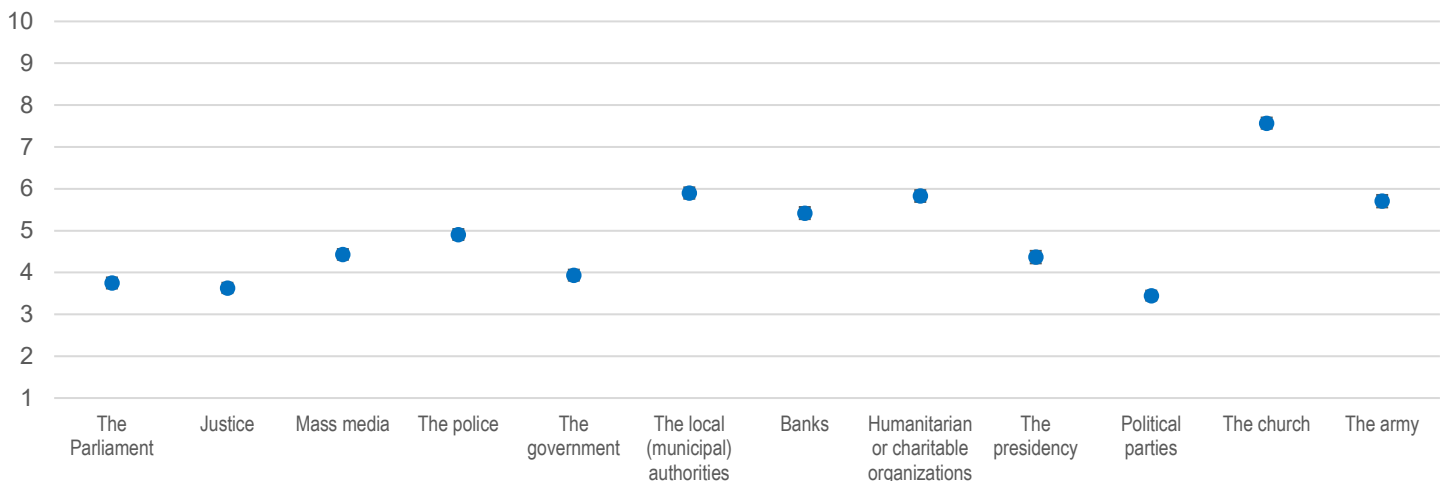
Confidence in Institutions

Respondents to the QLS-Moldova survey were asked to rate how much trust they put in 11 institutions using a scale from 1 (least confidence) to 10 (most confidence). The average score across all institutions is 4.9. As shown in Figure 26, confidence in most institutions in the Republic of Moldova was low, except for confidence in the church. This echoes findings from past surveys (CBS-AXA, 2022a; Petruți, 2023a; Petruți, 2023b). Among them, the institutions of the political system (parties, government, parliament, and the presidency) scored approximately 3.9. Justice was also rated poorly (3.6 on average). Mass media and the police were assessed slightly better (4.4 and 4.9, respectively). Local authorities, banks, nongovernmental organizations (NGOs), and the army were rated slightly higher.

Except for the church, all indicators of confidence in institutions proved to be correlated with each other. In other words, lack of confidence in any of the institutions is associated with lack of confidence in other institutions, suggesting an overall mistrust in public institutions at large.

The multivariate analysis (OLS models) showed that life satisfaction was loosely but positively associated with trust in institutions. Satisfaction with democracy and satisfaction with the economy had a powerful positive relationship with confidence in institutions, with higher levels of one being associated with higher levels of the other (data not shown). Confidence in institutions was lower among adults in their 30s and 40s and increased in younger and older cohorts. Employed and retired people were generally more positive, in particular compared with students. Unmarried couples showed slightly less confidence in institutions compared with single people.

Figure 26. Reported mean confidence in institutions in the Republic of Moldova (1=very dissatisfied; 10=very satisfied)



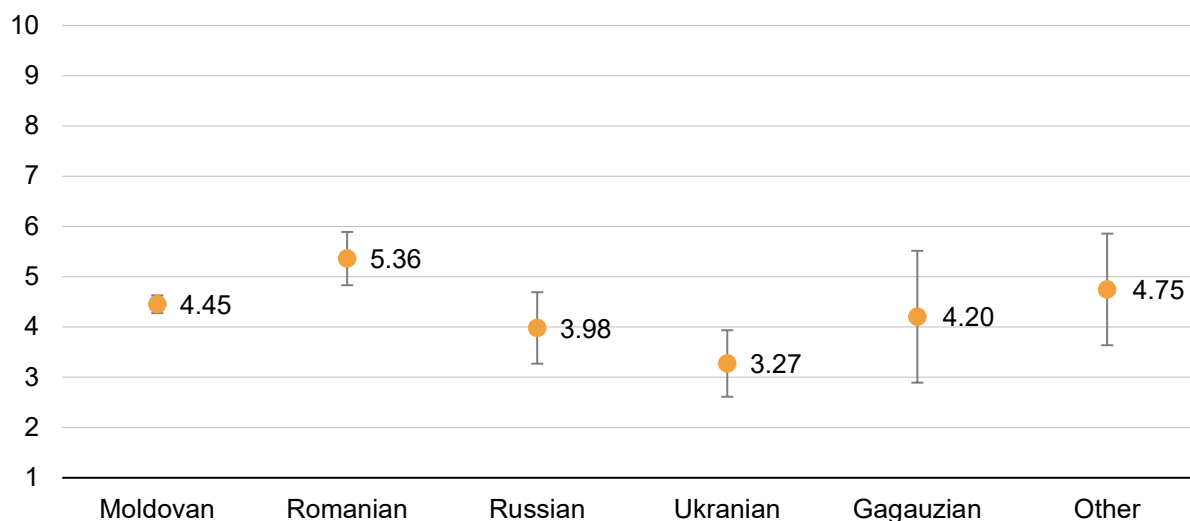
Trust in People

Trust in people was measured in the QLS-Moldova through a 10-point scale where 1=least amount of trust and 10=most amount of trust. The average trust in people was 4.19, indicating the respondents' general

mistrust of those around them (Figure 27).

The multivariate analysis revealed that social trust (i.e., trust in people in general) was positively associated with life satisfaction. Further, social trust was lower among women and those in the North region, as well as among unmarried couples. Social trust increased with household size, and it was higher among Romanians compared with Ukrainians, Russians, and Moldovans (data not shown).

Figure 27. Trust in people (social trust measured on a scale of 1 to 10, 1 being “can’t be too careful” and 10 being “can be trusted”), by ethnicity



Note. Results from an OLS model that controlled for gender, age, education, income, occupation, presence of children, household size, marital status, locality size, region, and involvement in voluntary associations. Point estimates and 95% CIs are shown in the figure.

Participation in Society and Community Involvement

Social Life and Support Network

Most respondents met their family and friends at least once a week and had communication both face-to-face and through the phone, internet, or mail. Face-to-face contact with family members was surprisingly lower compared with that of friends, probably a consequence of the large internal migration and the tremendous outgoing migration flow, which has scattered families across the globe (Table 18).

Table 18. Frequency of social interactions

On average, how often do you have direct face-to-face contact with the following people living outside your household? And on average, how often do you have contact with friends or family living outside your household by phone, the Internet, or by mail?							
		Every day or almost every day	At least once a week	One three times a month	Less often	Never	Total
Face-to-face contact	Any family members or relatives	37%	25%	12%	24%	3%	100%
	Any of your friends or neighbors	67%	20%	4%	8%	1%	100%
Phone, Internet, mail	Any family members or relatives	64%	22%	5%	6%	3%	100%
	Any of your friends or neighbors	45%	25%	6%	14%	11%	100%

A rich social life often translates into robust and well-structured support networks, which was captured in the questionnaire in a simplified form of the resource generator approach (Van Der Gaag & Snijders, 2005). Interviewees were asked to assess who, if anyone, would help them in six hypothetical situations when help was required (Table 19). Notably, in all six situations, most had someone who could help. In most of these situations, two-thirds or more indicated that family was the main provider of support. In very few situations, institutionalized support was indicated.

The overall pattern was to have support but to solve needs within the family or kinship relations. This creates strong bonding social capital but decreases the impression that bridging social capital could increase through frequent social contacts with friends.

Table 19. Support networks

From whom would you get support in each of the following situations? For each situation, choose the most important source of support.					
	A member of your family/relative	A friend, neighbor, or someone else, who does not belong to your family	A service provider, institution, or organization	Nobody	Total
If you needed help around the house when ill	77%	12%	5%	7%	100%
If you needed advice about a serious personal or family matter	76%	14%	3%	8%	100%
If you needed help when looking for a job	27%	32%	15%	25%	100%
If you were feeling a bit depressed and wanting someone to talk to	60%	29%	2%	9%	100%
If you needed to urgently raise 2000 lei to face an emergency	64%	21%	4%	11%	100%
If you needed help in looking after your children	80%	11%	2%	8%	100%

Participation in Social Activities and Volunteer Work

When asked how often they participated in social activities of a club, society, or association, most respondents indicated that they never did so (82%) (Table 20). Overall, two-thirds (67%) did not participate in any type of association, 18% participated in one type, 7% in two types, 5% in three types, 2% in four types, and 1% in all 5 types of associations (data not shown). When the question was asked more specifically about different types of associations, the reported involvement was slightly higher but remained low: 7% reported participation in community and social service associations at least monthly; and 4% mentioned educational, cultural, sports, or professional associations, etc.

Exploring the data, no significant relationship between participation in associations and getting more frequent help from friends instead of family or between participation and social trust was observed. However, those who joined associations were significantly less likely to have no one to ask for help when a problem occurred.

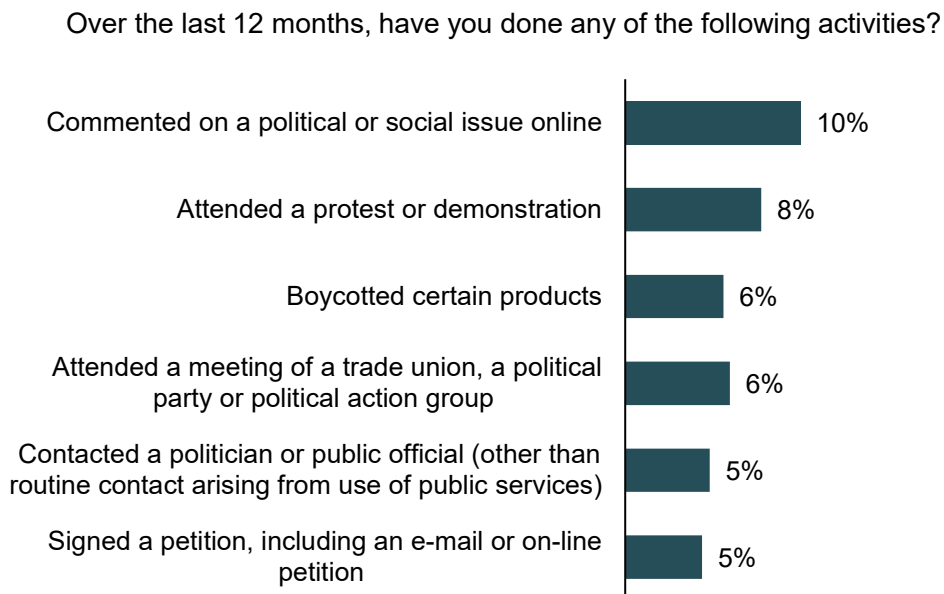
Table 20. Participation in voluntary associations

Please look at the list of organizations and tell us, how often did you do unpaid voluntary work through the following organizations in the last 12 months?						
	Every week	Every month	Less often/ occasionally	Not at all	Don't know	Total
Community and social services	4%	3%	16%	76%	0%	100%
Educational, cultural, sports, or professional associations	2%	2%	8%	88%	0%	100%
Social movements or charities	1%	2%	11%	85%	1%	100%
Political parties, trade unions	1%	1%	4%	94%	1%	100%
Other voluntary organizations	1%	1%	4%	93%	1%	100%

Participation in Political Activity and Protest Actions

Participation in civic and political actions was low. Only 14% participated in at least one form of protest, including boycotts, demonstrations, and signing petitions. The most common form of participation was commenting online, which only 10% of respondents reported doing. Six percent reported having attended meetings of a political party, group, or a trade union in the past 12 months before the interview. Only 8% attended a protest or demonstration (Figure 28).

Figure 28. Participation in civic and political actions



Neighborhood Quality and Services

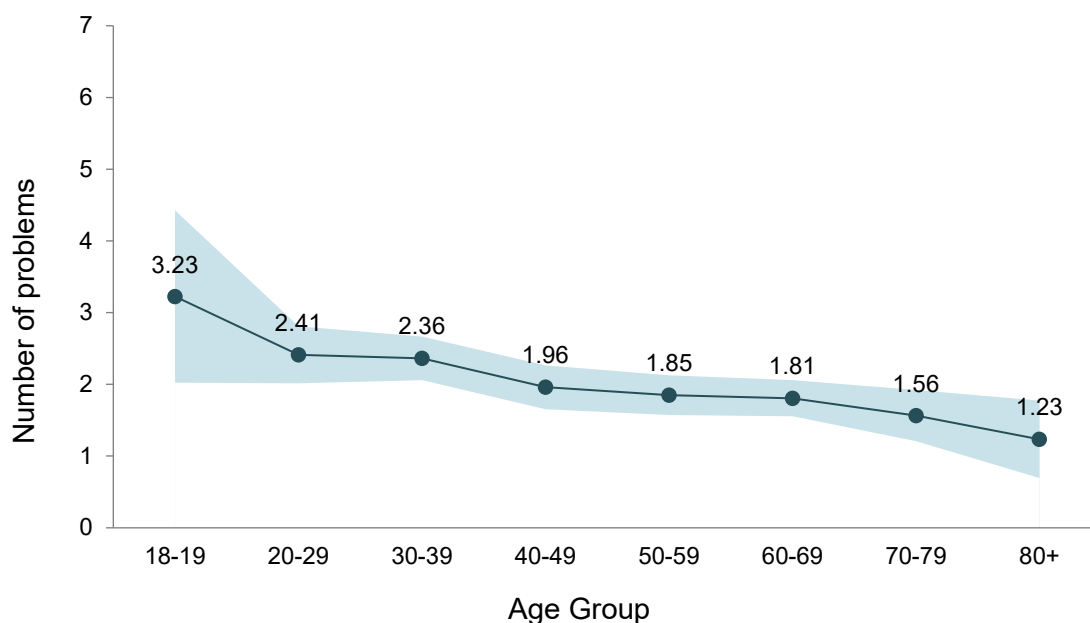
The natural and human-made environment and utilities were generally reported to produce few major problems. Moderate and major problems were most commonly reported for the sewage system, followed by water quality. Within neighborhoods, noise, rubbish, and traffic were the top problems (Table 21). Overall, about three-quarters (74%) reported at least one problem, and about half (49%) indicated at least two of them (data not shown).

Such problems, reported in greater numbers by younger people, as indicated in Figure 29, may indicate higher expectations in this age group. A similar increase in the number of reported problems was observed across educational levels, with respondents with higher education being more exigent. Married couples and widowers were more likely to report more problems than those who never married. People in cities were more likely to observe problems than those in villages. Regional differences contrasted the North (more problems) with the South region (fewer problems). Gagauzian people reported fewer problems, whereas Romanians reported more (data not shown).

Table 21. Statements about problems in natural and built environments of the neighborhood

Please think about the area where you live now – I mean the immediate neighborhood of your home. Do you have major, moderate, or no problems with the following?				
	No problems	Moderate problems	Major problems	Total
Noise	72%	20%	8%	100%
Air quality	78%	17%	5%	100%
Litter or rubbish on the street	73%	20%	7%	100%
Heavy traffic in your immediate neighborhood	73%	17%	9%	100%
The problem of the household litter	81%	13%	6%	100%
Water quality	70%	19%	10%	100%
Lack of sewage system	62%	9%	29%	100%

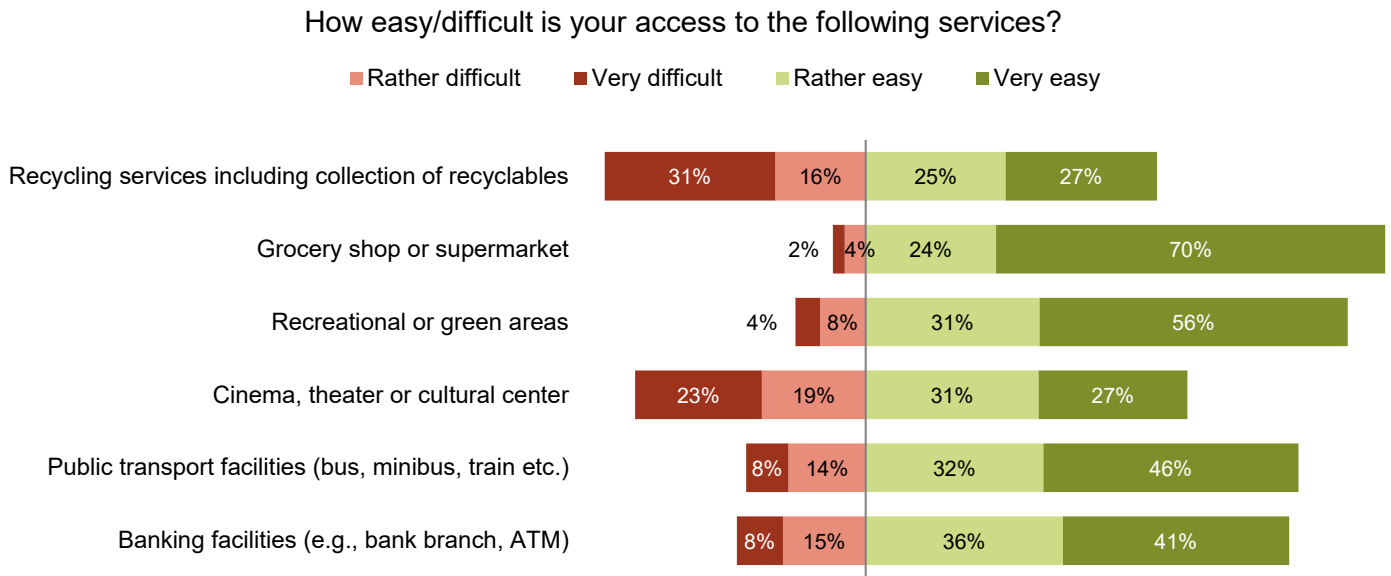
Figure 29. Differences across age groups in reporting neighborhood material problems



Note. Results from an OLS model that controlled gender, age, education, income, occupation, presence of children, household size, marital status, locality size, region, and ethnicity. Point estimates and 95% CIs are reflected in the shading surrounding the line showing the predicted number of problems.

Respondents positively rated the presence and accessibility of most neighborhood services (Figure 30), aside from recycling services and cinema/cultural entertainment. For all these services, younger people and people with higher education were more critical than others (data not shown).

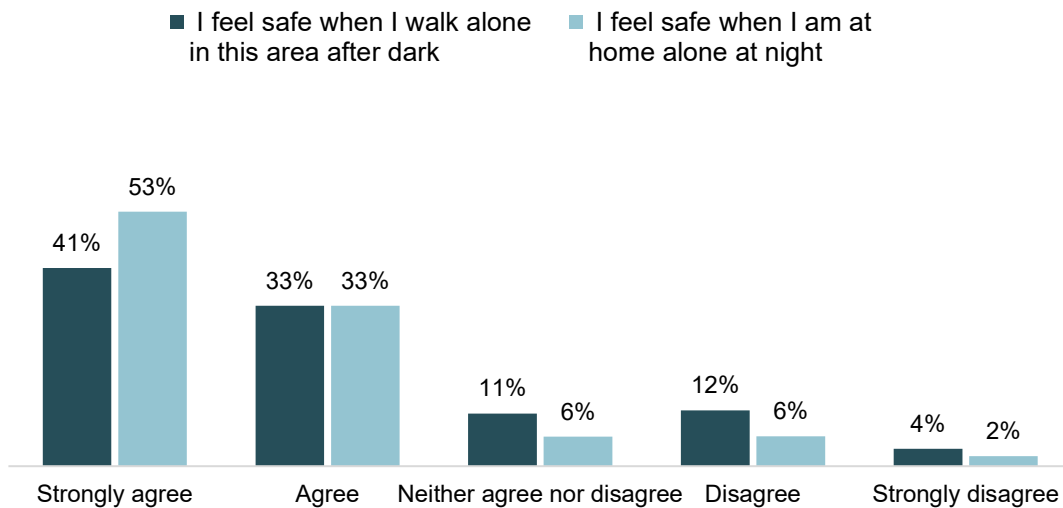
Figure 30. Services in the neighborhood



Respondents to the QLS-Moldova did not report much insecurity in their neighborhoods (Figure 31). Significantly higher levels of insecurity were reported by women, those with lower education, those with lower incomes, and married respondents.¹² People in smaller localities reported feeling safer on the streets but less safe at home. In Chisinau, and also in the South and Center, people felt safer at home when alone at night, while in the North and Gagauzia, insecurity was significantly higher. Ukrainians felt slightly safer than other nationalities (data not shown).

¹² Results from ordered logit models.

Figure 31. Assessment of safety in the neighborhood



Social Tensions

General Stress in Society

Respondents answered questions about whether they thought there were tensions between certain groups of people (Table 22). The questions did not explore the actual presence of a conflict or whether the interviewee was discriminating against any of the groups or was feeling discriminated against or threatened in any way.

The dominant opinion was to report at least “some tension.” For a few groups, the number of respondents who did not know or did not respond was rather high. This is particularly the case when asking about tension between people of different sexual orientations, indicating that the topic was either not present in the public agenda or it was too sensitive and, therefore, some respondents may have avoided answering. Another possible explanation is that people might not feel confident or comfortable projecting or answering about groups with whom they do not personally identify or have limited experience.

About three-quarters of respondents identified at least one tension among the groups. Perceived tensions between poor and rich people were reported by almost half of the sample. Tensions between people with different sexual orientations were reported by 43%, followed by tension between management and workers (36%).

The multi-variate analyses indicated that women observed more tensions than men. Younger people and people in Chisinau report fewer tensions, while people in the North and Center report more tensions. There is an inverse correlation between trust and perceived tension—the more one trusts people, the fewer tensions they report (data not shown).

Table 22. Statements about social tensions

In all countries there sometimes exists tension between social groups. In your opinion, how much tension is there between each of the following groups in our country?					
	A lot of tension	Some tension	No tension	Don't know	Total
Poor and rich people	48%	36%	10%	5%	100%
Management and workers	36%	41%	13%	10%	100%
Men and women	21%	43%	24%	13%	100%
Old people and young people	29%	45%	19%	7%	100%
Different racial and ethnic groups	23%	35%	27%	14%	100%
Different religious groups	23%	34%	28%	16%	100%
People with different sexual orientations	43%	18%	14%	25%	100%
Residents and Ukrainian refugees	21%	32%	31%	15%	100%

Specific events: Ukrainian Refugees

When asked about the consequences of the flow of Ukrainian refugees into various parts of the social system, respondents were rather split. When asked about specific areas of impact, respondents most often reported that the inflow of refugees had no impact, except when it came to rent prices. There was, however, a noticeable percentage of respondents who reported the inflow had a negative effect, which is in line with recent reports on how Moldovan social media reflects the situation of Ukrainian refugees (Internews & IOM Moldova, 2023).

An index of responses on the impact of Ukrainian refugees was computed by aggregating the statements for the seven items in Table 23. The index¹³ allows an examination of the differences between key demographic groups in the multivariate analysis (OLS models). Life satisfaction was positively associated with reporting the positive consequences of the refugee flow. The results show that younger people and people in larger households were more likely to perceive a negative impact of the refugee flow. Romanian ethnic groups were more likely than all others to see a positive impact. Across regions, people in Chisinau and the Center region reported more positive impact compared with people in the North, South, and Gagauzia. People who reported more social tensions (excluding the ones between Ukrainian refugees and the “regular” residents of the Republic of Moldova) were significantly more inclined to report a negative effect. Everything else being controlled, such as income, gender, education, and occupation proved to make no difference in perceptions of the impact of the refugee flow (data not shown).

¹³ Computed as a factor score. Factor analysis proves to be adequate for analysis (KMO=0.889), using maximum likelihood for extraction, the extracted factor explains 52% of the total variance, and the lowest factor loading is 0.35. “Don't know” was treated as equivalent to “no impact.”

Table 23. Statements about the impact brought by the Ukrainian refugees

In your opinion, has the presence of Ukrainian refugees in the Republic of Moldova had a positive, a negative, or no impact regarding...					
	A negative impact	No impact	A positive impact	Don't know	Total
Access to medical services	23%	40%	17%	20%	100%
Access to social services offered by the state	26%	33%	20%	21%	100%
Access to jobs	23%	35%	22%	20%	100%
Access to different types of aids	26%	31%	24%	19%	100%
Access to buy/rent a house	28%	31%	18%	24%	100%
The rent prices	38%	24%	11%	27%	100%
The public safety	26%	38%	14%	22%	100%

Most respondents indicated that they would accept Ukrainian refugees to visit the country (76%), become a citizen (57%), be a colleague (66%), a colleague of their own children (70%), a neighbor (72%), a close friend (68%), a relative (66%), and not being excluded from the Republic of Moldova (69%). Four percent of respondents had hosted a Ukrainian refugee.

Overall, 41% rejected all negative viewpoints in the eight items included in Table 24. On the opposite side of the spectrum, 11% were against all these 8 types of acceptance, and 8% were against 7 of them.

According to the multivariate analysis (OLS models), levels of acceptance of Ukrainian refugees were significantly higher among male respondents, increased slightly with age, were higher among those with higher education, lower among the unemployed, lower among those living together but unmarried, and slightly lower among those having minor children. Acceptance was higher in Chisinau and in the Center compared with the North region. Those identifying Romanian ethnicity were significantly more in favor of accepting the refugees than those declaring Moldovan ethnicity. Ukrainian ethnic groups were slightly more in favor of accepting refugees compared with Moldovans. Gagauzians, Russians, and others did not significantly differ in their attitudes toward refugees from any other ethnicity.

Table 24. Acceptance levels of Ukrainian refugees

Please tell us whether you would accept a Ukrainian refugee ...				
	Agree	Disagree	Don't know	Total
To be a visitor of the Republic of Moldova	76%	21%	3%	100%
To live here as a citizen of the Republic of Moldova	57%	37%	6%	100%
To be your colleague (at work/at school)	66%	28%	6%	100%
To be your child's colleague at school	70%	24%	6%	100%
To be your neighbor	72%	24%	4%	100%
To be your close friend	68%	28%	4%	100%
To be your relative (marriage to a family member)	66%	27%	6%	100%
To be excluded from associating with the Republic of Moldova in any way	20%	69%	11%	100%

Social Exclusion

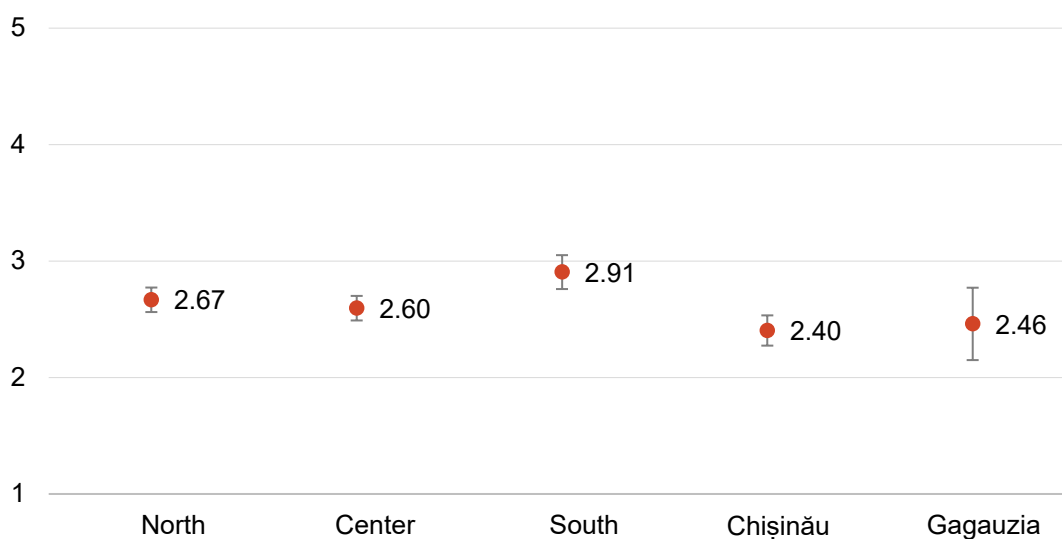
Table 25 presents answers to five social exclusion items. Twelve percent agreed, to some extent, that they felt left out of society. Thirty-eight percent found that life was somehow too complicated. Thirty-four percent felt that the value of what they do is unrecognized, 35% felt disrespected due to their occupation or income, and 8% did not feel close to their neighbors.

Using the first four exclusion items in Table 25, a social exclusion index (SEI) was computed (Eurofound, 2017). On a scale where 5=strongly agree and 1=strongly disagree, the average score was 2.65, indicating a neutral stance. In the multivariate analysis (tobit models), women with higher education, respondents who were occupationally active (employed or in school), people with higher household income, and people not having children had significantly lower SEI scores, indicating low levels of exclusion. Everything else being controlled, the likelihood of experiencing social exclusion was higher in the South region and lower in Chisinau (Figure 32).

Table 25. Feelings of social exclusion

To what extent do you agree or disagree with the following statements?							
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know	Total
I feel left out of society	28%	41%	16%	9%	3%	3%	100%
Life has become so complicated today that I almost can't find my way	14%	31%	14%	27%	11%	2%	100%
I feel that the value of what I do is not recognized by others	13%	33%	14%	27%	7%	7%	100%
Some people look down on me because of my job situation or income	18%	32%	9%	27%	8%	6%	100%
I feel close to people in the area where I live	2%	6%	9%	54%	29%	1%	100%

Figure 32. Predicted social exclusion index (SEI) by region



Note. Results from a tobit model that controlled for gender, age, education, income, occupation, presence of children, household size, marital status, locality size, region, and ethnicity. Point estimates and 95% CIs are shown in the figure.

Associations between Indicators of Quality of Society and Indicators of Well-Being at the Individual Level

This section considers the covariances between the indicators of the quality of society discussed in this chapter and some of the indicators of subjective well-being described in the first chapter.

The multivariate analysis (OLS models) was set up to look at the association of the variables of quality of society presented in this chapter with well-being outcomes¹⁴. The results revealed a positive association between **satisfaction with democracy** and life satisfaction. Satisfaction with democracy was also likely to act as a buffer against worry about income—when satisfaction with democracy increased, worry about income decreased. **Satisfaction with the economic situation** was positively associated with the living level scale (making ends meet) and with life satisfaction. People who were more satisfied with the economy were also more likely to make ends meet. They also had a higher likelihood of rating the financial situation of their household as better now than in the year before the interview.

Further, higher **confidence in institutions** was significantly associated with households that reported their financial situation was better than one year ago. **Social trust** was positively associated with life satisfaction and the mental health index and with lower negative affect. **People who participated more in associations** had better mental health and slightly higher life satisfaction.

¹⁴ Dependent variables included life satisfaction, mental health, the negative affect, the living level scale (making ends meet), comparison with the financial situation in the past, and level of worry about income. The predictor included the control variables used in this entire report, along with satisfaction with democracy, satisfaction with the economy, confidence in institutions, social trust, membership in associations, perceived neighborhood problems, safety in the streets and at home in the respondents' neighborhoods, number of social tensions (excluding the ones with refugees), the perceived impact of Ukrainian refugees, and the SEI.

A larger number of **perceived problems in the neighborhood** were significantly linked to lower life satisfaction, lower mental health, lower living level scale, and more housing arrears. **Neighborhood security** decreased the negative affect. Feeling safe when alone at night at home or in the surrounding streets was associated with higher levels of mental health and with the feeling that the financial situation of the household was better now than one year ago.

More **social tension** was associated with the feeling that the household was worse off financially now than one year ago and positively correlated with life satisfaction.

Respondents who considered **Ukrainian refugees** as having positive impacts had greater propensities to make ends meet, felt their financial situation was better than a year ago, and had less worry about income if they were older.

There was a higher **SEI score (more social exclusion)** for people with lower life satisfaction, lower mental health, lower belief that they would be able to make ends meet, higher negative affect, more housing arrears, and more worry about income.

Overall, these associations provide evidence that the quality of society and personal well-being are strongly related.

Comparisons with Other European Societies

In this section, a few key indicators are compared with their values recorded in other countries. For **confidence in institutions**, the choice was to use confidence in the justice system as an example. This decision was driven by the fact that justice is seen as closer to political institutions, but still not part of them; therefore, it is less dependent on electoral cycles. Data for other countries are provided by national representative samples included in the [Eurobarometer](#) (EB), which was selected as the source was very close to the data collected in the QLS-Moldova. Note that the EB and QLS-Moldova use different scales for confidence in institutions. The EB uses a simple choice between trusting or not trusting. The QLS 10-point scale was therefore recoded in such a way that the first 5 points (from 1 to 5) gave no confidence in justice, and the remaining points of the scale (6 to 10) were seen as proof of confidence. EB data for the Republic of Moldova indicated a slightly higher estimation using the QLS scale.

The Republic of Moldova showed much lower confidence in justice compared with other European countries. The same result was valid for almost all other institutions. Social trust was significantly lower in the Republic of Moldova than in any EU member state and was also lower than in almost all countries examined (see Table 26). For other aspects related to the quality of society, no recent data were available for comparison.

Table 26. Comparison of indicators about the quality of society

		Confidence in justice	Trusting people
Min		0%	1
Max		100%	10
QLS-Moldova	Republic of Moldova	22%	4.19 [4.07, 4.31]
Other surveys 2021–2023	EU (average)	55%	5.0
	Romania	50%	4.3
	Poland	36%	5.0
	Albania	41%	n.a
	Republic of Moldova	16%	n.a.

Data sources: Confidence in Justice is taken from the EB (78.2); the data were collected in January–February 2023. The question on confidence in institutions was dichotomous, respondents being asked whether they “tend to trust” or “tend not to trust.” Spontaneous “don’t know” answers were also accepted. To ensure comparability, the QLS 10-point scale was recoded in such a way that ratings from 6 to 10 were considered as indications of trust, and ratings from 1 to 5 meant no confidence. In both the EB and QLS, the percentages were computed from the total answers (including “don’t know”). Social trust estimates were based on the Eurofound COVID-19 e-survey, the spring 2021 round. The methodology was identical to the QLS-Moldova and EQLS, but the mode of the survey may have led to overestimations of social trust.

Experiencing Multiple Personal and Social Insecurities

Table 27 describes the extent to which the Moldovan population is affected by selected insecurities. In the sample, no one experienced all seven types of insecurities (data not shown). Very few (2.1%) reported at least five out of the seven. Apart from them, 4% experienced 4 types of insecurity, 10% experienced 3 types, 21% experienced 2 types, and 37% experienced one type. Only 25% did not experience any insecurity. This means that three-quarters of the population experienced at least one insecurity among the seven that were considered. The most common insecurity was worries about income in old age.

Table 27. Selected insecurities

Type of insecurity	Threshold	Incidence
Negative affect	Respondent experiences 3 of 3 negative affects	11%
Current financial insecurity	Making ends meet with great difficulty (the worst out of 6 categories)	14%
Worries about income in old age	Being worried about income when old (if ages 60 or less) or of current income (if over 60): a rating of 10 on a scale from 1 to 10	49%
Disconnection from modern society	Never using the Internet in the past 12 months	19%
Neighborhood insecurity	Respondent answers “strongly disagree” or “disagree” to the question: <i>I feel safe when I walk alone in this area after dark.</i>	16%
Social tensions	At least 6 of 8 social tensions	8%
Social exclusion	The SEI is larger or equal to 4 (on a scale from 1 to 5)	4%

Concluding Messages

This report depicts the situation in the Republic of Moldova in the spring of 2023. The context at this time includes a war at the immediate border with Russia's repeated armed aggression against Ukraine. Also, during this time, the Republic of Moldova was invited to start the process of joining the EU with an unprecedented series of bilateral exchanges with EU countries. All of this came on the heels of the COVID-19 pandemic and a global recession. On top of everything, parliamentary elections in 2021 and presidential elections in 2020 brought to power a pro-European president (Maia Sandu) and a cabinet that, despite its instability (the prime minister was replaced in the middle of their term), brings a lot of positive hope for the country's trajectory, despite harsh regional conditions.

Quality of Life

- Most people in the Republic of Moldova are happy, satisfied with their lives, and optimistic about the future.
- Health, including mental health, is an area of concern.
- Material hardship is a concern—fewer people can make ends meet than the average of other EU candidate countries.
- People who earn less, who are divorced/separated, or who are widowed have a lower quality of life.

Compared to other EU and EU candidate countries, people in the Republic of Moldova are, on average, happier (score of 7.2 vs. 6.8) and more satisfied with their lives (score of 6.7 vs. 5.9). Most people are optimistic about their future (67%) and feel like what they are doing in life is worthwhile (84%). Income is the most powerful predictor of happiness and satisfaction. More specifically, households netting less than MDL 3,000 lei per month are less satisfied with their standard of living, accommodation, and overall family life, compared to those who earn more. People who are unable to work due to illness or disability, or who are divorced/separated or widowed are not as happy as others.

Only 37% of respondents reported that their health was good or very good. Almost a quarter of the population (22%) has negative views of their own health. People with a disability reported significantly worse health, specifically those with disabilities related to memory, motricity, and self-care. Fewer people are at risk of depression in the Republic of Moldova (35%) compared to the average of other EU candidate countries (56%), however, being at risk of depression is associated with specific demographics. Age, specifically 60 years and older; living in Gagauzia; and being retired, unable to work due to illness or disability, widowed, or a low-income earner, were reported to be, or are nearly at risk of being, depressed. The Government of the Republic of Moldova is planning to adopt the National Program for the Social Inclusion of Persons with Disabilities (2024–2028) which is expected to address lower subjective health among people with disabilities. The EU is promoting more use of the Washington Group disability measures under the EU Strategy for the Rights of Persons with Disabilities (2021–2030) and the Republic of Moldova is encouraged to do the same. Further, public policy should continue to expand affordable mental health services, building off the 40 community mental health centers (European Commission, 2023, page 84).

Only 58% of people in the Republic of Moldova can make ends meet with little or no difficulty, lower than the average of other EU candidate countries of 77%. Over the 12 months prior to the survey, more people (37%) felt that their financial situation got worse rather than better (16%). Material deprivation exists, with particular concern that 36% cannot afford to keep their house warm and 30% have some level of food deprivation (cannot afford meat, chicken, or fish). Accommodation problems are significantly more frequent in rural areas compared to urban areas and among those who are unable to work due to illness or disability.

Because of limited resources, 7 in 10 people could not afford to take a holiday in the last 12 months.

Concerns over income and worsening financial situations, combined with troubling levels of material deprivation, should be considered through social inclusion and protection programs, employment policies, and economic stimulation. One example mentioned by the EU Commission in its recent communication is the winter aid program, which provided financial assistance to over a quarter of a million people during the colder months of November 2022–March 2023 (European Commission, 2023, page 91).

Internet use in the Republic of Moldova other than for work is 81%, lower than the average of other EU candidate countries (91%). Despite annual increases in internet use over the last several years, there is still a part of society that is digitally excluded, namely men, those of older age, those who are less educated, and those with lower incomes. Internet use is also lower in the Center region and among those of Romanian ethnicity. Digital exclusion can impact people’s ability to do important life tasks that are increasingly online, such as applying for jobs, buying things, processing requests (tax returns, benefits claims), and participating in banking. Policy makers should ensure those excluded are systematically considered as part of the Moldova 2030 objective of “Ensuring universal access to the internet and electronic services” (European Commission, 2023, page 86).

Quality of Work, Care Responsibilities, and Personal Development

- People in the Republic of Moldova work a lot, more than the average of other EU candidate countries.
- Caretaking responsibilities take a lot of time, affecting women more than men.
- Investment in human capital is low but occurs more with younger adults.
- Regular physical activity is not commonly practiced.

While Moldovans average 43.5 hours per week in paid work, other EU candidate countries average 36 hours per week. Despite the higher time spent on work, 76% of people in the Republic of Moldova express having a good work-life balance. People wish they had more time to spend caring for children, spending time with their family/household, and engaging in their personal hobbies and interests.

Caring for children takes an average of 46 hours per week. Caregiving responsibilities disproportionately affect women compared to men, even women working paid jobs. Most men and women recognize this. Most men (51%) said they do less caregiving than their female partners. Women spend 20 hours more per week caring for their children and grandchildren. Caring for family members with disabilities takes 23 hours per week. Most people with caretaking responsibilities (51%) found it difficult to combine paid work with caretaking. The EU Commission has expressed concern about the persistence of patriarchal attitudes and discriminatory stereotypes on the roles and responsibilities of women and men in the family and society and encourages the implementation of the national program on promoting and ensuring gender equality for 2023–2027, which also aims to increase social protection for people involved in long-term care of family members (European Commission, 2023, pages 40 and 92).

Although higher than the average of other EU candidate countries (12%), few people over 25 years old in the Republic of Moldova (16%) benefited from LLL opportunities in the 12 months prior to the survey. LLL, however, may be an emerging area that occurs more with younger adults, those with higher incomes, those better educated, and those living in cities. Nevertheless, this is far from approaching the target of the [European Pillar of Social Rights Action Plan](#), according to which 60% of all adults should be participating in training every year by 2030. In this respect, the Republic of Moldova needs to embark on profound reforms, starting with the development of the legal framework and providing LLL opportunities to all citizens, in line with the National Action Plan for the Accession of the Republic of Moldova to the European Union for 2024–

2027 (https://www.legis.md/UserFiles/Image/RO/2024/mo_percent2064-69_percent20md/plan_45md.pdf, page 102).

Only 40% of people in the Republic of Moldova exercise at least weekly, lower than the average of other EU candidate countries (44%). Regular physical activity is lower for people in Gagauzia (26%), the South (32%) and the North (36%). People of Romanian and Russian ethnicity do regular exercise more than people from other ethnicities (53% and 51%, respectively). Policy makers can consider increasing physical activity through policies related to health insurance incentives and improved access to recreational areas and facilities.

Quality of Public Services

- Most public services are rated as having moderate quality, except state pensions, which are rated lower.
- Public service quality is fairly consistent across regions, except in Gagauzia, where long-term care and social/municipal housing have lower quality.
- In health and education, the quality of services is affected by perceptions of corruption.
- Cost is not prohibitive for basic healthcare, but it is prohibitive for more specialized health services.

The quality of education, transportation, childcare, long-term care, and social/municipal housing is moderate. State pensions received the lowest quality rating. Gagauzia is the only region with notably lower service quality, where all services except long-term care and social/municipal housing were rated below the national averages. Policy makers have begun to address some of these issues through the MoLSP's RESTART (2023–2026) social assistance reform, which, among other areas, aims to increase the performance of social assistance public institutions as well as increase access, quality, and cost-efficiency of social services. This is an area to monitor as the reform is implemented.

Specific areas of health and education service provision were rated as high quality. This includes people being satisfied with personnel, expertise, facilities, and care in the both health and education systems. Nevertheless, corruption is one of the main areas that negatively affects perceptions of the overall quality of services in health, education, and long-term care. Corruption is a major area of concern in general, and the government needs to take decisive steps to fight against it (European Commission, 2023, page 9).

Most people (75%) said that cost is an affordable factor in receiving general health services. Certain health services, however, are viewed as cost prohibitive. This is particularly the case for dental care, mental health services, and hospital care/specialists. This suggests that people feel they can afford basic, primary healthcare, but some struggle to afford more advanced and specialized health services. As part of the Republic of Moldova's National Health Strategy (2023), aligned with EU Commission recommendations, modernization and long-term development of the health system should eliminate barriers to secondary and tertiary healthcare.

Quality of Society

- Satisfaction with democracy and the economy are correlated with each other, and there is low satisfaction with both.
- Most people do not trust institutions, except for the church.
- There are high levels of mistrust among people.
- Civic participation and volunteering are low.
- Neighborhoods are mostly safe and have accessible services such as grocery stores, recreational

areas, public transportation, and banks, but there are issues related to noise, air quality, litter, water quality, traffic, and the sewer system.

- Social tensions exist in several areas, especially between rich and poor people and between people with different sexual orientations.
- People are split on how they see the inflow of refugees affecting society. Positive perceptions of refugees are higher among those with higher incomes.

There is low satisfaction with both democracy and the economy, with an average score of 4.2 and 3.6, respectively (out of 10). People of Romanian ethnicity are far more satisfied with democracy (score of 6.5), while people from Russian, Ukrainian, and Gagauzian ethnicities are the least satisfied (2.7, 2.8, and 2.3, respectively). People of all income levels express dissatisfaction with the economy, with people from Gagauzian ethnicities being more dissatisfied than people from other ethnicities.

There are low levels of trust in most institutions. People have the most trust in the church (7.6), followed by local authorities (5.9) and humanitarian or charitable organizations (5.8). Trust is below average for several institutions, especially those affiliated with the political system (political parties – 3.4, parliament – 3.7, the government overall – 3.9 and the presidency – 4.4). There is also low trust in the justice system (3.6) and mass media (4.4). Measures are needed to increase transparency, improve the level of public accountability, stem corruption, and protect democratic safeguards. The implementation of the justice sector reform strategy and action plan for 2022–2025, which has a strong focus on restoring public trust in the judiciary, should be pursued (European Commission, 2023, page 22).

Overall, there are rather high levels of mistrust among people. The average trust score is 4.2 (out of 10), lower than the average of other EU candidate countries of 5.0. Family is the most common support network for areas such as helping around the house, dealing with family matters and depression, emergency funds, and looking after children.

Civic participation is low. The most common form of participation is commenting online on a political or social issue, which is only reported by 10% of people. People are also not volunteering much. The most common type of volunteering was with community and social services, of which only 16% reported occasionally volunteering for. As recognized by the European Commission, the Republic of Moldova established a platform for dialogue and civic participation in the parliament’s decision-making process (European Commission, page 10). This, along with a new program for the development of civil society organizations, should be monitored to determine their impact on civic participation.

Most people feel safe in their neighborhood. Eighty-six percent feel safe when they are home alone at night, and 74% feel safe walking alone after dark. There are concerns about neighborhood environments, with 74% reporting at least one issue such as noise, air quality, litter, water quality, traffic, or sewer issues. Most people can access neighborhood services easily, with less reported access to theaters/cultural centers (58% can easily access) and recycling (53% can easily access). Many of these issues are relevant to the Republic of Moldova’s EU accession requirements, which call for strengthened implementation and enforcement of legislation with a focus on horizontal legislation, nature protection, and water and waste management (European Commission, 2023, page 104).

Social tensions and exclusion exist. There is social tension between the rich and the poor (48% report a lot of tension and 36% report some tension). There is also social tension between people of different sexual orientations. Forty-three percent report a lot of tension, and 25% report not knowing, potentially indicating people were not comfortable answering this question honestly. There is moderate social exclusion, with an

average score of 2.6 on a 5-point scale. Twelve percent of people feel left out of society in some way, with one of the main areas being that people feel disrespected due to their occupation or income. Better enforcement of the anti-segregation and anti-discrimination legislation is needed, combined with social inclusion and anti-poverty measures, as well as public tolerance building to build social cohesion and mend the social fabric of society.

When it comes to the inflow of Ukrainian refugees, there seems to be minimal social tension. Most people accept refugees as neighbors (72%) and as colleagues of their children (70%). Most people (69%) disagree that Ukrainian refugees should be excluded from associating with the Republic of Moldova. There are some concerns that Ukrainian refugees may have a negative impact on society, particularly among Moldovans with lower incomes. Thirty-eight percent of people are concerned about rent prices, 28% about buying/renting a house, and nearly a quarter of people are concerned about access to state social services, public safety, and different types of assistance.

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Appendix: Fieldwork Overview

Project title	Moldova Quality of Life Survey
National fieldwork agency	[imas] IMAS – Cercetare si Strategii SRL
Brief sample description	Cities: 3 Towns: 43 Villages: 103 Number of PSUs: 345 Number of interviewers: 41
Sample size	2,027 respondents
Sampling error	The resulting sample error is $\pm 2.18\%$ for a no/yes variable in which 50% answered yes and 50% answered no, respectively 1.99% for a 30%-70% distribution, and 1.31% for a 10%-90% distribution.
Target	18+ year-old population
Pilot study	20 questionnaires, March 27 – April 2, 2023
Fieldwork period	April 18 – July 6, 2023
Questionnaire	Questionnaire was adjusted to Moldovan context based on the questionnaire used for European Quality of Life Survey 2016. It consists of more than 100 questions (close ended, and battery type), and other socio-demographic items. The questionnaire was programmed in a special CAPI software.
Method	F2F CAPI
Language	Romanian (68.1% - 1380 questionnaires), Russian (31.9% - 647 questionnaires)

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This publication was produced with the support of the United States Agency for International Development (USAID) under the terms of the Data for Impact (D4I) associate award 7200AA18LA00008, which is implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill, in partnership with Palladium International, LLC; ICF Macro, Inc.; John Snow, Inc.; and Tulane University. The views expressed in this publication do not necessarily reflect the views of USAID or the United States government. SR-24-213 D4I