CAUSES OF CHILD ABANDONMENT AT BIRTH

Survey carried out by EveryChild Moldova
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"Child abandonment at birth in Chisinau municipality"
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FOREWORD

Childhood is a time to build relationships with parents, other family members, and eventually others away from the family.

Unfortunately, hundreds of young children in the Republic of Moldova are growing up without a significant loving relationship. They have been placed in institutions, away from the significant people in their lives who should protect them and stimulate their development.

Placed in institutions, children will survive, but they will not thrive. Their existence is one of depravation. Without the intensive love of their parents, a child will learn that the world is cold and unresponsive. A baby will be deprived of the care that lays the foundation for attachment and subsequent cognitive development.

Over 54 years ago, Drs. Gessell and Cathrine Amatruda stated that "environmental impoverishment leads to behavioural impoverishment". The consequence of a child being raised in an environment of deprivation and without proper stimulation will be a child with a limited repertoire of appropriate behaviour and emotional responses.

The first three years of life are key to a child's development. The root neurobiological structures for future functioning are established in early childhood and provide the foundation for more complex feelings, thoughts and behaviour, which develop during the rest of life. Approximately 85% of these core brain structures are "organised" by age three. Chaos, neglect, and violence in early childhood result in disorganised and underdeveloped brains.

It is time for us to put into practice all of our knowledge about babies, because for them every moment matters. The decisions that we take with regard to babies and toddlers have lifelong consequences for them. It is essential to pay careful attention to policies and practices aimed at ensuring the child's growth and development in safe family environments.

What can we do to keep children far away from the doors of institutions, and in the arms of their family - even in hard times? An agenda for change should be based on a common value of building families, not institutions. We should start by developing child and family friendly policies. These policies should be oriented to the consolidation of the family, to the development of parental skills and the development of family-based alternative services- such as placing the child with the extended family or with foster carers. To deliver this type of support, well-trained social workers are needed to carry out appropriate assessments and interventions.

The tasks are enormous, but not insurmountable. We all change the world one child at a time. The infant and the toddler need our welcome, our closeness, and to be brought near to the significant loving adults for their development.

We consider that this research will help us in understanding the issue of child abandonment at birth and, subsequently, in defining our tasks and steps that need to be taken to prevent this phenomenon.

The authors:
- Svetlana RIJICOVA
- Stela GRIGORAŞ
- Daniela MAMALIGA

People who contributed to the development of this guide:
- Irina SPIVACENCO
- Mariana LUPAŞCO
- Ludmila EŢCO
- Elena PASCAL
- Angela CRUDU
- Ana PALII

Editor: Victor MORARU

Technical design: Ecaterina RUSSU

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ÎNTRODUCTION

OBJECTIVES

The need to perform this report was driven by the scale and severity of the problem of child abandonment at birth, which persists in the context of Moldova's continuing difficult socio-economical conditions.

The issue of child abandonment has not been studied adequately in Moldova, being so far the object of only one piece of research carried out by UNICEF Moldova in 2005. The research, entitled "Abandonment of Children in the Republic of Moldova", represented a complex approach to the phenomenon of children abandoned in residential institutions, describing key aspects of it, including the reasons for abandonment, as well as the situation of young children placed in institutions.

The research highlighted of the necessity of taking action, including drafting social policies, creating an institutional framework and mobilising communities in order to form partnerships within the sector-wide professional network, as well as to raise public awareness regarding the problem of child abandonment and its negative impact.

This survey addresses child abandonment in the peri-natal period, an important time during which parents may make the decision to abandon their child at birth. Given that child abandonment is caused by many factors, the main emphasis of this study is on preventive measures, involving all relevant structures responsible for child protection.

The Goal of the Study is to identify the needs of key persons and the measures currently applied in order to solve the problems, focussing on the actions that have to be taken for early prevention of child abandonment.

General objectives of the study:

- Identify the main causes of child abandonment at birth and the risk factors that lead to parents making a decision to abandon the child;
- Describe the psycho-social characteristics of the parent abandoning the child at birth;
- Study the way child abandonment at birth is perceived by women, specialists, representatives of local and central public authorities, the society, as well as the measures that need to be taken to prevent child abandonment at birth.

Fulfilment of the objectives set out will help formulate the recommendations for:

- Identification of groups at risk of child abandonment at birth, in order to offer the necessary support in the peri-natal period;
- Improvement of social protection actions and of services designed for parents and children / babies, in order to prevent child abandonment at birth;

• Improvement of the quality of services offered to parents and children / babies, within maternity hospitals;

• Drafting public awareness programs regarding child abandonment at birth, its consequences, as well as designing prevention measures.

The study was guided by the following **hypotheses:**

- Improvement of the conditions of medico-psycho-social assistance to women in the peri-natal period will contribute to a reduction in the incidence of abandonment at birth.

- The development of medico-psycho-social assistance services for women at risk of abandoning their child, as well as the implementation of the necessary mechanisms for making parents and their home communities responsible for the child, will contribute to a reduction in the incidence of abandonment at birth.

Context of the research

While performing the study, attempts were made to collect national level statistical data regarding the phenomenon of young child abandonment. Unfortunately, it was found that Moldova does not have an efficient system that could offer us such information.

At the same time, we found that there is a local data collection system, developed within Chisinau Municipal Directorate for Child Protection (MDCP). Data on abandoned children are provided by Chisinau maternity hospitals: Maternity Hospital within Public Medico-Sanitary Institution of the Institute of Scientific Research for Health of Mother and Baby (hereinafter Maternity Hospital within Mother and Baby Unit), Perinatological Centre within public medico-sanitary Institution "Municipal Clinical Hospital No. 1" (hereinafter Perinatological Centre No. 1). According to the procedures stipulated in the existing legislation, and principles of collaboration established by MDCP and Chisinau municipal sanitary institutions, the information regarding cases of child abandonment is reported to MDCP within ten days. At the same time, placement centres for young children in Chisinau Municipality also provide information regarding the children placed within these institutions.

According to MDCP data, over 80 children were abandoned in 2005 in Chisinau. The information on abandonment was provided to MDCP by three maternity hospitals in Chisinau. This data reveals that women abandoning their children at birth travel to the capital from different areas of the republic, in order to hide their pregnancy and abandon their baby in secret. According to current legislation, all children abandoned in Chisinau Municipality maternity hospitals become the responsibility of the municipal authorities, and are included in the local social and medical protection programmes.

Thus, the problem of child abandonment at local level is camouflaged, giving rise to the misconception that the problem exists only in Chisinau municipality. Women at risk of abandoning their children are not identified in their original communities. Consequently, most childcare and protection services are concentrated in bigger towns.

RESEARCH METHODOLOGY

The study of the scale of child abandonment at birth was performed based on a complex research methodology that allows for gathering both quantitative and qualitative relevant data supporting the interpretation of this phenomenon.

The main methods of research are:

- *Document analysis:* study of the existing legislation, government decisions, and annual reports of branch ministries, donors and NGOs
- *Gathering objective information:* analysis of existing statistical data at both national and local level
- *Gathering sociological information in the field:* in-depth interviews and focus groups, collection of case-studies, etc
- *Group research*

The research was performed in three major areas:

1. Identification of causes of child abandonment at birth.

The methods used to achieve this goal included creating seven focus groups in two areas (three in Ungheni; four in Chisinau), with 10 – 12 persons participating in each group. Two categories of beneficiaries were selected for the focus groups: women (who had abandoned their babies, women at risk of abandoning, women with low socio-economic status, financially stable women) and specialists: maternity hospitals medical staff, maternity hospitals specialists (psychologist, social assistant, lawyer (if available)), representatives of local public authorities (specialist in child's rights protection, specialist in families with children at risk). Also, within this division, 25 in-depth interviews in the areas mentioned above, with the participation of maternity hospital medical staff and specialists, maternity hospital administration, representatives of central and local public authorities, staff of Placement Centres for young children.

Case studies were collected from women who had abandoned children and women at risk of abandoning. Each case study comprises an individual interview with the woman, talks with personnel and specialists who are aware of the case, or who worked on it (in case when they are identified).

In order to identify the causes of child abandonment at birth, determined by psychological features of the person and by the family environment in which the women live, psychological tests to study the system of values and affective state of the women (40 respondents), as well as 40 in-depth interviews with the women were held.

The group research method was used to study the attitude of wider society towards child abandonment at birth, and to understand the population's attitude towards women / parents abandoning their children at birth (scope of 1250 interviewees). Simultaneously, we collected and analysed available statistical data on infant abandonment in Moldova.

2. Quality of services delivered to women at risk of abandoning their children at birth

Observation, focus groups and in-depth interviews were used for this research objective. The method of observation (pathway of institution – two maternity hospitals) gave general impressions regarding the interior aspect of different wards, offices of medical staff, available equipment, furniture and organisation / functionality.

Table 1

Target Groups	Tools
Mothers / Parents - who abandoned children - at risk of abandoning - from financially stable families	- focus group - in-depth interviews - individual psycho-diagnosis - case study
Maternity hospitals personnel - administration - qualified medical personnel, mid-rank medical personnel - psychologist, lawyer, social assistant	- focus group - in-depth interview
Representatives of authorities - relevant ministries - local public administration	- focus group - in-depth interview
Representatives of residential institutions	- in-depth interview - observation
Wider society	- group research

Health care institutions were selected for the research, so that they represent all types of maternity hospitals: according to residence area (republican, rayon), according to the size of locality (big town, rayon), and according to the level of socio-economical development (prospering area with greater socio-economical possibilities, an area with reduced socio-economical level). Three maternity hospitals having different status were selected for the research: Maternity Hospital within Mother and Baby Unit – 3rd level republican maternity hospital; Perinatalogical Center No. 1 – 2nd level maternity hospital, and Ungheni rayon maternity hospital – 1st level.

Mother and Baby Unit (Republican Maternity Hospital, Chisinau) presented special interest for our study, as, according to statistical data, mothers from all the regions of the country come here to give birth. The reasons for this, along with a pathological pregnancy, are cases of hidden pregnancy and situations of child abandonment at birth.

The research was performed September 2006 through January 2007.

Due to mainly qualitative nature of the research, as well as to different status of maternity hospitals, the results of the study can be considered representative for all the regions and maternity hospitals in the country.

ANALYSIS OF MOLDOVAN LEGAL FRAMEWORK IN THE AREA OF ABANDONMENT

The phenomenon of child abandonment and actions taken in this case are reflected in the Family Code of Republic of Moldova, Code on Administrative Contraventions, Law of Republic of Moldova on Civil Status Acts (No. 100XV of 26.04.2001), Crime Code of Republic of Moldova, and Civil Code of Republic of Moldova.

The legal framework of Moldova provides a status of **"child deprived of parental care",** in art. 112 of Family Code, in the following cases:

- Death of parents;
- Parents deprived of their parental rights;
- The child is taken by force, through a court decision, without depriving the parents of their parental rights;
- Groundless refusal of parents to fulfil their caring and education duties;
- When parents, for an extended period of time, cannot offer education to their children (for instance, if they are placed in a health institution for long-term treatment, are under arrest or imprisoned);
- Parents are considered, by a court decision, to be incapable or having limited capacity;
- Parents are considered, by a court decision, to be missing or are announced to be dead;
- In other cases, if they meet the best interests of the child.

In the case of a long-term absence of the parents (labour emigration, etc.), a guardianship procedure must be initiated by persons appointed by the parents to be legal representatives of the child. The notion of **groundless refusal by the parent** to fulfil his/her duties of offering care and education to the child does not have a detailed description in the existing legislation. The institution of parental rights is not inalienable, and these rights, in their nature, are personal rights that cannot be separated, or that cannot be refused or renounced voluntarily. This procedure is triggered by derogation, if the parent agrees for the child to be adopted by other persons.

The law provides sanctions (deprivation of parental rights) for the refusal to fulfil parental duties, including for the refusal "to take the child from the maternity hospital or any other health, or educational institution, or from a social assistance institution, or other similar institution" (art. 67, p. b of Family Code of Republic of Moldova). Sanctions for the refusal to fulfil or for carrying out improperly the parental duties are also stipulated in the Code of Administrative Contraventions – art. 170 "refusal to fulfil the duty of offering care, training and education to children," art. 202 of Crime Code of Republic of Moldova "Evasion from payment child's maintenance".

The existing legislation does not stipulate the compulsory nature of a written form for so-called refusal of parental rights. At the

same time, the law foresees the possibility and the right of the parent or other persons, up to the 4th degree of relation, to express agreement regarding the child's adoption. Art. 124 of Family Code of Republic of Moldova, "The parent's agreement regarding adoption" foresees:

1. The agreement regarding adoption shall be made in the form of a written declaration, authenticated by a notary or the guardianship authority, in which jurisdiction the child or the parents are.

2. The parents' agreement can be expressed in court.

3. The administration of the institution where the child is maintained and educated has the right to as for the parents' agreement regarding an eventual adoption of the child, without indicating the adopter's identity.

It is worth mentioning that there is no detailed description of the notion of **abandonment** in the existing national legislation. The law foresees (Art. 117, par. (1), letter c, Family Code of Republic of Moldova) only that children "who were abandoned by one or both parents" can be adopted.

In the case of child abandonment, it is compulsory that the abandonment be recorded. The Law of Republic of Moldova on Acts of Civil Status (No. 100-XV of 26.04.2001), art 25 "Issue of the birth certificate of a child found or abandoned" foresees:

1. A birth certificate shall be issued within one month of the child being found. This shall be done by the civil status office in whose territorial jurisdiction the child was found, based on the record completed by a police office, doctor and a representative of the guardianship authority, the latter being also responsible for making a written declaration regarding the registration of birth. The person who found the child is obliged, within 24 hours of finding the child, to inform the police and to present the child with all the objects and written notes found upon him/her.

2. The record mentioned in par. (1) above should contain: date, place and circumstances in which the child was found; the child's gender and estimated date of birth, which shall be on the spot or later confirmed or clarified in a separate act issued by sanitary unit.

3. Upon completing the record, the guardianship authority shall take actions to protect the child, in compliance with the legislation in place.

4. In the case when the child is abandoned by his mother in hospital (maternity hospital), the head of sanitary unit shall have the duty to inform the police of this fact within 24 hours. In such a case, the issue of birth certificate shall be based on the medical certificate that shall state the birth of the child, and of the record completed by a representative of police, head of sanitary unit, and representative of guardianship authority. The latter must also make a written declaration of birth registration.

5. In the cases foreseen in par. (1) and (4), if the name and surname of the child are unknown, these shall be given by the civil status office that registers the birth. Upon filling the birth certificate, in the section stating information about parents, the word "unknown" shall be inscribed.

At the same time, the law does not directly stipulate a term in which the child could be declared as being in the state of abandonment. The law mentioned above suggests that the child has the status of abandoned from the point of the first record being completed, or the so-called "abandonment paper" being filed.

Detecting, gathering evidence about and placement of children deprived of parental care shall be performed in compliance with the Family Code of Republic of Moldova. According to art. 114 of Family Code of Republic of Moldova:

1. Responsible persons from educational, health, social assistance, and other similar institutions, as well as other persons possessing information about children mentioned in art. 112, par. (1), are obliged to report on the case, within 3 days, to the guardianship authority in the area where the child is situated.

2. The guardianship authority, upon being informed about the child deprived of parental care, is obliged, within 3 days, to verify the child's living conditions, and upon confirmation of lack of parental care, to register the child's case, assuring his legal rights and interests by offering temporary placement, as indicated in the law, prior to determining the adequate form of protection, according to the procedure stipulated in this code.

3. Within 10 days from the moment the child deprived of parental care is registered, the guardianship authority is obliged to report this information to central child protection authority.

4. The activity of the guardianship authorities and central child protection authorities, regarding detecting, registering and placement of children deprived of parental care, is regulated by this code and other normative acts.

It should be mentioned, that at present, there are no other normative acts, except Family Code, that would regulate the activity of the guardianship authorities and central child protection authorities, referring to detecting, registering and placement of children deprived of parental care.

According to Art. 36 of Civil Code of Republic of Moldova, within 5 days since the date when it is stated that guardianship needs to be applied to the child, the following structures must report to the guardianship authority: civil status service (in the case death is registered); court of justice (in the case when the application or execution of an imprisonment sanction is pronounced); the persons related to the child, as well as the administrator and residents of the house where the child lives; local public authorities, health institutions.

The stipulations of Family Code of Republic of Moldova, regarding the term of reporting the information on the child deprived of parental care to the guardianship authority, as well as the stipulations of the Civil Code of Republic of Moldova regarding the term of reporting to the guardianship authority, of information about the person to which guardianship should be applied, is 3 days, and 5 days respectively. We consider that these need to be changed, indicating in such situations an identical term – the shortest possible.

The code on administrative contraventions foresees sanctions for the responsible persons within education, health, social assistance, and other similar institutions, exceeding the term of 5 days foreseen for reporting to the guardianship authority on cases of children deprived of parental care who can later be registered for adoption or guardianship for care and education (Art. 171/3 CCARM).

We have identified that the mechanism for referring children deprived of parental care from maternity hospitals to health institutions, and later to government-supported residential education institutions for children, is not well-structured. In practice, currently, health institutions, maternity hospitals, refer the updated (as a rule, the period of update is 10 days, stipulated in an old "Order of the three ministries" – Joint Order issued by Ministry of Science and Education of Republic of Moldova, No. 113 of 11.04.1994; Ministry of Health of Republic of Moldova, No. 64 of 05.04.1994; Ministry of Justice of Republic of Moldova, No. 47 of 11.04.1994) information to the guardianship authority, within the legal

terms indicated above, regarding the children deprived of parental care who are placed in an institution. This information generally comes to the guardianship authority from maternities, hospitals, placement institutions (children's home, placement centre), even later than the term of 10 days. During this time, the child is referred from maternities directly to hospitals, being later referred from hospitals directly to the government-supported children's home/placement centre, without any conclusion made by the guardianship authority, which is informed of this referral post facto, and registers the referred children. Although it has never been abrogated or substituted by any other recent normative act, the Order of the 3 Ministries is outdated and does not correspond to the existing requirements and situation, and, therefore, cannot be considered background to the process of referral/placement of children deprived of parental care. We consider it imperative that a national mechanism be developed, in compliance with the requirements of The Family Code, so that the decision on children's placement, including the temporary ones, belongs to the guardianship authority.

Another situation refers to "temporary" placement of the child with an institution, at the mother's request. The traditional term of 6 months, indicated by the mother/parent/other legal representative in the petition for the child's placement in the institution, originates from the old Code of Marriage and Family (abrogated), described in the outdated "Order of the 3 Ministries", and included in the existing Family Code or Republic of Moldova. According to this stipulation, a parent's approval of the child's adoption is not required if the parents do not live together with the child and deviate, without any reason, from their duty to maintain and offer education to the child for a period over 6 months.

According to the Family Code of Republic of Moldova (art. 144), in the case when the child placed in government-supported residential institution is not given guardianship, the duty of guardian/legal representative is performed by the respective institution.

Temporary placement of the child in government-supported institutions does not cancel the rights and obligations of the guardian towards the child. There are no residential institutions that could replace the child's family, be it biological or extended.

In the case of a child deprived of parental care and placed with a residential institution, the institution, being the child's legal representative, should take all the necessary actions to provide opportunities and possibilities for the child's reintegration in the biological or extended family. In real practice these interventions are undertaken in collaboration with the guardianship authority.

Chap. I

CAUSES OF CHILD ABANDONMENT AT BIRTH

1.1.TYPES OF CAUSES OF CHILD ABANDONMENT AT BIRTH

The general public opinion is that the main causes of child abandonment are of economical-financial nature. This opinion is highly generalised, and covers a range of more specific views, held by varying groups of respondents.

The study has outlined some specific visions on causes of child abandonment at birth. Thus, the information gathered in focus groups, presents **causes of child abandonment, as seen by women**, in the following order of priorities:

- Difficult financial situation ("poverty", "difficult financial situation", "don't have resources to raise the child");
- Lack of support from mother's parents/ extended family;
- Single mothers ("the woman is single, does not have a husband, relatives");
- Mothers under age, whose parents often are abroad;
- Influence of social opinion ("shame", "negative attitude from the community");
- Absence or lack of sexual education ("women from the countryside are not aware of the issue, have inferior social level", "lack of family education", "insufficient information on sexual relations");
- Birth of a sick child, disabled child;
- Woman's irresponsibility, her indifference towards the child ("women's thoughtlessness, indifference");
- Psychological, emotional background of women before bearing a child;
- Relation-based problems between parents and members of extended family.

Analysis of the information gathered in the women's focus group demonstrated that the family's difficult financial situation is not considered to be the main cause of child abandonment at birth, while the most significant, according to their opinion, is the attitude of the family – parents, brothers/sisters, partners towards the child's birth. Nor did women consider a decisive factor for child abandonment the child's health condition, or even pregnancy as a result of rape.

The causes of child abandonment, as seen by maternity hospitals specialists (medical staff, psychologist, social assistant, and lawyer), have been presented hierarchically, in the following order of priorities (based on the information collected within focus group):

- Economic-financial situation ("does not have money, no place to live, is unemployed");
- Woman's mentality ("what will the people, the parents say, when the woman is not married?");
- Situation within the family of woman's origin ("mother supports child's birth, whereas father disapproves; parents are

abroad", "parents don't know what to do with their child in the town", "any woman over 18 years of age has the right to refuse the child");

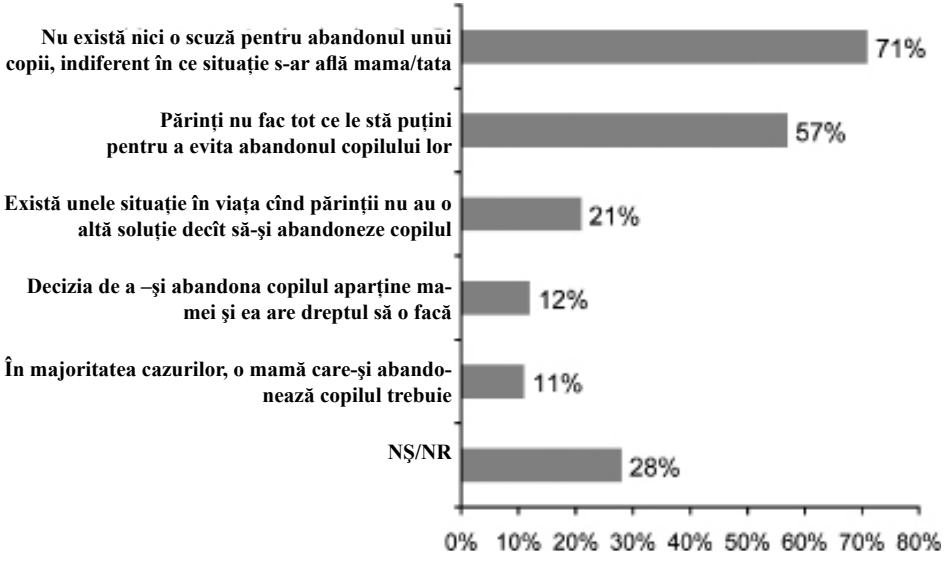
- Legislation, favouring child abandonment, procedure of child's refusal is very simple ("based only on a simple request form, presented by the parent");
- The fact that many women do not have money for an abortion;
- Lack of knowledge about family planning, lack of desire to use contraceptives, lack of money to buy them;
- The fact that not all pregnant women are registered with family doctors.

In the context of the opinions above, we can draw a conclusion that maternity hospitals specialists consider that an important cause of child abandonment at birth is the woman's/ parents' difficult financial situation, as well as the ease with which a child can be abandoned in a maternity hospital under current legislation.

The opinions of wider society regarding the causes of child abandonment at birth have been collected, using the "general research" method. This method gave an overview of attitudes of the wider society towards women/parents abandoning their children at birth.

Respondents answered the question, **"What is your opinion about parents who abandon their children at birth?"** A breakdown of responses follows:

- 71% believed that "There is no excuse for abandoning a child, regardless of the situation in which the family is situated"
- 57% answered that "The parents do not do all they can in order to avoid abandoning their own children"
- 21% said that "There are life situations when parents have no option but to abandon their child"
- 11% felt that "In the majority of cases, a mother abandoning her child has to be understood and not accused"



Having these representations, we can understand the issues facing pregnant women in difficulty and unsupported by their family.

Due to the fact that in Moldova, child abandonment is justified by lack of material resources, persons having no direct relation to the issue of child abandonment at birth were asked to comment on the following: **"Lack of material resources drives some parents to abandon their children at birth".**

The answers can be summarised thus:

- Approximately equal distribution of the respondents (by sex, level of education and residence environment (urban – rural) express agreement or disagreement with the statement that lack of material resources determine some parents to abandon their children at birth.
- Depending on age, different answers were given. Persons in the age segment of 30 – 44 proved to agree most of all. As for persons of younger or older age, showing their agreement or disagreement, such answers were virtually equal. An explanation, probably, might be the fact that this is the age of parents whose children are, as a rule, grown up, and who are aware of the need of considerable financial resources for children's education and care.
- Depending on respondents' national background, significant differences in attitudes towards the researched subject came up:
  - Moldovan - 45% disagreement and 50% agreement
  - Russian - 54% disagreement and 36% agreement
  - Ukrainians – 41% disagreement and 52% agreement
  - others – 57% disagreement and 40% agreement

The differences might be explained by socio-cultural influences or family traditions.

The study was intended to highlight representations of the general public regarding young single mothers. The statement **"Young single mothers are rejected by society"** was perceived with the following attitudes:

- Predominant evident disagreement with the statement above, this opinion being common for all the respondents, regardless of their level of education or nationality.
- Predominant disagreement with the statement above, depending on the gender of the respondents. There was a deep gap between agreement and disagreement among women (53% disagree and 39% agree), whereas among men, the difference was not so big: 48% disagree, and 40% agree).
- Depending on age, in intervals between 20 and 59, firm disagreement with the statement above predominated.
- Attitudes towards young solitary mothers differ, depending on residence level: respondents from urban area disagree more frequently with the statement that that young single mothers are rejected by the society, whereas the attitudes of respondents from rural area split almost equally.

It was important for us to study the attitude of the general public towards the statement **"Mothers infected by HIV/AIDS, sexual diseases, are rejected by the society"**. The majority of the respondents agree with the statement, regardless of their gender, age, level of education, residence area or nationality (except persons of Russian ethnicity).

Overwhelming disagreement with the statement **"Some parents are restrained by the advice/insistence of medical staff to abandon their babies at birth"** was expressed by all the respondents, the average variability constituting 62% -- disagreement, compared to 19% of agreement with the statement above.

Particularly interesting for us was to identify the attitude of the general public regarding the answer to the question: **"Birth conditions and care offered to mothers in maternity hospitals influence the mother's decision to abandon her child."** The study revealed an overwhelming disagreement among the general public towards this statement: 62% of the respondents disagreed, compared to 25% of persons agreeing with the statement above.

This method was also used to study the population's attitude towards the statement **"Insufficient support (financial, etc.) offered by the government to mothers, can favours child abandonment at birth":**

- The population included in the research considers that government's insufficient support favours child abandonment. This opinion is especially marked in male respondents. Men are more inclined to expect support from the government than women, who would rather rely on their own resources.
- All categories of population, regardless of age, level of education, support this statement, especially in age groups 15-19 and 30–44. Probably, these are age periods when people need more government support to overcome the problems they face.
- Similar attitudes were expressed by persons of different nationalities, especially among Moldovans and Ukrainians, who are more oriented towards government support compared with persons of Russian ethnicity.
- As to residence area, rural population is much more oriented towards government support, than urban population, which relies rather on their own forces.

Within the study, we tried to identify to what extent the child's health can be considered a cause of abandonment. We suggested the following statement to the respondents, asking them to agree or disagree with it: **"The newborn baby's disease determines the parents to abandon him/her".** The results obtained show disagreement of the larger population, regardless of gender, age, or level of education of the respondents. Younger people (aged between 15 and 19) expressed more disagreement. As for representatives of different ethnic groups, Russians expressed greater disagreement than others; in terms of representatives of different residence areas, disagreement was more evident among rural population, probably, due to the influence of social appreciations, "being ashamed of the neighbours", typical for the mentality of population in villages.

An attempt was also made to understand the attitude of the child's father in making the decision to abandon the child. We asked the respondents to express their opinion regarding the statement **"The mother faces problems alone, because the father fails to support the child".**

- Men outnumbered women in disagreeing with this statement.
- The statement was mainly agreed with by respondents in the age interval between 20 and 44, while younger or older persons mainly expressed disagreement. We consider that the agreement with the statement above was conditioned by the fact

that this age coincides with the most productive period of family life, and with fulfilment of the responsibilities of child education and care.

■ The results obtained demonstrate the influence of the level of respondents' education on the appreciations offered: persons with incomplete education or high school studies mainly expressed disagreement, whereas respondents with higher education predominantly agreed with the statement above.

■ Depending on the residence area, respondents came up with the following opinions: persons coming from urban area disagreed with the statement, while the rural-based respondents mainly agreed with it. This difference could be explained by a greater number of divorces in urban environment, compared to rural area. At the same time, we consider that in rural area stereotyped traditions persist, in terms of the husband's role in a family (attributed adequately or inadequately), where he is considered to be the "pillar of the family", "person who takes care of the family financially", etc.



1.2. SOCIAL AND PSYCHOLOGICAL CHARACTERISTICS OF WOMEN AT RISK OF ABANDONING THEIR CHILD

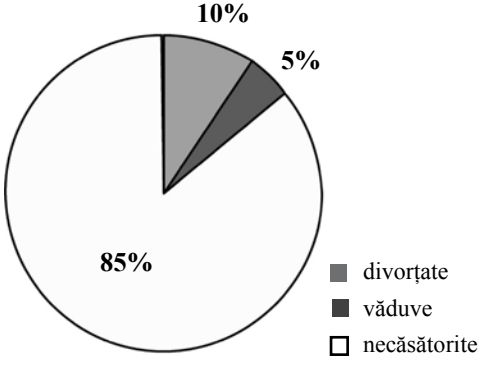
The study attempted to outline **the social characteristics** of the woman at risk of abandoning her child at birth. The study sample was made up of 40 women, examined in maternity conditions during 3 months of peri-natal period, among whom 13 women were coming from favourable and financially stable families, 6 women had low socio-economical status, 18 women were at risk of abandoning, and 3 women abandoned children at birth.

We defined the following groups in accordance with the adopted criteria:

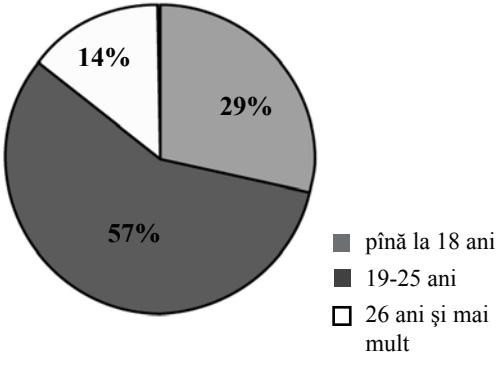
- family status – 2 divorced women, 1 widow, 18 not married
- age – 6 women were aged under 18, 12 women were between 19 and 25 years old, 3 women were 26 and over
- number of births: 14 women were having their first child, 4 women were giving birth for the second time, 3 women – third birth
- residence area – 17 were from rural area, 4 women were from urban area
- registration with family doctor: 8 women were not registered, 1 woman was registered within a different rayon, and 12 were registered at the place of origin.

In all the cases, the pregnancy was not planned and hidden from the extended family.

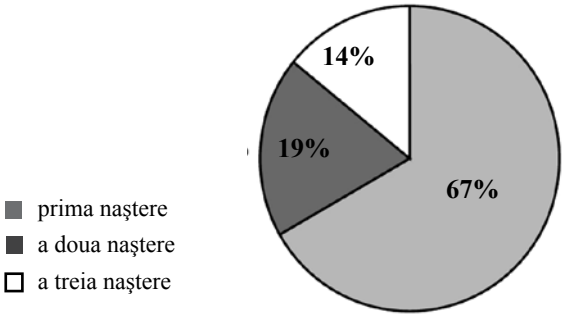
Numărul femeilor
(în dependență de statutul familial)



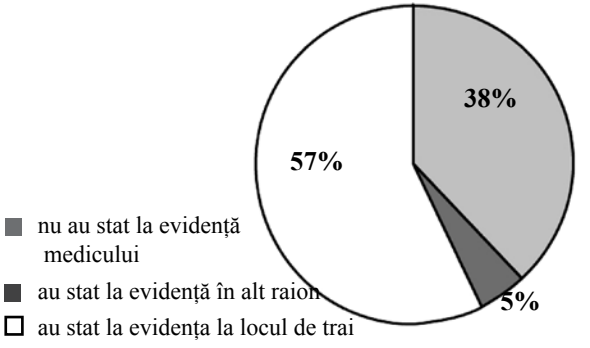
Numărul femeilor
(în dependență de vîrstă)



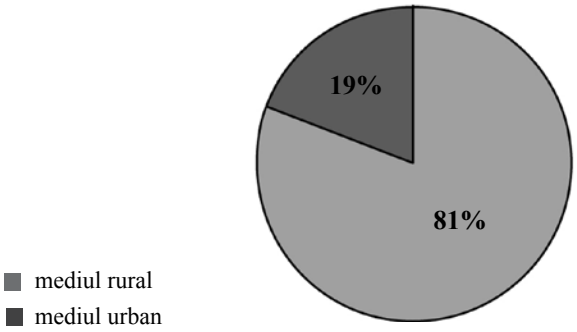
Numărul femeilor în dependență de numărul naşterilor



Evidența femeilor la medicul de familie



Numărul femeilor în dependență de mediul de ezidență



The majority of women questioned mentioned the need to be supported by the relatives, parents, partners, as well as by medical staff.

In the majority of cases, women were hiding their pregnancy to avoid accusations from the relatives (parents, partner). The fact that the women were not registered with a doctor during their peri-natal period was explained by the following: unwillingness to "exhibit" their pregnancy, unawareness of the need to perform medical checks during pregnancy, lack of financial resources.

Of the whole sample studied, only one woman had a previous experience of child abandonment (37 years old), another woman's aunt had abandoned a child, and another woman's cousin had abandoned three children.

This information allows us to define **the social characteristics** of the woman at risk of abandoning a child a birth – "a young woman, up to 25 years of age, single, giving birth for the first time, with an unplanned or hidden pregnancy, who has not been registered with a doctor, having no real support from her relatives (parents, partner)".

It should be mentioned that the moment of refusing the child expressly affects the woman's emotional state, as during the pregnancy, the woman starts developing attachment towards the baby. During the research, we performed psychological tests among women in the maternity department of the Mother and Baby Unit (Chisinau), immediately after the child's birth. The following methods were applied: in-depth interview, case study, individual psycho-diagnosis.

Variability of methods used within the study assures validity of the results obtained, the ability to collect information from different sources, and where possible, to verify the information. Taking into consideration the fact that the majority of respondents are adult persons, and that some of them, abandoning a child, consciously perform socially disapproved acts, we can anticipate that they use different self-protection mechanisms, being oriented to offer socially acceptable answers (in order to offer a good impression of themselves).

In-depth interviews were used in order to identify the main causes of child abandonment. The interview guide included questions asked to establish different categories of causes:

1. Causes of economic and financial nature: general income, additional incomes, existence of living space, etc.

2. Causes determined by the influence of crisis factors: child born as a result of act of rape, unplanned pregnancy, uncontrolled conception (under alcoholic, drug influence), etc.

3. Causes determined by the respondent's family: composition of the family, abandonment history in the family, peculiarities of family relations, etc.

4. Causes determined by personality factors: lack of responsibility for the child, undeveloped parental skills, respondent's personal story, dependencies, negative habits, life perspectives, plans for the future, etc.

5. Causes determined by adequacy and accessibility of health protection services for women and children: access to health services, quality of health services during pregnancy (registration procedure, frequency of visits to the doctor), access to information regarding particular lifestyle during pregnancy, quality of health services during birth delivery, quality of health services after birth (frequency of visits to the doctor, home visits), health assistance in the first year of child's life, how informed mother is about the ways of giving care to a small child.

We analysed the information collected, which allowed us to outline the causes and circumstances determining most frequently child abandonment at birth:

- **Causes** of abandonment: unplanned pregnancy, lack of support from the family, lack of mother's responsibility for the child, poor financial condition of the family, unstable income, lack of a living place, lack of integrity of health and social services (which favours child abandonment at birth), etc.
- **Circumstances** determining child abandonment at birth: civil status (unmarried, celibate, divorced), unemployment, social integration problems, psycho-emotional tensions in the family, deviant behaviour (prostitution, substance dependence, vagrancy), criminal history, etc.

The study revealed that abandonment at birth is determined by a combination of economic-financial causes (lack of a place to live, insufficient financial resources), psychological causes (lack of responsibility, mother's bonding), relational causes (lack of support from the partner, from family), and educational causes (insufficient sexual education). These causes, in various combinations, are specific for different categories of women abandoning their child at birth.

Application of the **case study** method made it possible to explore the situation of the women who had abandoned children at birth and of women at risk of abandoning. This risk is sometimes expressed in a covert form, of an initial short-term placement of the child in an institution. We studied the life story of women/parents, presence of child abandonment history in their families, peculiarities of the educational process in the family, system of values and significant attitudes. The information reflected in case studies confirms once again the results obtained through other methods of research.

The study envisioned **individual psycho-diagnosis,** through the application of: test self-appreciation of the level of anxiety, by C. Spilbergher and I. Hanina; test of differential diagnosis of depressive state, by Zunghe (adapted by T.I.Balashova); and test of values, by Rochici.

Keeping in mind the recommendations of similar studies performed in other countries, as well as the fact that child abandonment at birth is, as a rule, accompanied by a series of emotional states manifested by the mother at the

moment when she takes the decision to abandon her child, we studied the affective states of the women during this research, where the most significant were depressive and anxious states.

The psycho-diagnosis of depressive states revealed the following data for different categories of women (see table 2):

Table 2
Level of depressive states identified

No. and status of the respondent	No depression	Situational, mild depression	Sub-depressive state/covert (moderate) depression	Depressive state
Women having abandoned child	47%	33%	20%	-
Women at risk of abandoning child	6%	50%	44%	-
Women with low socio-economical status	54%	46%	-	-
Financially assured women	62%	38%	-	-

The testing revealed mild depression among all categories of women, there being different reasons for the depression: women at risk of abandoning, caused by low socio-economic status, show mild depression, determined by the concerns they have about high responsibility for raising and educating a child, which is difficult in the conditions of high poverty among the population. Existence of mild depression among women with higher socio-economical status is determined by high responsibility for child's education, insufficient knowledge and necessary competencies, uneasiness caused by assuming a new social role, etc.

At the same time, the incidence of mild or moderate depression was higher among women intending to refuse a child (at risk of abandoning), rather than among women, who, despite difficult life conditions, take the decision to raise and educate the child in the family.

Special attention should be paid to the variation of information about moderate depression, which is peculiar for women at risk of abandoning, rather than for women having abandoned child at birth. This could be explained by the fact that the woman who abandons the child right away, comes to the maternity hospital with a firm decision. At the same time, the woman at risk of abandoning a child has strong internal contradictions, caused by a strong conflict between her maternal feelings for the child, and the impossibility to raise him/her in family conditions.

Similar studies carried out in other countries underline the importance of the individual approach to women at risk of abandoning a child at birth. In the case of women who had firmly decided to abandon a child at birth, it is not always rational to persuade the woman take the child back home. This is due

to the fact that the woman might develop aggression towards the unwanted child, and there might be an increased risk of the mother acting violently towards the child. If the woman has not taken a final decision regarding the child's abandonment, and is still seeking a solution, it is extremely important that consultative interventions are made, in order to persuade her not to abandon the baby. Apart from this, family support actions must be taken.

The psycho-diagnosis of expressing anxiety by different categories of women showed the following results:

Table 3
Expression of anxiety amongst the evaluated women

No. and status of the respondent	Reactive anxiety			Personal anxiety		
	Low	Moderate	High	Low	Moderate	High
Women having abandoned child	66%	-	-	-	34%	-
Women at risk of abandoning child	17%	-	55%	-	11%	17%
Women with low socio-economical status	-	50%	33%	-	17%	-
Financially stable women	31%	31%	-	38%	-	-

The state of reactive anxiety is expressed through tension, uneasiness, nervousness. The state of personal anxiety is characterised by a consistent inclination of the person to appreciate a wide range of situations as dangerous, and to react anxiously to them. A very high degree of anxiety directly correlates with a neurotic conflict, emotional and neurotic crises, and psychosomatic illnesses.

Anxiety itself is not necessarily considered a negative quality. A certain degree of anxiety is an important and natural feature for any active person. There is an individual optimal level of "useful anxiety".

The study revealed cases of low reactive anxiety among women abandoning children at birth (66%) and at risk of abandoning (17%), which shows that these mothers are indifferent about the children's future, have no attachment towards the children and are irresponsible of their future.

High personal anxiety among a great number of women, regardless of their social status, is caused by an increase of material and financial needs at the moment the child is born –the women become concerned with the child's education and care, which demands additional sources.

The results of the study have replaced the initial hypothesis stating that feelings of depression and anxiety are caused by internal conflict between the mother's feelings for her child and her inability to raise the baby. It was revealed that the internal conflict has to do with spiritual and moral values, rejected by the woman in the process of taking a decision regarding the child. This conflict leads to feelings of despair and disorientation. Two voices can be distinguished in the woman's internal dia-



logue: the first says, "I cannot raise my child for material, social or psychological reasons" (and there are specific reasons invoked in each case). The second voice says, "I can't reject my child." The arguments invoked helped us suggest and verify a new hypothesis about the correlation between the decision regarding the child, taken by the women, and her emotion state at the moment this decision is taken.

In order to identify the reasons of child abandonment at birth, the respondents' **system of values was studied.** The system determines the personality, and stays in the background of the woman's attitude towards the environment, other persons, towards herself. This is the foundation of the concept about the world and the motivational cell or vital activism, the basis of the life concept and "philosophy of life".

Traditionally, the values are classified in two broad categories: terminal values (goals) – when a person is convinced that there should always be a final goal for the existence (list of values No. 1 in Annex 2) and instrumental values (means) – when a person is convinced that there should always be certain mode of action or certain personality quality (list of values No. 2 Annex 2).

The results of the research show the following grouping of **values**, divided into topic blocks, with different categories of women who participated at the research (See Table 4):

Table 4
Hierarchy of values (women included in the study)

Categories of women	Appreciated values	
	Important	**Less important**
Women having abandoned child	- interesting job - productive life - health (physical, mental) - good education - sincerity - capability of being insistent in defending her own ideas and suggestions	- entertainment - good and devoted friends - close physical and spiritual relations with the partner - responsibility - training - joy of life
Women at risk of abandoning child	- health (physical and psychic) - ability to love, raise and educate a child - life in a family - efficient activity - good education - high life requirements, high expectations from life	- freedom - self assurance - pleasure from beauty of nature and art - independence - training - responsibility
Women with low socio-economical status	- self-assurance - happy family life - health (physical and mental) - good education - high life requirements, high expectations from life - care and sensitivity	- development - entertainment - other persons' happiness - sincerity - responsibility - tidiness and ability to maintain in the house, things in order
Financially assured women	- health (physical and mental) - family life - possibility to have and love a child - possibility to perform achievement in different areas - development (physical and spiritual improvement, development of personal abilities) - tidiness, ability to maintain the house, things in order	- entertainment - other persons' happiness - discipline - non-compliance with personal and others' weaknesses - tolerance - independence

Differentiation of values, according to their importance, allowed us to determine the way in which women abandoning the child at birth or at risk of child abandonment express self-protection. For example, the fact that women classify "responsibility" as a less important human value can be explained by denial of this quality, due to the impossibility or incapability of the woman to value and realise it. Psychologically, a person rejects what he/she cannot realise at that moment.

Another example: according to the results of the study, women abandoning a child at birth value interesting things and productive life, considering these important to be realised from professional perspective. Thus, women shift attention from the importance of family life, including of the child, to other values and areas of activity.

Women at risk of abandoning a child value "the possibility to love, raise and educate a child", and "family life", which conflicts with their possibility to realize the feeling of responsibility for the child. On one hand, the woman wants a healthy family life with a child, and, on the other hand, she cannot be responsible for such life, due to various reasons – this is a strong internal conflict, caused by the need to take a decision regarding the child's future.

To compare, we take differentiation of value made by financially stable women. They consider the following values to be important: family life, possibility to have and love a child, possibility to self-realise in different areas, development and improvement of personal abilities, etc.

All these are indicative of the fact that women abandoning a child at birth and those at risk of abandoning do not have a well determined system of values, and that hierarchic listing of values differs in the groups of women who participated in the study.

Based on the results of psychological testing, we drew up the **psychological characteristics** of women abandoning a child at birth or at risk of abandoning. The two categories proved to have different psychological features:

Women abandoning a child at birth are characterised by frequent depressive states, having mild or moderate depression infrequently (compared to women at risk of abandoning a child); relatively low anxiety; lack of internal conflict (due to the fact that they come to the maternity hospital having already made up their mind to abandon the baby); undeveloped system of values; express mechanisms of self-protection, determined by personal unwanted/unaccepted behaviour caused by refusal of the child.

Women at risk of abandoning a child at birth show more frequent mild or moderate depression, compared to the woman abandoning a child; high reactive anxiety, internal conflict and self-protection, determined by the woman's choice and her mental state at the moment she takes the decision; lack of establishment of system of values, due to the incapability or impossibility to realize her own desire to love, raise and educate a child; risk of abandonment sometimes is expressed in a covert form, by initial placement of the new-born baby with short-term care services.

All these data create the necessary foundation for social assistance interventions and for psychological assistance activities that will have to be adapted to each category of women.


BD

Chap. II

QUALITY OF SERVICES OFFERED TO WOMEN AT RISK OF ABANDONING THEIR CHILD AT BIRTH

2.1. SERVICES OFFERED WITHIN MATERNITY HOSPITALS: APPROACHES AND SUGGESTIONS FOR IMPROVEMENT

The study assessed the quality of services offered within the selected maternity hospitals. The following points were highlighted:

- All the maternity hospitals offer health protection services, according to the standards set up for obstetrician health institutions;
- Specialised services – psychological, legal, social assistance – are offered only in Maternity Hospital within Chisinau Centre Mother and Baby;
- Specialised services – psychological and social assistance – are offered in Chisinau Municipal Perinatalogical Centre, within the project implemented by NGO "Progress through Alternatives".



Medical staff in the maternity hospitals (having different qualification levels) receive a variety of training in health protection area. At the same time, they expressed an interest in receiving training on issues of interpersonal communication, communicating with women in crisis situation and suffering from post-natal depression, a general overview of social assistance system and methods of handling cases of risk of child abandonment at birth.

Specialised services – psychological, social assistance, legal services – are offered only within **Chisinau Mother and Baby Unit.** The specialists in these areas work in compliance with the job descriptions developed and approved by the administration of the institution.

Apart from the standard professional duties, a **social assistant** must work on prevention of child abandonment, as well as on preservation of mother's and child's health. Consequently, in the case of a mother who is still legally a minor, the social assistant informs the parents or close relatives about the birth. S/he then works with young mother's family, explaining how important it is that the child grows and develops in his biological family; collaborates with Placement Centres for young children and Maternal Centres, for the placement of the mother and the baby; works with single mothers, with women from vulnerable families, in order to prevent child abandonment; performs awareness activities among women/parents, regarding the risks and impacts of abandonment on mother's and baby's health, the importance of a favourable family environment for the development of the newborn, etc.

The **psychologist** has an important role in the work with the woman and her family, for the prevention of psychological problems that might affect the relation between the mother and her baby. Among the main duties of a psychologist are: offering psycho-emotional orientation to pregnant women before child's birth, encouraging the woman's partner to participate at delivery and to raise the child in the future, offering psychological counselling to mother and her family in case of an unwanted child, in order to prevent child abandonment at birth, etc.

The **lawyer's** professional duties within the health institution are: to offer legal assistance to pregnant women, to children in difficulty; to integrate and transfer children deprived of parental care or children abandoned in placement institutions, filing the child's case; to inform, within 10 days, Chisinau Municipal Directorate for Child Protection (hereinafter MDCP), about children deprived of parental care or children abandoned in the institution; to register and review the petitions submitted by the patients who request a termination of the pregnancy.

Apart from the main health protection work duties of the **midwife** in obstetrics section, established in the institution mentioned above, this person has to offer psycho-emotional support to the woman during delivery; to assure contact between the newborn, mother and family; to assure the function of the "bonding chain"; to assure that the mother breastfeeds the baby in the first 30 minutes after birth; to care for newborns, etc.

Women and their families do not benefit from the services of a social assistant, psychologist and lawyer in **Chisinau Municipal Perinatalogical Centre**, as these specialists are not included in the institution's payroll.

This institution used to offer psychological and social assistance services between 01.05.06 and 30.12.06., within the project "Medico-social support for maternity hospital", implemented by "Progress through Alternatives". 54 pregnant women and mothers from socially vulnerable families, and 72 newborns benefited from the following services within the project:

- Material and financial support
- Referral to the Centre for Family Services of the Association "Amici Dei Bambini", for material and financial support, with ongoing monitoring (three women)
- Referral of three families with disabled children to the Centre for special care "Voinicel", for treatment and rehabilitation
- Counselling of women (pregnant, mothers) on social protection for pregnant women and women with newborns, especially in terms of benefits for families

These activities helped to prevent three cases of child abandonment, of six cases identified; prevent five cases of child abandonment at birth, of eight identified; solve two cases of violence in the family, of five cases identified, with referral of three cases for specialist help.

The experience described above represents a new model of medico-social approach to cases of risk of child abandonment, which proved to be efficient and useful. At the same time, the fact that the specialists mentioned above are not included in the institution's payroll makes it impossible to assure sustainability of the developed services.

In **Ungheni Rayon Maternity Hospital,** women get only standard health protection services; no other types of services, needed to solve issues of social vulnerability, are delivered in the institution. Cases of child abandonment at birth are reported by maternity hospital's paediatricians to the specialist in child protection of Rayon Department of Education, Youth and Sport, who, in turn, applies the procedures stipulated in the existent legislation.

All the focus groups invoked the need of psychological, legal and social assistance services to be delivered within all maternity hospitals. At the same time, just physical existence of these specialists in obstetrics institutions would not be sufficient to change the situation. It is extremely important to develop networking with relevant structures and institutions, as well as to train the specialists in solving child abandonment at birth issues.

To form a general idea about the condition of different rooms and spaces within the investigated maternity hospitals (wards, medical staff offices), availability of equipment, furniture, commodities, as well as to see what are the conditions of dependencies, **the method of observation** (pathway: institution – two maternity hospitals) was used.

The pathway of the maternity hospital within Chisinau Mother and Baby Unit demonstrated the following:

Initial examination section:

Maternity wards are painted in sombre colours, the glazed tiles are old, furniture is old and in poor condition, equipment is donated and only strictly necessary items are available, there are no conditions for privacy, an impression of physical uneasiness is created.

The post-natal ward for HIV/AIDS positive women is an extremely small room, with two big beds with worn-out mattresses, bare walls, a dark, concrete floor, no curtains or blinds to offer privacy, and no other type of furniture or equipment.

The WC and toilet in the corridor are small and uncomfortable rooms with a basin, toilet and small bath. There is no hot water.

The offices of the medical staff have quite modest furniture and refurbishment.

The eight pre- and post-natal wards

are quite big. There are two beds for adults in each ward – one for a woman, the other for her partner / husband. The ward is equipped with the necessary items, almost all of which are donated. There are blinds on the windows.

The delivery wards are quite big, designed for one woman. They are modestly furnished, and although the wall tiles are old, the conditions are adequate and the standard of cleanliness good. The washrooms here are identical to those described above.

Pathway of Ungheni maternity hospital

All maternity wards are recently renovated, are modestly furnished, with only strictly necessary items, that are quite old, the comfort is limited. Surgery and intensive therapy for children wards are refurbished and equipped with donated items.

The washroom has no hot water, but is clean and adequately equipped.

Staff offices are provided with only strictly necessary furniture and a TV, and have carpet on the floor.

Thus, the physical conditions in the maternity hospitals under observation are within the limit of strictly necessary things, modest, but maintained quite properly. It should be mentioned that the medical and auxiliary staff make great efforts to maintain the rooms and the equipment.

At the same time, the wards for HIV/AIDS positive women and for the women coming from socially vulnerable families are in a deplorable condition and are equipped much worse than the other wards.

Quality of services, offered within the maternity hospital, as seen by different groups of respondents.

Women consider that the conditions in the Maternity within Mother and Baby unit are acceptable – "the admission is OK, the staff are caring, compared to staff in rayons, where they sometimes insult women and call them hurtful names."

The conditions in the wards were said to be adequate. At the same time, the women mention the need to provide the wards with furniture for personal things, to provide more comfortable beds and mattresses. There is lack of hot running water.

Food supply is at the minimum level of acceptability, and is mostly porridge, tea, bread and butter. Women stressed the need for better nutrition, especially for breastfeeding mothers.

The medical staff within the maternity hospital give new mothers information about how to care for their babies at a basic level, and the mothers are satisfied with this level of service.

The study has reinforced the position that the women's aspirations regarding the improvement of assistance conditions within the maternity hospitals depend on their life standards – the higher the life standard and the wealthier the woman is, the higher are her expectations from the conditions provided in the maternity hospital. In the same context, according to the results of the study, women with lower socio-economical status are generally satisfied with the conditions and services provided in the maternity hospitals.

Maternity hospital staff mentioned the need to equip separate ward compartments with shower, WC, hot running water, furniture for women and children (beds, wardrobes, etc). They also mentioned the need to improve the quality of food supply to women.

Chisinau MDCP specialists believe that the employment of a social assistant, psychologist, lawyer in each maternity hospital is crucial. The women's psycho-emotional condition depends to a great extent on the person

meeting the woman who comes to give birth, as well as on the quality of communication with the woman, support and protection offered in order to maintain the child in the family.

In order to assure collaboration between the specialists from maternity hospital and Municipal Directorate, in cases when there is a risk of child abandonment at birth, a suggestion was made that the specialists (social assistant, psychologist, lawyer) should be employed by the Directorate.

Based on an analysis of different opinions regarding the possibility to improve the services offered to women within maternity hospitals, designed to prevent child abandonment at birth, the following suggestions were formulated:

Suggestions for the improvement of services and conditions provided in maternity hospitals, as seen by groups of respondents:

Medical staff (Chisinau Maternity Hospital within Mother and Baby Unit), mentioned the need to establish relations of collaboration between maternity hospital services and community structures empowered with solving child and family related problems: Chisinau MDCP, Social Assistance and Family Protection Departments, "Materna" Centre, "Marioara" Centre, "Vatra" Centre, etc.

Suggestions regarding the improvement of physical conditions in maternity hospitals were made: to create separate wards, equipped with shower, WC, having hot running water, quality furniture, to offer better food. Also, it was suggested that the period when mother and baby stay in the hospital is extended, in the case of risk of child abandonment. This extension would favour development of attachment between mother and her baby.

Women mentioned the need to improve physical conditions in the maternity hospital: hot running water; better food (especially for breastfeeding mothers); better, more comfortable mattresses and beds; TV, radio, tape-recorder in the ward ("otherwise you have to stare at the walls or the ceiling" – women in Ungheni); washbasins and showers in each ward.

Moreover, the women made recommendations to improve the quality of services offered in maternity hospitals: when leaving hospital, women should be given information on caring for their baby and their own health; psychologists should work with mothers at risk of abandoning their babies, with their partners and parents.

At the same time, the women made some suggestions that, in their view, would favour psycho-emotional wellbeing at birth: the partner should be allowed to be present at the birth; women should be able to use a telephone in order to maintain contact with their family.

Specialists from Chisinau MDCP mentioned the need to install the position of a social assistant, psychologist, lawyer in all maternity hospitals. Theses specialists would work on preventing child abandonment at birth and risk of child abandonment at birth. To assure collaboration between specialists in cases of child abandonment at birth and in the risk of child abandonment at birth, the specialists should be nominated to work within maternity hospitals, but be employed by MDCP, and, consequently, be monitored by the Directorate. Existence of such inter-departmental teams of specialists would ensure the quality of support offered to families, as well as keeping the child within his/her family.

2.2. COMMUNITY SERVICES FOR CHILD ABANDONMENT AT BIRTH PREVENTION: APPROACHES, SUGGESTIONS FOR IMPROVEMENT

In this section of the study we intended to identify and describe existing community services, oriented towards offering support to women/parents at risk of abandoning their children at birth, as well as existing services the prevention for child abandonment.

At community level, there are Directorates of Social Assistance and Family Protection, offering social assistance (in the form of material support and/or social services) to families in difficulty. Cases of child abandonment at birth are not a priority for these local structures. Such cases are examined by specialists, but sporadically. There is no system of work for the prevention of child abandonment at birth, where the beneficiaries would be registered with social assistance department. Moreover, no collaboration is established between community medical structures and social assistance and child protection institutions, which would ensure a holistic approach to the problem of child abandonment at birth.

This is a typical situation for all areas of Moldova. Only Chisinau Municipality can be considered an exception.

Chisinau MDCP works on preventing abandonment of young children, especially concentrating on those at risk, registered with the Directorate (graduates of residential institutions, minors with deviant behaviour, and women at risk, having abandonment history).

Analysis of MDCP experience in this area demonstrates that in the vast majority of cases the specialists of the Directorate work on child abandonment cases post facto. As a rule, MDCP registers women after they give birth. Pregnant women do not normally get in the view of the guardianship authority. At community level, there is no well determined identification system for cases of child abandonment at birth. Consequently, there is no integral system for prevention of child abandonment at birth that would cover activities performed at different levels and stages through which a women moves within the network of medico-social services: at the level of prevention and case resolution; within medical, social and educational services offered to different categories of beneficiaries – young persons, women, families, couples, etc. At the same time, there is no unified system of case referral that would allow maintaining the women/families at risk of abandoning a child in the view of specialists.

Based on the analysis of different opinions regarding the opportunities for the improvement of the quality of services offered to women at community level for the prevention of child abandonment at birth, the following suggestions were formulated:

Suggestions for the prevention of child abandonment at birth, made by groups of respondents:

A vast majority of the suggestions made by **women after birth delivery,** concern an increase of financial support offered to women after a baby is born: increase the indemnity for newborn children, women propose different

sums – between 400 and 1000 lei, depending on the area they live in; in villages the necessary sums would be lower (300 – 500 lei per month), whereas in towns this support should be bigger – 1000 lei per month for children up to 1 year of age; benefits for newborn children should be awarded before birth, for the family to be able to buy necessary things for the baby; offer necessary material support for women with children.

The questioned women understand the need for educational activities to prepare them and their families for the birth of a child: development of a psychological service for the parents during the peri-natal period; development of a feeling of responsibility among women; implementation of educational activities in schools, in terms of family planning, sexual education.

At the same time, the women made essential suggestions regarding improvement of the quality of health protection services in the community (general): family doctors should be prepared to work with cases when there is a risk of child abandonment at birth; increase the access of pregnant women to health services that are, as a rule, delivered in rayons, far from the places where women live, and, therefore, are difficult to be accessed.

In this group of respondents, suggestions were made in terms of the need to perform activities that would change the mentality and attitudes, both, of the general public, and the administrative structures responsible for the support of women/families, regarding the women in difficulty and their needs: change of the government's attitude towards vulnerable women (Ungheni), in order to increase the support for them in raising and educating their children; consolidate the network of support for mother and child, offered by parents, communities, government.

Medical staff and specialists within maternity hospitals mentioned the need to increase the women's access to general health protection services offered in the community. In this context, it was considered vital that work is performed with family doctors, medical staff from the place where women live, in order to identify and support women at high risk of child abandonment. Suggestions were made to create temporary placement centres in the areas of women's origin, for mothers and babies, in order to deliver (secondary) preventive services for cases of child abandonment.

The medical staff consider it vital that some measures are taken to make women responsible for their decisions regarding their children. At the same time, it is very important to work with the woman's extended family (parents, relatives) and with the partner, to maintain the child in the family.

As it was also mentioned, it is essential that basic material support is offered to mothers in financial difficulty (diapers, baby's dummies, baby clothes, transport expenditures), which would diminish the stress in families, caused by the incapability to meet young children's needs.

Finally, the medical staff consider that a priority activity would be to raise public awareness for the change of mentality of the whole society regarding the phenomenon of child abandonment at birth.

MDCP specialists mentioned the need to organize preventive work on child abandonment at birth in different social institutions – church, health protection associations, NGOs working with families/women, penitentiaries, etc. A useful suggestion was made to create actives of women in communities, able to identify and offer support to women at risk of abandoning a child, and to inform authorities in charge of the issue, upon families/existing

situations/potential situations of risk of child abandonment. At the same time, these actives of women could perform different activities of informing and raising the awareness of young people in order to prevent the phenomenon of child abandonment.

Specialists within Chisinau MDCP, public awareness campaigns are extremely useful in preventing child abandonment at birth. Another extremely useful way would be to create a phone counselling service (hotline), to inform upon and solve cases, especially the ones involving unplanned pregnancy.

Also, the need to modify the existing legislation was mentioned, so that women have a longer period before they take a decision of abandoning their babies (up to two months), which will make it possible to work with the woman and her family, for the prevention of child abandonment at birth.

In this group of respondents, the stress was laid on ways of child abandonment prevention before the case riches the maternity hospital. Apart from this, the need was mentioned to create a new system of referring cases of risk child abandonment at birth, from maternity hospitals to community services, for further supervision.



GENERAL CONCLUSION

EXISTING SITUATION AND TENDENCIES OF THE PHENOMENON OF CHILD ABANDONMENT AT BIRTH

The phenomenon of child abandonment at birth is widespread in Moldova, and is practically not monitored. That is why causes and factors leading to abandonment are unknown.

This phenomenon is continuously increasing, despite medico-social services created at central level. The study has revealed sparse knowledge and poor awareness of the phenomenon of child abandonment at birth, and it is attended to extremely generally and simplistically.

The definition of **abandoned child** is 'a child whose biological parents refuse to fulfil their responsibilities of offering care and meeting the fundamental needs of child's development, separating physically from him / her, before this responsibility is undertaken by an institution in-charge' (the situation of child abandonment in Romania, UNICEF, 2005).

Generally speaking, in the mentality of the local population, the child is not viewed as having central vital value. This mentality favours the development of a permissive attitude towards the expression of different forms of abuse and violence against the child. At the same time, communities consider abandonment less important than other social issues.

A key problem in dealing with this phenomenon continues to be the establishment of indicators of child abandonment. The majority of research mentions general indicators determining child abandonment: financial, family, personality aspects. At the same time, it is extremely important to develop indicators that directly show the risk of abandonment: the woman is not registered, hides pregnancy, gives birth away from her home community, avoids relations with her family, etc.

Currently, the role of family doctors in monitoring women's health, especially reproductive health, is insufficient. Health is not considered to be important, and the population is generally indifferent to its own health – in terms of nutrition and general self-care. As a result, the percentage of population in need of health services is greater than the figure estimated in accordance with the standards accepted in economically developing countries.

Also, the moment of early identification of child abandonment, before the child's birth, continues to be uncertain. It is important to know this moment, in order to focus correctly the efforts of child abandonment prevention. Early identification of the risk of child abandonment may be realized by family doctors, social assistance services, who can perceive the risk of abandonment, due to the fact that the majority of socially vulnerable women benefit of social assistance services.

CAUSES OF CHILD ABANDONMENT AT BIRTH

The study revealed the main causes of child abandonment at birth. It was confirmed that child abandonment at birth is determined by a combination of financial (no place to live, lack of money), psychological (absence of women's responsibility, of maternal feelings), relational (absence of family support), and educational causes (lack or absence of sexual education). These combined causes vary with different population groups.

Differences in approaches to the main causes of child abandonment at birth were perceived among different groups of respondents. Thus, the economical-financial situation was not perceived by some women as the main cause of abandonment, whereas it was more important for them to be supported by the family and partner. At the same time, according to the opinion of maternity hospitals specialists, the main causes of child abandonment at birth are: financial situation of women/parents and easy access to abandonment procedure, as stipulated in the existing legislation.

Target groups also showed different representations regarding the minimum of financial resources that could be considered sufficient to offer care to a newborn child. According to the opinion of women, mainly from rural area, in order to prevent child abandonment at birth, the woman needs a monthly income of about 200 – 300 lei, whereas medical staff consider this sum should vary between 1000 and 2000 lei.

The decision of child abandonment is strongly determined by the opinion of the community (firstly, of the village). This is why women intending to abandon a child at birth choose to give birth in Chisinau. This allows them to keep their pregnancy and birth delivery in secret, and to avoid remorse's caused by accusations made by their relatives. To do this, women come to Chisinau before time, live with their close friends, until the child is due. Thus, avoiding and escaping irrelevant "complications", women solve their problems related to the education of a child, facing socio-economical conditions and being rejected by the members of their extended families.

In the case of some women, the decision to abandon a child was suggested by medical staff, mainly by family doctor – the first contact person for the pregnant woman.

The results of the study show that lack of coordination and integrity of medical and social services at community level favours child abandonment at birth, in the virtue of the fact the woman at risk does not always receive necessary support and assistance to solve her problems.

THE SOCIAL AND PSYCHOLOGICAL CHARACTERISTICS OF WOMEN ABANDONING THEIR CHILDREN AT BIRTH OR AT RISK OF ABANDONING

Particularly interesting is identification of social factors and psychological peculiarities of persons causing child abandonment at birth. Young women do not yet have clear vision regarding long-term consequences for the child abandoned at birth, and for their own psycho-emotional condition. Very often they are confused about the motivation of abandoning the child, and very quickly change their decision. Being in a difficult situation, financially and relationally, they often solve the problems of raising the newborn child by avoiding their parental responsibilities.

The study allowed us to establish three **categories** of women, with different risk of child abandonment at birth. Differentiating them is important for correct organization of preventive measures in the case of child abandonment: high risk (when the petition is submitted to maternity hospital lawyer), covert/ camouflaged risk (a petition for temporary placement of the child), and potential risk (caused by difficult socio-economical conditions).

Based on the study performed, it was possible to make the social and psychological characteristics of the categories of women mentioned above.

Social characteristics of the women abandoning a child at birth and at risk of abandoning is characterized by the following features: "a young woman, up to 25 years old, single, first child, unplanned or hidden pregnancy, mainly from rural areas, who was not registered with a doctor, in deep need of being supported by close persons (parents, partners)".

Psychological characteristics of the woman who abandons a child at birth – **the woman** shows no depressive conditions, and, rarely, manifests slight or medium depression, compared to women at risk of abandoning a child; low reactive anxiety; no internal conflict, due to the fact that she comes to the maternity hospital having taken a firm decision to abandon the child; undeveloped system of values; shows self-protection mechanisms, caused by her own unwanted/unaccepted behaviour (refusal of the child).

Psychological characteristics of the woman at risk of abandoning a child at birth – the woman expresses mild or moderate depression more frequently, compared the women abandoning children at birth; high reactive anxiety; internal conflict, caused by her choice and spiritual condition at the moment of taking the decision; no system of values developed; expressing of self-protection mechanisms, due to incapability or impossibility to materialize her desire to love, raise and educate the child; risk of abandonment is expressed sometimes in covert form, by initial placement of the child with temporary care services.

QUALITY OF SERVICES OFFERED IN MATERNITY HOSPITALS

During recent years, in Moldova some actions have been taken for the improvement of the existing legal framework in social protection, but, presently, families having psycho-social problems during pregnancy and after-birth period continue to have limited access to health and social assistance services, by virtue of numerous factors.

Up to now, the social component of the medical act has not been studied and sufficiently supported in the national public health service; as a result, solving the psycho-social problems faced by pregnant women and mothers in difficulty is mainly the duty of medical workers, who, clearly, do not have the necessary abilities and do not know specific aspects of social assistance.



The area of medico-social services in perinatology is under-realized in the conditions of Republic of Moldova. Neither the existent system of public health, nor the system of social assistance, can presently offer adequate medico-social support programs in situations of risk of child abandonment at birth, due to some objective reasons, main of which are lack of government's financial opportunities and high level of vulnerability of the population, especially among people of reproductive age.

Women's aspirations regarding the conditions of assistance in maternity hospitals correlate to the level of wealth – the more financially assured the women are, the higher are their demands regarding the conditions in maternity hospitals. In this respect, the results of the study demonstrate that women with lower socio-economical status are generally satisfied and contented by the conditions and services they get in maternity hospitals.

It is worth mentioning that the medical staffs do not get proper training in communication with women at risk of abandoning and women in crisis situation.

SERVICES OFFERED AT COMMUNITY LEVEL

Presently, there are no specialized services in Moldova for abandonment prevention and for the assistance of women at risk of abandoning, except some maternal centres in Chisinau and some other localities across the country. The services mentioned above are residential, having very low capacity and do not manage to cover all the needs of women at risk of abandoning children, nor can they react to the number of requests.

This situation, combined with the multifactor features of the phenomenon under discussion, confirms the need of diversifying the services for child abandonment prevention and of improving the existing services, placing these services in the community, closer to the beneficiaries. The maternity hospital has an important role in preventing child abandonment at birth within the system of community services. In the case of maternity hospital, it would be possible to offer a wide range of health protection, psychological, social services, that would intervene at the most crucial moment, when the decision is taken to abandon the child. The need of complex evaluation of the clients' needs was confirmed, in order to determine the degree of vulnerability, and, respectively, to develop an action plan for support and assistance.

The study revealed a lack of continuity in the process of pregnant women's advancing through the system of health protection services (registration, medical checks during pregnancy, health protection services in the after-birth period), offered, as a rule, by different medical workers. This does not stimulate continuity in health assistance, and does not make it possible for the medical staff to stimulate mothers in developing affection towards their children.

Collaboration between the services offered within maternity hospitals and community services leaves much to be desired. The cases are virtually not monitored; no efficient mechanism has yet been created for the referral of cases from the maternity hospitals to community support services, in the situation when the woman decides to take the child home. Moreover, especially in the case of children abandoned in Chisinau municipality, they are not referred to the place where their parents live, and stay to be "the children of the municipality". Referral of the children abandoned in the capital to their original communities would make the latter responsible for the care of abandoned children and will stimulate them in developing efficient preventive measures for situations of child abandonment at birth.

The public opinion survey on causes of child abandonment at birth revealed some specific representations. The results demonstrate a shift in social attitude towards single mothers – from accusations to tolerance and acceptance. The wider public expressed disagreement with the opinion that if a woman is infected by HIV/AIDS, this can determine the society to reject her. The population, generally does not agree with the supposition that the medical staff might suggest the mother/parent idea of abandoning the child at birth, and that the clinical conditions before birth might determine the child's abandonment in the maternity hospital. At the same time, the majority of people accept that insufficient support offered by the government could be an incentive for the abandonment of young children.



RECOMMENDATIONS

Prevention of child abandonment at birth depends on a timely and thorough evaluation, and holistic addressing of women's needs, which can be complex. The activities of risk prevention must be based on collaboration between the key participants in the process: the family doctor, who knows the family and its problems; the social assistant, who keeps records of the families/women at social risk; and the guardianship authority, which understands the situation of vulnerable children and keeps records of abandonment history.

It is important that preventive activities reflect the different types of risks. In the case of covert/camouflaged risk (when a petition is submitted for the child to be placed within a placement centre for a period of six months), it is essential that the specialists in charge of the case obtain the mother's agreement to inform the extended family, and to work for the child's reintegration with his mother. In the case of high risk (a written petition is submitted to the lawyer), it is not always rational to insist that the mother change her opinion to abandon the child, as she might consequently be at a high risk of later abandonment or abuse. When a woman decides to abandon her child as soon as she realises she is pregnant, it is important to support the woman to give birth to a healthy baby.

The study has outlined the need to create a service with the potential of preventing child abandonment at birth, including the following:

- phone counselling (hotline) for teenage and young women
- health educational programs
- community-based activities led by women, providing information and support to vulnerable women
- employ a social assistant at community level, to identify women/families in difficulty and to offer them the necessary support to overcome the risk
- create mechanisms of collaboration between the relevant authorities at community level

SUGGESTIONS FOR IMPROVING THE QUALITY OF SERVICES OFFERED IN MATERNITY HOSPITALS

All those who participated in the research mentioned the need to install in maternity hospitals specialised services for social assistance, psychological and legal consultation. Appropriate support during the critical period of abandonment could, in some cases, enable to woman to review and change her initial decision. Participants emphasised the importance of a psychological consultation service for women/families and for medical staff. Psychological counselling should be based on common features identified in different categories of women abandoning their children and at risk of abandoning.

In order to improve the quality of services offered in maternity hospitals, medical staff should be trained in communication, in developing tolerance and tackling discrimination towards women at risk of abandoning a child; as well as developing some work techniques that would contribute to the formation and consolidation of attachment between mother and her baby. At the same time, the need was mentioned to create a recreation room for the medical staff, and training them in relaxation techniques and tools. The recreation room could also be used for women.

To ensure a sustainable approach to women at risk of abandoning children at birth, it is essential to develop a mechanism of collaboration between medico-sanitary services of maternity hospitals and social community services that could intervene before the child's birth.

The study highlighted some suggestions regarding the improvement of conditions and services within maternity hospitals. The most frequent proposals made by women include hot running water, sanitary units within each ward, adequate food supply, separate wards for single mothers and couples, comfortable furniture and supplies for babies (diapers, clothes).

In order to build the attachment between mother and baby, it was suggested that mothers should spend longer in the maternity hospital, and should then be transferred to a placement centre. The duration of her stay at the placement centre would depend on the availability of relevant services in the area.

SUGGESTIONS FOR IMPROVING THE QUALITY OF SERVICES AT COMMUNITY LEVEL

At community level, prevention activities should be carried out through schools, polyclinics, hospitals and maternity hospitals. General information programmes should be adapted to suit the needs and concerns of different groups of people. Child abandonment at birth should be focused, first of all, on active involvement of the family doctor, who is the first point of contact for vulnerable women at risk of abandonment.

Abandonment can be prevented by the timely identification of risk factors, through social assistance services, and, when necessary, through short-term material support.

It is extremely important to expand and diversify the network of medico-social assistance to families / women with various issues, offering them a range of services – from general to specialised.

General awareness programmes that cover a wide range of topics can be extremely effective. These topics may vary from adopting a healthy way of life, to courses for future mothers, where the stress is laid on the women's psycho-emotional development. These programmes are currently widespread at country level. It is important that perinatal consultation services are developed for groups with high risk of child abandonment, in order to encourage parents to take responsibility for their babies' and to increase the age at which women first become pregnant. We believe that the Family Planning Centres are not currently being used to their full potential, and that they should focus on the prevention of unplanned pregnancies, and on working with people at high risk.

In terms of specialised services, temporary centres for mother-and-baby couples, centres for young children, social apartments and foster care services for mother-and-baby couples are currently available. Currently there are only foster centres in Moldova, and the foster care service, developed only for children, could be extended for mother-and-baby couples. Social apartments would be a useful service for mother-and-baby couples, and might offer a higher degree of independence to mother/parent. They could be used mainly for mothers with high degree of responsibility.

It is also important to improve existing social services in the country, introducing, first of all, an efficient case monitoring system, consolidating partnership relations between governmental community-based services (social assistance departments, child's rights protection specialist from department of education, employment office) and services offered by non-governmental sector. These partnership relations could be improved by the development of unified schemes/mechanisms of intervention in the case of child abandonment risk, involving existing specialists and community services. Thus, the principle of networking between social organisations and institutions will be realised.

Ultimately, if prevention work is to be successful, communities must take responsibility for educating children and supporting mothers / families. We believe that this could be realised by developing a mechanism of transferring the child abandoned at birth to the rayon, while women at risk of abandonment must be included in the system of social and health protection services offered in their communities.

The psycho-social characteristics of women at risk of child abandonment, determined within this study, allowed us to specify the social and psychological peculiarities of different categories of women at risk of abandoning their children. These findings helped us draw the conclusion about the need to deliver personalised services. Personalised social and psychological assistance services are decisive in reducing the risk of child abandonment in families with severe psycho-social problems.

Consequently, intervention strategies must be concentrated on the needs of specific categories of beneficiaries: women at risk, women with unplanned pregnancies, mothers with newborns who are at risk of abandonment. These women need prompt and adequate medico-psycho-social assistance for the prevention or mitigation of individual or family psycho-social problems.

The personal support offered to women/families facing such problems during pregnancy and after birth will contribute to the reduction of the risk of child abandonment, as well as of other complementary risks.

SUGGESTIONS REGARDING THE IMPROVEMENT OF NATIONAL LEGISLATION IN THE AREA

Following analysis of the legislation relating to abandoned children, we believe that the primary needs are to review the procedures of abandonment integration, and to define the status of abandoned children. In other western countries, fathers are legally obliged to take an active part in child-rearing.

It is important to create a national and local system of data collection on causes of child abandonment, as well as an analysis mechanism, through a comparison of statistical information, in order to test it and develop family policies.

SUGGESTIONS REGARDING A SHIFT IN PUBLIC OPINION REGARDING CHILD ABANDONMENT

In order to change public opinion regarding women at risk of abandoning their children, it is important to plan and implement campaigns raising the awareness of the public on problems faced by women/families in difficulty. These should cover causes of child abandonment, protective measures, etc.

Annex 1

OMNIMAS Service– Presentation

OMNIMAS research service consists of opinion surveys that are performed once in three months, on a national representative sample of about 1100 persons. OMNIMAS is a practical and efficient way to collect high quality data on the dynamics of opinions, attitudes and motivations of consumers from Republic of Moldova.

The questionnaire used in this study is structured in two sections:

Section 1.

- **OMNIMAS Socio-Political Survey (OMNIMAS SPS)** – contains a set of standard questions about the general directions in the evolution of Republic of Moldova: life standard, work of central public institutions, popularity/credibility of politicians, voting intentions, other actual topics.
- Allows the observation of the dynamics of opinions, attitudes and motivations of citizens of Republic of Moldova.

Section 2.

- OMNIMAS Divers – in this section, firms, institutions, NGOs, physical entities, any person wishing to ask questions to a national representative sample of population can participate.
- Consultation/assistance is offered in formulating the questions that best meet the client's objectives.
- In the case of these questions, the results are communicated only to the client, who becomes their exclusive proprietor.
- At each wave of measurement, a possibility is offered to two companies/organizations/NGOs to introduce, for free, a question of national interest, and the results are made known to the public.

Methodology:

- **Sample:**
stratified, probabilistic, tree stages
- **Volume of the sample:**
1250 persons, 15 years old and more

Stratification criteria:
12 administrative-territorial units (ATU), residential area (urban-rural), size of urban localities (4 types), type of rural localities (commune/village)

- **Stages of randomization:**
Area (76 selected localities, 238 sampling points), Household/Family, Person
- **Representability**:
the sample is representative for the adult population of the Republic of Moldova, except Transnistria;

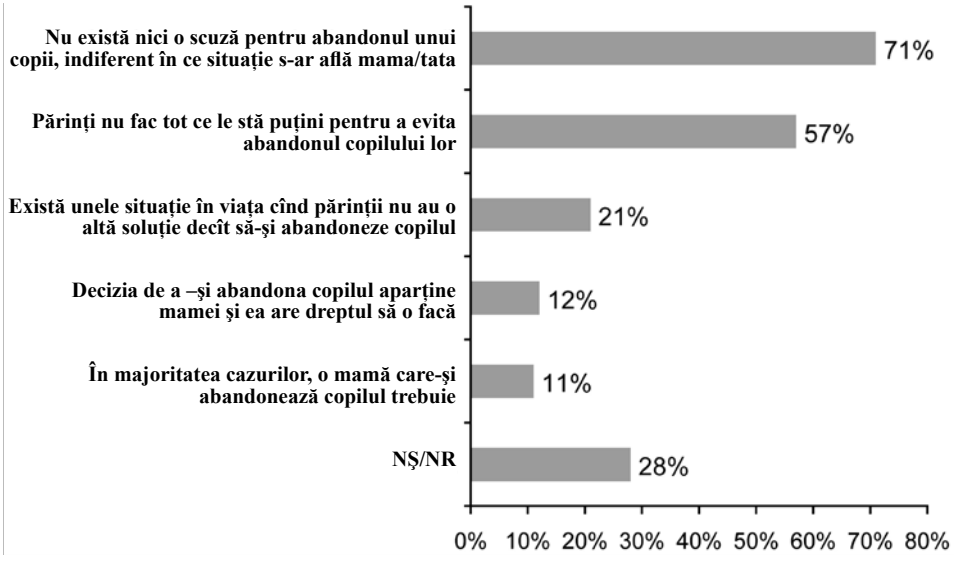
maximum sampling error is ± 2.9%

- **Interviews:**
were held at respondents' homes, by 53 operators from IMAS-INC network, in Romanian and Russian languages
- **Period of data collection:**
February – 19 June 2006

• **Sampling structure:**

Variable	Group	No of persons	Percentage
Sex	Male	534	43,0%
	Female	716	57,0%
Residence Area	Urban	508	40,7%
	Rural	741	59,3%
Age, years	15-19	135	10,8%
	20-29	227	18,1%
	30-44	287	23,0%
	45-59	327	26,2%
	over 60	274	21,9%
Education	Incomplete secondary	338	27,1%
	Secondary or Vocational school	458	36,6%
	High school, post-high school	191	15,3%
	Higher education	244	19,5%
	No response	19	1,5%
Nationality	Moldovan/Romanian	951	76,1%
	Russian	86	6,9%
	Ukrainian	106	8,5%
	Other	88	7,1%
	No response	18	1,4%
TOTAL		**1250**	**100%**

• **What do you think of parents abandoning their children at birth?**[1]

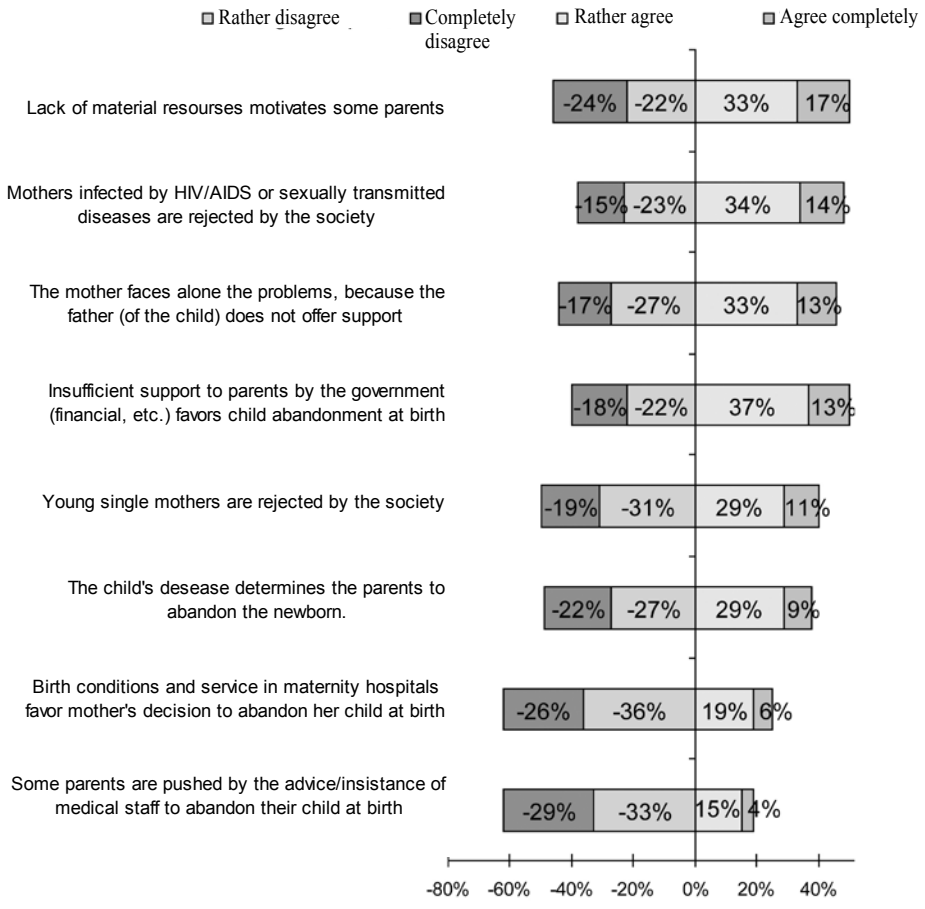


[1] Two answers were registered for each respondent

Variable	Group	There is no excuse for abandoning a child	The parents do not do all they can, in order to avoid abandoning their own child	The decision to abandon the child is taken by the mother, and she has to do so	There are life situations when parents do not have another way out, than to abandon their child	In the majority of cases, a mother abandoning her child has to be understood and not accused
Sex	Male	72%	57%	11%	19%	12%
	Female	71%	57%	13%	24%	11%
Age, years	15-19	68%	52%	15%	29%	14%
	20-29	73%	58%	9%	21%	12%
	30-44	75%	57%	13%	19%	11%
	45-59	72%	57%	11%	23%	10%
	Over 60	66%	58%	14%	21%	9%
Education	Secondary incomplete studies	69%	55%	13%	22%	12%
	Secondary or Vocational school	72%	58%	12%	21%	12%
	High school/post high school	69%	60%	9%	24%	6%
	Higher education	74%	55%	15%	22%	11%
Nationality	Moldovan/Romanian	71%	59%	13%	22%	11%
	Russian	69%	49%	9%	27%	9%
	Ukrainian	65%	47%	13%	26%	20%
	Other	84%	51%	8%	14%	6%
Residence area	Urban	71%	54%	12%	23%	10%
	Rural	71%	59%	12%	21%	12%
TOTAL		**71%**	**57%**	**12%**	**21%**	**11%**

Society

• In Moldova, some parents abandon their children at birth. To what extend do you agree or disagree with the following statements?



Variable	Lack of material resources determines some parents to abandon their child at birth	Completely disagree	Partly disagree	Partly agree	Completely agree
Sex	Male	20%	23%	32%	18%
	Female	27%	21%	32%	16%
Age, years	15-19	25%	23%	28%	16%
	20-29	23%	23%	26%	22%
	30-44	23%	18%	38%	18%
	45-59	26%	25%	30%	16%
	Over 60	22%	23%	34%	12%
Education	Secondary incomplete studies	24%	25%	31%	15%
	Secondary or Vocational school	20%	23%	35%	16%
	High school/post high school	26%	19%	33%	17%
	Higher education	30%	20%	27%	19%
Nationality	Moldovan/Romanian	23%	22%	33%	17%
	Russian	24%	30%	26%	10%
	Ukrainian	15%	26%	38%	14%
	Other	44%	13%	18%	22%
Residence area	Urban	23%	25%	31%	16%
	Rural	24%	21%	32%	17%
TOTAL		**24%**	**22%**	**33%**	**17%**

Variable	Young single mothers are rejected by the society	Completely disagree	Partly disagree	Partly agree	Completely agree
Sex	Male	17%	31%	32%	8%
	Female	21%	32%	26%	13%
Age, years	15-19	18%	29%	31%	10%
	20-29	17%	35%	28%	9%
	30-44	23%	29%	31%	10%
	45-59	20%	34%	25%	12%
	Over 60	16%	29%	30%	12%
Education	Secondary incomplete studies	18%	28%	31%	11%
	Secondary or Vocational school	17%	33%	29%	9%
	High school/post high school	20%	32%	28%	13%
	Higher education	23%	32%	26%	14%
Nationality	Moldovan/Romanian	19%	32%	29%	11%
	Russian	23%	35%	26%	7%
	Ukrainian	10%	26%	40%	15%
	Other	26%	24%	21%	6%
Residence area	Urban	20%	35%	26%	10%
	Rural	18%	29%	31%	12%
TOTAL		**19%**	**31%**	**29%**	**11%**

Variable	Mothers infected with HIV/AIDS, sexually transmitted diseases are rejected by the society	Completely disagree	Partly disagree	Partly agree	Complete-ly agree
Sex	Male	13%	22%	37%	14%
	Female	16%	24%	31%	14%
Age, years	15-19	13%	27%	32%	16%
	20-29	13%	21%	34%	16%
	30-44	17%	24%	33%	15%
	45-59	16%	24%	38%	13%
	Over 60	12%	22%	31%	13%
Education	Secondary incomplete studies	15%	24%	33%	12%
	Secondary or Vocational school	11%	22%	37%	13%
	High school/post high school	17%	27%	32%	15%
	Higher education	19%	23%	31%	18%
Nationality	Moldovan/Romanian	14%	24%	34%	14%
	Russian	25%	26%	27%	7%
	Ukrainian	8%	16%	39%	22%
	Other	19%	16%	30%	13%
Residence area	Urban	14%	28%	32%	12%
	Rural	15%	20%	35%	16%
TOTAL		**15%**	**23%**	**34%**	**14%**

Variable	Some parents are pushed by the advice/insistence of medical staff to abandon their own child at birth	Completely disagree	Partly disagree	Partly agree	Complete-ly agree
Sex	Male	25%	37%	14%	4%
	Female	31%	32%	15%	5%
Age, years	15-19	25%	39%	11%	7%
	20-29	33%	31%	12%	4%
	30-44	34%	36%	15%	6%
	45-59	28%	34%	17%	4%
	Over 60	22%	33%	14%	3%
Education	Secondary incomplete studies	20%	36%	17%	3%
	Secondary or Vocational school	31%	31%	14%	4%
	High school/post high school	32%	38%	9%	5%
	Higher education	34%	34%	15%	7%
Nationality	Moldovan/Romanian	29%	35%	15%	4%
	Russian	26%	34%	15%	5%
	Ukrainian	17%	35%	16%	7%
	Other	45%	16%	11%	3%
Residence area	Urban	27%	35%	16%	5%
	Rural	29%	34%	14%	4%
TOTAL		**29%**	**33%**	**15%**	**4%**

Variable	Birth conditions and services in maternity hospitals favour the mother's decision to abandon her child at birth	Completely disagree	Partly disagree	Partly agree	Completely agree
Sex	Male	23%	36%	20%	5%
	Female	28%	35%	18%	6%
Age, years	15-19	26%	35%	15%	8%
	20-29	29%	35%	14%	7%
	30-44	27%	41%	17%	7%
	45-59	23%	35%	23%	5%
	Over 60	25%	32%	20%	3%
Education	Secondary incomplete studies	22%	39%	18%	5%
	Secondary or Vocational school	25%	36%	18%	4%
	High school/post high school	29%	34%	19%	7%
	Higher education	30%	31%	20%	8%
Nationality	Moldovan/Romanian	26%	36%	19%	6%
	Russian	27%	36%	15%	3%
	Ukrainian	19%	35%	18%	5%
	Other	31%	26%	15%	2%
Residence area	Urban	28%	35%	15%	7%
	Rural	24%	36%	21%	5%
TOTAL		**26%**	**36%**	**19%**	**6%**

Variable	Insufficient support (financial)offered to parents by the government favour child abandonment at birth	Completely disagree	Partly disagree	Partly agree	Completely agree
Sex	Male	17%	19%	39%	13%
	Female	18%	24%	34%	13%
Age, years	15-19	19%	17%	39%	14%
	20-29	18%	23%	31%	14%
	30-44	18%	22%	41%	12%
	45-59	17%	23%	37%	15%
	Over 60	18%	22%	34%	11%
Education	Secondary incomplete studies	17%	21%	39%	13%
	Secondary or Vocational school	16%	20%	40%	12%
	High school/post high school	19%	28%	36%	10%
	Higher education	21%	21%	30%	17%
Nationality	Moldovan/Romanian	16%	23%	38%	12%
	Russian	22%	20%	34%	11%
	Ukrainian	13%	18%	40%	18%
	Other	32%	13%	21%	24%
Residence area	Urban	19%	25%	33%	11%
	Rural	17%	20%	39%	15%
TOTAL		**18%**	**22%**	**37%**	**13%**

Variable	Child's disease determines parents to abandon their newborn	Completely disagree	Partly disagree	Partly agree	Complete-ly agree
Sex	Male	21%	27%	29%	9%
	Female	23%	29%	28%	9%
Age, years	15-19	22%	32%	23%	11%
	20-29	23%	25%	27%	11%
	30-44	24%	27%	32%	8%
	45-59	21%	30%	27%	8%
	Over 60	20%	26%	31%	8%
Education	Secondary incomplete studies	19%	30%	31%	8%
	Secondary or Vocational school	20%	31%	27%	6%
	High school/post high school	25%	24%	30%	13%
	Higher education	27%	21%	29%	12%
Nationality	Moldovan/Romanian	22%	27%	29%	9%
	Russian	21%	31%	25%	8%
	Ukrainian	17%	30%	30%	10%
	Other	28%	24%	23%	4%
Residence area	Urban	22%	26%	28%	11%
	Rural	22%	29%	29%	8%
TOTAL		**22%**	**27%**	**29%**	**9%**

Variable	The mother faces alone all the problems, because she does not get support from the father (of the child)	Completely disagree	Partly disagree	Partly agree	Complete-ly agree
Sex	Male	17%	28%	32%	12%
	Female	18%	26%	33%	14%
Age, years	15-19	22%	24%	29%	15%
	20-29	17%	24%	34%	13%
	30-44	17%	24%	36%	17%
	45-59	17%	29%	32%	13%
	Over 60	17%	31%	31%	9%
Education	Secondary incomplete studies	18%	31%	31%	9%
	Secondary or Vocational school	15%	26%	33%	15%
	High school/post high school	19%	30%	35%	11%
	Higher education	21%	22%	34%	16%
Nationality	Moldovan/Romanian	18%	27%	33%	13%
	Russian	21%	26%	31%	11%
	Ukrainian	7%	32%	31%	21%
	Other	25%	15%	36%	5%
Residence area	Urban	18%	28%	30%	13%
	Rural	17%	26%	35%	13%
TOTAL		17%	27%	33%	13%

Annex 2

List of values No. 1

1. Active life, full of activities and emotions
2. Wisdom, mature thinking, reason, gained through life experience
3. Health (physical, psychical)
4. Interesting job
5. Beautiful nature and art (pleasure from beautiful nature and art)
6. Love, physical and spiritual relations with the beloved person
7. Financially secure life (no material difficulties)
8. Existence of good and devoted partners
9. Social acceptance (respect from the persons with whom you communicate in different situations)
10. Productive life (full realization of your own capacities, powers and possibilities)
11. Entertainment (spend leisure time pleasantly, no responsibilities)
12. Development (physical and spiritual improvement, development of your own capabilities)
13. Freedom (independence in thinking and actions)
14. Happy family life
15. Other persons' happiness (happy, full life of other persons)
16. Creativity (possibility to create something new)
17. Self-confidence (freedom from internal contradictions, from the feeling of doubt, internal harmony)
18. Possibility to love, grow and educate a child

List of values No. 2

1. Tidiness, capability to keep things, the house in order
2. Good education, good manners
3. High expectations, requirements from life
4. Feeling of humour, joy of life
5. Discipline (a person fulfils his/her duties accurately)
6. Independence (ability to work independently, resolutely)
7. Resoluteness, no desire to comply with your own and with other persons' drawbacks
8. Education (studies, knowledge, all-round education)
9. Responsibility (feeling of duty, ability to keep one's word)
10. Rationalism (clear, logical thinking, ability to take reasonable and pondered decisions)
11. Self-control (self-discipline, reserve)
12. No hesitation in defending your own ideas and suggestions
13. Strong will (capability to insist on your own opinion, not to give up when facing difficulties)
14. Tolerance, patience (regarding other persons' opinions, ability to forgive other persons for their mistakes)
15. Open-mindedness (capability to understand other persons' viewpoints, to respect other persons' ideas, tastes, customs)
16. Sincerity
17. Efficient in actions (love for the work, high work productivity)
18. Sensitive, caring character