



ANALYTIC NOTE

What is the Link Between the Health Condition and Lifestyle of Moldovans?

The people's health condition is an indicator of country's development, which reflects the socio-economic welfare and the living conditions of the population. It also reveals the level of adequate education about risk factors and healthy behaviors. In this note, we will answer the following questions:

- Who are healthier, the population from villages or cities?
- What are the differences between the health conditions of women and men?
- What is the link between the health conditions and practicing various sports?
- What sports are preferred by women and men?
- What is the link between the health condition and nutritional regime?

In order to find answers to these questions, we will use the results of the Time Use Survey, carried out by the National Bureau of Statistics.

How different is the health condition of the population from villages versus the population from cities?

Only 45.3% of the rural population from the Republic of Moldova perceive their own health status¹ as good or very good, which is less than in Chisinau municipality (53%) and other cities (56.7%).

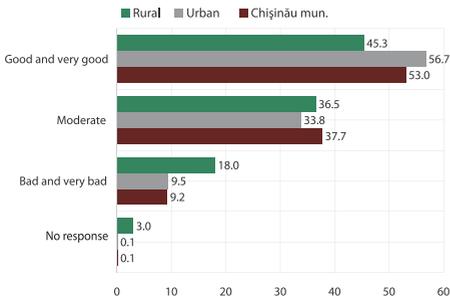
At the same time, the share of rural population, which assessed their health condition as bad and very bad is twice higher than in urban area and capital city (Figure 1). Thus, the health condition of the rural population from Republic of Moldova is more precarious, if compared with the urban population.

Among the causes that result in such an assessment of their own health condition in rural area could be the lower access to medical services, lower incomes, careless attitude towards health, more noxious way of life, as well as the higher rate of aging in villages compared to cities².

¹ Estimated with self-assessment questions addressed to respondents.

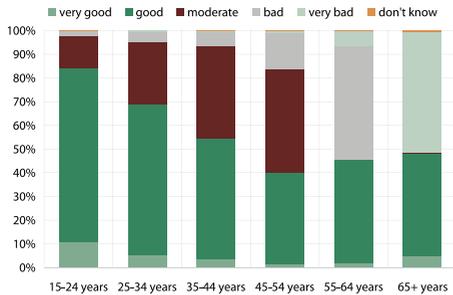
² "Republic of Moldova 2013: State of the Country Report 2013", Expert-Group, 2013.

Figure 1. The share of people who answered to the question “How would you assess your health condition?”, by area of residence, %



Source: NBS

Figure 2. Distribution of persons who answered to the question “How would you assess your health condition?”, by age groups, % out of the total answers



Source: NBS

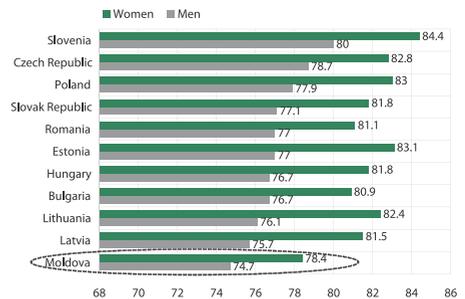
Figure 2 reveals that in the case of elderly people the share of population which assess their health condition as good and very good is much lower than among younger population (48.2% of people of 65 years and older versus 84.2% of people of 15 to 24 years old). At the same time, the share of

population, who regard their health condition as bad and very bad is much higher among the elderly people (50.7% of people of 65 years and older versus 2.1% of persons of 15 to 24 years old).

Figure 2, also denotes a sharp increase in the share of population of 55 to 64 years old, who regard their health condition as bad and an equally strong increase in the share of population of 65 years and older with very bad health condition. Therefore, the increase in the share of population who regard negatively their health status advances rapidly due to aging: if among the population of 45 to 54 years old only 16.1% have bad and very bad health condition, then in the 55 to 64 age group the percentage is already 54.1%, and for persons of 65 years and older – 50.7%, most of them having a very bad health condition.

Along with the natural causes related to aging, which explain the progressive worsening of population's health with aging, other explanatory factors could be the poor quality of medical services, as well as the unhealthy way of life of the population. As a result, the life expectancy of the population of Moldova at 60 years old is among the lowest compared to other countries in the region (Figure 3).

Figure 3. Life expectancy of the population at 60 years old, years, 2012



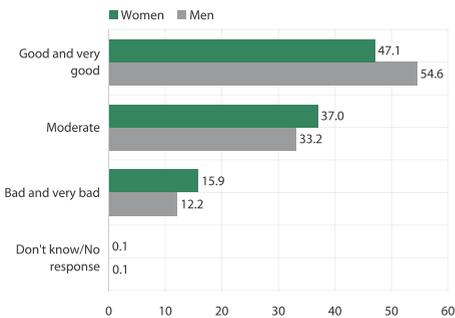
Source: worldlifeexpectancy.com

³ In 2012, life expectancy at birth was 67.24 years for men and 74.99 for women. Source: NBS.

What are the differences between the health conditions of women and men?

Despite the fact that the life expectancy at birth is traditionally lower for men than for women³, men have a better perception of their health condition than women do. Thus, 54.6% of men assessed their health condition as good or very good, in comparison with only 47.1% women. At the same time, 15.9% of women and 12.2% of men reported a bad and very bad health condition (Figure 4).

Figure 4. The share of persons who answered to the question “How would you assess your health condition?”, by sex, %



Source: NBS

An interpretation of these results could be related to the higher aging rate of women compared to men⁴ resulting in a worse health condition at the end of women's life. Another possible interpretation could be the educational peculiarities in the context of gender stereotypes, according to which boys and girls are educated differently regarding the health issues. As a result, girls have a greater concern and boys are more negligent regarding their health status. The results of such education are reflected later in adulthood, through underestimation of some symptoms and neglecting signs of disease, which leads to men's increased morbidity through certain diseases and early mortality.⁵

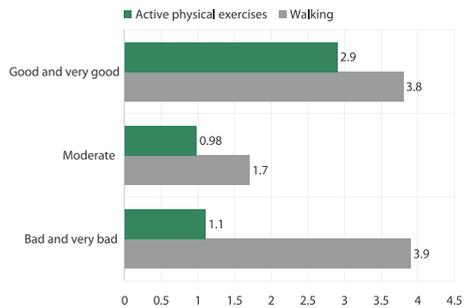
⁴ The share of women of 65 years and older of the total population in early 2013 was 12%, in comparison with only 7.8% of men.

⁵ Daniela Terzi-Barbăroșie, „Gender Perspectives in Vocational Orientation of the Pupils”, „Prodidactica” Journal, No 2-3 (72-73), 2012.

What is the link between the population's health and physical exercises?

The persons who regard their health status as good or very good dedicate more time to active physical exercises⁶ compared to those with satisfactory and bad or very bad health condition. However, most Moldovans, regardless of their health condition, spend more time walking (Figure 5).

Figure 5. Average duration of the “physical exercises” activities carried out by persons who answered to the question “How would you assess your health condition?”, hours per day



Source: NBS

This phenomenon can be interpreted in two ways. On the one hand, sports help to improve the population's health, but on the other hand, persons with a more precarious health condition do not manage to practice active physical exercises, preferring walking.

Furthermore, aging factor is not to be neglected. Thus, elderly people, who most of the times have worse health condition, cannot afford to exercise consistently.

Practicing sports and other outdoor activities is a form of spending time for 20.3% of Moldova's

⁶ Active physical exercises include: jogging and running, biking, skiing, skating, ball games, gymnastics, fitness, water sports and other exercises.

population of 10 years and older. On the average, it is 1.8 hours per day. Most of the time dedicated to physical exercises, people spend on walks (72.9%), especially women (86.2%). After walks, men prefer ball games (20.2% of the time dedicated to physical exercises) and women gymnastics and fitness (6.8%).

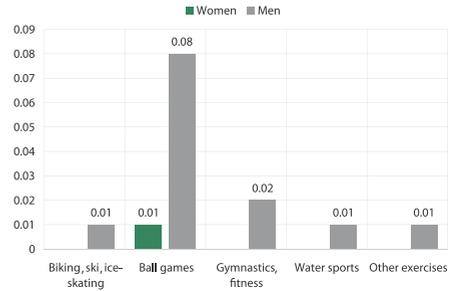
The rural population spends much less time on sports and outdoor activities, compared to the urban population: such activities are practiced by approximately 35.3% of the urban population, compared to only 12.1% of the rural population. These differences can be explained by the higher aging rate of the rural population, as well as by the insufficient facilities and necessary infrastructure in rural areas. Furthermore, usually the peculiarities of life and work in villages involve considerable physical effort, which does not create incentives for the rural population to practice additional physical exercises.

There are also some significant differences between the time men and women dedicate to sport activities⁷. First, men regardless of the area of residence are involved, on the average, more actively than women in such activities: 7.8 minutes versus 0.6 minutes in rural areas, 10.2 minutes versus 3.6 minutes in urban areas, 11.4 minutes versus 4.8 minutes in Chisinau municipality⁸ (Figure 6).

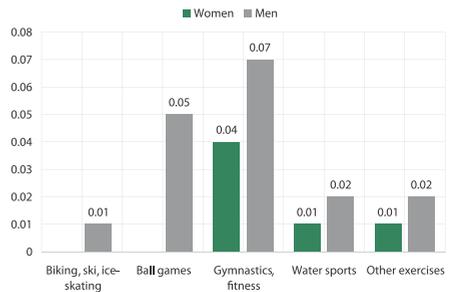
Second, men from rural areas spend, on average, most of the time playing ball games, while in urban areas and Chisinau municipality - gymnastics and fitness. The women from cities, including Chisinau municipality, as well spend more time practicing gymnastics and fitness, while in villages - ball games, although at a much more modest rate.

Figure 6. The average time spent on “physical exercises” by women and men, by area of residence, hours per day

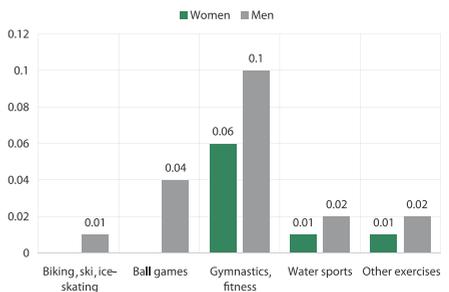
Rural



Urban



Chisinau municipality



Source: NBS

⁷ Excluding jogging and running, for which the participation rate is insignificant.

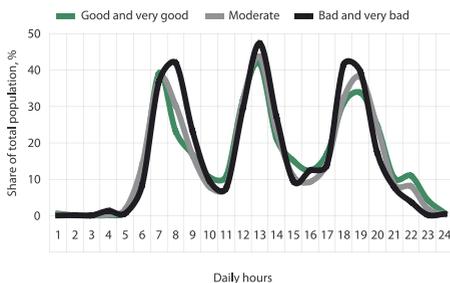
⁸ The data refers to the population of 10 years old and older.

What is the link between the health conditions and nutritional regime?

The data reveal a direct link between the health condition (self-assessed) and people's nutritional regime⁹ (particularly considering the eating schedule). Thus, the people who report a bad or very bad health condition have a balanced nutritional regime: meals are held at fixed hours and dinner is not postponed until the late hours of the day – the need for a stricter eating schedule is imposed especially by the health condition of the person. Furthermore, the population with good or very good health condition is part of younger age categories, which usually have a more active lifestyle and are still not so concerned about maintaining a healthy diet.

According to the data, most of the population with the health assessed as bad or very bad take breakfast, lunch and dinner at certain fixed hours of the day (8.00, 13.00 respectively 18.00-19.00). At the same time, the people with good or very good health allow themselves to postpone the meals for later hours. Thus, a quite high percentage of these people have lunch at 14.00-15.00 and dinner - at 21.00-22.00 (Figure 7).

Figure 7. The share of people who eat at certain hours of the day according to the answers to the question "How would you assess your health condition?"; %

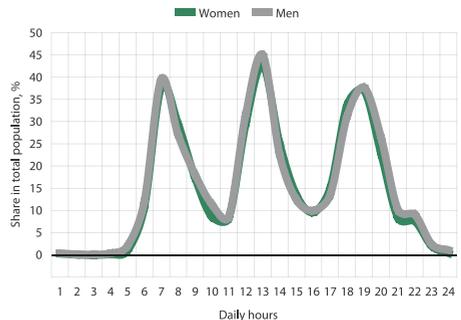


Source: NBS

⁹ Nutritional regime = having meals according to certain rules imposed by the health condition or illness of a person. All the rules imposed to the way of life or eating of a (ailing) person.

At the same time, we notice that there are no major differences regarding the diet followed by women and men, most of them having breakfast, lunch and dinner at similar hours.

Figure 8. The share of people who eat at certain hours of the day by sex, %



Source: NBS

Conclusions:

- The health condition of the rural population is worse than that of the urban population, which may be influenced by the lower access to healthcare services, lower incomes and worse living conditions of the rural population. Additionally, the self-assessed health status is directly correlated with the higher rate of aging, which is specific to the rural area;
- Men have better perception of their their health condition than women. However, this does not necessarily mean that men are healthier than women are. Such an assessment could be the result of the existing gender stereotypes, which determined, through the process of socialization, a careless attitude of men towards their own health and ignoring certain health problems that may exist;
- The persons who regard themselves healthier dedicate more time to active physical exercises, while those with more precarious health condition prefer walking;

- On the average, men allocate more time for sports, compared to women. Especially, men prefer ball games, water sports and cycling, while women - gymnastics, fitness, jogging and running;
- A smaller share of the rural population practice physical exercises and those who practice these activities allocate less time compared to the urban population;
- The health condition determines the nutritional regime, and not vice versa. Thus, people with more precarious health condition maintain a more disciplined eating schedule, while those with a better health condition can postpone the dinner or lunch to later hours. This latter finding may be explained by the fact that people with better health are young and have a more active lifestyle, which involves several deviations in the nutritional regime;
- There are no differences between men and women regarding the alimentary regime.

Recommendations

- The notable discrepancies between the health conditions of the rural and urban population indicates the need to increase the access of the rural population to healthcare services and to enhance the quality of the basic healthcare infrastructure. It is also necessary to ensure that the rural population is very well informed about the healthy lifestyle, the importance of regularly visiting the doctor, modalities of treatment, as well as avoiding self-medication;
- The Government must promote more intensively the active way of life among the population, especially among women. For this purpose it is necessary to improve the infrastructure and facilities which would allow practicing various types of sports (e.g. playgrounds, swimming pools, bike lanes);
- The eradication of gender stereotypes regarding the "power" of men and "weakness" of women will determine a balanced educational approach regarding health and the concern for a personal good physical condition. For that purpose, it is necessary to organize national campaigns to enhance the health culture of the population; conduct training programs about the healthy lifestyle with equal participation of women and men of different ages; organize courses and specific trainings for men and women; provide health consultancy from family doctors.



This material has been developed on the basis of the Time Use Survey, conducted by the National Bureau of Statistics, with the support of the United Nations Development Programme (UNDP), United Nations Entity for Gender Equality and Empowerment of Women (UN Women) and of the Swedish Government within the framework of the UN joint project "Strengthening the National Statistical System." The views expressed in this publication do not necessarily represent those of the institutions of the United Nations, Swedish Government or National Bureau of Statistics.

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