

Curriculum for the optional course “Decisions for a healthy life style”

For vocational schools of the Republic of Moldova:
aimed at 1st year vocational school students



The initial version of this curriculum has been elaborated within the “HIV/AIDS prevention in Eastern Europe” project, implemented in Moldova during 2009-2010 with support from German Cooperation Agency (GIZ), acting in the name of Federal Ministry for Economic Cooperation and Development of Germany (BMZ).

Early in 2011, the team of authors have fully reviewed this curriculum document and focused it on key competences needed in order to promote a healthy life style amongst teenagers.

Opinions expressed in this document are those of the authors and do not reflect the views of GIZ and BMZ.

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1. INTRODUCTION

What the Republic of Moldova needs more than ever, is education for health programs that aim at preparing children and young people for the transition to adulthood by developing decision making skills for a healthy life style. These are crucial competences given the extremely big number of children and adolescents which are left behind by their migrant parents.

Once a year, the Ministry of Education uses the school system to register the number of children left behind; apart from this, there is no system for gathering data on the number of children left behind and on those who have migrated abroad. The report prepared for UNICEF Moldova, The Situation of Children Left Behind by Moldovan Migrants by EXPERT-GRUP, 2005 and the IOM survey conducted in July and August of 2006 give an estimate of around 177,000 children under 18 left behind by parents working abroad. According to the IOM report, 37.1 percent are 10 to 15 years old, 50.8 percent are female and 49.2 percent are male. Indeed, Moldova is one of the countries with the highest proportion of children left behind in the CIS region: according to the MDHS, approximately one third (31 percent) of children under age 15 years do not live with both parents. Seven percent of Moldovan children do not live with either of their parents. Overall, the median age of children left behind is 11 years old. The majority of these children (79.5 percent) live in rural areas. One fifth of them are under 5 and one quarter or more are age 15 and above¹.

The same report highlights several effects on the children and adolescents left behind, amongst which:

- Emotionally affected, under-protected and inadequately supervised;
- Little or no physical or emotional nurturing from their care-givers;
- Stressed, low self-esteem and increased vulnerability to abuse or violence;
- Loneliness and abandonment;
- Lagging behind in school performance;
- Less socially adjusted;
- Feeling that parents should have not left them behind so early;
- Worries on the future;
- Difficult relationships with their parents, relatives, peers.

The survey results indicate that in 23 percent of families with migrants, no one took the children to the doctor and in 10 percent no one was responsible for their education. The same report shows that the impact of remittances on education is in most cases quite modest, with parents' absence having a negative impact on children's morale and school performance.

At the same time, several surveys also show that the absence of parents may negatively affect children's health:

- Children don't receive needed care and drugs in a timely fashion;
- The food they have access to is of bad quality.

Most people believe that the absence of parents affects children's physical and psychological health.

In the opinion of 87 percent of families surveyed by UNICEF-UNDP in 2007, children who live with both parents are physically healthier compared to 69 percent of children in families with migrants. One reason might be their nutritional status since, 'Children do not eat regularly, which has a negative impact on their health.' According to the CRIC study of 2006, another reason could be that in the absence of their parents, children usually tend to "hide" certain "health problems" and postpone visits to the doctor for various reasons.

¹ UNICEF Report: [http://www.unicef.org/The_Impacts_of_Migration_on_Children_in_Moldova\(1\).pdf](http://www.unicef.org/The_Impacts_of_Migration_on_Children_in_Moldova(1).pdf)

In addition to the effects and impact on children left behind by migrant parents, the increased number of migrants has also had a considerable impact on the overall socio – economic developments of the country. "The world's most remittance-dependent economy": According to the World Bank's Migration and Remittances Fact book for 2008, 36.2 percent of Moldova's GDP in 2007 came from money sent home by emigrants.

In spite of economic indicators, Moldova's migrating population has been contributing to the increase of HIV and Sexually Transmitted Infections (STIs) both at home and abroad. According to IOM statistics almost 50% of migrants reported that their health in host countries had been poor, about 22 % of the migrants had blamed their worsening health abroad on poor working conditions and nearly half (45 %) of all returning migrants have said to have worked in unhealthy conditions abroad. Migrants and mobile population are at high risk of HIV as they have limited access to information and health services. Some of them become victims of human trafficking; the majority of which are separated from their spouses/regular partners and practice risky behavior (unsafe sex, commercial sex services). Besides this, HIV infected migrants can infect their spouses/partners upon their returning back to the country of origin.

Although Republic of Moldova is a low prevalence country as compared to the neighboring countries, the effects which HIV/AIDS might have on the social-economical developments in the country are threatening, considering increasing rates of HIV spread in the Eastern Europe and Central Asia region.

HIV/AIDS is recognized as one of the important public health problems in Moldova. In the year 2008 there were 795 new cases of HIV infection, thus the incidence rate is 1927 per 100 000 inhabitants, and during the first 10 months of the 2009 – 549 cases (while in the first months of 2008 – 648 cases). 81% of new infections were registered among people aged 15-39 years old, representing the most active and productive population.

The Republic of Moldova along with other countries, assumed the responsibility and have respected some international conventions in these regards: Declaration of Commitment on HIV/AIDS (2001), Dublin Declaration (February 24, 2004) and 2006 Political Declaration on HIV/AIDS. Accordingly, the Government of the Republic of Moldova declared its commitment towards reaching the Millennium Development Goals (MDGs) through limiting the spread of HIV/AIDS. In this context, the Government of the Republic of Moldova (through Governmental decision nr. 948 from 06.09.2005) approved the National Program for prophylaxis and control of the HIV/AIDS infection.

One of the biggest challenges, in a world with AIDS and heavy migration flows, is how should the educational system position itself in addressing the issues of human sexuality and the relationships as its core. Shall the children and adolescents be left in finding their own way through the partial information, misinformation and outright exploitation that they will find from media, the Internet, peers etc.?! Or instead should the educational system be able to face up to the challenge of providing clear, well informed, and scientifically-grounded sexuality education based in the universal values of respect and human rights.

Studies² show that effective programs can:

- Reduce misinformation;
- Increase correct knowledge;
- Clarify and strengthen positive values and attitudes;
- Increase skills to make informed decisions and act upon them;
- Improve perceptions about peer groups and social norms; and
- Increase communication with parents or other trusted adults.

The current curriculum acknowledges that HIV/AIDS/STIs are recognized as one of the important public health problems in Moldova, and it does directly affect the young people aged 16-18.

In accordance with UNESCO standards for educational program on HIV/AIDS prophylaxis, educational programs address young people in an integral manner, by taking into account other infections, diseases, and social problems which adolescents confront today. Thus, the following aspects are considered under this curriculum:

² UNESCO Guidelines

- Building the capacity of adolescents for self efficacy, confident communication and responsible decision making.
- Sexual and reproductive ill-health is a major contribution to the burden of disease among young people. Ensuring the sexual and reproductive health of young people makes social and economic sense;
- Health related goals, the types of behavior affecting those goals, the risk and protective factors affecting those types of behavior, and activities to change those risk and protective factors are also considered;
- Involving key community stakeholders for an efficient partnership for course delivery and ensure access to community health services;
- Design activities that are sensitive to community values and consistent with available resources (e.g. staff time, staff skills, facility space and supplies).

This curriculum has the main objective of promoting a healthy life style for students of vocational school from Moldova.

2. VOCATIONAL SCHOOL IN MOLDOVA: PECULIARITIES OF THE DIDACTIC ACTIVITY AND THE PROFILE OF THE VOCATIONAL SCHOOL STUDENT

The current curriculum document aims at supporting the three-year education program at the vocational schools. This is a curriculum for the optional course “Decisions for a Healthy Life Style” recommended for teaching in first year of study.

The main topics and learning activities planned as part of this curriculum are related to developing life skills and decision making in vocational school students. Results of the piloting of this curriculum have proven an increased level of interest and motivation amongst 1st year students. The contents of the curriculum for the “Decisions for a Healthy Life Style” course do not overlap with any other 1st year vocational school subjects.

This course is practical and oriented towards building the decision making competence for risky situations. Thus, teaching this course in the 1st semester of the 1st year is crucial for the students, as this is exactly the moment when they leave their parents, or caregivers for a longer period of time and are in the position to make independent decisions, as well as to handle different social situations independently.

Elaboration of the curriculum document for the optional course “Decisions for a Healthy Life Style” process started with the results of the needs assessment conducted with the target group (students of the vocational schools from Floresti, Alexandreni, Stefan Voda and Cahul)³, as well as on the recommendations provided by the key community stakeholders.

Both experiences and recommendations related to promoting a healthy life style amongst adolescents served as a theoretical basis for the elaboration of the concept of the curriculum document.

In the period of May – October 2009, as part of the “HIV/AIDS prevention project in Eastern Europe” a KAP Study (assessing the knowledge, attitude and practices) has been conducted by the National Center for Management in Health. Additionally, workshops with vocational school students and teachers were organized in each of the four pilot schools in the project. The key findings of these workshops have proven that adolescents of the vocational schools need a supportive environment which would reduce the probability of risky situations and risky behavior as well as support their harmonious development.

Amongst the main challenges and difficulties shared by the adolescents are those related to both physical and mental health:

- Lack of knowledge and skills on behaving in risky situations;

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[1] Vocational School from Floresti, Vocational School from Alexandreni, Singere district, Vocational School from Stefan Voda, and Vocational School nr.1 from Cahul

- Increase of HIV rate as well as sexually transmitted infections;
- Lack of self-confidence;
- Lack of communication skills especially with new people;
- Dependence on tobacco, alcohol, drugs;
- Lack of a healthy nutrition regime.... (and others)

The results of the same study have proven the need for a training course / program which would focus on issues such as increasing the level of self-confidence, decision making skills, communication and behavior in risky situations.

[1] Vocational School from Floresti, Vocational School from Alexandreni, Singerei District; Vocational School from Stefan Voda; and Vocational School nr. 1 from Cahul.

3. METHODOLOGICAL CONCEPT OF THE SUBJECT

The current course aims at adolescents who are in the process of professional training.

The overall goal of the course is developing the decision making competence on the healthy lifestyle through acquiring of new knowledge, evaluation of one's own attitudes and exercising different healthy behavior models in authentic situations.

The innovative aspect of this curriculum lies in its holistic approach for learning. The selection of the curriculum contents has moved beyond the scholastic approach on HIV/AIDS phenomena and other negative influences. It provides significant opportunities for the trainee/student to go through learning processes based on the intrinsic motivation. The expected impact of this curriculum is creating opportunities for transfer of decision-making competences in all aspects of a healthy life style. Graduates of this course will develop their self-management skills as well as will be able to influence the behavior of the peers (social management) in order to promote a healthy life style.

This curriculum comes to complement the civic education curriculum for the vocational school, and has been elaborated for the vocational school. It focuses on the following principles:

- Focus on the learner, who is a subject of educational activity;
- Compatibility of the national curriculum with the European one from the perspective of consolidation of the cross-cutting competences;
- Assuring inter and trans-disciplinary coherences;
- Learning by doing, which relates to direct and active participation of the students in community related activities and events;
- Accessibility, which presupposes the alignment of the educational content to age, and individual peculiarities of the students;
- Focus on action, behavior, competences.

Curriculum for the optional course on “Decisions for a Healthy Life Style” has at the core UNESCO recommendations for courses on HIV/AIDS prevention:

- Focusing on specific risk and protective factors that affect particular sexual behaviors and that can be changed/exercised during this course (e.g. knowledge, values, social norms, attitudes and skills);
- Implementation of participatory teaching methods that actively involve students and help them communicate and integrate/assimilate the information;
- Implementation of multiple and well justified activities, from educational point of view, that aim at influencing the risk and protective factors;
- Providing scientifically accurate information about the risks and risk prevention of HIV/AIDS, STI and unwanted pregnancy;
- Addressing personal values and perceptions of family and norms established between peers;
- Addressing individual attitudes and norms established amongst peers concerning preventive measures.

Efficient Partnership

Teachers and institutions/organizations at the community level (Family Planning Center, Family Doctors' Centers, Youth Friendly Centers, others) will collaborate together in the implementation of the curriculum. Students who will take this course, will have the possibility to communicate with resource persons from their respective communities. Thus, they will have an increased knowledge about the services that exist in

the community and will be able to overcome their communication barriers while interacting with resource persons/referral system.

The learning activities of this course are educational and provide students with veridical information based on which vocational school students will have the opportunity to question their attitudes and explore their personal and social behavior that deal with having a healthy life style. Students will develop their constructive communication skills, critical thinking and decision-making. Thus, context will be created for them to become more aware of the problems, challenges and the main risks existent around them.

This Curriculum is oriented towards changes in the social behavior, which comes in full accordance with the educational reform exigencies in the Republic of Moldova.

Thus, by having this curriculum implemented in the vocational schools, it will contribute to:

- Informing the students about the components of a healthy lifestyle and possible risks, including HIV/AIDS infection.
- Training adolescents for making informed decisions about their healthy lifestyle.
- Promoting a Healthy Lifestyle amongst peers.

By the end of the course students will be able to define key notions and concepts specific to a healthy life style, to analyze risks, phenomena, stereotypes that can affect a healthy life style, to assess their personal efficiency in different risky situations, to exercise positive behavior models for a healthy life style, to evaluate the main components of a healthy life style, to determine, based on axiological pluralism, specific behavior models for a healthy life style; to propose strategies for supporting a healthy life style, to understand and know the role of the institutions/organizations as well as one's own role in promoting a healthy life style.

As a result, all these will generate behavior related changes, departing from the assumptions that students will:

- Respect their personal hygiene;
- Identify the main characteristics of a risky situation in order to know how to act adequately;
- Posses knowledge about ways of transmission, as well as prevention measures for HIV;
- Identify main symptoms for the sexually transmitted infections;
- Use the referral system from the community (hospital, youth friendly center, family planning center, etc.) in order to seek for help;
- Demonstrates non-discriminatory behavior and attitude towards people affected/infected with HIV/AIDS;
- Promote a healthy life style (without alcohol, tobacco and drugs);
- Determines and applies the key principles for a healthy life style in every day life.

Special emphasis is on *students' personal development*. Participating in this course, students will be able to:

- Communicate about problems affecting them, identify different types of violence and react correctly in cases of violence;
- Make less influenced decisions and assume responsibility for their own actions;
- Practice behavior which contributes to their positive self-image;
- Make informed and balanced decisions about their social role, being aware of the stereotypes existent in the society;
- Understand better their personal values and act based on their values;
- Identify the degree of predisposition to stress and apply situational based behavior;
- Can apply strategies for constructive communication;
- Elaborate and apply personal development plans.

4. KEY COMPETENCES/CROSS-CUTTING COMPETENCES

Key competences/ cross cutting competences

Key competences are also called cross-cutting competences (known also as transversal competences), are relevant for each school subject, but having different functionality depending on the specifics of the didactic approach for each subject. The current curriculum has a *set of specific competences* to build in the students it addresses to. The key competences for the subject are the stages of developing the cross-cutting competences and are step by step developed until the end of the school year.

Recommendation 2006/962/EC of the European Parliament and of the Council of 18 December 2006 on key competences for lifelong learning, which are a combination of knowledge, skills and attitudes appropriate to the context. They are particularly necessary for personal fulfillment and development, social inclusion, active citizenship and employment.

These key competences are:

- learning to learn
- communication in the mother tongue
- communication in foreign languages
- social and civic competences
- mathematical competence and basic competences in science and technology digital competence
- cultural awareness and expression
- sense of initiative and entrepreneurship

In the process of elaboration process of a competence based curriculum in the Republic of Moldova, it was decided that it is important to add 2 more key competences to the above list:

- action-strategic competence
- self-knowledge and self-evaluation competence

We can strongly affirm that the set of cross-cutting competences, developed at the high school stage are well applicable and relevant for the vocational schools.

From the perspective of the “Decisions for a healthy life style” course, they can be prioritized in the following way:

1. Action-Strategic Competence

Action-strategic competence is the first on the list for this subject, because the main competence for the course is *informed decision making*, and it derives from the action – strategic one.

Action – strategic competence deals with the planning and implementation of plans accordingly, in order to be able to see the final results, as well as in order to propose solutions for the problematic situations in any sphere.

The competence to act independently and creatively in different life situations is one of the main characteristics of this action-strategic competence. It is indispensably linked to the decision making process, for which it was placed on the top of competences for this subject. Each theme from this course addresses an action-strategic field, as it provides exercises, specific tasks that contribute to this process.

2. Self-evaluation and self-knowledge competence

“Decisions for a healthy life style” course puts a strong emphasis on developing critical thinking, applied with for the purpose of self-development and self-affirmation, for assuming responsibility for one’s own life style, for being able to adapt to situations and new contexts.

Almost all sessions from this course provide students with the opportunity to make informed and responsible decisions, to do a self-evaluation and to know what “am I”. Sessions which put most

emphasis on these aspects are: *Self Evaluation of one's Life Style; Planning for a Healthy Life Style, Nutrition and Physical Activity, etc.*

3. Social and civic competences

These include personal, interpersonal and intercultural competence and cover all forms of behavior that equip individuals to participate in an effective and constructive way in social and working life, and particularly in increasingly diverse societies, and to resolve conflict where necessary. Civic competence equips individuals to fully participate in civic life, based on knowledge of social and political concepts and structures and a commitment to active and democratic participation.

The thematic of the "Decisions for a Healthy Life Style" course, particularly themes related to *HIV/AIDS, Stigma and Discrimination, Puberty and Adolescence*, etc. provide the necessary context for developing the ability to communicate constructively in different environments, to show tolerance, express and understand different viewpoints, to negotiate with the ability to create confidence, and to feel empathy. Individuals should be capable of coping with stress and frustration and expressing them in a constructive way and should also distinguish between the personal and professional spheres, all addressed during sessions on *Stress Management, Gender Stereotypes and decisions making, Role of values in decision making*.

4. Learning to learn competence

Learning to learn is the ability to pursue and persist in learning, to organize one's own learning, including through effective management of time and information, both individually and in groups.

This competence includes awareness of one's learning process and needs, identifying available opportunities, and the ability to overcome obstacles in order to learn successfully. This competence means gaining, processing and assimilating new knowledge and skills as well as seeking and making use of guidance. Learning to learn engages learners to build on prior learning and life experiences in order to use and apply knowledge and skills in a variety of contexts: at home, at work, in education and training. Motivation and confidence are crucial to an individual's competence.

All these serve as a basis for the elaboration of all themes/sessions of this course, due to the selected methodology, which is the ERRE Framework (Evocation/Realization of Meaning/Reflection/Extension) in the first place, and particular themes in the second place: *Decisions for preventing violence; Hygiene; Alcohol, tobacco and drugs; Nutrition and physical activity; HIV/AIDS Prevention; Introduction; etc.*

5. Communication in the mother tongue competence

Communication in the mother tongue is the ability to express and interpret concepts, thoughts, feelings, facts and opinions in both oral and written form (listening, speaking, reading and writing), and to interact linguistically in an appropriate and creative way in a full range of societal and cultural contexts; in education and training, work, home and leisure. This competence includes the capacity to distinguish and use different types of texts, to search for, collect and process information; to formulate and express arguments both verbally and in written in a convincing way.

Themes such as *Role of values in decision making; Sexual abuse; Puberty and Adolescence – the age of changes; Alcohol, drugs and tobacco; decisions for preventing violence, HIV and AIDS – stigma and discrimination, etc.* are based on communication, processing of information and justification of the decisions made.

6. Cultural awareness and expression

Cultural awareness and expression competence includes an awareness of local, national and European cultural heritage and their place in the world. It covers a basic knowledge of major

cultural works, including popular contemporary culture. It is essential to understand the cultural and linguistic diversity in Europe and other regions of the world, the need to preserve it and the importance of aesthetic factors in daily life.

Skills relate to both appreciation and expression: the appreciation and enjoyment of works of art and performances as well as self-expression through a variety of media using one's innate capacities. Skills include also the ability to relate one's own creative and expressive points of view to the opinions of others and to identify and realize social and economic opportunities in cultural activity. Cultural expression is essential to the development of creative skills, which can be transferred to a variety of professional contexts.

Understanding the culture of an individual and having a strong sense of identity can form the basis of an opened attitude and respecting diversity.

A special emphasis on these aspects is put during the lessons on: *Role of values in decision making; Gender stereotypes and decisions; Planning for a healthy life style, etc.*

A positive attitude also covers creativity, and the willingness to cultivate aesthetic capacity through artistic self-expression and participation in cultural life.

7. Digital competence

This competence include the ability to search, collect and process information and use it in a critical and systematic way, assessing relevance and distinguishing the real from the virtual while recognizing the links. Individuals should have skills to use tools to produce, present and understand complex information and the ability to access, search and use Internet-based services. Individuals should also be able use IST (Information Society Technology) to support critical thinking, creativity, and innovation.

Digital competence requires a sound understanding and knowledge of the nature, role and opportunities of IST in everyday contexts: in personal and social life as well as at work. This focuses on fundamental competences for ICT: using computer applications for searching, evaluation, information storage, presentation and exchange of information for communication and participation in cooperation networks through Internet. During the lessons students will be challenges to get back to what they've studied in the class, and to look for additional information and details on the Internet.

8. Sense of initiative and entrepreneurship

Sense of initiative and entrepreneurship refers to an individual's ability to turn ideas into action. It includes creativity, innovation and risk-taking, as well as the ability to plan and manage projects in order to achieve objectives. This supports individuals, not only in their everyday lives at home and in society, but also in the workplace in being aware of the context of their work and being able to seize opportunities, and is a foundation for more specific skills and knowledge needed by those establishing or contributing to social or commercial activity. This should include awareness of ethical values and promote good governance.

Skills relate to proactive project management (involving, for example the ability to plan, organize, manage, lead and delegate, analyze, communicate, debrief, evaluate and record), effective representation and negotiation, and the ability to work both as an individual and collaboratively in teams. The ability to judge and identify one's strengths and weaknesses, and to assess and take risks as and when warranted, are essential in teaching this course.

An entrepreneurial attitude is characterized by initiative, pro-activity, independence and innovation in personal and social life, as much as at work. It also includes motivation and determination to meet objectives, whether personal goals, or aims held in common with others. Themes such as *Planning for a healthy life style, Self Evaluation of one's Life Style, Prevention of STIs, etc.* are a resource in this sense.

9. Mathematical competence and basic competences in science and technology

Mathematical competence is the ability to develop and apply mathematical thinking in order to solve a range of problems in everyday situations. Building on a sound mastery of numeracy, the emphasis is on process and activity, as well as knowledge. Mathematical competence involves, to different degrees, the ability and willingness to use mathematical modes of thought (logical and spatial thinking) and presentation (formulas, models, constructs, graphs, charts).

Competence in science is the ability to and willingness to use the body of knowledge and methodology employed to explain the natural world, in order to identify questions and to draw evidence-based conclusions. Competence in technology is viewed as the application of that knowledge and methodology in response to perceived human wants or needs. Competence in science and technology involves an understanding of the changes caused by human activity and responsibility as an individual citizen.

If we think about competence in science, then this can be developed during different sessions of the course such as: *Puberty and Adolescence – the age of changes, Role of values in decision making, Stress Management, etc.*

10. Communication in foreign language

Communication in foreign languages broadly shares the main skill dimensions of communication in the mother tongue: it is based on the ability to understand, express and interpret concepts, thoughts, feelings, facts and opinions in both oral and written form (listening, speaking, reading and writing) in an appropriate range of societal and cultural contexts (in education and training, work, home and leisure) according to one's wants or needs. Communication in foreign languages also calls for skills such as mediation and intercultural understanding. An individual's level of proficiency will vary between the four dimensions (listening, speaking, reading and writing) and between the different languages, and according to that individual's social and cultural background, environment, needs and/or interests.

When students are motivated and look for additional sources of information on the Internet for the topics/themes of this course, those who know a foreign language have more opportunities than those who do not know a foreign language.

5. KEY COMEPTENCE FOR THE SUBJECT AND SPECIFIC COMPETENCES DERIVING FROM IT

Key competence for “Decisions for a healthy life style” course is *Decision making in risk situations*. From this key competence, five specific competence s derive, which are:

- **Competence to process relevant information about the multi-sector community services, depending on individual’s needs for prevention, treatment/care or social-legal support;**
- **Competence to analyze consequences of different behavior options in risky situations for health;**
- **Competence to correlate between the decisions, values and personal goals;**
- **Competence to manage interpersonal communication in order to strengthen personal health;**
- **Competence to reduce health related risks for oneself and for people around.**

1. Competence to process relevant information about the multi-sector community services, depending on individual’s needs for prevention, treatment/care or social-legal support

Specific suggestions	Knowledge	Skills	Attitudes	Methods, learning techniques
Indicators	<p><i>At this level students:</i> Describe the multi-sector referral system available in their community, including health, socio-economic, legal and educational services. Enumerate all sources of information related to health. Describe factors that influence the decision making. Explain most frequent risk situations for health that students/your peers know.</p>	<p><i>At this level students:</i> Identify risky situations for health. Select information from different sources. Identify different healthy options in risky situations for health. Access community referral system in order to use different medical, socio-economic, legal and educational services.</p>	<p><i>At this level students:</i> Evaluate the validity and relevance of the collected information. Manifest positive attitude towards community services and express their wish to use them whenever needed.</p>	<p>Intensive lecturing Pair teaching/pair summarizing Case studies Guided reading Think – Pair – Share Mini-lecture Questions and answers session with a health expert Mini-research</p>
Tips for learning tasks	Asking questions about different aspects of health.	List risky situations for health described in case studies.	Identification of facts and assumptions/errors in a written	

	<p>Identifying available medical services, including contact details.</p> <p>Writing/discussing different risky situations for health.</p> <p>Enumerating factors which influence adolescents' decision making in different situations.</p> <p>Describe risky situations for health.</p> <p>Listing institutions from the referral system that one can address to in a health risky situation.</p>	<p>Assess statements related to HIV/STIs ways of transmission and presenting some comments (true or false) related to the provided information.</p> <p>Requesting/writing/addressing a health expert for questions and answers.</p> <p>Requesting and getting explanations related to risks for health and for prevention of these risks.</p>	<p>text or in a presentation.</p> <p>Asking questions related to the relevance and validity of the information.</p> <p>Identification of the solutions for certain cases.</p> <p>Examining validity of collected information.</p>	<p>Study/Survey Research</p>
Integrated learning situations	<p>Visit to a Health Community Center or to any Center providing health services, in order to have access to information related to health and to the relevant health services existent in the community.</p> <p>Collecting relevant information regarding a specific risk situation from a health expert.</p> <p>Elaborating a chart/table with contact information about available health services in the community.</p>			

2. Competence to analyze consequences of different behavior options in risky situations for health

Specific suggestions	Knowledge	Skills	Attitudes	Methods, learning techniques
Indicators	<p>At this level students:</p> <p>Define the concept of sexual-reproductive health: rights and responsibilities.</p> <p>Describe the consequences of unhealthy/non- confident behavior.</p> <p>Describe methods for prevention of pregnancy.</p> <p>Enumerate methods for violence prevention.</p>	<p>At this level students:</p> <p>Explain the parameters of a health related problem.</p> <p>Identify preventive behavior options in risky situations for health.</p> <p>Identify behavior options and potential consequences on health.</p>	<p>At this level students:</p> <p>Manifest/demonstrate interest for increasing their level of awareness vis-à-vis the risks of their own behavior on health.</p> <p>Assume responsibility for the decisions made.</p> <p>Identify advantages and disadvantages of each behavior option.</p>	<p>Role play</p> <p>Value line</p> <p>T-chart</p> <p>Case study</p> <p>Guided reading</p> <p>Debates</p> <p>Corners</p> <p>SWOT Analyses</p>

	Describe methods for prevention of alcohol, drugs and tobacco prevention. Enumerate main principles of healthy nutrition.			
Tips for learning tasks	Recognize, enumerate and present prevention measures and healthy behavior options. Identify healthy behavior options. Describe healthy behavior options. Provide examples of healthy behavior options. Discuss rights related to certain behavior options/choices.	Identify the behavior related consequences in specific situations. Argue/justify the choice of a healthy behavior option. Argue the differences in the views/positions related to healthy behavior options. Chose healthy behavior options from a broader list of options. Compare different healthy behavior options. Compare different behavior options.	Assess the risks for health in the case study. Acknowledge the positive consequences of a healthy behavior. Support and promote healthy behavior options. Evaluate the potential risks for your health in your own behavior.	
Integrated learning situations	Describe the future of the community from the perspective of the following topics: violence, alcohol, nutrition, smoking, HIV and STIs. Conducting a small scale research in the community (with friends, relatives) on the consequences of different risky behavior for health.			

3. Competence to correlate between the decisions, values and personal goals

Specific suggestions	Knowledge	Skills	Attitudes	Methods, learning techniques
Indicators	At this level students: Describe the framework for decision making. Explain general human values. Are familiar with personal	At this level students: Set personal development goals. Identify and prioritize personal values in risky situations for health.	At this level students: Assess the importance of setting goals for personal development. Demonstrate believes about the influence of values in decision	Freewriting Reflexive Essay Think/Pair/Share Case study Value line

	development components.		making, especially of the personal values.	Corners Guided reading Know/Want to know/Learn Interview in three stages Role play
Tips for learning tasks	Identify steps in decision making through in a mock exercise, case study or in a real situation. Enumerate and describe decision making steps. Describe general human values. Describe personal development components. Provide examples of objectives for each component of personal development. Recognize factors that influence the decision making process.	Identify key values behind the decisions made by the main heroes of the case study. Simulate situations in which decisions need to be made. Apply steps for decision making based on a case study or on a simulation. Enumerate 2-3 objectives for each personal development component. Identify different (and all possible) values in a case study. Clarify the general human values in a case study or in a simulated situation/exercise. Classify personal development components.	Estimate the interdependence between personal development components. Assess the link between decision making and human values. Assess the decision making situations from personal experience perspective. Verify the decisions made in a case study. Argue the advantages of a decision made in accordance with personal values.	
Integrated learning situations	Identify personal values behind the decisions made in the family. Apply the decision making steps in a real situation and describe all the options, values identified, decisions made and the main results.			

4. Competence to manage interpersonal communication in order to strengthen personal health

Specific suggestions	Knowledge	Skills	Attitudes	Methods, learning techniques
Indicators	<i>At this level students:</i> Know nonverbal communication language, which demonstrates self-confidence.	<i>At this level students:</i> Provide arguments for their own decisions. Apply refusal techniques in different risky	<i>At this level students:</i> Demonstrate non-discriminatory attitudes vis-à-vis people who live with HIV/AIDS.	Role play Case study Plenary discussion

	Describe refusal techniques. Describe indicators which are specific to healthy and to non-discriminatory behaviors.	situations for health. Communicate openly about risks related to certain behavior options. Listen with empathy their colleagues and support them in identifying healthy behavior strategies.	Manifest openness vis-a-vis the values of others and respect the decisions made in accordance with them. Demonstrate empathy and opened towards new arguments related to supporting healthy behaviors.	Think/Pair/Share
Tips for learning tasks	Enumerate arguments. Identify arguments that support a healthy behavior. Avoid arguments in communication with peers. Recognize non-verbal behavior which demonstrates self-confidence.	Express refusal in a respectful but assertive manner vis-à-vis an unwanted behavior in a simulation exercise or role play. Share arguments in favor of own decision related to health, in a role play or simulation exercise. Classify arguments. Modify /adjust arguments to a specific case study. Ask questions in order to understand the situation/or the decisions made by other people. Demonstrate a self-confident behavior in different role plays or case studies.	Being in “someone else’s shoes” in a decision making situation, by manifesting empathy towards the values of the person vis-à-vis a decision made. Identify own strengths which support communication, negotiation and affirmation of healthy behavior options. Identify negative consequences of the intolerant and discriminatory attitudes towards people who live with HIV/AIDS.	
Integrated learning situations	Applying the “How to say NO” model in communication with peers in situations that involve consumption of alcohol, drugs, tobacco, unhealthy nutrition, etc. Formulating some conclusions on the effect of personal behavior in such situations. Observing a colleague in a real communication situation and providing constructive feedback on his/her capacity to present arguments, as well as on what he/she needs to be done in order to have a more self-confident behavior.			

5. Competence to reduce health related risks for oneself and for people around.

Specific suggestions	Knowledge	Skills	Attitudes	Metode, tehnici de învățare
Indicators	<p><i>At this level students:</i> Describe the particularities of a protective behavior in risky situations for health. Know anti-stress healthy strategies. Enumerate types of hygiene. Know the main principles of a healthy nutrition.</p>	<p><i>At this level students:</i> Respect the rules of a preventive behavior in a risky situation for health. Respect personal hygiene. Apply healthy nutrition principles. Apply different anti-stress strategies.</p>	<p><i>At this level students:</i> Take the role of advocates of a healthy life style. Express a positive attitude towards a protective behavior. Develop the self-efficacy model: "I can decide how I want to live my own life". Identify the favorite types of sports and physical activity for oneself.</p>	<p>Exercise Case study Role play Group work Simulation exercises Survey Study/Research</p>
Tips for learning tasks	<p>Summarize various types of protective behavior. Recall anti-stress healthy and unhealthy strategies. Enumerate principles of a healthy nutrition.</p>	<p>Identify aspects that are going to be changed in ones own behavior. Evaluate own behavior based on the presented rules and questions. Elaborate rules for respecting hygiene.</p>	<p>Convince peers to respect personal hygiene, including rules for preventive behavior. Assess the self –efficacy in the behavior. Argue the decision related to following a healthy life style.</p>	
Integrated learning situations	<p>Implement 2-3 changes in order to improve personal hygiene. Apply 2-3 anti-stress strategies in difficult situations and assess their efficiency. Elaborate and apply a healthy nutrition menu for a week and assess its efficiency. Elaborate and apply a physical activity program.</p>			

6. RECOMMENDED CONTENTS

Nr.	Number of hours	Themes/Topics
1	2	Introduction. Self evaluation of one's lifestyle. The Healthy Lifestyle concept and its main components: Health, Career, Identity, Friends, Family, Assets, Image, Self-Education. Introduction to referral system.
2	2	Gender stereotypes and decisions Gender, sex, gender role, gender stereotypes. Rights, responsibilities and opportunities for men and women. Stereotypes related to women and men. Stereotypes in decision-making.
3	2	The role of values in decision making General human values. Personal values. Decision making framework. Relationship between value and decision making. Factors that determine / influence the position of the values. Personal values hierarchy. Conflicts between values.
4	2	Decisions for violence prevention Types of violence: physical, economic, emotional and psychological, sexual. Aggressor and victim. Phases of violence. Effects of violence. Preventive behavior. Reference systems in case of violence.
5	2	Sexual abuse Defining sexual abuse. Pressure strategies and response behavior. Crimes related to sexual life. How to avoid sexual abuse. Preventive behavior. How to support, help sexually abused person. Post-factum support.
6	2	Puberty and adolescence - the age of changes Adolescence and puberty definitions. Physiological and body changes in boys and girls in the adolescence phase. Emotional and behavioral changes. Sexuality development. Sexual maturity. Male and Female Reproductive System. Health services.
7	2	Hygiene. Types of hygiene Body hygiene, Cloth hygiene, Footwear hygiene. Maintaining hygienic sleeping arrangements, Maintaining hygienic living space. Consequences of not respecting basic hygiene rules. Strategies for improving the hygiene.
8	2	Sexual and reproductive health (planned and implemented together with a medical doctor/health expert from the community)
9	2	Prevention of STIs (Sexually Transmitted Infections) General and key concepts on sexually transmitted infections. Risks for health. Consequences of STIs. Hepatitis B and C virus (HBV, HCV). Responsible behavior in risky situations.
10	2	HIV/AIDS prevention. Ways of transmission. Risky situations and preventive behavior. Prevention of HIV/AIDS.

		Recent statistic data on HIV/AIDS. General concepts about HIV and AIDS. HIV ways of transmission. Myths and prejudices on HIV and AIDS. HIV/AIDS prevention.
11	2	Decision making steps in risky situations Framework for decision making process: collecting information, analyses of the options, decision making based on values, defending the choice made and interpreting the actions. Circumstances and factors needed for an independent decision making. Positive and negative consequences of a decision made. Ability to express refuse, or to say NO in risky situations for health.
12	2	HIV and AIDS - Stigma and discrimination Definition of stigma and discrimination. Internal stigma. The vicious circle of stigma. Tolerance towards people infected with HIV/AIDS. Forms of discrimination exist against people living of HIV. Rights and responsibilities of the people living with HIV/AIDS.
13	2	Stress and decision making Definition of stress. Stress factors. Stress and its symptoms. Consequences of stress. Anti-stress strategies.
14	2	Tobacco, alcohol and drugs Harmful consequences of alcohol, nicotine, marijuana, inhalants, cocaine, anabolic steroids. Stereotypes and myths related to alcohol, smoking and drugs. Drug dependence. Risks associated with use of alcohol and drugs.
15	2	Nutrition and physical activity Healthy nutrition principles. Healthy Nutrition Pyramid. Food groups: Carbohydrates, Protein, Fats and Oils, Calcium. Nutrition recommendations for each food group. Adolescent healthy weight. Anorexia. Bulimia. Anabolic steroids. Physical activities: aerobic, muscle strengthening.
16	2	Planning for a healthy lifestyle Personal development components: Identity, Career, Health, Family, Self-Development, Friends, Wealth, Reputation Personal development principles: interdependence, short term and long term goals, development means change, development take place in phases, two directions of personal development process. Setting goals for personal development.
17	3	Reference systems that support a healthy lifestyle Medical institutions for referral. Non-governmental organizations for referral. Institutions for human rights protection. Behavioral models in reference institutions.
	Total	35
	hours	

7. METHODOLOGICAL SUGGESTIONS



This optional course focuses on promoting healthy lifestyle based on behavior changes. During the teaching process, the teachers will play the role of the facilitator more than that of the teacher, and will provide an authentic and contextualized learning, thus, students will be able to easily apply their knowledge on the principle “now and here”.

Teachers and students will be partners in the learning process. Students will have the opportunity to share about the problems they face, and will directly participate in the activities during which teachers apply interactive teaching and learning methods.

Given that the goal of the course is to change behavior, the main determinant factors of this process are an integral part of the content (see figure 1), self-efficacy being one of the main skills of the course.

Thus, changes will be promoted at all the three levels:

- Knowledge
- Skills
- Attitude

Integrating these three levels and practicing them in different situations, will lead towards building new competences which will determine the cognitive and emotional schemes of the students.

In situations when learning is focused on developing new attitudes and behavior, students are in the position to ask themselves:

- What do I think about it?
- How does this piece of information relate to what I already know?
- What can I exactly do differently in this particular moment, when I have this information and experience?
- What are the positive and negative consequences of different options?
- How are my personal beliefs affected by these options?

Behavior related theories are based on the idea that when students become aware of their own meta-cognitive processes and feel confident in using them, then they become capable to understand much better new ideas and systems, new ways for acting and behaving. Their thinking skills become more flexible and more resistant due to a high awareness level of their own belief system. The benefits are numerous. Students are less exposed to pressure generated by the caprices of the ‘moment’, external influences and manipulations, they become more receptive towards ideas and new behaviors.

“Decisions for Healthy Life Style” course aims at developing the moral integrity of the students, by being based on three dominants:

- Knowing oneself and being aware of personal identity;
- Modeling interpersonal relationships and behavior based on rules and criteria which do not contravene to generally accepted human values;
- Becoming aware, as per their age, about the physical, sexual-reproductive and mental health, with all the risks and opportunities accompanying them.

The activities of this course, are conducted based on the psycho-social peculiarities and personal needs, and stimulate the affirmation of the students' individuality as well as exercise the group's cooperation climate.

The framework for teaching and learning, Evocation, Realization of Meaning, Reflection and Extension (ERRE), is a methodological support in this matter. Thanks to the ERRE framework, the experience of the students is harnessed during each session, by identifying the pre-conditions needed to be taken into consideration in order to motivate and actively involve the students into the learning processes. The new information is actively processed during the lesson.

During the reflection stage, the emphasis is put on exercising constructive behaviors based on the new knowledge, skills and attitudes.

Life based situations, more specifically, the selected texts, problematic situations, documents, visual aids etc. – all they fit into the same category of didactic support materials, which are in line with the requirements, needs and personal interests of the students as well as on their individual learning skills and / or dominant intelligence/s.

The methodological approach is inspired from the methods for promoting critical thinking, which helps students to learn actively, to think critically and to work in cooperation with the others.

Methods which have as a role to stimulate students' interest are being used, which in turn motivates active participation by creating a pleasant and affective context.

During the Extension part students will have the possibility to learn from their own experience and from the experiences of their peers. They will analyse very specific cases and situations and will learn to apply efficient communication techniques while working in teams/groups.

Additionally, students will get familiar with the referral institutions from the community and will develop communication models for interacting with specialists from these institutions, as well as will interact with other resource persons from the community. This means that students will be provided with authentic learning situations, essential for the competence building process.

The methodology of the course is based on the theory of planned behavior. The application of this behavior change related model is beneficial to all factors which determine a healthy life style, promote sustainable changes and help in preventing a risk behavior or an "un-healthy" behavior.

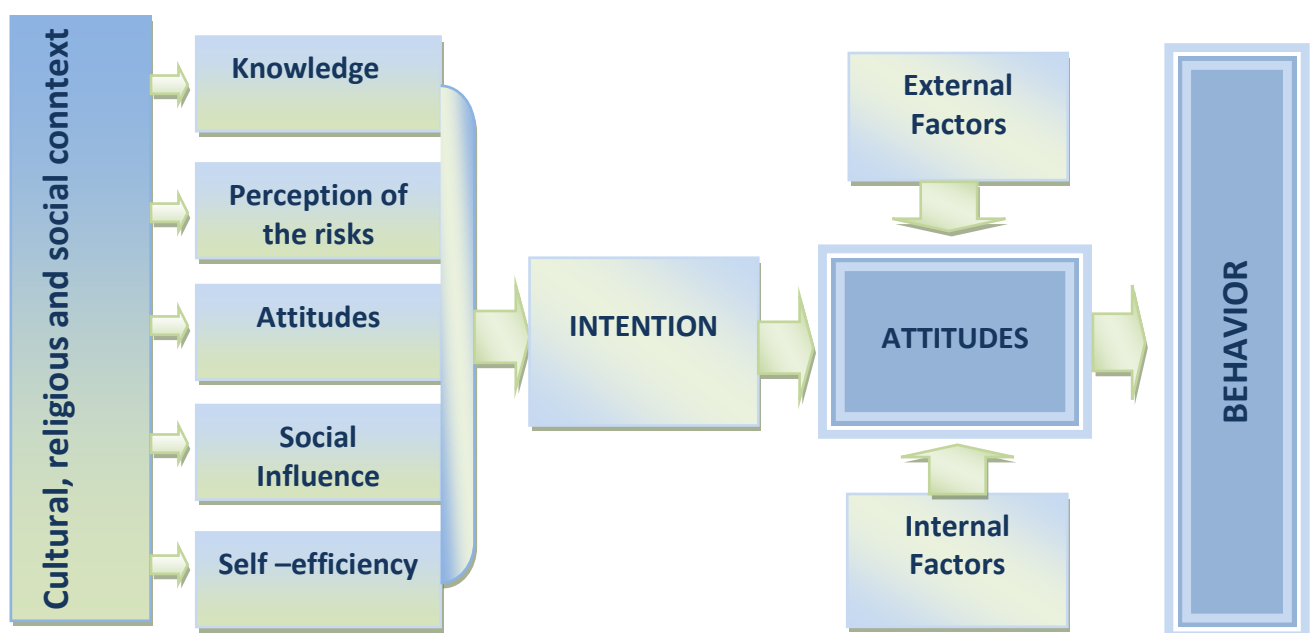


Figure1. Factors that determine behavior

Thus, education for a healthy life style is based on several factors which determine a behavior:

- Knowledge
- Understanding of risks
- Attitudes
- Social Influences
- Self-efficacy and skills transformed into intentions

Through integration, these components generate intentions. By being influenced from the outside by the external factors, they shape attitudes and generate behaviors.

Finally, the success of promoting some behavior related changes is determined by the social, cultural, religious context, as well as other external factors: existent available services, emotional support and peer support groups.

Although, a school curriculum can not explicitly address the external factors which determine a behavior related change, the current course has as an objective building awareness on these factors and their influence on the individual. Additionally, the course provides support for developing informed decision-making skills on the healthy life style.

8. SUGGESTIONS FOR EVALUATION

Within the “Decisions for a healthy lifestyle” course, the evaluation will follow up on the progress of students from both, new knowledge as well as integration of the promoted values in their own life and in a specific social environment.

In this course, the formative evaluation is focused on the qualitative aspect, being essential in the teaching-learning process. Both the teacher and the students will have the possibility to monitor the learning process. The formative evaluation will serve as a support for creating and maintaining motivation for learning and behavior change.

Evaluating one’s own communication with peers, evaluation of the social and physical contexts, represents one of the most important aspects of this curriculum. This will contribute not only to the development of an adequate personal behavior but also to promoting a healthy lifestyle in school, family and amongst friends.

The following evaluation methods are proposed in the Teacher’s Guidebook:

- Reflexive writing
- Testing for personal development
- Expressing one’s own ideas and arguments through posters, drawings and presentations
- Individual and group project
- Practical exercises in classroom/school
- Role plays
- Case studies

Taking into account that the topics to be addressed by the course carry a personal aspect, self-evaluation is highly encouraged. The role of the teacher is that of a facilitator: and more specifically the teacher will explain the methods, formulate tasks and provide opportunities for interpretations. When the evaluation tasks will target sensitive topics, the teacher will give priority to communicating the results of the evaluation in pairs, by avoiding these presentations in a plenary format. The teacher will ensure the confidentiality of the evaluation results, in case this is required by students.

For ensuring an adequate self-evaluation, at the beginning of the course, the teacher will suggest several communication rules, approved by all students. One of the most important rules will be “Respect for intimacy/confidentiality of the students’ opinions”, by giving the right to refuse participation in an uncomfortable exercise from the point of view of some students or withheld from expressing opinions in public (e.g. plenary, pairs).

The evaluation methods and tasks will follow on building specified behaviors in the current curriculum. Thus the evaluation instruments will allow students to prove new actions, manifest new behaviors, harness new experiences, giving the course a high degree of applicability.

The proposed case studies come from the students’ experiences, are specific to their age and lifestyle. Thus, the students will ‘find’ themselves captured in many of the discussed situations, comparing the main characters and their actions with their own behaviors.

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