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SOCIO-ECONOMIC LIVING CONDITIONS OF PUPILS FROM IXTH-XIITH GRADES FROM RURAL AREAS FROM MOLDOVA

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Introduction: Socio-economic living conditions can influence the health of young generation.

Materials and methods: The study included a sample of 742 pupils from IXth-XIIth grades (313 boys and 419 girls) from 10 high schools from rural areas from Moldova. Study instrument was a questionnaire that included 9 questions about socio-economic living conditions of pupils.

Discussion results: Pupils IXth-XIIth grades from rural areas of the Republic of Moldova have their own room in parental home in a proportion of 79.6% (82.2% boys and 77.7% girls) and their separately bed – 94.4% of pupils (95.8% boys and 93.3% girls). Houses of 58.8% of surveyed pupils (60.1% boys and 57.1% girls) are supplied with cold water from the aqueduct and with hot water – 9.0% of pupils (9.3% boys and 8.7% girls). Have bathroom 67.0% of pupils (74.0% boys and 61.8% girls) and WC – 30.0% of pupils (32.8% boys and 28.0% girls). The houses of 75.9% of pupils have only heating stoves (74.9% boys and 76.6% girls). Homes of 8.0% of pupils are connected to the centralized sewerage (4.6% boys and 10.5% girls), concrete pit lid is used with the role of sewage by 63.5% of pupils (73.5% boys and 56.2% girls), while 28.5% pupils (21.8% boys and 33.3% girls) house is not provided with sanitation.

Conclusion: Conditions socio-economic living of pupils from rural areas of Moldova is relatively satisfactory, 4/5 of them had its own room, homes at 3/5 pupils are supplied with cold water from the aqueduct, more 3/5 pupils have bathroom in house and less than 1/5 have WC, 3/4 homes are heated with stoves in the cold and 1/4 not have any kind of sewage.

Key Words: socio-economic conditions, pupils, parental home.

INFLUENCE OF HEALTH CARE IN POPULATION OF SUMY CITY

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Reforming the health care system in Ukraine is one of the priorities of modern social policy and an integral part of the socio-economic transformation of the Ukrainian state as a whole, as highlighted in the Economic Reform Program. The main objective of the reform is to improve the health care of public health, to ensure equal and fair access of all citizens to health care of appropriate quality.

Objectives. The aim of the study was to analyze the real impact of health care institutions on the state of health of Sumy city. Research objectives were: to analyze key indicators of health status Sumy, study of doctors and hospital beds urban health facilities, to assess the health care institutions in amounts in terms of the actual number of patient visits to physicians outpatient departments, analyze performance workload of doctors from hospitals in the highest levels of hospitalization and to examine the effectiveness of hospital beds in hospitals, to analyze the real impact of the current system of health care on health indicators.

The study was performed using statistical, analytical and informative method, expertise and descriptive modeling. We analyzed the medical and demographic population Sumy, morbidity, disability and primary activity was investigated outpatient and inpatient facilities from the point of discharge of standard during their maximum load (January-March). The study showed that a significant positive impact, existing health care system on health Sumy were found. We observe a paradoxical phenomenon - in recent years, with increasing numbers of doctors in not achieved a significant reduction in mortality and morbidity. Increased morbidity cardiovascular diseases, particularly hypertension, malignant neoplasms and mental illness, increased mortality from tuberculosis are higher than the regional level primary disability. Along with the deterioration of the health care system in the last 10 years there were two opposite processes - increasing number of physicians (23.5%) and reducing the number of beds (34.3%).

Based on the study it can be concluded that the needs of the increasing number of physicians was not, as in the period of maximum load in January - March 2011 doctors ambulatory care settings perform the regulatory function only two-thirds. The family and local doctors perform it reached 94.6% in the "narrow" specialists barely exceeded half, and in-patient medical institutions function was performed at 60.3%. Analysis of the use of hospital beds has shown that employment rates beds in recent years, is lower than the regional and national figures (in 2011 it decreased to 313.2 days., The regional rate - 319.6 days, Ukraine - 326.9 days).

Conclusion. This study confirms the validity of reforming the health sector based on the priority of primary health care through the development of family physicians.

CHILDHOOD MALNUTRITION IN NAMIBIA

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2012 Nutrition country profile. HDI ranking: 128th out of 182 countries, Life expectancy: 61 years, Life time risk of maternal death: 1 in 1702 Under-five mortality rate: 42 per 1,000 live births, Global ranking of stunting prevalence: 56th highest out of 136 countries. Over one-third of child deaths are due to under nutrition mostly from increased severity of disease. Children who are undernourished between conception and age two are at high risk for impaired cognitive development, which adversely affects the country's productivity and growth. Survey in 2012 shows 29% of children under the age of five are stunted, 17% are underweight, 8% are wasted and 16% of infants are born with a low birth weight.

Comparison with Ukraine. The most recent MICS survey in 2012 did not have data on wasting among children, but it is expected that between 2000 and 2012, the percentage of wasted children did not deteriorate substantially as economic situation in Ukraine remained approximately the same during this period, with exception of 2008-2009 crisis where there might have been a slight chance in the nutritional situation deterioration. As per the pre-crisis data, the prevalence of wasting was far below the 5% acceptable rate by WHO.

Solutions to eliminate malnutrition. Increase nutrition capacity within the Ministries of Health and Agriculture. Improve infant and young child feeding through effective education and counseling services. Implement multiple solutions to tackle anemia including deworming and multiple micronutrient sachets for young children, and iron supplementation for pregnant women. Achieve universal salt iodization. Improve dietary diversity through promoting home production of a diversity of foods and market and infrastructure development.

PUPILS' KNOWLEDGE FROM A URBAN AREA CONCERNING THE HEALTHY EATING

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Introduction: The World Health Organization considers feeding one of the main risk factors in the emergence of non-communicable diseases. We proposed to develop a study for evaluating pupils' knowledge on healthy eating.

Materials and methods: For achieving the purpose and objectives, we used analytical, descriptive, sociological and statistical research methods. The research was conducted using an questionnaire on a sample of 1455 pupils (721 boys and 734 girls) from the VIIth -XIIth grade, from 10 high school from cities Chisinau and Balti.

Discussion results: Was found that 21.2% pupils consider that for being healthy is recommended to salt food after desire and 79.8% consider that consumption of salt have been limited. A healthy eating means two meals per day, answered 2.3% pupils, three meals - 49.1%, four and more - 47.1% pupils. Most of pupils mentioned that unhealthy foods are chips and snakes (86.1%), Coca-Cola (84.1%) and hamburgers, donuts and hotdogs (83.2%), pizza (56.8%),