

PMAN	9.40	9.40	71	12.45
USMF	9.50	9.50	71	12.55
Ion Aldea- Teodorovici	10.00	10.00	69	13.05
Str. Ion Pelivan	10.15	10.15	68	13.20
Sos. Balcani	10.30	10.30	67	13.35

Discussion results. Measuring and calculating the average noise levels are made in accordance with

SM GOST 31296.2-2006 (ISO 1996-2:2007), IDT " Noise. Description, measurement and assessment of noise." According to the legislation the maximum level of noise pollution must not exceed 70 dB. We conducted two sets of measurements-one in a rest day and the second in a working day. In both cases we attest overruns of the background noise in Chisinau areas.

Conclusion:It is important to implement some measures to combat the background noise, such as keeping windows in closed position and limiting the exhibition to noise action. In this way we can prevent negative action of the noise on the human body.

Key words: hygiene, noise pollution, physical factor, background sound.

227. SOCIAL ECONOMIC LIVING CONDITIONS OF PUPILS 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 783 pupils from Vth-VIIIth grades (358 boys and 425 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 Vth-VIIIth grades from rural areas of the Republic of Moldova have their own room in parental home in a proportion of 67.9% (73.1% boys and 63.6% girls, $p < 0.05$) and their separately bed - 89.3% of pupils (91.5% boys and 87.3% girls). Houses of 52.2% of surveyed pupils (57.9% boys and 60.1% girls) are supplied with cold water from the aqueduct and with hot water - 12.6% of pupils (14.9% boys and 10.7% girls). Have bathroom 65.5% of pupils (70.5% boys and 61.2% girls, $p < 0.05$) and WC - 26.5% of pupils (28.7% boys and 24.5% girls). The houses of 80.9% of pupils have only heating stoves (80.3% boys and 81.4% girls). Homes of 15.9% of pupils are connected to the centralized sewerage (17.4% boys and 14.6% girls), concrete pit lid is used with the role of sewage by 49.3% of pupils (48.0% boys and 50.5% girls), while 34.8% pupils (34.5% boys and 34.9% girls) house is not provided with sanitation. 50.9% of pupils said that are satisfied with the financial condition of

their family (54.2% boys and 48.2% girls), not very satisfied - 38.6% of pupils (38.4% boys and 38.8% girls) and 10.4% of pupils are not satisfied (7.3% boys and 13.0% girls).

Conclusion: socio-economic living conditions of pupils from rural areas of Moldova are relatively satisfactory, 2/3 of them have their own room, more than half are connected to the aqueduct, 2/3 have bathroom in the house and ¼ have WC, over 3/4 heat their homes in cold season with stoves, however just 10.4% of respondents are not satisfied with the financial condition of the family.

Key Words: socio-economic conditions, pupils, rural areas.

228. INTERDISCIPLINARY COLLABORATION BETWEEN PRIMARY HEALTH CARE AND OCCUPATIONAL HEALTH SERVICES

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Introduction: Employees' poor health is a major problem both nationally and globally. Healthy workers are the backbone of a prosperous economy, thus in preserving and strengthening employees' health is interested not only the employer but also the state.

Objective of the study: Analysis of interdisciplinary collaboration between primary health care and occupational health.

Materials and methods: Bibliographical-descriptive, analytical and comparative study of literature in occupational health and primary health care field.

Results: Occupational health and primary health care have close similarities in disease prevention and health promotion, early notification of professional diseases and vocational rehabilitation. According to WHO, the level of occupational and work-related diseases is growing, while globally only 10-15% of employees have access to occupational health services and the other 85-90% benefit only of primary health care services. So physicians are not only the connecting link between the patient / employee and occupational health specialist, but, in countries with rudimentary occupational health services, is the sole provider of occupational health services. It has been demonstrated that the major share of physicians have diagnosing professional illness as weakness due to the omission of the patient's occupation and lacks of knowledge about new technologies in the work processes. Unfortunately, in Moldova, there is a minimum intersection between occupational health and primary health care services in daily practice and in continuing medical education. Moreover, with population aging and the increase of retirement age we can expect a growing number of health problems among these economically active persons. Both occupational and habitual factors are important in determining health risks of a worker. Thus, physicians must understand the occupational health services and vice versa. This makes vital the productive collaboration between medical specialists in occupational health with physicians, organizing courses for physicians in the fields of labor hygiene and occupational diseases. An integrated approach of occupational health services and primary health care services will have a greater impact on the health of the working age population.