

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.

Conclusions: Physicians and specialists in occupational health are the main actors involved in the provision of occupational health services. The key to success in this area is initiating, maintaining and enhancing interdisciplinary collaboration between occupational health and primary health care services, and the consolidation of occupational health services.

Key-words: occupational health, employees, primary health care.

229. ADOLESCENT MOTHERHOOD AND ITS PUBLIC HEALTH IMPLICATIONS

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Introduction. Adolescent pregnancy and parenting are considered social and public health issues. For most of the adolescents, pregnancy and childbirth are neither planned nor wanted. Early motherhood increases the risks for both mothers and their babies. One goal of our study is to evaluate this risk.

Materials and methods. A total of 238 infants whose mothers were between 15 and 30 years old at the moment of birth were included in the study. All infants were hospitalized in „Dr. Victor Gomoiu” Children’s Clinical Hospital, Bucharest during August - October 2015. We collected data from the patients’ charts and compared the education level, living area, birth weight and smoke exposure of the adolescent mothers (<20 years old) with the mothers in the 20-35 age group (control group) using EpiInfo 7.1.4.0.

Results and discussion. Among all infants included in the study group 15.99% have adolescent mothers. A percent of 68.42% of the adolescent mothers had only primary education compared with 14.50% of the control group. Of the adolescent mothers, 5.26% have secondary school compared with 15% of the mothers from the control group. None of the adolescent mothers have university studies while 9% of mothers in the control group were graduated of an university. Pregnant teens and teen mothers should be encouraged and helped to continue schooling.

The risk of child neglect and maltreatment is higher among teenage mothers. In our study, 57.89% in the adolescent mothers group are exposing their infants to cigarette smoke compared with 47.50% of the mothers in the control group. Adolescents are more likely than older women to have a low or very low birth weight infant. Twelve percent of the mothers in the control group had children with low birth weight or very low birth weight compared to 21.05% of the adolescent mothers. Twenty one percent of the mothers ranged in the control group are living in rural areas compared to 47.37% of the adolescent mothers. Educational programs that give teen mothers the skills to be better parents and provide for their child financially and emotionally should be designed and implemented.

Conclusions. Adolescent motherhood is more likely in uneducated and rural communities. Most of the teen mothers have only primary education. Adolescent mothers and their babies have unique health