

Rezultate: La data de 01.04.2014 din numărul total de copii de vârstă școlară (7-18 ani), circa 135 mii copii erau fără supravegherea părinților, dintre aceștia circa 66% sunt copii care au un părinte plecat, iar în cazul a 34% dintre ei, atât mama, cât și tatăl sunt la muncă peste hotare. În anul 2015, au fost luați la evidență 4172 copii rămași fără îngrijire părintească (MMPSF, 2015). Dintre aceștia, aproape fiecare al treilea copil are vârsta cuprinsă între 11-15 ani (29,2%).

Privarea de grija părintească este considerată ca un factor de risc pentru starea de sănătate a copiilor.

Concluzii: Se impune elaborarea unui sistem național de evidență a copiilor afectați de migrație și a actelor normative sau strategiilor pentru protecția copiilor afectați de migrație. Se simte necesitatea abordării metodice specializate de informare a acestor copii, despre riscurile pentru sănătate, legate de utilizarea alcoolului, tutunului, despre alimentația nesănătoasă și, în special, despre bolile sistemului reproductiv și sarcinile premature. Dintre alte măsuri vom enumera: introducerea obligatorie a sistemului de tutelă pentru copiii ai căror părinți se află peste hotarele țării, pentru a evita apariția unor impedimente de ordin legal în acordarea asistenței medicale necesare; dezvoltarea, la nivel de comunitate, a unor centre de zi multifuncționale interdisciplinare care să includă servicii de informare, consiliere, educare a deprinderilor de viață, servicii de sănătate prietenoase copiilor.

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Kristina Papsejeva

**CREATING AND ENHANCING A MULTISECTORAL NETWORK TO HELP THE VICTIMS
OF SEXUAL VIOLENCE IN ESTONIA**
MA Estonian Sexual Health Association

Keywords: sexual violence, youth sexual health, sexual education

Aims: to give an overview of the sexual violence prevalence and impact in Estonia and the introduction of multisectoral network to help the victims of sexual violence.

Methods: Based on the 2015 study „Prevalence of sexual violence and attitude towards sexual violence in Estonia: review of studies“ conducted by Estonian Sexual Health Association. <http://www.estl.ee/admin/upload/Dokumendid/SV%20levimus%20ja%20hoiakud%20Eestis.pdf>

Results: In 2014 Estonian Sexual Health Association started with a project to help the victims of sexual violence. The project was funded by Norwegian and EEA Grants. The main aim of the project was to create and enhance multisectoral network to help victims of sexual violence and to maintain multidisciplinary services for the victims. Sexual violence is a crime of wide range in Estonia. According to FRA study (http://fra.europa.eu/sites/default/files/fra-2014-vaw-survey-main-results-apr14_en.pdf) 13% of women have experienced sexual violence since the age of 15 and by 5–6% of women since the age of 18. Younger women face a greater risk to experience sexual violence. Approximately half of the victims of sexual violence within the previous 12 months were 16–17 years old. Adolescents are at bigger risk to become the victims of sexual violence. The probability of becoming a victim of sexual violence increases considerably after the age of 12. In 5–12% of girls of the age of 16–19 years have experienced attempted rape and 5–7% of such girls have been raped. One myth that we have to refute is that typical sexual offender is not a stranger but is a person known to the victim (previous or current sexual partner, a spouse or a mate). Sexual violence causes long-term health disorders, including mental health disorders like depression and anxiety. Also the understanding of consent is problematic.

Based on the FRA (2014) study, 53% of all women in Estonia have experienced sexual harassment one way or another since the age of 15 (unpleasant remark, offensive sexualised jokes, unwanted proposals for intercourse etc). Physical sexual harassment has been experienced by 30% of women.

Conclusions: Adolescents are at bigger risk to become victims of sexual violence. To reduce the impact of the trauma to the health of victims and to help victims to become survivors, multidisciplinary services and multisectoral cooperation is crucial.

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Mairi Kaha

**SEXUAL EDUCATION AND YOUTH SEXUAL HEALTH CENTERS IN ESTONIA - ESTABLISHMENT AND
EFFECT ON SEXUAL HEALTH INDICATORS**
Youth sexual health center network, Estonia

Keywords: sexuality education, youth sexual health center network, Estonia

Aims: to give an overview of the development of the youth sexual health center network (2001); the introduction of comprehensive sexuality education (CSE) into school curricula; and their effect on the indicators of sexual and reproductive health.

Methods: Based on the 2011 UNESCO study on the cost-effectiveness of CSE in Estonia, the 2015 Qalys Health Economics study on the cost of the youth sexual health center network in 1991-2013 and the 2011 WHO study HIV Epidemic in Estonia: Analysis of Strategic Information. Other statistical data is from the yearly publications of the Estonian Health Development Institute and the Estonian Health Agency.

Results: Since the 1990s Estonia has seen substantial changes in sexual and reproductive health related attitudes, access to services and indicators. One of the key achievements is the establishment of the youth sexual health center network. The history of the network can be divided into several stages: from the initial idea to a few project-based centers up until a unified state-funded network. It is coordinated by the Estonian Sexual Health Association (ESHA) and financed by the Estonian Health Insurance Fund and the Estonian Health Development Institute. Stable and transparent financing by the state was the prerequisite of strategic planning and the development of universal quality standards. WHO has recognized the work of ESHA on youth sexual health center network as a best practice model (http://whqlibdoc.who.int/publications/2009/9789241598354_eng.pdf).

Human studies (incl sexuality education) first became a part of the compulsory school curriculum in 1996. Curricula were updated in 2002 and 2010. Around 18% of the subject now focuses on CSE.

The abortion rate has dropped from 70 (1992) to 16,78 (2015). Teen pregnancy rate has also decreased markedly. In 2015 the was birth rate of girls 15 - 19 almost 14, and abortion rate 16,08

The 2011 UNESCO study illustrated that school-based sexuality education together with youth sexual health centres are cost-effective in preventing HIV and unwanted pregnancies.

Analysis of Strategic Information of HIV epidemic in Estonia has shown if those trends continue (compulsory high quality sexuality education, services of youth counselling centres, the decline in newly diagnosed HIV cases among IDUs) it may be possible to avoid a big increase in heterosexual HIV transmission in the general population.

Conclusions: The significant positive changes in sexual and reproductive indicators in Estonia over the past 25 years can largely be attributed to the establishment of youth sexual health center network as well as the introduction of compulsory sexuality education.

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PSYCHOLOGICAL CONDITION AND SUPPORT REFUGEES TEENAGERS

1 - Integration program "Big brother, big sister" implementation influence

on integration and psychological condition of IDP teenagers

2 - Tbilisi State University; Association "Psychea"

We supposed that implementation of new integration program should help improvement of integration and psycho- social condition of IDP teenagers.

In accordance with UNHCR, there are more than 15 000 refugees in Shida Kartli after 2008 August war. Most of forces relocated youth faced warfare; some of them were the victim of violence. Most of the young people not employed and they don't know what they may expect from future. They don't know how to deal with mental health problems, suicide statistics are extremely alarming. We would report the last case, when young man, who was 20 year old, uploaded war photos to social web page and then carried out a suicide. It seems difficult to integrate with the local youth. This is the typical situation of young people in the IDP settlements.

We provided investigation, which took place before implementation of integration program, there was appeared depression, high rates of anxiety, low ability of stress reduction, integration with the residents was evaluated with low rates by the IDP teenagers.

Estonian colleagues shared experience in modern integration program under the project- "older brother, older sister", which one we have introduced further IDP youth.

Please see enclosed the data before integration program implementation and post:

Research and Analysis of IDP's (teenagers) Psychological Conditions and quality of integration

- The Research involved **250** IDP teenagers from **5** settlements of Gori Rayon - Karaleti, Berbuki, Khurvaleti, Shavshvebi and Verkhvebi

- The Research involved equally **50** teenagers Internality Displaced Persons per settlement

Assessment Scales:

- Anxiety, depression and stress assessment scales have been used in the research
- Spilberger's anxiety scale - allows to identify anxiety and makes a definition whether the stress is caused by personal characteristics or a situation
- Depression scale - identifies depression and determines its severity (heavy, medium, light)
- Stress Reduction skills scale - helps to ascertain how people cope with stress;
- Scale scores, which evaluated the integration of young IDP.

Results – Anxiety:

- High levels of the anxiety was detected in 92% of respondents
- 90% of detected anxiety comes from current being of the persons, 10% is due to their personal characteristics. Such results are directly related to resent psychological trauma of the respondents, and are closely connected to their current life
- The ongoing problems of IDP and their unclear future – "Fear of the Future" is also a big source of the anxiety.

After: Anxiety had been 37%, from this figure 11% of personal anxiety, situational - 26%

Results - Depression:

13% has not detected depression; 51% light depression (50-59 points) ; 32% medium Depression (60-69 points) ; 4% heavy depression (70 points or higher)

After: 63% has not detected depression; 20% light depression (50-59 points); 16% medium Depression (60-69 points); 1% heavy depression (70 points or higher)

Results – Stress: 78% of the respondents showed very low ability to overcome stress .

After: Only 12% of the respondents showed very low ability to overcome stress.

Results- Evaluation of integration quality:

72% of youth noted that it is difficult to integrate with the local youth.

After: Just 17% of youth noted that it is difficult to integrate with the local youth.

The results clearly showed the correctness of our opinion, that: use of integration program improves psychological condition and quality of integration.

Eșanu Veronica, Ina Paliu, Eșanu Valeriu

SINDROMUL METABOLIC LA COPIII CU PATOLOGIE CARDIACĂ

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Cuvinte cheie. Sindrom metabolic, copii.

Relevanța subiectului. Sindromul metabolic (SM) în pediatrie rămâne pînă în momentul de față o problemă medicală de actualitate, fiind considerată una din cele mai importante cauze de morbiditate și mortalitate cardiovasculară.

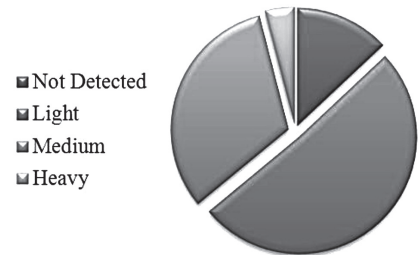


Fig. 1 Results - Depression