

## Some Aspects of Knowledge and Attitudes of Medical Students Regarding Sexual Education and Information

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Within the last decade, the indicators of unsafe sexual behavior (incidence of Sexually Transmitted Infections STIs, unwanted pregnancy) have grown significantly, especially among the young people. Cumulatively there have been 4,131% new cases reported of 2007, including about 33% reported during 2006-2007 alone. A stable increase in the number of newly reported HIV cases can be seen over the last 8 years. Out of 731 newly reported HIV cases in 2007, about 63.2% have been transmitted sexually. Since 2005, the sexual route of transmission has been prevailing and there are steady trends of up-surfing rates of sex route among the newly reported cases. Thus, women account for most of the newly reported HIV cases with sexual route of transmission (57.2% - 2006; 66.2% - 2007). The coverage of pregnant women with HIV testing during 2003-2007 is within the 96-99.4% range (prevalence among pregnant women going up 0.1% -2005; 0.21% -2006; 0.23% -2007). This article reflects the analyses research case/test organized in November 2009 in the Orhei Medical School and SMPhU. The scientific sample was presented to 81 students: 41 of Medical School from IV year and 40 of SMPhU from II year. The young in the both groups had the same (18-20 years) age. Results One of the objectives assayed was – from where do young people receive information about Prevention of STIs – who is a trustworthy person for young – as we wished to receive information about this subjects. In the questionnaire were proposed questions with truthful & wrong answers. It is mentioned that medical students from Medical School in 13.2% cases were presented wrong answers, in compared than students from SMPhU in 33.9% cases. They were asked to indicate the necessity of providing reproductive health and sexual education (prevention STIs, contraception, conception). In the 87.9% cases respondents answered that the first discussion on this topic they had with friends/colleges. The second position had a lyceum or gymnasium teacher 64.3%. And only, the third in order was family 45.2%.The young people were asked about consequences of STIs. In the majority cases they presented neurophysiology (76.7%) and socio-morally (98.8) watches. The physical and sterility (32.2%) was mentioned in the last order. Discussions The KAP in RM - survey carried out in 2008 among young people, ages 19-24, indicate worrisome lower condom use rates among young women, only 35.8% of young women reporting condom use at last contact compared to 67.1% of young men. Anecdotal evidence suggests that are differences between men and women in the ability to negotiate safer sexual behaviour. The same quality researches are necessary for improved informative / educative processes in the management of reproductive health medical services, of preventions STIs.

## The Demographical and Health State Indicators a Pre-School Population During 2003-2008 Years

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In the forth objects of the National Report Millennium Development Goals Report: "New Challenges – New Objectives" was said to reduce by two thirds, between 1990 and 2015, the under-five mortality rate. In 2003 the official Medical Statistics Reports registered indicators of health of children under 5-years. During 2002-2008 the MH of RM supported UNICEF implementation

National Strategy "Integrated Management Children Illness". In this period were organized a lot of researches regarding this topic. In this item was described "Women perceptions of access to health care"; "Immunization coverage"; "Incidence of Acute infections and Fever and Diarrhea"; "Breastfeeding and Supplementation". The research was realized by the base of descriptive epidemiological, historical methods and meta - analyze previous works. Results During 2001-2007 years was registered a decrease of children population under-5 years with 7, 8 million people. Thus, in this period children were reduced with 1.32 million people every year. Mortality under-5 years were contacted 17.8‰ in 2003; 14.0‰ in 2007 and 14.4‰ in 2008. Also, for District - locations were 9.8 in 2007; 10.8 in 2008. And for Municipality- locations were 15.2‰ in 2007; 15.5‰ in 2008. It was contested that this indicator didn't depend on geographical regions but depended on territorial-administrative regions. In the structure of children's causes of death the first were perinataly diseases (31.7‰); the II were congenitally malformations (30.3‰); III- respiratory illnesses (13.7‰); IV- respiratory illnesses (11.7‰). The other indicator of Morbidity/ Incidence under 5-years was predominated in Municipality- locations in comparison with District-locations. In the previous works was observed that these indicators are in direct relations. The first positions in incidence structure were the respiratory illnesses (435.4‰ in 2008). There isn't in the official statistics reports data about physical behaviour but there is data about result' prophylactic exam of preschool population. This indicator is in direct relationship with the morbidity under 5-years. Also, data about physical retard is in direct relationship with indicators – disability children populations. It is necessary to implement an indicator for disability of children under 5-years and other indicator of children population under-5 years. Conclusions It's very important for the improvement of management medical care for children under-5 years to implement a qualitative indicator of health state of preschool children in the Primary Medical Care.

## Profile of Smokers Seeking a Smoking Cessation Program

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To evaluate the characteristics of smokers seeking treatment in public smoking cessation program "STOP FUMAT". We made a retrospective evaluation of data collected during the interview for enrollment in the smoking cessation program. The participants completed questionnaires related to smoking history, history of psychiatric disorders, depression, anxiety and history of comorbidities; demographic variables (age, gender, ethnicity, education), body weight and measures of nicotine dependence were made. Between January of 2009 and January of 2010, 527 smokers were evaluated and received individual counseling. More than half of the subjects had high degree of nicotine level, comorbidities, were female with a mean age of 50 years. Smokers seeking assistance for smoking cessation were socially disadvantaged, presented a high degree of nicotine dependence and had previously made smoking-cessation attempts without the benefit of a structured program. Smoking control interventions should take into consideration the general characteristics of the smokers treated via the public health care system.