

VISITS TO THE DOCTOR OF SECONDARY PROFESSIONAL SCHOOL STUDENTS FROM DISINTEGRATED FAMILIES

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Summary

Share of boys from temporarily disintegrated families who say that they have never consulted doctors in the absence of any hurts or diseases (55,3%) or the dentist for a check-up or dental treatments (47,4%) is higher compared with those from complete families (resp. – 45,7% and 37,0%). In the group of questioned girls, this difference is not so evident: 46,4% girls from temporary disintegrated families (complete families – 49,6%) have never consulted the doctor without being sick or injured or the dentist – 37,3% (complete families – 41,2%).

The main reason why students visited the doctor last year was health problems (illness) and specific for boys also accidents/injuries and less in order to undergo a medical examination in the absence of disease or health problems. The main reasons they cancel the family doctor's visit are the lack of money (more important for girls), lack of time, and some have waited to see if the health problem will be overcome without doctor's intervention.

Key words: visits to the doctor, students, disintegrated families.

Rezumat

Adresabilitatea la medic a elevilor școlilor secundare profesionale din familiile temporar dezintegrate

Cota băieților din familiile temporar dezintegrate, care declară că nu au apelat niciodată la medic fără a fi bolnav sau rănit (55,3%) sau la medicul stomatolog pentru o verificare, detartraj sau alte tratamente stomatologice (47,4%) este mai mare comparativ cu cei din familiile complete (respectiv – 45,7% și 37,0%). În lotul fetelor supuse chestionării această diferență nu se atestă: 46,4% fete din familiile temporar dezintegrate (în familiile complete – 49,6%) nu au apelat niciodată la medic fără a fi bolnave sau rănite sau 37,3% – la medicul stomatolog (în familiile complete – 41,2%).

Motivul principal pentru care au apelat elevii ultima dată la medicul specialist au fost problemele de sănătate (boală), iar pentru băieți și accidentele/leziunile) și mai puțin cu scopul de a face un control medical în lipsa unei boli sau a unei probleme de sănătate. Motivele principale pentru care elevii au renunțat la vizita medicului de familie sunt: lipsa banilor (mai important pentru fete), lipsa de timp, iar unii au așteptat să vadă dacă problema de sănătate va fi depășită fără interacțiunea medicului.

Introduction

Visits to the doctor for examination, in the absence of apparent disease, is an indicator of medical culture and an important factor in early detection of diseases.

Processing of collected information about addressability of population from medical institutions is the basic method in the study of morbidity. This evidence has an informative or signaling character. The conclusions are based on the relative prevalence and morbidity of population dynamics. (1)

Accessibility of the health services is one of the main indicators of community health assessment. (2)

To study public opinion, questionnaire method is commonly used and allows detecting weaknesses in medical care. (3)

Morbidity from addressability of secondary school students from Moldova was studied based on the results of students who were rendered medical assistance with extracting data from medical institutions records. (4)

The aim of the study

Considering the high rate of secondary school students who are not with their parents, because they work abroad, it is necessary to determine if it is any difference in medical addressability of students from temporarily disintegrated families compared with those of complete families. To realize this object the questionnaire method was used, which admits to collect in less time a lot of necessary information about morbidity.

Materials and methods

For studies students of 14 secondary vocational schools with the three years term training were analyzed. Two institutions are situated in Chisinau and 12 in rural areas. Using the questionnaire method, 764 people, including subjects from temporarily disintegrated families - 217 (84 girls, 133 boys), information about students visits to the doctor was collected (what doctor they visited last, accessibility to medical services, etc.). Analysis of the results was made according to school, year, sex of subjects and place of residence of students from temporarily disintegrated families.

Results and discussions

The share of boys from temporarily disintegrated families who say they have never visited the doctor without being sick or injured (55,3%) or dentist for a check, scaling and other dental treatments (47,4%) is higher than in those from complete families (45,7% and 37,0% respectively ($p < 0.05$)). In the group of girls subjected to questioning this difference is not observed: 46,4% girls from temporarily disintegrated families (in complete families – 49,6%) have never visited the doctor without being sick or injured and 37,3% to a dentist for a check, scaling and other dental treatments (in complete families – 41,2%). In the last year, prior to questioning, 35,7% of boys and 28,0% of girls were consulted by a doctor without being sick or injured or 38,6% of girls and 24,8% of boys from temporarily disintegrated families were sent to a dentist for a check-up, scaling and other dental treatments. Boys from temporarily disintegrated families, compared with girls and boys from complete families show a lower rate of visits to the doctor for consultation, especially to the dentist (there is a high share of students who have not consulted the doctor in the last 1-2 years and more).

Table no 1. Addressability of students to the doctor for consultation (%)

Frequency of addressability	Complete families				Temporarily disintegrated families			
	Girls		Boys		Girls		Boys	
	N ₀	%	N ₀	%	N ₀	%	N ₀	%
Never	127	49,6	127	45,7	39	46,4	73	55,3
More than 24 months ago	18	7,1	29	10,4	5	6,0	10	7,6
Between 12 and 24 months	19	7,4	32	11,5	10	11,9	12	9,1
Last 12 months	92	35,9	90	32,4	30	35,7	37	28,0
Sum	256	100,0	278	100,0	84	100,0	132	100,0

Table no 2. Addressability of students to the dentist for consultation (%)

Frequency of addressability	Complete families				Temporarily disintegrated families			
	Girls		Boys		Girls		Boys	
	№	%	№	%	№	%	№	%
Never	106	41,2	104	37,0	31	37,3	63	47,4
More than 24 months ago	34	13,2	45	16,0	13	15,7	19	14,3
Between 12 and 24 months	30	11,7	45	16,0	7	8,4	18	13,5
Last 12 months	87	33,9	87	31,0	32	38,6	33	24,8
Sum	257	100,0	281	100,0	83	100,0	133	100,0

The main reason why students from temporarily disintegrated families consulted last time a doctor was health problems or illness (46,8% girls and 30,8% boys) and for boys accidents or injury/injuries too (29,2%) and less for a simple medical exam (in the absence of illness or health problems).

Most commonly visited doctors and specialists by students from temporarily disintegrated families are gynecologist (for girls), cardiologist and surgeon (often for boys).

The main reasons why students from temporarily disintegrated families have not visited the family doctor are: had no health problems till today (girls – 63,2%, boys – 67,7%), lack of money (more important for girls – 13,2%, boys – 5,6%), lack of time (girls – 10,5%, boys – 8,9%) and some of them waited to see if the health problem will be overcome without doctor interaction (girls - 6,6%, boys – 9,7%).

Table no 3. The reason why students ignore to visit the family doctor (%)

Reasons	Complete families				Temporarily disintegrated families			
	Girls		Boys		Girls		Boys	
	№	%	№	%	№	%	№	%
Do not have health problems	162	66,1	169	64,0	48	63,2	84	67,7
Lack of money	25	10,2	18	6,8	10	13,2	7	5,6
Lack of time	28	11,4	36	13,6	8	10,5	11	8,9
The need to move a short distance	2	0,8	3	1,2	1	1,3	2	1,6
Do not trust doctors	3	1,2	9	3,4	-	-	1	0,8
Fear of medical staff	1	0,4	4	1,5	1	1,3	2	1,6
Parents know how to treat them	5	2,1	7	2,7	3	3,9	5	4,0
Waited to see if the health problem will be overcome without doctor`s interaction	19	7,8	18	6,8	5	6,6	12	9,7
Sum	245	100,0	264	100,0	76	100,0	124	100,0

Conclusions

1. High share of students that have never visited the doctor, especially dentist, for consultation without being sick or injured.

2. Boys from temporarily disintegrated families, compared with girls and boys from complete families show a lower visit rate to doctors.

3. The main reason why students gave up visiting the family doctor is that they had no health problems.

Recommendations

It is necessary to train the students in secondary vocational education institutions to do the medical check-ups regularly for maintaining a good health condition.

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ACCIDENTELE PRODUSE ÎN CONDIȚII CASNICE – UNA DIN PROBLEMELE LOCUINȚEI MODERNE

Ovidiu Tafuni

Catedra Igienă generală USMF “Nicolae Testemițanu”

Summary

Accidents produced in home conditions – one of the problems of modern dwelling

As a result of several studies abroad and national sociological studies have shown that the growing of household accidents frequency, moreover, each fourth infantile decease in our country is caused by home accidents. Every day 145 children have suffered from accidents produced in home conditions. At least 6 children up to 5 years to arrive daily at the hospital after home accident.

The frequency of accidents depends on vulnerable dwelling which are in the growth and quality of children surveillance which are in diminishing due to the insufice of supervisors vigilance who are responsible for children.

Rezumat

În rezultatul a mai multor studii de peste hotare cât și a studiilor sociologice naționale s-a demonstrat că frecvența accidentelor casnice este în creștere, mai mult decât atât, fiecare al patrulea deces infantil în țara noastră este cauzat de accidente casnice. În fiecare zi 145 de copii au de suferit în urma unor accidente produse în condiții casnice. Cel puțin 6 copii de până la 5 ani ajung zilnic la spital după ce se accidentează acasă.

Frecvența accidentelor casnice depinde gradul de vulnerabilitate a locuinței care se află în creștere și de calitatea supravegerii copiilor care este în scădere datorită vigilenței insuficiente din partea supraveghetorilor copiii de care sunt responsabili.

Scopul și obiectivele

Lucrarea a avut ca scop să efectueze sinteza informației despre accidentele casnice, factorii de risc potențiali, care pot servi drept cauză pentru a cunoaște situația reală din domeniu. Propunerea unor acțiuni adecvate de profilaxie.