ranging from increased morbidity, unhealthy diets to low self esteem, depression. Female college students and adolescents have been reported as the most vulnerable population in studies conducted by Mooney et al (Ireland), Davies and Furnham (Britain) and many other authors. Thus, the research question: What is the prevalence of obesity, weight perceptions and weight controlling practices undertaken by female college students in Kerala, India. A Cross-sectional survey was done among 497 girls in the age group 17-20 years studying in college. A pretested questionnaire was used to collect the socio-demographic data, data on weight control practices and weight perceptions. Weight was measured to the nearest 1 kg using a calibrated weighing machine and height was measured to the nearest 1 mm using a stadiometer. BMI categories: Underweight < 20, Normal 20-24.9, Overweight 25-29.9, Obese >30. The prevalence of obesity was found to be 4.6% while 46% were underweight even though 55% of the study population belonged to the affluent society. Concerning weight perception, 38.3% of students overestimated their weight and 31.3% underestimated their weight. 41.6% of normal weight and 46.7% of underweight subjects were dissatisfied and overestimated their weight, while 51.5% of the obese subjects have underestimated their weight. 30.67% of girls desired to lose weight out of which only 16% adopt exercise as their practice to lose weight while the rest adopt unhealthy dieting practices. 28% of the subjects skip breakfast as a means for the same. Conclusion: In this study the prevalence of obesity was found to be 4.6% which is significantly lower than that in developed countries. However, even though majority of the study population belonged to affluent society the prevalence of underweight was found to be 46%. More than 70% of the subjects have false perceptions regarding their weights. Majority of the subjects resort to unhealthy eating practices, as a means to control weight and this in turn may lead to hazardous effects in the future.

Nutrition Peculiarities of an Under School Age Childs Group From Negresti City, Romania

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Assessing the preschool child's nutrition, appreciation of the relationship that exists between child's nutrition and maternal educational level. Study group included 134 preschool children from" Whipster" Kindergarten No.1, in Negresti City, Vaslui County, Romania. Mothers responded to a questionnaire on the different food weekly consumption frequency. We insisted on the use of milk and dairy products, eggs, fish, fat, meat, vegetables, sugar products, cereal products and fruits. Statistical data were processed using Pearson test. We used the different kind of food frequency questionnaire, and then we realized that nutrition correlation with maternal education. Daily consumption of milk appears in 58.9% of cases. Unfortunately, there are also cases with rare consumption of milk (once a week) (12.7%). Daily consumption is dominant regardless of maternal education (p> 0.05). Cheese is mostly consumed 2-3 times per week (40.3%). Unfortunately it also appears null variant (8.9%), which is gravely. In majority, egg consumption is 2-3 times per week (57.5%). Again, the null responses (4.5%) and those of daily consumption (3.7%) are alarming us. Especially animal fats are consumed 2-3 times per week (34.3%) or once a week (32.8%). In studies, differences appear only in beef meat consumption where mothers with secondary education level refuse to give it (p<0.05). Mothers with secondary education give daily potatoes, while in other cases, the dominant use is 2-3 times (p<0.01). Dry bean consumption is very varied, with statistically significant differences (p<0.05). Sweets are consumed mostly by 2-3 times (29.1%) and daily (38.1%). Daily consumption is dominant in mothers with secondary education, vocational, highschool and university. Those with post-high-school studies use 2-3 times, so that differences that appear are statistically significant at p <0,001. Cereal products provide more calories, so that

excessive consumption is not favorable. There is consumption of 2-3 times (34.3%) or once (41%), but also daily (6.7%). The studies report that there is a small or apparently absent consumption in mothers with secondary education, while in rest, consumption is 2-3 times a week (p<0.05). Mainly, eating habits are different, but consumption exists, which is a positive thing. Conclusion: There are many problems related to infant's nutrition. In some cases, cheese, eggs, fish, fats are absent in their diet. In other cases, some products are excessively consumed. So, cereals derivatives and sugar products are frequently consumed daily, which is a risk factor. The target of such studies are the specialists, and national priority programs should be discussed (a national program of fruits consumption would be beneficial for these children).

Economic Impact of Iron Deficiency Anemia for the Republic of Moldova

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To estimate the economic impact of iron deficiency anemia associated with cognitive deficits in young children and productivity losses in adults for the Republic of Moldova (RM). Methods. To assess the economic losses caused by iron deficiency anemia we used algorithms proposed by Jay Ross and Susan Horton in the work "Economic consequences of iron deficiency", data from the Demographic and Health Survey, 2005 (DHS) and Statistic Yearbook of the Republic of Moldova. Iron deficiency is the most common nutritional disorders in the world that frequent leads to anemia. A lot of studies document association of iron deficiency anemia (IDA) with poor motor and mental performances in children, low work productivity in adults, and poor pregnancy outcome. The consequences of iron deficiency are extending far beyond the population with iron deficiency anemia due to many physiological functions of iron other than its role in hemoglobin synthesis. Combining the effects of childhood anemia on cognitive achievement with those of adult anemia on physical productivity, total productivity loss due to iron deficiency anemia was estimated from the following: Cog loss + BC loss + HML loss = [0.04 x WS x GDP/cap x Pr(child)] + [0.01 x WS x BC Share x Pr(child)] + [0.01 x WS x BC Share x Research of the content oGDP/cap x Pr(adult)] + [0.12 x WS x HML x GDP/cap x Pr(adult)] Where: Cog loss is productivity losses due to lower cognitive scores related to childhood IDA; BC loss - losses in productivity for blue-color workers; and HML loss - losses in productivity for blue-color workers performing heavy manual labor; WS - wage share (labor) in GDP; GDP/cap - per capita GDP; BC Share - share of blue collar employment in total employment; HML - heavy manual labor share in GDP; Pr (child) prevalence of anaemia in children; Pr (adult) - prevalence of anemia in children. Applying the most recent data (the last study that evaluates prevalence of anemia was done in 2005 - DHS) we calculated total productivity loss due to iron deficiency anemia for the RM: Cog loss + BC loss + HML loss = $[0.04 \times 0.38 \times 10225 \text{ lei} \times 0.33)] + [0.01 \times 0.38 \times 0.36 \times 10225 \text{ lei} \times 0.195] + [0.12 \times 0.195] + [0.12 \times 0.38 \times 0.36 \times 10225 \text{ lei} \times 0.195] + [0.12 \times 0.38 \times 0.36 \times 10225 \text{ lei} \times 0.195] + [0.12 \times 0.38 \times 0.36 \times 10225 \text{ lei} \times 0.195] + [0.12 \times 0.38 \times 0.36 \times 10225 \text{ lei} \times 0.195] + [0.12 \times 0.38 \times 0.36 \times 10225 \text{ lei} \times 0.195] + [0.12 \times 0.38 \times 0.36 \times 10225 \text{ lei} \times 0.195] + [0.12 \times 0.38 \times 0.36 \times 10225 \text{ lei} \times 0.195] + [0.12 \times 0.38 \times 0.36 \times 10225 \text{ lei} \times 0.195] + [0.12 \times 0.38 \times 0.36 \times 10225 \text{ lei} \times 0.195] + [0.12 \times 0.38 \times 0.36 \times 10225 \text{ lei} \times 0.195] + [0.12 \times 0.38 \times 0.36 \times 10225 \text{ lei} \times 0.195] + [0.12 \times 0.38 \times 0.36 \times 10225 \text{ lei} \times 0.195] + [0.12 \times 0.38 \times 0.36 \times 10225 \text{ lei} \times 0.195] + [0.12 \times 0.38 \times 0.36 \times 0$ $0.38 \times (0.575 \times 0.16) \times 10225$ lei $\times 0.195$] = 62.38 lei This calculation yields an annual loss of 62.38 lei MD per capita in 2005, equivalent to 0.61% of GDP for this year. Effect associated with cognitive deficits in children and low work productivity in adults provides the justification to the urgent need to prevent iron deficiency in all groups of population, beginning with young children.