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Social work in the context of globalization

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In the article are reflected some specific aspects of social development determined by conducting intensive processes of globalization. Author mentions that in these circumstances social workers must be prepared considering local, community and their own country's requirements to activate in an interdependent world, which, undoubtedly, generates the need for them to review their knowledge and practice through the events and international perspectives.

In the context of social problems, intensified or generated by the processes of globalization, in the last decades the interest in international social work has revived.

A significant role in shaping the skills needed to meet global challenges and in developing international dimensions of social work belongs to university education. There are analyzed in the article some social work programs aimed at preparing students for work in new conditions of globalization.

In the context of modernization of education requirements, the last two decades it speaks more about construction of a common European Higher Education Area (EHEA), based on the objectives of the Bologna Process. The development of social work in the context of the creation of an European/global educational area implies the harmonization of standards and scientific approaches in teaching, developing common requirements to specializations of social workers, specialized content and volume practice, the inclusion of advanced technology training, lifelong learning development, distance learning, etc. An important step in promoting social work as a profession with an international dimension is related to the creation of Global Standards for the Education and Training of the Social Work Profession (2004, Adelaide).

A great potential in the development and internationalization of social work education is contained in the international projects. The beneficial impact of these projects was felt in the development of Social Work specialty within the Department of Sociology and Social Work of Moldova State University. The most important thing the Department of Sociology and Social Work realized by implementing projects is related to curriculum renewal in accordance with the recommendations of the Bologna Process and labor market requirements, and therefore in creating the possibility of training social workers, able to adapt to new national and international requirements.

A significant role in modernizing the curriculum has been played by Tempus projects "Child Rights Education Development in Moldova and Serbia" (2006-2008), "Professionalization of Social Work Education" (2009-2011), "Masters programmes in public health and social services" (2010-2013).

Through these projects two bachelor level specializations have been opened "Social work for family and child at risk", "Social work for the elderly" (the project Professionalization of Social Work Education) and three masters programs: "Childhood education and child rights" (the project Child Rights Education Development in Moldova and Serbia), "The management of social services" (the project Professionalization of Social Work Education), "Family centered social policies" (the project Masters programmes in public health and social services). This is a first experience in Moldova; when country pass from the general approach of social workers training (undergraduate level) in specialized training areas.

In the author opinion, the internationalization of social work education is a very cumbersome process, but an inevitable one in the context of globalization, and requires a dialectic approach by which to establish a viable balance between national and international components.

Antimicrobial susceptibility of Salmonella spp. strains isolated in the Republic of Moldova

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Salmonella spp. are among the most common nutritional diseases, contaminating human body by eating infected food or drinking infected water. The most exposed groups to the risk of developing an infection with Salmonella spp. are children, elderly and people with immune system problems. The incidence of acute intestinal infections (AII) in the Republic of Moldova remains high. For example, in 2010 there were 35,1 cases of salmonellosis per 100 000 population. The purpose of the study was to determine the antibiotic susceptibility of Salmonella spp. circulating in the Republic of Moldova.

Material and methods. The study included 218 strains of Salmonella spp., including Salmonella Enteritidis 143 cultures and 75 cultures of Salmonella of other serovariants. Antimicrobial susceptibility profiles of the isolates were determined by the disk diffusion method according to the CLSI guidelines (Clinical Laboratory Standards Institute, 2009).

Results. In the study, during January 2011 - April 2012, were processed 218 Salmonella strains isolated from sick and clinically healthy people. Salmonella were isolated and identified by gender of the classical microbiological methods and standard serological up at serovariants type. Proportion of serovariant S. Enteritidis was 65,6%, the S. Typhimurium of 12,71%, the S. Hadar and S. Blegdam of 7,63% and 3,39%, S. Infantins - 1,69%, 8,98% of the strains are from other serovariants. The results coincide with the literature date, is known that S. Enteritidis and S. Typhimurium are serovariants most common in the human population, representing the most common cause of food poisoning. Among the tested antibiotics, Salmonella strains showed a constant sensitivity to cefamandole, cefotaxime, meropenem, ampicillin, amikacin, tobramycin, ciprofloxacin and chloramphenicol. In terms of antibiotic resistance, the highest percentage of resistance was for furazolidone (66,95%), cefalotin (40,68%), nalidixic acid (28,81%), piperacillin / tazobactam (24,58%) and kanamycin (16,95 %). The number of Salmonella strains resistant to an antimicrobial agent was 81 (37,1%) strains, 34 (15,6%) strains are resistant to 2 antimicrobial agents, thus confirm the movements of polyresistant strains in the human population. Resistance profile for the 143 strains of S. Enteritidis, shows that 16,95% of strains were resistant to more than one antimicrobial agent, and at 5 (3,5%) strains was evident resistance to four antibiotics, confirming the presence of multi-resistance to this serotype.

Resistance to furazolidone, cefalotin and nalidixic acid was the most common resistance profile found at strains Salmonella. Reported increased sensitivity to fluoroquinolone (ciprofloxacin) and to third generation of cephalosporins are encouraging findings from the public health perspective. Meanwhile, the detection of Salmonella strains resistant to ceftazidime (9,32%), third generation of cephalosporins, emphasizes the importance of monitoring of antimicrobial resistance in order to detect new trends and emergences of resistance. At this point it is important to mitigate the social impact of the phenomenon of multiple resistances to anti-infective chemotherapies, by optimizing use of existing antibiotics, formulating strategies to reduce till the total loss of bacterial strains with multiple resistances to antibiotics.

Conclusions

1. Among the isolated enteropathogens circulating in the Republic of Moldova, revealed multidrug-resistant Salmonella spp.
2. Taking into consideration the high level of resistance of the tested strains of Salmonella to cephalothin, nalidixic acid and ceftazidime, the above-mentioned antibiotics should not be used for empirical therapy of acute intestinal infections.
3. In the scheme of empirical treatment of severe forms of acute intestinal infections of bacterial etiology may be included drugs such as fluoroquinolones, cephalosporins III generation.

The intersectorial mechanism of cooperation in the promotion of healthy life-style

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Health promotion is considered an umbrella for a number of medical and social activities that includes: work with communities in order to prevent the occurrence of diseases, health policies, environmental protection measures, regulatory activities and health education programs.

There are five determinants categories of factors of health status:

1. Age, sex, hereditary factors;
2. Individual lifestyle factors;
3. Community and social influence;
4. Living and working conditions;
5. General socio-economic, cultural and environmental conditions.

The recognition that health was determined by several factors contributed to the establishment, in the contemporary society, of the intersectorial coordination mechanism for health promotion activities. Encouraging potential for health promotion in various sectors and various levels of society favored the liquidation of barriers between sectors and for the creation of partnerships for health. Key elements of successful intersectorial collaboration are: a common vision, clarity of roles, rules, procedures and responsibilities for all beneficiaries and the active involvement of all members, effective communication between members, positive interpersonal relationships, conflict resolution, decision agreement, development of human resources; perception of benefits opposite the cost.

Intersectorial collaboration is considered a key element in the implementation of health promotion programs at the Community level, but still remains a new direction and less studied in Moldova. Unfortunately, the promotion of healthy lifestyle is not perceived as a priority by local public administration. This is probably caused by misunderstanding of the role of health promotion, the insufficient involvement of intersectorial cooperation, local budgets do not include maney for health promotion, the underdevelopment of human resources, the passive attitude of health and social workers and of the population on this issue.

We can see that weak points in the implementation of health promotion to the community level are: local public authorities vision about the full responsibility of the health care system for public health and the neglect of social services, weak understanding of the concept of health promoting by population, preferences to the curative services and the passive attitude towards their own health, etc.

Strong points are: the recognition of health promotion as a priority and positive intersectoral experience collaboration in some localities of the country.

A relevant study in this area was conducted by UNICEF Moldova (2005) Young people's health and development. Young people in the Republic of Moldova are more vulnerable than their peers in European countries and need today, more than ever, support from the government, access to quality education, health and social services. 55.7% of young people believe that their health is good, 18.9% - satisfactory, and just 23, 4% is bad. 62.3% of young people believe that they personally are responsible for their health, 44.3% - family and 36.3% - medical workers. To the question from where they gain knowledge on healthy lifestyle 72, 9% of the respondents said that from their parents, 11.8% from friends, 5.1% from books, and only 2.7% in discussions with doctors and social workers. It was also noted that during the maturation decreases the degree of communication with the parents and they prefer to discuss them with colleagues or rather anyone.

Estimation of the risk factors in chronic respiratory diseases of the children

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According to the World Health Organization recommendations and declarations of the European Conferences (Budapest, 2004; Parma, 2010), the Member countries of the WHO have signed to implement a series of measures to improve health status of children in relation with residential and training environmental factors, including development and implementation of the National Action Plans for Health in Relation with Environment.

The aim of the study was the estimation of training and residential conditions of pupils with chronic respiratory diseases and risk evaluation.

Materials and methods. There were studied training conditions at 6 schools from different regions of the Republic of Moldova and residential conditions of 120 pupils suffering from chronic respiratory diseases.

For the assessment of physical and chemical factors of residential and training environment was used a complex of hygienic methods: descriptive, instrumental and laboratory. Using microbiological methods it was determined the type and extent of the fungi growth spread in houses and in educational institutions.

Results. Low temperatures in the beginning of lessons during the winter period and during the passing period have been defined. Level of relative humidity of air during the lessons doesn't exceed limits of hygienic norms, except for the transition period.

In small closed premises, with missing airing, average values of concentration of carbon grows in a dynamic order, during the spring period increases by 0,14 % to the beginning of the lesson, to 0,32 % by the end, thus exceeding hygienic norms in three times.

In houses with a high humidity and a smell of mold from which have been collected the air samples the contamination of the air by fungi were recorded in all collected samples.

The presented data shows the major importance in the development of chronic respiratory diseases of some factors. The study presented a significant relationship between the children presence of chronic respiratory

diseases included in the study, and the low air temperatures in rooms (RR-3,0, $p<0,001$), increased relative humidity (RR-2, 1, $p<0,001$) the presence of mold (RR-1,57, $p<0,001$), increased CO₂ concentrations (RR-2, 85, $p<0,001$), etc. A significant impact on the development of chronic respiratory diseases at children has the tobacco smoking. The relative risk for this factor constitutes 1,2 ($p<0,001$).

As a result of the research have been developed a complex of prophylactic measures for school, for each residential complex (family), public health centers specialists, family physicians, pulmonologists.

Conclusions

1. Conditions of training of the pupils in the school are characterized by low temperatures, which does not correspond to the hygienic norms, major content of carbon dioxide in comparison with hygienic norm exceeding 3 times (norm 0,1%).
2. Residential conditions are unfavorable at children suffering from chronic respiratory diseases. In most cases they are characterized by lower temperatures in comparison with hygienic norms during the cold period of the year, the increased concentration of CO₂, venting channels blocking, rising damp and mildew, which provides conditions and determining factors in bronchitis asthma and chronic bronchitis.
3. Pollution of the buildings with fungus (*Penicillium*, *Mucor* etc.) and high relative air humidity present determinative factors in development of chronic respiratory diseases.
4. The results of the study of health and environmental factors of training and living of pupils from rural areas allowed us to develop and implement a series of specific prophylactic measures.

Training of specialists in public health directed to professional activity

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In the past 20 years the requirements for medical education including training of specialists in Public Health in the Republic of Moldova have changed radically due to advanced techniques and technologies used in the diagnosis, treatment and prevention of diseases, and the internationalization of training specialists. Adjustment of legislative acts in Public Health to the European standards, the World Health Organization recommendations is a priority activity for the National Health System. In this context, at the State University of Medicine and Pharmacy "Nicolae Testemitanu", Republic of Moldova (SUMPh), are taken measures to reform the curriculum, to direct the process of education to professional activity, and to eliminate the gap between training and professional activity of young professionals.

To identify opinions of public health system staff, faculties responsible for training of professionals and students, a survey was conducted. The study involved 152 specialists from practical field, 45 faculties and 87 graduate students. Analysis of survey results indicate the need to reform the education system by introducing new subjects and methods of training, to reform undergraduate and postgraduate curricula and to join the efforts through active participation of practicing specialists in the process of training and of faculties in the practical work of Public Health institutions. Most specialists of the practical sector (59.0 - 66.0%) mentioned the insufficient knowledge of laws and regulations by young professionals, 74.5% of specialists working in practical institutions considered that training of specialists with medical background should be done within a single program. The opinion of faculties differs significantly - 77.1% support training of specialists in Master Programs in a single discipline. Concerning the duration of master studies - 74.3% of all respondents indicated that the optimal duration is 2 years.

About 50.0% of all survey participants mentioned insufficient organization of research activities, elaboration project proposals and lacking of skills of young specialists to prepare communications and reports in various fields of public health.

Within the actual TEMPUS project was elaborated a Public Health Master Program which is designed for graduates of the Faculty of Medicine

(specialty "Public Health") which will replace the current residency program.

The program was elaborated using the experience of project partners, national and international regulations in the field of Public Health by 34 national experts and consists of 19 modules.

Peculiarities of elaborated program are:

- Organizing of training based on modules
- Active participation in the process of education of specialists from the institutions of the national Public Health system
- Planning lectures and training of certain topics by international experts and specialists from European educational institutions with which the SUMPh have signed cooperation agreements.
- Academic mobility of participants in masters programs (students and faculties)
- Active use in the training process of informational technology, including informational networks of the National Public Health System.
- Developing research capacity - each master during the Master program will conduct research work and defend a Master thesis
- Developing the skills to elaborate project proposals for funding of research and / or public health activities.

Peculiarities mentioned above will contribute to implementation of programs for training specialists for the public health system focused on professional activity.

Gender policies in Moldova in context of adjusting to European standards

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With independence, Republic of Moldova has undertaken a series of concrete measures to incorporate gender symmetry in strategies and documents, to eliminate gender asymmetry in society.

This article presents some issues of gender policies in Republic Moldova. The main objectives are: to analyze the legal framework in domain, to establish the problematical domains from gender perspective, to analyze the sociological data about the discrimination phenomenon in Republic of Moldova.

In this context, it was strengthened legal and regulatory framework on equality of opportunity, being adopted specific laws in different domains as: preventing and combating human trafficking, preventing and combating domestic violence, etc. Meanwhile, in the last months is public discussed the draft of Law on anti-discrimination, criticized and unaccepted by all social actors. On the other hand, was created the institutional mechanism to promote equal opportunities (Governmental Committee for equality between women and men, Policy Department to Ensure Gender Equality and Preventing Violence in the Ministry of Labour, Social Protection and Family, gender units in ministries, councils gender equality in the Ministries of: Labour, Social Protection and Family, Finance, Economy).

However, it shows a number of issues in gender policies, including:

- Dependence of the political factor that determines fluctuation and delay of strategies and policies implementation
- Insufficient human and financial resources, which prevent the creation of gender units at the local authority level.

Different studies put Moldova in the list of conservative and traditional country according to the distribution of tasks and roles of women in family and social life. Even if at the level of opinion is observing an egalitarian trend in approaching women and men, the daily life and socio-political actors' actions maintain a discrimination attitude against women. According to sociological survey "Perceptions of the population in Moldova on discrimination", made by the Soros Foundation (an.2011) 33% of respondents believe that the men situation is better than women and only 15% believe that women have a better situation than men. Meanwhile, 57%

believe that in Moldova there are equal opportunities between women and men, and 38% said that such equality does not exist. Respondents that noted that there is no equality, brought the argument that women have multiple roles: the maintenance of family and raising children, women can not practice certain professions and are often paid less than men because of positions held, they are not promoted in more paid and high posts or politics. In the same time, 32% of respondents placed women among the most discriminated social groups.

Women continue to face problems of discrimination:

- Women continue to be underrepresented in the electoral process and in public and political decision-making. Currently, in the structure of Government is found only one woman minister, in the Parliament of the Republic - 20 women (19,8%), in the diplomatic service - 3 women ambassador
- There are deficiencies in the girls' registration in the Military Institute, so far being admitted to study only boys
- For women engaged in military service, child care leave period is included in the general working age and contribution period, but not included in the calendar age of military service, that limits the possibility of pension benefit in accordance with the Regulation of National Army
- There are weaknesses in the mechanism of identification and resolution of sexism in street advertising,
- Low involvement of fathers/men in childcare, so that 97% of those receiving child care leave are women, even if the law is a favorable one for both genders etc.

The results of the study demonstrates the necessity for intersectoral collaboration between different Ministers: Education, Labor and Social Protection and Family, Health, etc. and also the need in collaboration between public and private sectors, the promotion of intersectoral projects that would increase the probability of success and a multidimensional approach to the problem of healthy lifestyle.

The role of local libraries in improving access to health-related information in rural settings: evidence from Cluj-Napoca, Romania

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Abstract issue: As people living in rural and remote settings have limited access to healthcare and health information, they tend to approach family members and peers for advice on health issues. However, recent research in the field of health promotion supports the role of libraries and trained librarians in providing access to health information in rural settings. Still, in order to significantly improve the access to health information in rural areas, individuals' health information seeking behavior, self-efficacy, and health literacy level should also be increased. Both health information seeking behavior, self-efficacy and health literacy are strong determinants of health and key factors in health education. Thus, these three concepts have a central role in increasing individuals' access to health information and should be considered when designing community interventions aiming at promoting public libraries as health information resources in rural settings.

Abstract description of the problem: The purpose of this study is to determine the effectiveness of a community-based intervention aimed at improving access to health information in rural settings. The proposed intervention unfolds at two levels: an institutional level and a population level. In order to ensure the availability of health-related resources for people living in rural areas, local libraries were equipped with books and pamphlets on health themes. In addition, local librarians were trained to recommend books on health themes to library subscribers. Data was collected between October-November 2011, in four rural settings (two intervention communes and two control communes) in Cluj county, Romania (n=416) using a quantitative strategy of inquiry. The employed questionnaire was designed to collect information regarding individuals' health information seeking behavior, self-efficacy, health literacy level and the role of local libraries and librarians in improving access to health information.

Results (effects/changes): The Kruskal-Wallis one-way variance was employed in order to determine post-intervention differences between intervention communes and control communes on variables of interest.

Compared to control group, the health information seeking behavior ($p=.000$) and self-efficacy ($p=.034$) of individuals in the intervention group were significantly increased. Moreover, individuals in the intervention group also reported fewer problems in understanding written health-related information ($p=.000$) and doctor's indications ($p=.000$), as well as higher frequencies of borrowing books on health themes from the local library ($p=.002$). In terms of the role of the local library in improving access to health information, subjects in the intervention group acknowledged library's role in having a well-informed community on health themes ($p=.016$) as opposed to subjects in the control group. In addition, librarians in the intervention communes were more active in recommending books on health themes than librarians in the control communes ($p=.001$).

Lessons: The results of the study support the intervention's effectiveness in improving access to health information in rural settings. In terms of the pursued strategies, the framework proposed and implemented at the institutional level was successful in supporting the intervention and the population-level. As the institutional frameworks of countries in Central and Eastern European are similar with the one in Romania, this type of twofold intervention, involving both local libraries and population-level activities, has a real scaling-up potential.

Social Services Actions for Prevention of Digestive Disorders among Adolescents

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Among the greatest advances in elucidating the determinants of disease over the recent period has been the identification of social conditions that seem to influence morbidity. While planning social services it is important to determine the impact level of each social risk factor on disease development in order to form prevention measures ranked list and outline the priority problems. It is necessary for this to study and rank risk factors according to the evidence based medicine requirements.

Based on the results of our research can be established which factors have more negative influence on the development of Digestive Disorders (DD) in adolescents and what measures will be more effective to be conducted during the delivery of social services.

The objective of the research was to study the role of micro-social environment in formation of DD among adolescents of Georgia aged 14-21, to assess social risk factors relative and prognostic values.

Material and methods. One-stage epidemiological research was conducted in two steps among the medium and late period adolescents population of Georgia. Representative contingent of general unity – 430 adolescents were selected using the method of simple, accidental randomization.

There was used the primary questionnaire for digestive disorders morbid forms screening. The selected contingent was interviewed, was undergo deep medical examination, were conducted clinical laboratory and instrumental tests. For the diagnostic of the functional gastroenterologic disorders "Rome III criteria" was used.

The prevalence of DD in adolescents population was stated – 19,5% (95%CI: 17,6-21,4); among girls – 20,9% (95%CI: 18,1-23,7), among boys – 18,1% (95%CI: 15,5-20,7). The two groups were separated from the research contingent: 84 adolescents with DD (I group) and 346 conditionally healthy adolescents (II group).

Statistical processing of the obtained data was provided through SPSS software package. The degree of association between the defined risk factor and probability of DD was estimated through case-control study. The levels of social risk factors impact on adolescents DD development was

established and ranked according to decrease of relative risk (RR), their prognostic values were determined by relative intensity coefficient (K).

Results. It was stated, that chronic overload (RR=11,6), as micro-social stressor, the most of all contributes to DD formation in adolescents by following ranked sequence: study overload (RR=5,85); conflict situations in family (RR=3,75); difficulties in communicating with peers (RR=2,88); negative emotions during eating (RR=2,15); conflict situations in school (RR=1,92).

According to the data, adolescents bad habits (RR=3,42); unsatisfactory living conditions (RR=2,72) have an important impact on development of DD among adolescents population. Excessive use of computer, TV (RR=2,26); fact that the majority of familiars smoke (RR=2,14); parents separation (RR=1,89); passive smoking more than 2 years time (RR=1,62) also help to develop DD, but to less considerable degree.

Conclusions. Thus, while planning social services for preventing development of DD in adolescents first of all the following actions are recommended to be implemented: the reduction of chronic overload (RR=11,6), especially study overload (RR=5,85) and conflict situations in family (RR=3,75); explanation of bad habits negative role to the adolescents (RR=3,42); improvement of living conditions (RR=2,72); moderality use of computer, TV (RR=2,26).

In adolescents with developed DD for improvement of prognostic values it is important to be implemented the following measures: the reduction study overload (K=5,3); to avoid conflict situations in family (K=3,28); refusal to bad habits (K=2,87); care for better living conditions (K=2,47) and it is necessary both parents care for adolescents (K=2,17).

How can research and teaching influence policy and practice? A review of the evidence for effective knowledge exchange

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Abstract: There is increasing pressure to ensure education provided by universities and colleges is fit for the purpose of developing a workforce with the competencies and skills to deliver in practice. A growing challenge for UK universities, is to increase the influence of research and teaching on public health and social services policy and practice. To do this, universities need to understand what does and doesn't work in practice and build on this knowledge. This process of knowledge exchange between universities and practitioners is attracting academic interest.

This paper will begin to explore the challenges and opportunities of effective knowledge exchange and the evidence base which supports it.

Pregnancy experiences and perceived social support among pregnant women in poor rural Romania: A Photovoice Pilot Study

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Issue: Pregnant women consider connectedness with other future mothers and sharing experiences of both joy and suffering of great importance. The pregnancy period is often associated with stress and anxiety. Pregnant women with a low socio-economical status are more vulnerable to depression and they are likely to experience additional stress caused by poor living conditions, financial constraints and delayed or absent prenatal care. Emotional distress, and particularly anxiety and depression, have important health implications for the mother and the unborn child, such as an increased risk of pregnancy and birth complications, low birth weight, poor neonatal status and preterm birth. It is hypothesized that social support has a positive effect on psychological and emotional well-being of pregnant women, by buffering the impact of life stress. However, little research has been done to examine social support during pregnancy and the pregnancy experiences of women in poor rural communities.

Description of the problem: 67% of the total poor population in Romania lives in rural settings. Nevertheless, little is known about pregnancy experiences and perceived social support among poor pregnant women in rural Romania. There is a need for qualitative research that explores and conceptualizes pregnancy experiences and the role of social support, in order to understand how they influence maternal well-being, health behaviors and subsequent outcomes. This study is therefore of great importance, since it is to our knowledge, the first study that aims to provide insights into pregnancy experiences and perceived social support among pregnant women in poor rural communities in Romania.

During this 5-month pilot study, a total of 18 pregnant women living in two poor rural communities in Cluj County, Romania, were recruited. The Photovoice method was employed for this study. The participants were instructed how to use disposable cameras with 27 positions, and

subsequently given the assignment to visually document their everyday life and realities, concerning pregnancy experiences and perceived social support. The participating women had 1 week to conduct the assignment. Two group-interviews were scheduled to discuss the photos. Within the group-interviews, participants were engaged in a pile-sorting exercise to facilitate discussions, in which the participants looked for themes and patterns in the collection of photographs. Additionally, the women selected three pictures that they considered important. The SHOWED technique was used to frame probing questions that would encourage the women to share their stories behind the photographs.

After collection, the photographs were analyzed using content analysis. Group interviews were analyzed using thematic analysis and a concept mapping exercise was conducted to represent the identified themes.

Results: The majority of the participants considered pregnancy as a positive experience. Besides, the women considered their children as the main sources of social support during pregnancy. A few participants mentioned their life partners and other family members as sources of social support. Moreover, the women expressed the need of support groups for pregnant women in poor rural communities. They felt their participation in this research gave them the opportunity to share their pregnancy experiences and worries with other pregnant women.

Lessons: This Photovoice pilot study encouraged the participants to share their pregnancy experiences and to describe their social support networks. As sharing experiences and worries with other pregnant women could be an important form of social support during pregnancy, support groups for poor pregnant women living in rural areas could contribute to a better insight in the needs of these women.

The specific of training specialists in the field of Public Health

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Within the framework of the university educational system in Moldova, both training in the field of Medicine and Public Health are performed exclusively at State University of Medicine and Pharmacy "Nicolae Testemitanu". Thus, within the Faculty of Medicine, the specialty of Public Health was established in 2004. The opening of this specialty was conditioned by the need of training public health professionals and as well as by the changes that took place in the Public Health services and society in recent years. Generally, the training of specialists in the field of Public Health, meets, as far as possible, the stipulations of the Bologna process.

At the first University stage, comprising six academic years, students study a range of subjects, including fundamental, socio-humanistic, clinical and specialty subjects.

The difference between the General Medicine syllabus and Public Health syllabus is in the number of classes and content taught at specialized and clinical subjects.

Specialty of General Medicine trains specialists in the field of diagnostic and curative treatment, while the specialty of Public Health deals with training of specialists who will work primarily in the field of prevention of both infectious and non-communicable diseases.

The Public Health graduates will work as hygienists, epidemiologists, microbiologists in the Public Health Centers (national, municipal and district) as well as health care managers. The purpose of specialists training at the above mentioned specialty is to train highly qualified specialists for miniaturization of Public Health and improvement of its quality. At the same time, the changes within the society including adjustment of the national legislation to international regulations, Programmes and Projects focused on the population's health proposed by international organizations such as WHO, etc., requiring reorganization of State Public Health institutions into modern institutions dealing with prophylaxis and control of diseases, where highly qualified specialists will work on an international modern level.

The directions of doctors` activity in the Public Health field are regulated by decisional acts of the Parliament, Government, and Ministry of Health. At present, along with the adoption of Law Nr. 10-XVI from 03.02.2009 “Concerning State Supervision of the Public Health” Republic of Moldova adjusted its methodic and normative support of Public Health to the European Union level. At the same time it was necessary to consolidate the system of doctors training in this field. From the above mentioned facts we can conclude that Public Health specialists are experts dealing with preserving people`s health.

If the desideratum: “Even if you are a very good specialist, never forget to consider the individuality of each patient`s is important for the future graduates of General Medicine, then for the future graduates of Public Health it is important to recognize the health of the community as a whole”.

The State Health Insurance in Georgia

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Since 2007 the Government of Georgia took the responsibility to purchase insurance from the private companies for its poor citizens and for the certain categories of the public servants, such as teachers, employers of military forces and the Ministry of Internal Affairs. Since 2010, there were several changes in the financing of the State program, in particular, there were held tenders, as a result different private insurance companies serving different regions of the State. Research object: public awareness of the insurance system and medical services, also civil rights and procedural issues within the State medical insurance program on the ground of the changes in legislation of the state. Research was conducted in one of the largest regions of Georgia, namely Imereti, where based on official data, most of the people are insured by the State insurance program. Research shows that beneficiaries have displeasure with the fact they cannot choose the private insurance company on their own consideration. They are not satisfied with the quality of services and the professional skills of the employees' of insurance companies, as well as neglecting to subsidize of some specific diseases; also not getting the medical services in every hospital. Their discontent aggravates the lack of knowledge of what they can do to protect their own interests. Conclusion: For the development of the State insurance program, it is necessary to improve awareness of the broad masses of population and service quality of the insurance companies. Inform the insured population how to utilize the services and to allow them to choose the insurance provider. Also it is essential to make clear definition of the provisions, including the rights of the insured citizens, in the insurance contracts.

Potable Water Quality Screening and Evaluation for Tbilisi City

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Despite the countless amount of surface and underneath water sources, almost all regions in Georgia lacking potable water, considering both the good quality and enough quantity. Problems existing in this area are extremely important for all cities and regions. In most of the cases the situation is determined by poor sanitary conditions. Research object: based on existing regulations and laws we find out different data from State water quality control, labs and certified organizations with their lab tests and corresponding reports, possibility of performing the thorough tests according the Georgian law, possibility of civil monitoring and thoughts of several civil consumers. All data's were combined and analyzed. Also an independent research was performed in Tbilisi city. Specially designed questionnaires were elaborated for quality infrastructure evaluation. Tbilisi was divided according to the city administration. In each part one building was chosen. Results show the antagonism between the standards, records and figures and real situation. There is not a unified system of potable water quality monitoring. Participation and activeness from NGO sector is also pretty miserable. Adapted methodology of risk analyses is not yet elaborated and consequently published, neither procedures of communication between the main actors in this field. Thus there is lack of trust from consumers towards the effectiveness of state control mechanisms in that area. Conclusion: currently, citizens of Tbilisi city are not supplied with safe potable water; existing data's are not sufficient and trustful for performing the risk evaluation and assessment.

Evaluating depression in type 2 diabetes co-morbidities in Romanian patients, Implications for hypertension patients

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Issue/problem

Patients with chronic medical illnesses have been found to have two-to threefold higher rates of major depression compared with age- and gender-matched primary care patients. Mounting evidence suggests that depression is most common in patients with type two diabetes mellitus. Depression is considered both a major risk factor for the development of the disease and a facilitating factor for diabetic complications, disability and increased mortality. Worldwide, approximately up to 75% of adults with type two diabetes have associated medical conditions, such as hypertension, cardiovascular disease and arthritis.

The relationship between blood pressure and depression is controversial, due to the association of major depression with both low and high blood pressure. In diabetes, this association can constitute another major burden for patients, which can negatively affect, not in a dual, but in a multiple way the physical and psychological management of the condition.

Description of the problem

We administered a Diabetes Cost Questionnaire (DCQ) and a Patient Health Questionnaire (PHQ9) to a sample of 1171 patients with type two diabetes of the Nutrition and Diabetes Center in Cluj-Napoca, Romania. This study aims to explore the prevalence of co-morbidities in diabetes and the level of depression in the first five diabetes comorbidities. Also, the relationship between high blood pressure and depression was examined, as high blood pressure is a debated risk factor for type two diabetes.

Data was analyzed using descriptive statistics and Chi-Square tests in order to observe the prevalence of co-morbidities, and the difference in the depression level in the associated diabetes conditions. A regression analyses was performed in order to examine the probability of having major and mild depression in patients with high blood pressure.

Results (effects/changes)

From a total sample of 1170 patients with type two diabetes, 82% have associated medical diseases, such as asthma, chronic bronchitis, arthritis, ulcers, high blood pressure, and osteoporosis. Regarding gender distribution, from those who have no other diseases, 41% are females and 58% are males. The majority of diabetes patients with comorbidities are females (64%).

A large number of diabetes patients had high blood pressure (25.7%), followed by arthritis or rheumatism (18.5%), heart conditions (17.2%), diabetes feet (9.1%), and retinopathy (7%).

The level of depression in each associated group of diseases was evaluated. Our results show that for diabetes patients there are significant differences in depression levels between those with another medical disease and those without. Significant results were shown in asthma, emphysema or chronic bronchitis ($\chi^2 = 23.9$, $p < 0.01$), arthritis ($\chi^2 = 83.7$, $p < 0.01$), ulcers ($\chi^2 = 32.4$, $p < 0.01$), fracture ($\chi^2 = 25.2$, $p < 0.01$), osteoporosis ($\chi^2 = 49.8$, $p < 0.01$), heart conditions ($\chi^2 = 80.2$, $p < 0.01$), retinopathy ($\chi^2 = 43.7$, $p < 0.01$), diabetes feet ($\chi^2 = 74.0$, $p < 0.01$).

In case of high blood pressure ($\chi^2 = 17.1$, $p < 0.01$) the difference between low and high depression were small, but significant. Based on this result and the fact that hypertension was the most reported associated condition, we further analyzed the prevalence of medium and high depression in these patients. From a total of 659 persons with high blood pressure, 18% had reported a high level of depression and 19% indicated mild depression. In depth analyses revealed a significant association between gender, age and high blood pressure ($p < 0.01$), as high blood pressure was more prevalent in women (67%), and older adults (92%). Regression analyses indicates that the probability of having major depression for patients with high blood pressure is dependent on low educational level ($p < 0.01$), female gender ($p < 0.01$), and not having a caregiver ($p < 0.01$). Also the odds for having mild depression for people who do have a caregiver are 0.60 times less likely than those who do not have a caregiver ($p < 0.05$), while the probability of having mild depression is also influenced by the educational level (from primary to bachelor degree) ($p < 0.05$).

Lessons

The results of the study confirm previous findings that indicate a higher prevalence of depression in diabetes patients with associated medical conditions. These aspects highlight the need to manage diabetes through an integrated approach, taking into consideration its medical co-morbidities and associated mental disorders. Health professionals should be aware of

the risk of depression in patients with high blood pressure and diabetes, especially in women, people without caregivers and with low educational status. More research is demanded in order to elucidate the bi-directional relationships between depression diverse chronic diseases and the associated risk factors.

The integration of social services and the tasks of the system of social work education in RA

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In the sphere of social protection of the population of Armenia realizes reforms, which aims the improvement of the quality of provided social services, to make these accessible as much as possible for the vulnerable groups of population.

New types of social services were developed in Armenia during two decades of post Soviet period, each of which is trying to solve specific problems. The high level of poverty and unemployment, brought to the development of Regional Centers of Social Services and Regional Centers of Employment. These are state organizations, whose total number is about 112 with large amount of employees. RCSS-s provides different types of social services to poor families and their members. The REC-s provide different social services to the unemployed and people looking for job. Next type of state services are Regional centers for pensions. Their clients are retiring people. Children's interests are protected by CPU-s(Child protection units), which are functioning in the structure of regional administration. Another type of state standard service is Commission of medico-social examination, which functions are improvement of the fact of disability and the level of disability.

Now a large group of the population of Armenia is the client of any type of these services. In the process of their past development these services have recruited staff, which members have different education and profession, different knowledge and skills. All of them are busy with providing social services. They do it mostly in non professional way. Even in the cases, when the Government established some standards for provision of some services, the employees often do not follow the rules. In the past it was organized different trainings for the staffs of Social Services with focus on social work, but it was not enough to put the provision of services in these organizations on the professional basis.

Today the Government of RA has made a political decision to implement a new model of social service-Integrative Social service. It is a service, were the clients will serve by the principle of one window. It is acceptable, that the services previously functioning separately will be brought under one roof or will be included into one structure with their functions.

The integrative provision of social services will increase the accessibility of it for the population, also it will bring to the improvement of the quality of services and will decrease the number of cases, when the same client will try to receive the same service from different sources. In the center of a new type should be implemented case management technology, which will be essential innovation in the system of social protection of RA. This is a technology, which is widely used in the Social Work, and which is now used in Armenia only by some NGO-s(nongovernmental organization).The implementation of integrative social services will lead to the increasing of the prestige of social workers. By development of this kind of services will be established the opinion, that the provision of social service is professional work and it requires social work profession. At least the stereotype surviving from Soviet period that the provision of social service is just public functioning, which can be done by any person with any profession, who can work with people, will be denied. From the perspective of social work the integrative social services should provide the population 3 type of services - social-administrative, general professional and specialized. Speaking about social-administrative service we understand the decisions about some regular or non regular payments for the clients, which will be made on the basis of the documents. General professional social services are those where a specialist is required to have a qualification of general social worker to provide these services.

The specialized social service is that, which will require specialization in any field of social work.

The entrance of the social worker into the integrated social service automatically will bring the professional culture of social work into the service and the process of the provision of social services will put on the scientific basis.The reception of clients, the needs assesement and interventions will become professional and will increase the quality and effectiveness of provision of social services.

The integration of social services suggests new problems to the system of social work education. In the Centers of a new type will require specialists, who will know the functions of integrative services and the procedures, which are used by them. In the transitional period this problem will be solved by trainings, but later for the natural reproduction of the staffs of the integrated services, the educational institutions need to revise their curricula's and the contents of teaching modules. If the existing curriculums allow to prepare the future specialists for provision of social-administrative and general professional social services, they are not enoughfor specialization.

From the perspective of the integration of social services in Armenia we also should pay more attention to the teaching of case management technology, reformulate the guidelines for practice placements, to think about specializations of students.

Patients' perspective on Romanian physicians' performance as related to informal payments

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Informal payments in the Romanian health care system are broadly met, although there are currently no mechanisms in place, to tackle them. Despite the fact that a broad range of health professionals have been reported to receive informal payments from patients, physicians are on the top of the list. The aim of this study was to explore patients' perspectives on the entities responsible for the persistence of informal payments in the system, as well as to analyze the patients' image of a good physician in the context of informal payments.

Description of the problem

The study followed a quantitative approach. Data was collected telephonically, from a nationally representative sample of individuals (n=1,500). The questionnaire requested socio-demographic information, information regarding informal payments offered, as well as respondents' opinion about informal payments, and Romanian physicians' performance and desired traits.

Results

57% of the respondents assessed Romanian physicians' activity as good or very good. 54.3% listed competence as a physician's most important trait, followed by empathy (30.2%) and courteousness (28.9%). A percentage of 16.8% from the respondents are respectful of a physician's refusal to request informal payments. 51.5% of the respondents identified the Ministry of Health as the main responsible for the existence of informal payments, whereas 16,7% place the responsibility on the physicians. Significant correlations ($p<0.05$) have been found between the assessed physicians' activity and respondent's gender, age group and chronic disease status, whether the physicians were identified as being responsible for the existence of informal payments.

Lessons

This study is the first one in Romania to highlight patients' perspective on the responsible entities for informal payments. The fact that the Ministry of

Health was identified as the main responsible may constitute a solid argument for the institution to address the topic of informal payments more thoroughly through policy measures. Our results may also be useful to support the policy making process, in terms of identifying the target groups and the most suitable mechanisms to approach them.

Nutritional Health Screening of Graduate students and University Personnel

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Noncommunicable disease (NCD) prevalence in transitional countries is starting to be a main focus of morbidity and mortality. In Georgia, over 25 percent of all NCD occur in males under the age of 60. Women are at half of this but also have a higher obesity rate than men in Georgia. It is also estimated that about 50 % of the adult population has raised blood pressure. (WHO, 2012). NCDs' main underlying causes are being attributed, at least partially, to a history of poor diet and exercise for years. Nutrition is one avenue that can be adjusted to decrease this prevalence in the future. The Nutritional Screening Initiative tool (Bagley, 1998) was utilized due to its repeated testing and the simplicity of the questionnaire. The faculty, staff and graduate students of the University of Georgia in Tbilisi were surveyed via the university's intranet.

Information provided by this tool shares current risk factors that set these adults up for possibly malnutrition and chronic diseases later in life. A total of 312 people were surveyed: 165 graduate students and 147 university faculty and staff. Overall totals suggest that the population is at the high moderate nutritional risk, with the university personnel at high nutritional risk and the graduate students lower in the high moderate level. Men as a group, are also at a high risk while women in a moderate risk. This survey will be used to tailor not only further surveys and assessments but also to start applying health promotion and disease prevention tactics, of which on a national level are almost non-existent (WHO, 2011).

The risk of eating disorders onset in adolescents enrolled on the online ProYouth Platform: preliminary findings from Romania

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Issue/problem

Eating disorders (ED) in adolescents constitute a public health concern. Anorexia nervosa (AN), bulimia nervosa (BN), binge eating and bigorexia are characterized by clinical disturbances in body image and eating behaviors. Moreover, compensatory behaviors such as induced vomiting, excessive physical activity, dieting and use of laxatives fill in the clinical picture of eating disorders. Prevalence of AN in Western countries rises up to 5.7% in females, and that of BN can reach 7.3% in females and 2.1% in males. The burden of eating disorders incurs both direct and indirect costs on the community health services. This significant burden of disease can be alleviated by early diagnosis and adequate treatment of ED.

Adolescents with ED are known to deny the seriousness of their symptoms and hide their condition until the severe physical and psychological consequences occur. Moreover, they are reluctant in receiving any kind of specialized face to face support.

Due to the existing barriers in reaching at risk adolescents, as well as evaluating and diagnosing ED in this population, tailored screening and counseling methods need to be developed. The ProYouth project offers anonymous, free and open access to online counseling services, that are hypothesized to facilitate the access of adolescents with ED risk or ED diagnosis to adequate care.

Description of the problem

This study aims to describe the health profiles of adolescent users of an online platform for ED (ProYouth) implemented in Romania. The ProYouth platform is addressed to young people aged 15-25 with ED risk or ED diagnosis. It integrates health promotion, psycho education, prevention, early diagnosis, and timely intervention of ED in young people. We employed descriptive statistics analyses in order to examine the degree of platform usage, and to describe the users' baseline characteristics on ED

and associated factors. The risk for developing ED was measured through a screening questionnaire pursuing: (a) the risk for developing ED and (b) the AN and BN total severity index. Additionally, age, level of education, internet usage, body mass index (BMI), level of physical activity, and school performance were assessed.

Results

Since its launch on the 1st of February 2012, the Romanian ProYouth platform was accessed by 598 users. However, only 337 completed the screening questionnaire and are presently active users of the platform. Most users are Romanians (93%), with ages between 15 and 19, of which two thirds are females. 60% of them are daily internet users, and almost half of them rate their school performance as good or very good (46%). Their involvement in moderate physical activity is low, 13% being inactive and 49% getting involved 1 or 2 days a week. Based on their BMI, 4% are extremely underweight, 1% are severely underweight, 19% underweight, 58% have a normal weight, 16% overweight and 2% moderately obese.

Their self-rated health is good, with no participant reporting any severe medical condition, and only 7% being sick more than 8 days in the last three months. Out of the 337 participants, 7 are currently under treatment for ED and 17 were previously under treatment for ED.

The screening results showed that from the total number of platform users, only 14% presented no risk. One third presented a low risk (33%), 30% a moderate risk and 20% a severe risk to develop ED. Most participants reported no or just mild symptoms of AN on the severity index (86%), whereas only 0.3% reported extreme symptoms of AN. On the other hand, 59% of users reported mild to extreme symptoms of BN on the severity index. These last results support the literature findings, indicating that the incidence of BN is higher than that of AN in the adolescent population.

Lessons

The online ProYouth platform has proved to be an efficient tool in attracting adolescents with risk of developing ED. The results indicate that many Romanian adolescents enrolled on the platform are at risk of ED, with a proportion of 20% having a very high probability of developing ED, especially bulimia nervosa.

The higher prevalence of BN might be explained by the weight variable (the majority of participants reported normal weight), their low involvement in physical activity and by the high prevalence of mild and extreme symptoms

reported. Although there are fewer reported AN symptoms, one of the factors associated the onset with AN is good school performance. This trend was also evident in this study.

On a larger scale, these findings dispute the literature's results, namely that adolescents who present concerns over becoming fat, disturbed body image and compensatory behaviors are reluctant in asking for help and accepting it. ProYouth has recorded a considerable number of users, and hopefully many more will register as the project continues.

We might speculate that the anonymous registration, the free access and the open participation characterizing the platform are motivational factors in adolescents' search for help. Future studies should investigate which of these three variables account more in accessing care services and promoting health seeking behaviors in adolescents with ED risk or ED diagnosis. These preliminary data indicate that, although a small prevalence of ED are reported in Central- Eastern European countries, Romanian health services should pay more attention to adolescents' health eating behaviors, body image concerns and related risk factors. Also, initiatives to find innovative techniques for tackling eating disorders in adolescents should be encouraged.

Lack of legislation on violence against people with disabilities. Case study: Romania

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BACKGROUND:

In 2006, Romania caught the public attention when Mental Disability Rights International published a report on the violation of rights of infants and children with disabilities (Hidden Suffering: Romania's Segregation and Abuse of Infants and Children). This report documents a broad range of serious human rights violations and atrocious conditions for children with disabilities inside Romanian institutions, following an 18-month investigation. Although children represent one of the most vulnerable social groups, the situation gets even more difficult to be handled when referring to people with any type of disability. In Romania, there are around 650.000 registered citizens with disabilities and a greater attention needs to be paid upon them concerning their human rights. Despite of the fact that Romania is an European Union member, it still lacks in proper legislation regarding violence against people with disabilities.

PURPOSE:

The paper aims to analyze the Romanian laws regarding the rights of people with disabilities as concerning violence in order to prevent situations as the one investigated by Mental Disability Rights International in 2006. It is essential to analyze whether there are any improvements as legislation is regarded in order to prevent such events.

METHODS:

The study was developed by analyzing the international and national legislature regarding protection against abuse or violence among people with disabilities, in order to identify whether Romania respects the international laws and has a comprehensive law text on violence against people with disabilities.

FINDINGS:

Although article 16 of Convention on the Rights of Persons with Disabilities requires states to take all appropriate legislative, administrative,

social, educational and other measures to protect persons with disabilities, from all forms of exploitation, violence and abuse and to put in place effective legislation and policies, in Romania there is NO specific law dealing with violence against people with disabilities. The only reference that is made to this topic is that protection against abuse needs to be ensured, without stating the methods in order to accomplish that (Law no. 448/2006 regarding the protection and promotion of the rights of people with disabilities and Law no. 272/2004 regarding children's protection and rights promotion).

DISCUSSION:

Lack of legislative measures for preventing violence against people with disabilities needs to be solved and moreover, become a priority for the governmental authorities as the number of cases similar to the one investigated by MDRI is still high and a lot of them remain undiscovered. Taking the example of the United Kingdom, people with disabilities need to have a proper law focused on their rights and the legal framework against violent acts or attitudes.

Quality Assurance in Higher Education and Faculty Development: results of a faculty survey at the Yerevan State Medical University

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Within the past few years numerous reforms have been implemented at the Yerevan State Medical University related to various aspects of higher medical education: introduction of Bachelors and Masters systems of education, changes in the assessment system, implementation of new training programs and courses, among them new Masters Program in Public Health and Social Sciences. However, along with all these reforms and new courses, a careful attention should be paid to the quality. The quality of education depends on various factors, from which the quality and qualification level of the faculty plays one of the main roles. The faculty should have complete knowledge of their subject (area of teaching) and necessary skills and expertise to pass them to the students and receive the feedback.

A survey has been conducted among YSMU faculty, undergraduate and postgraduate students regarding the quality of teaching and faculty development. The majority of YSMU undergraduate and postgraduate student consider YSMU faculty as competent and having good knowledge of the teaching subject. This survey among YSMU faculty shows the commitment of the faculty to the teaching process and current reforms in the university, their willingness to participate in the improvement of the education quality; however, they do not really understand and figure their specific role in this transition period. They feel a need to improve their professional qualifications but they don't have these opportunities.

Establishment of any new training program, teaching course requires from faculty time and motivation, especially if new methods of teaching are considered. The results of the survey show that the YSMU faculty wants to develop, they are ready to learn new methods of teaching and improve existing skills. Therefore, a well structured faculty development program should be implemented at YSMU with carefully planned training sessions and high-level facilitators.

Master of Public Health Program of Yerevan State Medical University

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Yerevan State Medical University (YSMU) highlights the importance of the educational programs in compliance with international requirements and approaches that will facilitate development of international relations and recognition of the program and university diploma by other European countries as well as integration into international cooperation.

The Master of Public Health Program (MPH) of YSMU was established in September 2011. The two-year curriculum was designed by the university in a way to conform to the international standards in accordance with the requirements of the public health field of Armenia and the curriculum of core disciplines defined by the Association of Schools of Public Health. The overall objective of the MPH Program of YSMU is to prepare health professionals to draw on the knowledge and skills from a variety of disciplines to define, critically assess, and resolve problems affecting the public's health.

Since 2010 Yerevan State Medical University is included in 511303-TEMPUS -1-2010 program consortium along with the universities of Great Britain, Sweden, Rumania, Moldova and Georgia. The aim of the program is the assistance in development of locally and regionally relevant academic master programs for training specialists in the field of Public Health and Social Sciences. The program packages are designed on the base of many years' of experience of European leading universities. The program duration is 3 years. During this period the MPH program packages relevant for Armenia, Moldova and Georgia should be developed.

Some MPH Program packages and the relevant methodology developed within the framework of the Tempus program will be integrated into acting MPH curriculum of YSMU at the pilot basis.

Within the framework of the Tempus program the MPH Program of YSMU has been equipped with the necessary devices and techniques, enabling the application of audiovisual technologies to provide contemporary educational activities for MPH students.