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## **QUALITY OF LIFE PECULIARITIES OF CHILDREN WITH HEARING IMPAIRMENTS**

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Eighty percent of all people with global hearing impairments live in low- and middle-income countries, WHO. The reasons for such an unequal global spread are largely related to the inequity of healthcare systems. Not all countries provide routine vaccinations for conditions that can cause deafness, such as meningitis and chickenpox.

Early detection and treatment of infections can prevent problems with permanent deafness, while the earlier a permanent hearing loss is diagnosed and treated, the more likely it is that the child will receive support and develop speech and language communication skills. A discrepancy can be clearly seen between Eastern and Western Europe. In Eastern European countries, about 300 years of DALY are lost compared to 200 years in 100,000 cases of hearing loss. In the UK, varying degrees of hearing loss affect more than 11 million people, including 45,000 children. This means 6% of the population; in Germany it may be one in five; in Finland 1 in 7, in Italy 1 in 6 and in Denmark and in Sweden 1 in 10. Each country uses its own classification system for hearing loss, making real assessments and comparisons difficult. This highlights the need for standardized procedures when collecting and reporting epidemiological data related to hearing loss. At the same time, this is why the WHO recommends that countries use standard audiometric measurements in their population studies.

Permanent bilateral hearing loss is a pathological condition, relatively common among the population, with an incidence of 1.3- 3.1 / 1000 live births. In Moldova, currently, there are more than 1,600 children with various forms of deafness in the records of specialists and every year 70-100 newborns with hearing disabilities are highlighted. According to the National Bureau of Statistics of the Republic of Moldova, on average we have 44 people each year of age with a deafness from severe to profound. Complete hearing screening programs in newborns have a direct influence on diagnosis and treatment. Studies show that lack of screening or limiting it to a small segment of the population can result in delayed treatment and an increase in the number of patients.

Screening and early detection of hearing problems, as well as timely intervention with a cochlear implant or hearing aid, largely prevent language development delays and improve overall development at the age of three to five.