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FEATURES OF MEDICAL STIGMATIZATION AMONG THE POPULATION IN GOMEL REGION

Introduction

Medical stigmatization referred to as social labeling, discrimination, negative responses or stereotyping against certain groups of people with medical conditions such as mental illnesses, sexually transmitted disease (STDs) such as HIV/AIDS, syphilis, gonorrhea, physical disabilities or infectious diseases such as Covid-19 in times of a pandemic. For most of the times medical stigmatization has been a well-documented global barrier despite advancement of medicine. Therefore, addressing medical stigmatization and resolving the issue must be done in a rigid framework because this can lead to inability of disease prevention, lack of treatment for acute and chronic illnesses, thereby downgrading the whole medical field [1–5].

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To determine the features of medical stigmatization among population in Gomel region.

Methods and materials

The data collection was done by giving printed copies of questionnaire (Kelsey Larid and coauthors «Validation if the health related felt stigma and concealment questionnaire», Emer N Day and coauthors «Measuring stigma toward mental illness development and application of the mental illness stigma scale») to the population (number of participants 310) of Gomel region. The information gathered then divided based on gender wise Male 99 (31.93 %), females 198 (63.8 %) Ethnicity as First nations 191 (62.25 %), Immigrants 78 (25.16 %), Visible minority 8 (2.58 %), Marital status on married 49 (15.8 %), Widowed 11 (3.54 %), Single 201 (64.83 %), in a relationship 45 (14.5 %), Education level as high school or equivalent 114 (36.77 %), Undergraduate 165 (53.22 %), Masters or PhD 23 (7.41 %). Geographical localization rural 28 (9.03 %) while urban and suburban 282 (90.96 %). The study involves medical students who are immigrants who are studying from 1st to 6th years in Gomel State Medical University 78 (25.16%) and locals including first nation and visible minorities (64.19 %). Each section carried statements where the participants were asked to pick an answer out of strongly disagree, disagree, Neutral, agree, strongly agree based on their preference.

Research discussion and results

When comparing gender group out of 310 participants females recorded highest percentages of disagree option for questions from section that marks favorable for people with mental health or addiction issues females recorded highest percentage of disagree and option in question they do not deserve our sympathy 114 (36.77 %), I do not want to live next door with these

people 93 (30.0 %), They are a burden to the society 110 (35.48 %), these people should be hospitalized as soon as possible 74 (23.80 %) for which males recorded highest values in neutral 32(10.0%), disagree 56 (18.06 %), neutral 34 (10.96 %), neutral 49 (15.80 %) and from section B I feel dirty after close relationship with these people females strongly disagree 60 (19.35%) , Males neutral (12.90 %),people can have normal life even with these conditions females agree 80 (25.8 %) , males agree 34 (10.96 %).

Based on marital status comparison from section A they do not deserve our sympathy single strongly disagree 62 (20 %), married strongly disagree 14 (4.15 %), widowed neutral 5 (1.61%) in a relationship disagree 14 (4.15 %). I don't want to live next door to someone with mental health issues single neutral 61 (19.67 %), married neutral 15 (4.83 %), widowed agree 4 (1.29 %), in a relationship neutral (4.83 %). For they are a burden to the society singles disagree 73 (23.54%), married 10(3.22 %), widowed neutral 5 (1.61 %) in a relationship strongly disagree 14 (4.15 %). For they should be hospitalized as soon as sign of mental illness shows up singles disagree 85 (27.41 %), married disagree (3.22 %), widowed strongly disagree 6 (1.93 %), in a relationship neutral (4. 51 %).From section B I feel dirty after being in contact with someone of physical disability or STD singles disagree 69 (22.25 %), married neutral 15 (4.83 %), widowed disagree 4 (1.29 %), in a relationship neutral 15 (4.83 %). For question people can lead a normal life even after physical disability or with STD s or physical disability singles agree 72 (23.22 %), married agree 15 (4.83 %), widowed neutral 5 (1.61 %), in a relationship neutral 18 (5.80 %).

In occupation comparison they do not deserve our sympathy, employed strongly disagree 20(6.45 %), unemployed 52 (16.77 %), looking for a job 7 (2.25 %). I don't want to live next door to someone with mental health issues employed disagree 24 (7.74 %), unemployed neutral 59 (19.03%), looking for a job neutral 5 (1. 61 %). In they are a burden to the society unemployed neutral 57 (18.38 %), employed disagree 19 (6.12 %), looking for a job disagree 7 (2.25 %). For as soon as signs of mental illnesses shows they should be hospitalized employed neutral 24 (7.74 %), unemployed neutral 75(24.19%), looking for a job disagree 5 (1.61%). From section B I feel dirty after being in contact with someone of physical disability unemployed disagree 30 (9.67 %), employed neutral 64 (32 %), looking for a job disagree 7 (2. 25 %). For people can live a normal life even with physical disabilities or STD s unemployed agree 38 (12.25 %), employed agree 68 (21.93 %), looking for a job neutral 9 (2.90 %).

In education group comparison as per above questions stated in order in section A question one high school /equivalent group recorded disagree 35 (11.29 %), masters/PhD strongly disagree 8 (2.58 %), undergraduate 60 (19.35 %). Question two high school or equivalent neutral 33 (10.64 %),disagree 8 (2.5 %)undergraduate neutral 52 (16.77 %). In question three undergraduate disagree 35 (11.29 %), masters or PhD disagree 8 (2.58 %),Undergraduate neutral 47 (15.16 %). In question four high school or equivalent agree 38 (12.25 %), masters or PhD neutral 7 (2.25 %),undergraduate neutral 7 (2.25 %). From section B question one high school or equivalent neutral 34 (10.96 %), Masters or PhD disagree10 (3.22 %),undergraduate disagree 53 (17.09 %). In question two high school or equivalent 36 (11.61 %), Masters or PhD agree 11 (3.54 %) and undergraduates agree 65 (20.96 %).

Among ethnicity selection based on questions as in above order section A question one visible minority neutral 5 (1.61 %), immigrant's neutral 31 (10.00 %), first nation strongly disagree 64 (20 %).In question two visible minority agree 3 (0.96 %), immigrant's neutral 37 (11.93 %), first nation disagree48(15.48%). For question three visible minority agree 3 (0.96%), immigrant's neutral 29 (15.48 %), first nation disagree 63 (20. 32 %). In question four visible minority neutral 7 (2.25 %), immigrant's neutral 38 (12.25 %), first nation neutral 57 (18. 38 %). In section B question one visible minority agree 4 (1.29 %), immigrant's neutral 29 (9.35 %), first nation disagree 48 (15.48 %). For question two Visible minority neutral 2 (0.64 %),

immigrant's neutral 27 (8.70 %) first nation agrees 81 (26.12 %). Therefore, it is evident that immigrants who are medical students who are not yet doctors do not carry medical stigmatization while compared to local participants including first nation and visible minority in Gomel.

Based on geographical localization as per order from above in section A question one rural neutral 14 (4.51 %), urban and suburban strongly disagree 92 (29.67 %). Question two rural neutral 10 (3.22 %), urban and suburban disagree 73 (23.54 %). In question three rural neutral 14 (4.51 %), urban and suburban disagree 93 (30.00 %). For question four Rural people recorded neutral 10 (3.22 %), urban and suburban neutral 99 (31.93 %). In section B question one rural neutral 14 (4.51 %), urban and suburban disagree 91 (29.35 %). For question two rural 9 (2.90 %) while urban and suburban neutral 74 (23.87 %).

Conclusion

Based on the study of the responses were received the lowest percentages of negative and neutral responses were recorded by males, widowed people, unemployed group, people with education level up to high school or equivalent, visible minority rural people.

The result for such vast reference is lack of exposure to society among widowed population and unemployed group, lack of exposure to mental awareness among high school or equivalent population and rural groups and lack inter relationships between visible minority with society making them think mental education or these diseases are a disability and is embarrassing to undergo these conditions. It is also evident that the research was able to show a positive result as medical students do not carry medical stigmatization because they are in the process of studying diseases and understanding the conditions which leads to them.

Finally, it is evident from the article that medical stigmatism is still a global barrier to the advancement of medicine therefore it must be properly addressed specially among the above mentioned low value obtained groups by means of spreading awareness to maintain and upgrade life style of society.

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SRI LANKAN PUBLIC PERSPECTIVE ON LESS FREQUENT ROUTINE GYNECOLOGICAL EXAMINATIONS

Introduction

Sexual health can be defined as a state of physical, mental and social well – being in relation to sexuality. It is not solely depending on an absence of disease, dysfunction, physical or mental