to experience abdominal pain and have a reduced risk of developing conditions like irritable bowel syndrome compared to those who consume only one meal per day.

Quick consumption of food. Eating quickly, defined in this study as finishing a meal within 10 minutes, is another identified risk factor. It affects 34.2% (13 students) of students with chronic abdominal pain, compared to just 8.93% (23 students) of students without abdominal pain. Rapid eating can strain the digestive system and lead to symptoms like bloating and pain.

Frequent intake of carbonated drinks. Consuming carbonated beverages frequently is correlated with chronic abdominal pain. The data shows that 21.1% (6 students) of students with abdominal pain regularly consume carbonated drinks, whereas only 5.4% (3 students) of students without abdominal pain have the same habit. Carbonated drinks can cause gas buildup and irritation, exacerbating abdominal discomfort.

Conclusion

In conclusion, maintaining healthy eating habits, such as consuming three balanced meals a day, plays a vital role in reducing the likelihood of abdominal pain and the risk of gastrointestinal disorders. Risk factors that are described for abdominal pain among students such as insufficient fiber intake, elevated BMI, irregular meal patterns, frequent consumption of junk food, high levels of stress and anxiety, and eating too quickly shows the significant relationship between gastrointestinal health and potential causes in students. Addressing these factors by adopting a fiber-rich diet, managing stress, limiting junk food, and practicing mindful eating can significantly improve digestive health and overall well-being.

LITERATURE

- 1. Baklola, M. Prevalence of gastro-oesophageal reflux disease, and its associated risk factors among medical students: a nation-based cross-sectional study / M. Baklola [et al.]. BMC gastroenterology. 2023. V. 23 (1). P. 269–274.
- 2. Giga, A. Psychological Impact of Inflammatory Bowel Disease on University Students: A Systematic Review. / A. Giga [et al]. Cureus. 2024. V. 16. P. 4.
- 3. Fisher, E. Psychological therapies for the management of chronic and recurrent pain in children and adolescents / E. Fisher [et al]. Cochrane database of systematic reviews. 2018. V. 9. P. 9.
- 4. Greenwood-Van, M Mechanisms of stress-induced visceral pain / M. Greenwood-Van, A Beverley, C. Johnson. Journal of neurogastroenterology and motility. 2018. V. 24 (1). P. 7–18.
- 5. *Huseini*, *M*. Gastrointestinal symptoms in morbid obesity / M. Huseini [et al]. Frontiers in medicine. 2014. V.1. P. 49.

УДК 616.928.8+616.379-008.64+616.33-002]:316.774

D. K. Ranasinghe, A. Silva

Scientific Supervisor: Ya. I. Faschenko

Educational Establishment «Gomel State Medical University» Gomel, Republic of Belarus

AWARENESS OF DENGUE FEVER, DIABETES AND GASTRITIS AMONG PEOPLE OF DIFFERENT NATIONALITIES

Introduction

In the idea of facing global health challenges and acknowledging the awareness of the publics exposure to some of the common prevalence of such diseases that is vital for shaping the health policies and evoking intervention strategies. Dengue Fever, Gastritis and Diabetes are the diseases that varies and affects in a significant quantity based on different nations and their methods of healthy lifestyle [1].

In an increasingly interconnected world, understanding the prevalence of diseases across different nations is paramount for global health initiatives. Epidemiological studies provide crucial insights into the distribution and burden of diseases, enabling policymakers and healthcare professionals to formulate targeted interventions.

Goal

The primary aim of this research is to analyze the public awareness of Dengue Fever, Gastritis and Diabetes based on the online survey conducted and to compare the results to identify potential gaps in the knowledge and public health strategies.

Material and methods of research

An online survey was conducted targeting individuals ranging from 18–75 years old, with a broad demographic representation of Dengue Fever, Gastritis, and Diabetes awareness. The questionnaire was based on symptoms, causes, preventive measures and treatment options. Overall, responses were gathered from Sri Lanka (85.6%), India (10%) and Syria (4.4%).

The results of the research and their discussion

The prevalence of diseases among different nationalities is shown in Figure 1.

In your opinion, which of these diseases are widespread in your country? 142 responses

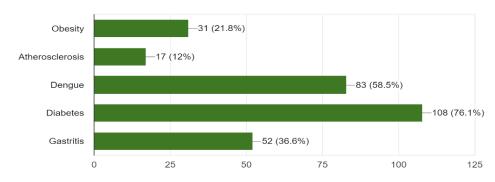


Figure 1 – Leading diseases in different nations

The following findings were obtained from the survey regarding their level of awareness on Dengue Fever, Gastritis and Diabetes among respondents. Dengue Fever awareness – 80.8% of respondents correctly high fever as a symptom, 69.2% were aware of muscle joint pain, 89.2% correctly identified mosquito bite as the primary cause of dengue and for preventive measures – 57.1% used mosquito nets, 46.8% applied mosquito repellents. Gastritis awareness – 79.4% identified stomach pain as a common symptom, 72.2% recognized spicy foods as a risk factor, 63.5% recognized stress a cause, but only 26.2% were aware of H.Pylori infection as a significant cause, preventive measures 54% involved in avoiding spicy food. Diabetes awareness – 51.6% identified excessive thirst as a symptom and 56.3% recognized unexplained weight loss, 61.9% chose genetics as the main cause, with 60.3% recognizing obesity as a risk factor, and 66.7% used insulin as a part of their treatment and 59.5% followed a balanced diet for management.

Based on the data received it can be compared with the global health standards. The high level of awareness about mosquito bites as the primary cause of dengue aligns with global health standard. According to the World Health Organization (WHO), Dengue is predominantly transmitted by the Aedes aegypti mosquito, and the prevention of mosquitos' bites is key to controlling the disease (WHO, 2020). However, limited awareness of climate

change as a contributing factor indicates a knowledge gap. Increasing global temperature and changes in rainfall patterns are accelerating the spread of Dengue Fever in regions like Southeast Asia and Latin America [5].

The respondents' recognition of spicy foods and stress as cause of Gastritis is consistent with research highlighting their role in exacerbating gastrointestinal conditions. However, a significant knowledge gap remains regarding H. pylori infection rates are higher in Asia, particularly in countries like Sri Lanka and India, and this bacterial infection plays a critical role in Gastritis development [2,3,4].

The survey data showed a strong understanding of obesity and genetics as leading causes of Diabetes, line with finding from the International Diabetes Federation, which cites these factors as the primary contributors to the rising prevalence of Type 2 Diabetes globally [3]. However, stress was still identified by some respondents as a primary cause, suggesting a gap in understanding the complex relationship between insulin resistance, lifestyle, and genetics. Globally, Dengue Fever awareness has been strengthened in high-risk regions through target health campaigns, particularly in Southeast Asia [1,2]. In contrast, Gastritis awareness remain uneven with lower recognition of H. pylori infection in countries where it is most prevalent. Public health campaigns should place more emphasis on this aspect [3,4]. Diabetes awareness is higher in countries with more developed healthcare systems, but misconception about stress as a primary cause persist [4].

Conclusions

In conclusion, public awareness of Dengue Fever, Gastritis and Diabetes is varied with stronger knowledge of the causes and preventive measures for Dengue Fever and Diabetes while gaps remain, particularly concerning Gastritis and the bacterial role of H. Pylori. Global health campaigns can play a pivotal role in bridging these knowledge gaps particularly regarding the environmental factor influencing Dengue and lifestyle factors contributing to Diabetes. Increased focus on education about H. Pylori for Gastritis and promoting lifestyle intervention for Diabetes can enhance disease prevention strategies worldwide.

LITERATURE

- 1. Global Burden of diseases by University of Washington: [web]. URL: https://www.healthdata.org/research-analysis/gbd (access date: 20.02.2024).
- 2. Survey on Prevalence of diseases according to countries: [web]. URL:https://docs.google.com/forms/d/1hwYxXShgB JOw6fMjVVKjWThRCYzMFQKrdloshj4uiU/edit#responses (access date:05.02.2024).
- 3. Global, regional, and national incidence, prevalence, and years lived with disability for 328 diseases and injuries for 195 countries, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016: [web]. URL: https://www.sciencedirect.com/science/article/pii/S0140673617321542 (access date:01.02.2024).
- 4. When did obesity increase? How do rates vary across the world? What is the health impact? By Hannah Ritchie and Max Roser: [web]. URL:https://ourworldindata.org/obesity (access date:03.02.2024).
- 5. Dengue worldwide overview by the European Centre for Disease Prevention and Control: [web]. URL:https://www.ecdc.europa.eu/en/dengue-monthly (access date:02.03.2024).