

Values of neuropsychiatric tension on this scale below 100 points are considered low. A low stress level indicates a state of psychological adaptation to workloads. Differences were found between the stress levels of students from Sri Lanka and India compared with students from Nigeria, $p=0.037$. It turned out that students from Sri Lanka and India have specific symptoms of anxiety in comparison with students from Nigeria. Higher levels of excessive stress, extreme agitation ($p=0.03$), feelings of overwork ($p=0.04$), anxiety and tension ($p=0.04$) were found.

Conclusions

According to the data obtained, the majority of respondents experienced low levels of stress and were in a stable psychological and physical (somatic) state. Students from Sri Lanka and India have higher stress levels than students from Nigeria. The prevalence of symptoms associated with physical malaise (somatization of symptoms) was noted in these students.

Academic pressure was the most commonly cited stressor across all groups, followed by homesickness, financial issues, and cultural adaptation. Indian students reported the most academic stress, whereas Nigerian students experienced greater financial hardship than the others. Sri Lankan students experienced mild stress but struggled more with social isolation.

Institutional support accessibility varied by nationality. Sri Lankan students had the least access to mental health assistance, but Indian students had a stronger perception of institutional support. Nigerian students, despite considerable financial stress, were less likely to seek official mental health support. To create a more inclusive and supportive academic atmosphere, higher education institutions should develop gender-sensitive mental health care, improve financial aid programs, and raise awareness of institutional resources. Focused activities, such as peer mentorship programs and specialized counseling services, can help to reduce stress and improve overall health. Institutions can help overseas students succeed academically and psychologically by providing enough support and developing effective coping techniques.

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INTERPLAY BETWEEN GASTROINTESTINAL HEALTH AND POTENTIAL CAUSES IN STUDENTS

Introduction

Gastrointestinal problems are highly prevalent in students all around the world thereby affecting their overall wellbeing. Functional gastrointestinal disorders such as irritable bowel syndrome and functional dyspepsia, are the most widespread gastrointestinal pathologies in young people. Gastroesophageal reflux disease is also common, prevailing in 25.9% of students,

depending on dietary and lifestyle factors [1]. Meanwhile, inflammatory bowel disease, including ulcerative colitis and Crohn's disease are prevalent particularly among children and adolescents indicating a percentage of 30% in ulcerative colitis cases and an increase of 25% in Crohn's disease cases [2]. These conditions are significantly influenced by stress, diet, and psychosocial factors, with a notable impact on quality of life. Chronic abdominal pain is defined as pain that persists for more than three months and can significantly impact an individual's quality of life. It is a prevalent issue which affects various age groups [3]. The complexity of chronic abdominal pain often necessitates a multidisciplinary approach to management, as it can be associated with various underlying conditions, including gastrointestinal disorders and psychological factors.

The interplay between gastrointestinal health and potential causes such as diet, stress, and lifestyle factors are complex and multifaceted. Students are subjected to significant stress levels, which are exacerbated by factors beyond their academic workload, including socioeconomic and psychological hurdles that they face during their curriculum. This article explores the potential causes of gastrointestinal problems in students and provides enlightenment on the various ways to reduce the number of cases among students.

Goal

The aim of this study is to analyze the prevalence and potential causes of gastrointestinal symptoms among students.

Material and methods of research

A self-administered questionnaire survey was conducted among students aged 16 to 28 years. The study included a total of 94 participants, comprising 62 females and 32 males. The sample represented a diverse range of nationalities, including 59 Sri Lankans, 18 Nigerians, 2 Cameroonians, 5 Indians, 2 Congolese, 5 Maldivians, and 3 Syrians. The questionnaire was made in Google forms; it consisted of 22 questions regarding their overall health and lifestyle. However, the participants who had lactose intolerance and food allergies were excluded along with participants who had did not have abdominal pain symptoms during the last 3 months.

The results of the research and their discussion

To analyze the data, the results of the research on students were divided into 2 groups:

- 1) students with chronic abdominal pain (persisting for last three months either continuously or intermittently, both with or without other gastrointestinal symptoms), (n=38);
- 2) students without abdominal pain or any other symptoms of gastrointestinal disorders, (n=56).

Among the students with abdominal pain symptom: 3.6% students (4 students) were diagnosed with gastrointestinal reflux diseases, 5.5% (6 students) – chronic gastritis, 2.7% (3 students) – gastric and duodenal ulcers, 0.9% (1 student) – Crohn's disease, 1.8% (2 students) – irritable bowel syndrome, 5.5% (6 students) – other gastrointestinal diseases. The other participants of this study – 82.7% (72 students) did not have diagnosed gastrointestinal diseases.

According to the questioner, the frequency of risk factors in these 2 groups of students was evaluated. Such risk factors include increased body mass index (BMI), infrequent meals, insufficient fiber intake (less than required consumption of dietary fibers such as vegetables and fruits in less than 3 weeks), junk food consumption, frequent consumption of carbonated sweet drinks, frequent spicy food consumption, frequent alcohol consumption, family history of gastrointestinal diseases, quick consumption of food.

Table 1 presents the number of participants with risk factors in two groups: students with chronic abdominal pain and those without gastrointestinal symptoms. The data are shown as absolute numbers and percentages, calculated based on the total number of participants in each group.

Table 1 – Risk factors in groups of students with chronic abdominal pain and healthy students (n, %)

Risk factor	Students with chronic abdominal pain symptom (n=38)	Students without gastrointestinal symptoms (n= 56)
Increased BMI (more than 25)	12 (31.6%)	13 (23.2%)
Decreased BMI (less than 18.5)	4 (10.5%)	8 (14.3%)
Infrequent meal (1-2 times a day)	28 (73.7%)	34 (60.7%)
Insufficient fiber intake	35 (92%)	40 (71.4%)
Frequent (everyday) junk food consumption	8 (21.1%)	6 (10.7%)
Frequent (everyday) consumption of carbonated sweet drinks	6 (15.8%)	3 (5.4%)
Frequent (everyday) spicy food consumption	18 (47.3%)	25 (44.6%)
Frequent alcohol consumption (1-3 times a week)	1 (2.6%)	3 (5.36%)
Frequent (everyday) feeling stress of and anxiety	20 (52.6%)	8 (14.3%)
High caffeine consumption (more then 3 cups per day)	3 (7.89%)	7 (12.5%)
Smokers	3 (7.89%)	5 (8.93%)
Family history of gastrointestinal diseases	4 (10.53%)	6 (8.92%)
Quick consumption of food (10 minutes and less)	13 (34.2%)	23 (8.93%)

According to the results of the study, differences in the frequency of certain risk factors between the examined groups of students were identified.

Insufficient fiber intake. A lack of sufficient dietary fiber is a significant risk factor for chronic abdominal pain. Research indicates that 92% of students (35 students) experiencing chronic abdominal pain do not consume enough fiber. In comparison, 71.4% of students without abdominal pain (40 students) also have insufficient fiber intake, suggesting that while low fiber intake is common, it has a stronger association with chronic abdominal pain.

Stress and anxiety. Experiencing stress and anxiety daily is another major risk factor. The study shows that 52.6% (20 students) of students with chronic abdominal pain experience stress and anxiety every day, whereas only 14.3% (8 students) of students without abdominal pain report the same. Stress, anxiety and depression are factors that contribute to worsening diseases such as irritable bowel syndrome [4]. This highlights the role of mental health and emotional well-being in contributing to abdominal discomfort.

Increased BMI. A higher body mass index (BMI) is linked to an elevated risk of chronic abdominal pain. According to the data, 31.6% (12 students) of students with chronic abdominal pain have an increased BMI, compared to 23.2% (13 students) of students with no abdominal pain but also a higher BMI. People with high BMI often experience abdominal pain due to extra pressure on their stomach and intestines. Unhealthy eating habits, like consuming lots of processed foods and sugar, can also irritate the digestive system and make pain worse. Patients suffering from obesity have been reported to having frequent nausea, abdominal pain, bloating, diarrhea, and flatulence compared to normal weight individuals [5].

Infrequent meals. Irregular eating habits, such as infrequent meals, are shown to significantly impact abdominal pain. About 73.7% (28 students) of students with chronic abdominal pain report eating infrequently, compared to 60.7% (34 students) of students without abdominal pain. This indicates that skipping meals or eating irregularly may disrupt digestive health and lead to discomfort. This demonstrates that individuals who eat three meals a day are less likely

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.

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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].