Conclusions

Although both the countries' awareness of HPV and the HPV immunization was high, most respondents indicated willingness to be vaccinated particularly if recommended by a gynecologist or provided free – uptake of the full vaccine series was low in both countries despite existing national programs. Belarusians tend to be more engaged with screening, feel more personally at risk, and express fewer safety concerns, which makes them more likely to seek preventive care. Sri Lankans, while well informed, are more likely to downplay their own risk and worry about vaccine ingredients or effects – concerns often reinforced through social media as well as doctors. These human factors – trust, convenience, perceived need, and where people get their information – appear to matter as much as formal policy. These findings indicate that program availability alone is insufficient; improving HPV protection and cervical cancer prevention will require people-centered interventions, enhance convenience, and completion of the vaccine series, and use trusted information channels to translate awareness into action.

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УДК 618.17-008.8

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PREMENSTRUAL SYNDROME

Introduction

Premenstrual syndrome (PMS) is a common condition affecting women of reproductive age and is characterized by a combination of physical, emotional, and behavioral symptoms that occur during the luteal phase of the menstrual cycle and usually resolve shortly after the onset of menstruation. Common symptoms include abdominal bloating, breast tenderness, fatigue, headache, irritability, mood changes, and difficulty concentrating. These manifestations are associated with neuroendocrine and psychological mechanisms that influence both physical and emotional well-being [1].

According to the International Classification of Diseases (ICD-10), premenstrual syndrome is classified under the code N94.3 and is considered a significant health concern for women during their reproductive years [5]. Epidemiological studies indicate that premenstrual symptoms are highly prevalent worldwide. It is estimated that up to 80–90% of women experience at least one premenstrual symptom, while approximately 20–40% develop clinically significant PMS that may negatively affect daily activities, academic performance, and quality of life [2, 3].

The etiology of PMS is complex and multifactorial. Current research suggests that the condition is primarily associated with cyclic hormonal fluctuations during the menstrual cycle, particularly changes in estrogen and progesterone levels. Women suffering from PMS appear to

demonstrate increased sensitivity of the central nervous system to normal hormonal variations rather than abnormal hormone concentrations themselves [1, 3].

Hormonal changes during the luteal phase may influence neurotransmitter systems in the brain, especially serotonin, which plays a key role in mood regulation and emotional stability. Alterations in serotonergic activity are believed to contribute to many psychological symptoms of PMS, including anxiety, irritability, and mood instability [2]. In addition, hormonal fluctuations may promote fluid retention and inflammatory responses, which can lead to physical symptoms such as abdominal bloating and breast tenderness [4].

Understanding the prevalence and characteristics of PMS symptoms among different age groups is important for improving awareness, early recognition, and management of this condition among women.

Goal

To evaluate the prevalence and characteristics of premenstrual syndrome among women aged 18–35 including medical university students and women outside the university, and to compare the frequency of symptoms between different age groups.

Material and methods of research

Cross sectional study was conducted using an online questionnaire distributed among women aged 18–35, including medical university students and women outside the university. A total of 170 participants were included and divided A into two age groups: 18–25 and 26–35 years. The questionnaire contained questions about common premenstrual syndrome (PMS) symptoms. Statistical analysis was performed using the Chi-square (χ^2) test, and differences were considered statistically significant at $p<0.05$.

The results of the research and their discussion

Among patients from group 18–25 years, 85.5% reported abdominal bloating before the period, compared to 57.5% in the 26–35 age group ($\chi^2=2.69$, $p<0.001$), which shows statistical significance between the groups, Confidence interval: 18–25 y. o: 100 (85.47±3.26%), 26–35 y. o: 34 (57.50±7.82%).

This higher prevalence in younger women may be explained by increased sensitivity to hormonal fluctuations, especially estrogen and progesterone, leading to fluid retention and bloating.

Mood changes were reported in 94.0% of participants aged 18–25 and 97.5% in the 26–35 age group ($\chi^2=2.69$, $p<0.001$), indicating statistical significance, Confidence interval: 18–25 y. o: 90 (76.92±3.90%), 26–35 y. o: 39 (97.50±2.47%). The higher rate in older women may be related to stronger hormonal influence on neurotransmitters such as serotonin, which plays a key role in mood regulation, as documented in scientific studies, Headaches were experienced by 63.2% of participants aged 18–25 compared to 92.5% in the 26–35 group ($\chi^2=2.695$, $p<0.001$), showing statistical significance, Confidence interval: 18–25: 74 (57.14±20.20%), 26–35: 37 (92.50±4.55%). This difference may be attributed to increased neurological sensitivity and accumulated stress with age, which can intensify headache occurrence, as noted in medical literature ,Breast tenderness was reported by 76.9% of participants aged 18–25 and 95.0% in the 26–35 group ($\chi^2=2.30$, $p<0.005$), indicating statistical significance. This finding can be linked to enhanced hormonal effects, particularly progesterone-related changes in breast tissue, which may become more pronounced over time, as indicated by previous findings.

Anxiety and tension were reported by 76.9% of the 18–25 group and 95.0% of the 26–35 group ($\chi^2=2.30$, $p<0.005$), showing statistical significance.

This may be associated with increased psychological stress, lifestyle factors, and hormonal influence on the central nervous system in older women, as discussed in recent publications.

Regarding the need for medical consultation, 68.4% of participants aged 18–25 believed it was necessary, compared to 95.0% in the 26–35 group ($\chi^2=3.1$, $p<0.002$), indicating statistical significance.

This difference may reflect greater awareness and experience with symptom severity among older participants, as observed in related studies

Conclusions

This study demonstrates that premenstrual syndrome (PMS) is highly prevalent among women aged 18–35. The findings show that both physical and psychological symptoms are common in all participants; however, symptom severity and

Frequency tends to be higher in the older age group (26–35 years).

Younger participants (18–25 years) reported a higher prevalence of abdominal bloating, which may be related to increased sensitivity to hormonal fluctuations. In contrast, older participants showed significantly higher rates of mood changes, headaches, breast tenderness, anxiety, and the perceived need for medical consultation, these differences suggest that age plays an important role in the manifestation and perception of PMS symptoms. The results also indicate that PMS can negatively affect daily activities, academic performance, and overall well-being.

Therefore, increasing awareness, early recognition, and appropriate management of PMS are essential to reduce its impact on women's quality of life.

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УДК 618.3:616.12-008.331.1(548.7)

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MATERNAL MORTALITY FROM HYPERTENSIVE DISORDERS IN SRI LANKA

Introduction

Worldwide, 2–8% of pregnancies are affected by hypertensive disorders of pregnancy (HDP). They are categorized as preeclampsia, eclampsia, superimposed preeclampsia, gestational hypertension, and chronic hypertension. Proteinuria, organ failure, convulsions, and potentially deadly outcomes are associated with preeclampsia and eclampsia. Every year, HDP results in about 46,000 maternal deaths and 500,000 fetal deaths, with a higher impact in developing countries. Vasospasm, vascular lesions, platelet activation, and coagulation abnormalities are important processes.

Approximately 2% to 8% of pregnant women worldwide suffer from hypertensive disorders in pregnancy (HDP), one of the most prevalent medical problems of pregnancy [2]. They are a significant contributor to morbidity and mortality among mothers and neonates. The International Society for the Study of Hypertension in Pregnancy (ISSHP) has classified: Gestational hypertension