Emotional changes were highly prevalent. More than half of the respondents (61,2%) reported:increased irritability or a short temper, mood swings, feelings of sadness or emotional sensitivity, anxiety or restlessness, and difficulty concentrating (30,6%), along with disturbed sleep patterns (24,5%).These findings highlight the significant neuropsychological impact of PMS, consistent with previous studies linking hormonal fluctuations to emotional instability [5]. Lifestyle factors such as low (42,9%) to moderate physical activity (34,7%), regular caffeine consumption (54,2%), and unhealthy eating habits (18.4%) during the premenstrual period may worsen PMS symptoms, 20% of respondents reported that PMS significantly affected their daily functioning, while 56% has a slight impact causing missed work or classes. Yet few sought professional help (14,3%), often relying on self-management strategies which is a whole 85,7%.

Common coping methods included: Rest and sleep, Painkillers, Emotional support from family or friends and warm compresses and home remedies. While some respondents felt supported by people around them, others reported insufficient understanding of PMS from their social environment, highlighting the need for increased awareness and education.

Conclusions

Premenstrual Syndrome (PMS) is prevalent among women, significantly impacting physical health, emotional well-being, and daily functioning. Both emotional and psychological symptoms are as significant as physical ones and warrant attention. Lifestyle factors greatly influence the severity of PMS symptoms, and increased awareness, lifestyle modifications, and early medical consultations can enhance PMS management and improve quality of life.

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COMPARATIVE STUDY OF KNOWLEDGE, AWARENESS, ATTITUDES AND ACCEPTABILITY OF HPV VACCINATION AMONG YOUNG WOMEN (18–26) IN BELARUS AND SRI LANKA

Introduction

The landscape of modern medicine is defined by the tension between technological prophylaxis and the sociocultural barriers impeding its implementation. Human Papillomavirus (HPV) – a group of over 200 viruses – remains a leading cause of cervical cancer, prompting the World Health Organization to advocate for universal immunization [1]. Despite this, global uptake remains uneven, influenced by socioeconomic and cultural variables. This study explores the "problems and prospects of modern medicine" by comparing Belarus and Sri Lanka, two nations

with distinct approaches to HPV mitigation. Sri Lanka successfully launched a nationwide, school-based immunization program in 2017 using the quadrivalent Gardasil vaccine, which targets HPV types 6, 11, 16, and 18 to prevent both cervical cancer and genital warts [2, 3].

Goal

This study aims to compare the knowledge, attitudes, and acceptability of HPV vaccination among women aged 18–26 in Belarus and Sri Lanka.

Material and methods of research

This study used a cross-sectional survey conducted among the Sri Lankan and Belarusian young women (18-26 age range) to assess their knowledge, awareness, and accessibility of HPV vaccination, By conducting an online questionnaire (opened from February to March 2026) using Google Forms (which was translated to both English and Russian languages) and was shared through social media platforms (WhatsApp, Telegram) ;containing an informed consent section at the beginning, sections about sociodemographic data, sexual health factors, knowledge of HPV and awareness toward HPV vaccination. A total of 109 responses (39 Belarusian and 70 Sri Lankan) were collected. Data processing and statistical analysis were performed by using Microsoft Office Excel 2013.

The results of the research and their discussion

In this comparative study of knowledge, awareness, attitudes, and acceptability of HPV vaccination among young women aged 18–26 in Sri Lanka (n=70) and Belarus (n=39), we analyzed data to differentiate sociodemographic factors and sexual health factors between Sri Lanka and Belarus in the first half of the survey. Median age was 22 years in both groups, all participants were nulliparous (parity = 0), and 87% (n=62) of Sri Lankans and 85% (n=33) of Belarusians were single. Most respondents were urban (Sri Lanka 86%, n=60; Belarus 90%, n=35) and reported being financially stable (Sri Lanka 87%, n=61; Belarus 95%, n=37). Educational attainment differed: 80% (n=56) of Sri Lankan women were undergraduates, whereas 44% (n=17) of Belarusian women had completed high school. Sexual behavior also varied: 36% of Sri Lankan women (n = 25) and 62% of Belarusian women (n = 24) reported being sexually active; among sexually active participants condom use was universal in Sri Lanka (25/25, 100%) and reported by most in Belarus (21/24, 88%). Median age at first intercourse was 20 years in Sri Lanka (17%, n=8) and 18 years in Belarus (27%, n=8), with Belarus's earlier sexual debut indicating a need to prioritize earlier HPV vaccination. Conversely, the lower sexual activity and high condom use in the Sri Lankan group may reflect different cultural norms or higher health literacy among undergraduates, which could influence their overall "acceptability" of the HPV vaccine.

Our study revealed that in Sri Lanka, 80% (n=56) of participants reported awareness of human papillomavirus (HPV), whereas in Belarus 97% (n=38) were aware of HPV. Awareness that HPV causes cervical cancer was reported by 84% (n=59) of Sri Lankan participants and 97% (n=38) of Belarusian participants. In both countries, the majority of respondents recognized that HPV can be transmitted to both males and females (Sri Lanka: 70%, n=49; Belarus: 72%, n=28). In terms of screening and early diagnosis, a higher proportion of Belarusian respondents reported undergoing cervical screening (44%, n=17) compared to Sri Lankan respondents (27%, n=19). Furthermore, a discrepancy in diagnostic knowledge was observed: 72% (n=28) of the Belarusian cohort correctly identified the Pap smear as a tool for HPV detection, whereas only 63% (n=44) of the Sri Lankan cohort demonstrated this awareness. The findings suggest that Belarus benefits from a more accessible screening infrastructure, conversely, while general awareness in Sri Lanka is relatively high, the notably low screening rate highlights a pronounced "knowledge-action gap".

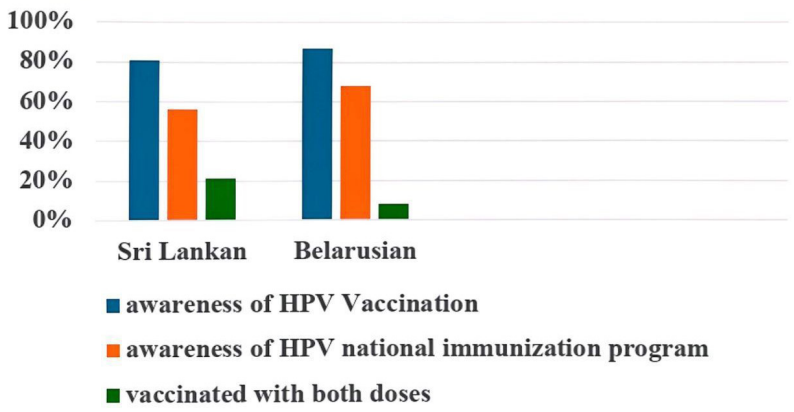


Figure 1 – HPV vaccination awareness VS vaccination uptake

According to the figure 1, awareness of HPV vaccination was relatively high across both countries, reported by 87% (n=34) of Belarusian and 81% (n=57) of Sri Lankan participants. However, a notable disparity was observed regarding knowledge of national immunization initiatives; 68% (n=26) of the Belarusian respondents were aware of a national program, compared to only 56% (n=39) of their Sri Lankan counterparts. Despite the presence of established national immunization initiatives, vaccine completion rates remain low in both cohorts; only 21% (n=15) of Sri Lankan participants and 8% (n=3) of Belarusian participants reported receiving the full two-dose regimen. This indicates a significant discrepancy between programmatic availability and actual vaccination uptake within these populations. A substantial majority in both countries demonstrated an understanding that the HPV vaccine does not provide universal protection against all cervical cancer genotypes (Sri Lanka: 70%, n=49; Belarus: 68%, n=26). Furthermore, prospective vaccine acceptance was high in both groups, provided the immunization was available at no cost. Notably, Belarusian respondents exhibited a slightly higher inclination toward vaccination (90%, n=35) compared to their Sri Lankan counterparts (86%, n=60). Despite lower screening and vaccination rates, a significant disparity was observed in perceptions of personal risk. While 68% (n=48) of Sri Lankan respondents dismissed their susceptibility to HPV based on perceived low sexual activity, only 36% (n=14) of Belarusians disagreed. This suggests a higher level of risk awareness among the Belarusians, whereas the Sri Lankan group exhibits a stronger optimism bias regarding their infection risk.

Our survey revealed that a slight majority of Sri Lankans participants (51%, n=36) perceived the HPV vaccine as having no side effects. However, notable concerns persisted regarding infertility (24%, n=17), the presence of harmful substances (30%, n=21), and potential impacts on sexual activity (16%, n=11). Conversely, the Belarus respondents demonstrated a significantly higher level of perceived safety, with (72%, n=28) reporting no concerns regarding side effects. Misconceptions in Belarus were less prevalent than in Sri Lanka, specifically concerning harmful substances (18%, n=7) and sexual activity (3%, n=1), though beliefs regarding infertility remained comparable (21%, n=8). Comparative analysis suggests that while both populations showed similar levels of concern regarding reproductive health, the Sri Lankan sample exhibits a markedly higher suspicion of vaccine components and a lower overall confidence in the vaccine's safety profile. Both Sri Lanka and Belarus demonstrated remarkably high vaccine acceptance when recommended by a gynecologist (94%, n=66 and 87%, n=34 respectively), highlighting a strong global trend of medical professional influence on healthcare decisions. However, their information ecosystems differ significantly, while Sri Lankan participants rely heavily on both doctors and social media (47%, n=33 both) for information, Belarusian participants predominantly hear about vaccine from doctors (68%, n=26).

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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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