

delivery. Further research is required to better identify the factors and indications for executing CS and to compare the maternal, neonatal morbidity and mortality rate for vaginal delivery and CS individually. Government awareness programs should be carried out in maternity hospitals highlighting the benefits of vaginal delivery over CS. Appropriate measures should be taken to minimize the risks of surgery and anesthesia relates to CS. Obstetrician should not merely carry out patients wishes, all risks should be informed to the patient before a selection is made. Furthermore, layman should not be led to the conclusion that CS is the best option for delivery and vaginal delivery is a poor approach. Thereby, an attempt can be made to reduce the unnecessary CS carried out in the country without compromising the care given to the mother and baby.

LITERATURE

1. Liu, Y. (2018). The Clinical Analysis of Vaginal Delivery After Cesarean Section, and Favorable factors for Vaginal Delivery. *Journal of Gynecology and Obstetrics*, 6 (5), 113. <https://doi.org/10.11648/j.jgo.20180605.12>
2. R. R. Pathirana, H. P., Varathan, N., & Publishing, S. R. (2018, March 30). Statistical Analysis of Variables Influencing Type of Birth in Sri Lanka: A Logistic Regression Approach. *Statistical Analysis of Variables Influencing Type of Birth in Sri Lanka: A Logistic Regression Approach*. <https://doi.org/10.4236/ojs.2018.82020>
3. User, S. (n.d.). Family Health Bureau - Statistics. Family Health Bureau - Statistics. <https://fhb.health.gov.lk/index.php/en/statistics>.
4. Cesarean Sections (C-Sections) (for Parents) – Nemours KidsHealth. (2022, June 1). Cesarean Sections (C-Sections) (for Parents) - Nemours KidsHealth. <https://kidshealth.org/en/parents/c-sections.html>.
5. PMC, E. (n.d.). Europe PMC. Europe PMC. <https://europepmc.org/article/MED/22419296>.
6. Tamang, T., Dema, J., Pelden, S., & Choden, P. (2020, May 15). Usefulness of Robson classification system to analyze caesarean section deliveries: a hospital based study. *Bhutan Health Journal*, 6(1), 38–44. <https://doi.org/10.47811/bhj.98>.

УДК 613.888+618-053.6/.81(548.7)

N. A. H. Ch. Thilakarathna, P. R. K. Perera

Scientific supervisor: PhD, Assistant Professor S. S. Kravchenko

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

AWARENESS AND KNOWLEDGE ABOUT HEALTHY SEXUAL RELATIONSHIP AND GYNECOLOGICAL CARE AMONG LATE ADOLESCENTS AND YOUNG ADULTS IN SRI LANKA

Introduction

Gynecological care and sexual health of late adolescents and younger adults is an important health concern and a focus of global attention. Population ages between 10–19 years are categorized as adolescents. Adolescence is the phase of transformation from puberty to adulthood, hallmarked by physical, physiological psychological development among adolescents. Late adolescents and young adults ages between 18–21 and beyond approximately until age 36 generally have completed physical development [4].

Education about the female reproductive system and gynecological care is important to prevent future gynecological problems. It must know at least the basics about menstrual cycle and why they happen. Not only that but also should be aware of menstrual bleeding volume to prevent developing anemic conditions. Education about gynecological hygiene is important to prevent extragenital infections [1, 2, 4].

Awareness about Sexual health is far more complex than simply working to reduce disease risk. It encompasses physical health and emotional, mental and social aspects of sexuality. Knowledge about birth control methods, sexually transmitted disease prevention, screening

and treatment, healthy sexual bonds with the partner. Understanding sexual rights are the most important aspects to reduce future consequences. Understanding overtime changes in sexual health is important. As an example, in the case of new parents, faced with the adjustments of caring for a new baby, the healing process that follows childbirth, and hormonal shifts that women go through during this time, their sexual needs and desires will almost certainly change. Menopause is another time that sexual health can change [4, 5].

Goal

Identify the level of knowledge about healthy sexual relationship and gynecological care among late adolescents and young adults in Sri Lanka.

Material and methods of research

This study was a prospective, questionnaire based online survey conducted among female late adolescents and female young adults in Sri Lanka. This online survey was used to measure level of knowledge and awareness about their gynecological care and sexual health based on their age groups. so we decided to collect data from randomly selected 75 females in the age group of 18–21 years, 22–29 years and 30–36 years and among them 72 females are agreed to participate in this questionnaire.

The study includes two types of questionnaires. First one based on gynecological care and reproductive health knowledge of respondents was assessed through questions asked about basic gynecological hygiene, knowledge about extragenital organs and awareness of menstrual cycle. Second type of questions based on sexual health including awareness about sexual transmitted diseases, knowledge about contraceptive methods, awareness about fertility period.

The results of the research and their discussion

The results of this study are presented according to the main categories of questions starting from demographic analysis within each sub section of this main result section.

Among 75 participants only 72 respondents completed the questionnaire and provided consent to participate in the survey. Table 1 describes the demographic characteristics of the study sample.

Table 1 – Demographic analysis

Indicator	Number	Percentage
Age group		
18–21	10	14 %
22–29	50	70 %
30–36	12	17 %
Relationship status		
Single	37	51 %
In a relationship	20	28 %
Married	15	21 %

Majority of the participants are in age group of 22–29 (70 %), with the remainder comprising age group 18–21 (14 %) and 30–36 (17 %). 37(51 %) are not in a relationship, 20 (28 %) are in a relationship and 21 % are married.

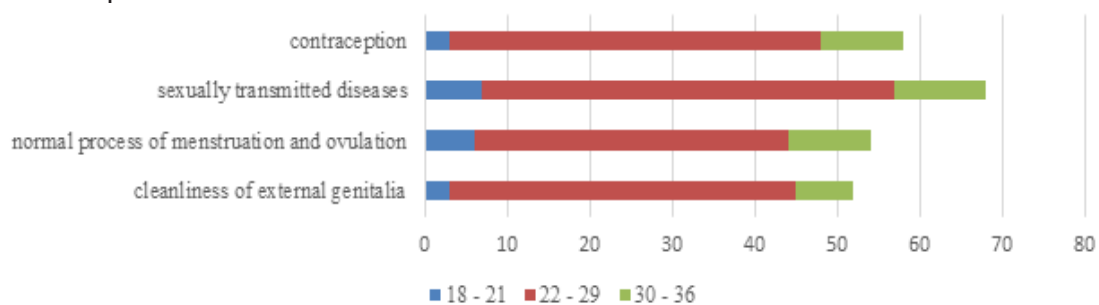


Figure 1 – Awareness of gynecological care and sexual health among late adolescents and young adults

The participants of age group 22–29 possessed high level of awareness about gynecological care and sexual health. Among them 84 % (42) has proper awareness about cleanliness of external genitalia, 76 % (38) aware about normal process of menstruation and ovulation, 90 % (45) have knowledge about contraceptives and everyone knows about at least one sexually transmitting diseases. Adults (age 30–36) have comparatively good knowledge about gynecological care and sexual health. Among them 58 % (7) has proper awareness about cleanliness of external genitalia, 83 % (10) aware about normal process of menstruation and ovulation, 83 % (10) have knowledge about contraceptives and all participants have knowledge about at least one sexually transmitting diseases. Late adolescents (age 18–21) have minimum knowledge about the gynecological care. Among them 30 % (3) has proper awareness about cleanliness of external genitalia, 60 % (6) aware about normal process of menstruation and ovulation, 60 % (6) have knowledge about contraceptives and 70 % (7) knows about at least one sexually transmitting diseases.

Participants got aware about gynecological and sexual health from parents, partners and friends (32 %), from school or university (16 %), from internet and mass media (53 %).

Conclusion

Level of knowledge and awareness about gynecologic care and sexual health of late adolescents and young adults are optimal in age group 22–29. The knowledge has to be improved in age group 18–21 compared to other age groups. Overall knowledge of gynecological care and sexual health is satisfied. Mostly the internet and mass media has played a major role in it. Necessity of developing level of knowledge and awareness about gynecologic care and sexual health of late adolescents and young adults in Sri Lanka is important.

LITERATURE

1. Rajapaksha. N. Sexual and reproductive knowledge, attitudes and behaviours in a school going population of Sri Lankan adolescents, H. Piercy, S. Salway, S. Samarage [electronic resource] / sex Reprod Healthc. – March 2015. – Mode of access : Sexual and reproductive knowledge, attitudes and behaviours in a school going population of Sri Lankan adolescents – PubMed (nih.gov) – Date of access : 23.03.2023
3. Escura S., Sonia A. Sexual and gynecological health in women with a history of sexual violence: the role of the gynecologist [electronic resource] / Clin.Exp>Obstet.Gynecol – 2022. – Vol. 49(3). – Mode of access : Sexual and gynecological health in women with a history of sexual violence: the role of the gynecologist (impress.com) – Date of access: 23.03.2023
4. National strategic plan on adolescent and youth health (2018–2025) / WHO – 2018 – Mode of access: <https://platform.who.int/docs/default-source/mca-documents/policy-documents/plan-strategy/LKA-AD 17 01 PLAN STRATEGY 2018 eng Adolescent and Youth Health Strategic Plan 2018–2025.pdf> – Date of access : 24.03.2023

УДК 618.36-005.1

Z. Zakeer

Scientific supervisor: PhD, Assistant Professor S. S. Kravchenko

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

PLACENTA PREVIA RELATED HAEMORRHAGE MANAGEMENT IN DEVELOPING COUNTRIES

Introduction

Placenta previa is the implantation of placenta partially or completely over the lower uterine segment, particularly over and adjacent to the internal os [1]. Placenta is the feto-maternal organ that develops during pregnancy, which facilitates oxygen and nutrition supply to the fetus via the maternal circulation, till the delivery is done. Placenta itself develops in the upper uterine segment usually. But still if the placenta covers the lower uterine segment in the early