

About 75,0 % had duration of vomiting for 10 days approximately. Other 20,0 % range from 1 to 1,5 months and 5 were having clinical symptoms for 3 months. In additionally 20,0 % of patients were reported with mild anaemia in their routine blood report.

All were treated with Ascorbic acid and Metoclopramide. Patients with moderate to severe vomiting were given IV Ringer solution and IV glucose. Patients with anaemia were given iron and folic acid supplementation. All are given vitamin supplementation (vitamin B12 and B6). All patients were responded to medications and had good prognosis.

### **Conclusion**

The most significant risk factors in the study were young age of patients, family history of vomiting during pregnancy, diseases of the gastrointestinal tract, first pregnancy, first trimester of pregnancy ( $P < 0,001$ ). 93,0 % of women were having nausea with mild to moderate vomiting. the most common clinical symptoms they had were nausea, vomiting, salivation, weakness. Only 7,0 % of patients were having severe vomiting and among them majority of dehydration clinical symptoms like dry lips, sunken eyes, ketonuria and metabolic acidosis were noticed. About 75,0 % had duration of vomiting for 10 days approximately. 20,0 % of patients were reported with mild anaemia in their routine blood report.

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### **ASSESSMENT OF CONTRACEPTIVE KNOWLEDGE AMONG SRI LANKAN POPULATION**

#### **Introduction**

Due to biological, psychological, and social changes during puberty, youth is characterized by impulsiveness and risk-taking. Even though this risk-taking behavior is well known among the adults due to various social and cultural aspects of Sri Lanka sex education and safe sex practice is not an education material that is given much of an importance to. This reckless attitude has led to an unfortunate event of lack of knowledge about any sex related topics among both children and adults likewise among the public [1].

Modern contraceptives refer to family planning methods used to prevent pregnancy. Knowledge about contraceptive methods is important in effective family planning and prevention of unplanned pregnancies. In Sri Lanka among both sexually active and non-active popu-

lation knowledge about contraceptives remain low even though the access to information keeps improving with time and advancements of the technology [2, 3].

### ***Aim***

This study aimed to assess the knowledge, awareness, and perception of contraceptives among medical students and general population of Sri Lanka.

### ***Material and methods of research***

A cross-sectional, questionnaire-based study was conducted among Sri Lankan medical students and public. The pretested questionnaire consisting of 60 questions was used to collect data from the participants over 2 weeks. The questionnaire was divided into four sections, for gathering information about demographic data, and their knowledge, attitudes, and perception toward contraception. The obtained results were statistically processed using the Statistica 8.0 software package (StatSoft, USA). The fraction (p%), the standard error of the fraction (SP%), median and quartiles (Me; 25th – 75th) were determined. The frequency analysis was carried out using the  $\chi^2$  criterion. The differences were recognized as statistically significant at  $p < 0,05$ .

### ***The results of the research and their discussion***

A total of 94 people, of which  $71,28 \pm 4,67$  % were female and  $28,72 \pm 4,67$  % were male. Of 94 participants,  $1,04 \pm 1,04$  % were less than 18,  $59,38 \pm 5,01$  % were aged 24–30 years,  $36,46 \pm 4,91$  were aged 18–24 years,  $3,13 \pm 1,78$  were aged more than 30 years. Mean age between participants was  $24,9 \pm 3,4$  % and female of  $24,4 \pm 3,3$  %, male  $26,3 \pm 3,0$  %.  $52,7$  % were not medical students and  $47,3$  % were medical students of varying years.  $53,13 \pm 5,09$  % of the respondents were single,  $37,50 \pm 4,94$  % in a relationship and only  $9,38 \pm 2,97$  % were married.  $41,67 \pm 5,03$  % respondents are living with parents,  $30,21 \pm 4,69$  % living in a dormitory,  $23,96 \pm 4,36$  % living alone and  $4,17 \pm 2,04$  % with a partner. The majority ( $87,23 \pm 3,44$  %) of the respondents were aware of contraceptives while only  $12,77 \pm 3,44$  % were not.

The results showed that  $88,54 \pm 3,25$  % of the respondents received information on contraceptives from the internet and social media,  $60,42 \pm 4,99$  % from literary resources,  $57,29 \pm 5,05$  % from friends and relatives. Only  $29,17 \pm 4,64$  % received any information from parents.  $50,00 \pm 5,10$  % of respondents received information from school and  $53,13 \pm 5,09$  % from university. Rather sparse number ( $28,13 \pm 4,59$  %) of respondents answered that they received information from a doctor, nurse/medical personnel and  $23,96 \pm 4,36$  % from their partner.

Internet /social media seems to be the most common source of information within last 12 months for many ( $75,53 \pm 4,43$  %), followed by university ( $32,98 \pm 4,85$  %), literary sources ( $31,91 \pm 4,81$  %) and friends and relatives ( $26,60 \pm 4,56$  %). Among all those sources, participants answered that they trusted the information from medical personnel ( $51,04 \pm 5,10$  %) the most, and university ( $36,46 \pm 4,91$  %), literary sources ( $26,04 \pm 4,48$  %) whereas only  $6,25 \pm 2,47$  % trusted school ( $\chi^2$  between males and females = 1.11,  $p > 0,05$ ) as a source of accurate information.

When questioned about the methods of contraception:  $77,08 \pm 4,29$  % answered being aware of condoms,  $68,75 \pm 4,73$  % – OCP (Oral Contraceptive Pills) ( $\chi^2 = 21,5$ ,  $p > 0,05$ ),  $61,46 \pm 4,97$  % – IUD (Intrauterine Devices) ( $\chi^2 = 21,9$ ,  $p > 0,05$ ),  $62,50 \pm 4,94$  % – Morning after pill and Natural Cycle tracking each,  $56,25 \pm 5,06$  % – Vasectomy,  $54,17 \pm 5,09$  % – Tubal ligation ( $\chi^2 = 21,76$ ,  $p > 0,05$ ),  $43,75 \pm 5,06$  % – Nexplanon,  $43,5$  % – Simple Withdrawal method/ Coitus interruptus,  $40,63 \pm 5,01$  % Female condom ( $\chi^2 = 1,99$ ,  $p < 0,05$ ),  $40,63 \pm 5,01$  % – Depo Provera,  $39,58 \pm 4,99$  % – Vaginal ring/Nuva ring and not having sex at all each,  $35,42 \pm 4,88$  % – Cervical cap/diaphragm,  $31,25 \pm 4,73$  % – Contraceptive patch and least knew about vaginal douching –  $19,79 \pm 4,07$  %.

When asked about what they knew about male condoms:  $91,49 \pm 2,88$  % answered that it is not okay to use the same condom more than once, but only  $65,96 \pm 4,89$  % ( $\chi^2 = 21,78$ ,  $p > 0,05$ ) were aware that condoms have an expiry date and that you cannot use Vaseline/petroleum jelly

with latex condoms ( $23,40 \pm 4,37$  %) ( $\chi^2$  X2 = 1,71,  $p > 0,05$ ).  $20,21 \pm 4,14$  % answered that wearing two latex condoms will provide extra protection while  $43,62 \pm 5,11$  answered that it will not,  $35,11 \pm 4,92$  % answered that they are not sure. Among the males that responded,  $44,44 \pm 9,56$  % answered that two condoms will not give extra protection and among the females,  $43,28 \pm 6,05$  % – also answered that it does provide extra protection.

When inquired about the knowledge about Oral Contraceptive Pills(OCPs), only  $59,57 \pm 5,06$  % answered that birth control pills were not effective if a woman misses taking them for 2 or 3 days in a row,  $10,64 \pm 3,18$  % answered that it is still effective( $\chi^2 = 21,02$ ,  $p > 0,05$ ) and only  $15,96 \pm 3,78$  % were able to answer correctly what to do if a woman missed a pill,  $47,87 \pm 5,15$  answered incorrectly, and  $34,04 \pm 4,89$  % answered that they do not know what should be done.  $45,74 \pm 5,14$  % answered that they do not know whether there is a need to take a break from the pill every couple of years and  $38,30 \pm 5,01$  % answered that one should while only  $14,89 \pm 3,67$  % answered that there is no need for a break. When asked if a woman should undergo a pelvic exam to get a prescription for birth control,  $46,81 \pm 5,15$  % answered No,  $46,81 \pm 5,15$  % – I don't know and  $5,32 \pm 2,31$  % – Yes.

When asked if the OCPs can be used to treat other gynecological disorders  $63,83 \pm 4,96$  % answered Yes,  $9,57 \pm 3,03$  % – No, and  $26,60 \pm 4,56$  % answered that they do not know. Among the conditions that OCPs are used to treat most are aware of irregular periods ( $61,70 \pm 5,01$  %), PCOS ( $41,49 \pm 5,08$  %), Relieve endometriosis pain ( $32,98 \pm 4,85$  %), to treat menstrual cramps ( $29,79 \pm 4,72$  %), to lower risk of ovarian and uterine cancer ( $28,72 \pm 4,67$  %) ( $\chi^2 = 21,38$ ,  $p > 0,05$ ).  $28,72 \pm 4,67$  % answered that they do not know any conditions and  $3,19 \pm 1,81$  % answered none of the above conditions can be treated with OCPs.

Most of the respondents answered that even though there are side effects of taking OCPs, that they are not serious ( $53,19 \pm 5,15$  %),  $31,91 \pm 4,81$  % answered that there are serious side effects and  $13,83 \pm 3,56$  % answered that they do not know. Among the side effects weight gain ( $61,70 \pm 5,01$  %), headache ( $54,26 \pm 5,14$  %), severe mood swings ( $46,81 \pm 5,15$  %), acne (40 %) are the most well-known side effects.

When asked about Intrauterine Devices (IUD) like Mirena,  $42,55 \pm 5,10$  % answered that they don't know if IUDs are banned in Sri Lanka or not,  $55,32 \pm 5,13$  answered that they are not banned.  $43,62 \pm 5,11$  % doesn't know if they can use an IUD if a woman has never had a child ( $\chi^2 = 20,65$ ,  $p > 0,05$ ),  $47,87 \pm 5,15$  answered that they cannot.  $58,7$  % answered that they do not know if tampons can be used with IUDs and  $36,6$  % answered that they can.  $16,3$  % of the participants thought that to obtain an IUD, one must undergo a surgical operation while  $38,8$  % answered they don't know anything about it. Among 94 people  $46,7$  % doesn't know if an IUD can move around in women's body ( $\chi^2 = 20,96$ ,  $p > 0,05$ ) and  $34,8$  % answered it as that it cannot and  $18,5$  % responded that it can.  $40,9$  % are not aware if using an IUD can give an infection,  $29$  % answered that it is slightly likely and  $3,2$  % answered it is not likely to get an infection at all.  $48,4$  % don't have an idea regarding future pregnancies after using IUD and  $22,6$  % thinks there is no problem after an IUD to get pregnant at all.

$80,60 \pm 4,83$  % females answered that women can get pregnant while breast feeding, and  $55,56 \pm 9,56$  % males answered that it is possible ( $\chi^2 = 22,23$ ,  $p < 0,05$ ).  $65,67 \pm 5,80$  % females answered that they do not think abstaining from sex is the only way to completely prevent pregnancy and  $51,85 \pm 9,62$  % males answered that they do not.

$52,24 \pm 6,10$  % females answered that they are more likely to use male condoms are contraceptive while  $81,48 \pm 7,48$  % of males that they prefer condoms ( $\chi^2 = 22,39$ ,  $p < 0,02$ ).  $11,94 \pm 3,96$  % females answered IUD while none (0) of the males answered that they consider IUDs to be likely to be used by them ( $\chi^2 = 21,47$ ,  $p > 0,05$ ).

When choosing a contraceptive method participants answered that they think the most crucial factor to consider is its effectiveness at preventing pregnancy ( $81,91 \pm 3,97 \%$ ), effectiveness at preventing HIV and other STIs ( $56,38 \pm 5,11 \%$ ) ( $\chi^2 = 22,17$ ,  $p < 0,05$ ), acceptable to the partner –  $37,23 \pm 4,99 \%$  ( $\chi^2 = 2,57$ ,  $p < 0,02$ ), how easy it is to use ( $55,32 \pm 5,13 \%$ ) and factors like low cost ( $31,91 \pm 4,81 \%$ ) and does not contain hormones ( $27,66 \pm 4,61 \%$ ) seems to be less important.

When asked about whether they are reluctant to use any contraceptive methods, most answered that they are less likely to use IUDs as their relatives/friends have had negative experiences and some answered that OCPs are less likely to be used due to their side effects.

### **Conclusion**

So as seen in the results, regarding awareness of female condoms as a contraceptive method, male population seems to be more aware of its existence ( $\chi^2 = 1,99$ ,  $p < 0,05$ ), females are more aware that it is possible to get pregnant while breast feeding ( $\chi^2 = 22,23$ ,  $p < 0,05$ ), when choosing contraceptive method for males it is less important that it prevents STIs ( $\chi^2 = 22,17$ ,  $p < 0,05$ ).

This study showed that level of knowledge among Sri Lankans about contraceptives are not at all at an acceptable level. Knowledge regarding sex and safe family planning should be given during secondary education and require continued control and regular updates about the importance of family planning. As concluded in previous research, there is a clear relationship between the level of education, working status and contraceptive use and differences in socio-economic position, cultural difference, and differential access to family planning [2]. The findings from this study will help to develop programs that can improve knowledge and resources and reduce unplanned pregnancies and complications.

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## **THE UNEXPECTED EFFECTS OF EXERCISING ON THE MENSTRUAL CYCLE**

### **Introduction**

When we first think about exercising and going to the gym, the first thing that comes to our minds is that perfect summer body and that iconic healthy lifestyle. But have you ever considered the changes that could happen in your menstrual cycle because of it? Missed periods, breakthrough bleeding, changes in your flow and even your period pain. You're probably telling yourself «Hold on!! I didn't sign up for this!?!» but stay with me for a minute, it's not all bad, actually you may even be surprised and consider adding these changes on your wish list when you finally decide to subscribe in the gym. Having personally experienced some of these changes myself, I decided to dig deeper into the subject, making my own little investigation in multiple gyms here in Gomel to unravel the reasons behind these individual changes.