immigrant's neutral 27 (8.70 %) first nation agrees 81 (26.12 %). Therefore, it is evident that immigrants who are medical students who are not yet doctors do not carry medical stigmatization while compared to local participants including first nation and visible minority in Gomel.

Based on geographical localization as per order from above in section A question one rural neutral 14 (4.51 %), urban and suburban strongly disagree 92 (29.67 %). Question two rural neutral 10 (3.22 %), urban and suburban disagree73 (23.54 %). In question three rural neutral 14 (4.51 %), urban and suburban urban and suburban disagree 93 (30.00 %). For question four Rural people recorded neutral 10 (3.22 %), urban and suburban neutral 99 (31.93 %). In section B question one rural neutral 14 (4.51 %), urban and suburban disagree 91 (29.35 %). For question two rural 9 (2.90 %) while urban and suburban neutral 74 (23.87 %).

Conclusion

Based on the study of the responses were received the lowest percentages of negative and neutral responses were recorded by males, widowed people, unemployed group, people with education level up to high school or equivalent, visible minority rural people.

The result for such vast reference is lack of exposure to society among widowed population and unemployed group, lack of exposure to mental awareness among high school or equivalent population and rural groups and lack inter relationships between visible minority with society making them think mental education or these diseases are a disability and is embarrassing to undergo these conditions. It is also evident that the research was able to show a positive result as medical students do not carry medical stigmatization because they are in the process of studying diseases and understanding the conditions which leads to them.

Finally, it is evident from the article that medical stigmatism is still a global barrier to the advancement of medicine therefore it must be properly addressed specially among the above mentioned low value obtained groups by means of spreading awareness to maintain and upgrade life style of society.

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Ukwattage Dona Senuri Devanmini Ukwatta

Scientific supervisor: Master SC, Assistant K. N. Scharbakoa

Education Establishment
«Gomel State Medical University»
Gomel, Republic of Belarus

SRI LANKAN PUBLIC PERSPECTIVE ON LESS FREQUENT ROUTINE GYNECOLOGICAL EXAMINATIONS

Introduction

Sexual health can be defined as a state of physical, mental and social well – being in relation to sexuality. It is not solely depending on an absence of disease, dysfunction, physical or mental

weakness in relation to sex. Sexual health requires effective and dutiful approach to sexuality and sexual relationships. In Sri Lanka general agreement of public regarding sexual health involves only the prevention of sexually transmitted diseases and unplanned pregnancies. Sri Lankan society is generally conservative regarding sex and hesitate to talk about sexual health openly. The barriers to sexual well – being in Sri Lanka includes limited awareness of available educational and clinical services, social backwardness which related to individual approval of safe and pleasurable sexual practices, religious and cultural beliefs, moral acceptance and social stigma [1]. Gynaecological examination experienced by women throughout their life time , including puberty , pregnancy , birth and menopause [2]. In Sri Lanka majority of women tend to neglect gynaecological examinations due to cultural ambivalence , conservatism and lack of proper knowledge of sexual health.

Goal

The purpose of this study is to review the public perspective on gynaecological examinations in a developing country taking Sri Lanka as an example and the reason for their less frequent routine gynaecological examinations.

Materials and methods of research

This article is written with recent studies has done to demonstrate sex education in Sri Lanka which includes data from family planning association of Sri Lanka, world health organization website, previously published PubMed, NSCID articles, anonymous electronic survey aimed to evaluate the subjective experiences of women about gynaecological examinations and men about their perspective of gynaecological examinations.

The results of the research and their discussion

Sri Lanka in developing country with total population around 20.4 million in the year 2012. Sex ratio of the total population based on 2012 Census of Population and Housing survey is estimated 93.8 males to 100 females. According to the census data in 2012, education indicators show that the majority of population has completed up to secondary level while 4.7 % of population has never attended a school and the literacy rate of Sri Lanka stands out at 95.7 % [3].

The anonyms survey that was conducted among 321 Sri Lankans, 224 females and 97 males responded with their perspective of gynaecological examinations. 90 % of them were aged between 20–29 and majority of them were undergraduates (51.4 %). Majority of females who participated were single (49.1 %) or were in a relationship (47.3 %). Most of them (54.3 %) claimed that they have heard of gynaecological examinations but there was a significant amount of females (45.7 %) who haven't heard of these examinations and majority of them (69.2 %) haven't done any of gynaecological examinations. As for the people who have done any gynaecological examinations majority of them chose non-invasive examinations such as; general consultation (38.1 %), Ultrasound and x-ray examinations (38.6 %) and 29.9 % were agreed that gynaecological examination is a waste of time and money. Majority of them chose parents (44.2 %) as the source of information about gynaecological examinations. Controversies as a reason not to perform gynaecological examination that were agreed by both genders are shown in table 1.

Table 1– Controversies as a reason not to perform gynaecological examinations

Controversies as a reason not to perform gynaecological examinations	Female	Male
Scared of gynaecological examinations	153 (68.3%)	79 (81.4%)
Not done due to religious reasons	158 (70.5%)	83 (85.5%)
Not done due to Sri Lankan cultural reasons	144 (64.2%)	76 (78.3%)
Not done due to corrupted male doctors	89 (39.7%)	36 (37.1%)
Not done because it is useless	6 (2.67%)	2 (2.06%)
Not done due to its expensive	87 (38.8%)	41 (42.2%)
Not done due to fear of losing virginity	27 (12.0%)	17 (17.5%)
Not done due to fear of being infertile	3 (1.33%)	3 (3.0%)

75.9 % of females agreed that best time to perform a gynaecological examination is after marriage. More popular reasons to neglect gynaecological examinations according to the participants were; fear of surgical instruments (33.9 %), fear of something going inside the body (62.0 %), fear of attending to a gynaecological clinic (35.2 %). As for male participants they agreed on some of the cultural values which can be the reason for women not to perform gynaecological examinations such as; a girl should be a virgin before marriage (75.2 %), a girl is not supposed to have sex with more than one partner (82.2 %) and a girl should not expose herself other than her partner (46.3 %).

From all the female participants 38.4 % of them agreed on to perform gynaecological examination in the future as if it's the last option of the management. According to the survey both male (94.8 %) and female (90.2 %) participants concluded that Sri Lankan people value their culture more than their sexual health and their knowledge about sexual contents are not adequate. According to a survey which was conducted in 2015 for 2020 high school students with a mean age of 16.9 has shown 1.7 % of students that are sexually active has a 1 % satisfactory sexual and reproductive knowledge [4–5]. Sexual health needs to be understood by young people as the make transition from childhood to adulthood. This identifies that Sri Lanka is ill equipped to make informed decisions about sexual activity and their sexual health without considering public opinions about them. Therefore, majority of participants agreed on public health awareness for women's sexual health and promote gynaecological examinations as to prevent from cultural accusations inside Sri Lankan society.

Conclusions

In Sri Lanka, public knowledge of gynaecological health is poor due to inadequate sexual education among people. Lack of frequency of gynaecological examination is related to individual choices for safe and pleasurable sexual practices, religious and cultural beliefs, self-imposed moral standards, economic limitation and social stigma. Public awareness about reproductive health in Sri Lanka has not changed over the past years and people has a desire to adhere to traditional values. Limited public awareness of sexual health has become a barrier for sexual wellbeing of Sri Lankan women.

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