

SUMMARY OF PUBLICATIONS

1. H.Kunchev, N.Enchev von Goldenburg, P.Petrov, History and evolution of caesarean section through the ages, Contemporary Medical Science no.2/2020, p.2-6 ISSN: 1314-2534

Although it is unlikely that scientists will ever reach a unified opinion about the historical period in which the first Caesarean section was performed, from the numerous theories we can come to the conclusion that the method has been known to mankind since its deepest antiquity and is one of the oldest surgical interventions. We can certainly call Caesarean section one of the oldest surgical operations. There are currently a number of hypotheses regarding the era in which Caesarean section (CS) was first performed. A large number of historical data indicate that in ancient times CS was mainly used as a method for extracting live children from dead mothers. Historical records of the application of the method can be found in each of the ancient civilizations - Egyptian, Persian, Indian, Chinese, Hellenic, Roman and Arab. Some of the descriptions of ancient scientists and sages border on legends, while others sound completely credible.

2. H.Kunchev, N.Enchev von Goldenburg, P.Petrov, Modern data on the frequency and epidemiology of caesarean section, Modern Medical Science no. 2/2020, pp. 6-14 ISSN: 1314-2534

The development of medicine over the centuries, and in particular of surgery, has led to a significant evolution of indications for caesarean section. As mentioned above in Antiquity, the most common, and sometimes the only, indication for performing the operation was the death of the pregnant woman. From the Middle Ages almost until the beginning of the twentieth century, only the conditions that make the removal of the fetus through the birth canal of the woman absolutely impossible, neither alive nor crushed, so-called were accepted as indications. absolute indications. Bearing in mind that the operation itself hid a huge risk for the woman's life, it is completely understandable why it was resorted to only in extremely rare and hopeless cases.

3. H.Kunchev, N.Enchev von Goldenburg, P.Petrov, Types of caesarean sections, Modern medical science no.2/2020, p.14-21 ISSN: 1314-2534

Depending on the order (urgency) of the operation, we consider two types of caesarean section - planned (elective) and emergency. A. Planned (elective) cesarean

section We can distinguish two types of planned cesarean sections: 1. Planned cesarean section according to medical indications. These are cesarean sections that are performed for medical reasons known long before the due date. The indications for it (narrow pelvis, placenta previa, placenta accreta, increta or percreta, previous section, genital herpes, extragenital diseases, etc.) do not endanger the life of the pregnant woman or the fetus, but would lead to a serious risk in a possible vaginal delivery. Planned cesarean section is performed shortly before the expected term. 2. Planned cesarean section on request. There are no indications whatsoever for the operation. The leading factors are the desire of the pregnant woman for a quick and trouble-free birth, as well as her financial and material condition. Cesarean section on request is far from accepted and legally justified in all countries of the world, incl. and Bulgaria, but this does not make it less popular. B. Emergency caesarean section With this caesarean section, the need to perform it arises during the birth itself or during pregnancy, i.e. it is not pre-planned. Emergency caesarean section can also be divided into two types.

4. H.Kunchev, N.Enchev von Goldenburg, P.Petrov, Indications for caesarean section, Contemporary Medical Science no.2/2020, p.21-29 ISSN: 1314-2534

Advances in medical science and technology have dramatically reduced the mortality and risk of cesarean sections. This inevitably led to a significant expansion of the range of indications. In addition to the classic absolute indications, a large number of relative indications were also accepted as such, the inclusion of which is mainly aimed at the prevention of possible complications. Entirely in the interest of the fetus, conditions threatening its life and health were accepted as indications without having any relation to the mother's health (something completely unthinkable before). Thus, today we divide indications into two large groups: absolute and relative.

5. H.Kunchev, N.Enchev von Goldenburg, P.Petrov, Frequency of pregnancies and the type of births among modern Bulgarian women, Contemporary Medical Science no.2/2020, p.29-35 ISSN: 1314-2534

The critically low birth rate characteristic of our country during the years of transition also reflects on our study. Unfortunately, the permanent orientation of Bulgarian women towards the one-child family model reflects on the current work as well. Examining the total number of desired pregnancies, respectively the number of births among the participants in our study, we found that the majority of them,

41.30±0.01%, had one birth. Second in number are women who have two births, and the fewest (8.41±0.11%) are the study participants with three or more births.

6. H.Kunchev, N.Enchev von Goldenburg, P.Petrov, Pre-planned method of childbirth among Bulgarian women, Contemporary Medical Science no.3/2020, p.2-6 ISSN: 1314-2534

Preplanned is the pattern of delivery that respondents thought they should have before becoming pregnant. It shows what the ideas and expectations of girls and young women were about the way they wanted to give birth. PPNR reflects the first ideas about birth planning among the women studied. The largest share of the surveyed women (37.19%±1.46%) answered that they had planned their possible future birth in a normal way, a slightly smaller number of them is the group of women for whom a pre-planned delivery model was cesarean section (33.83%±1.02%) . we also found a group of patients (28.97%±1.46%) who did not think at all about the way they should give birth in their future pregnancies before becoming pregnant. They lack PPNR

7. H.Kunchev, N.Enchev von Goldenburg, P.Petrov, Frequency of caesarean section among Bulgarian women and factors influencing it, Modern Medical Science no. 3/2020, pp. 6-20 ISSN: 1314-2534

Examining the frequency of cesarean section among the participants in our study, we found that the number of women who gave birth only in this way was 33.27±0.06% of all participants. To them should be added the patients who had both a normal delivery and a cesarean section - 13.45±0.03%, and thus the number of women who gave birth by cesarean section becomes - 46.72±0.02%. After we compared the frequency of caesarean section with the ethnicity of the respondents, we found a significant preponderance of cesarean births among Bulgarian women

8. H.Kunchev, N.Enchev von Goldenburg, P.Petrov, Frequency of elective caesarean section among modern Bulgarian women and factors influencing it, Modern Medical Science no.3/2020, pp.20-34 ISSN: 1314 -2534

Over the last three decades, there has been a trend towards an increase in the frequency of Caesarean sections. It is logical that many of these operative births do not have clear medical indications and are due only to the patients' preference to give birth in this way. Whether pregnant women should and can decide for themselves how to give birth still remains a debatable issue. It is logical to ask why the rate of C-sections is increasing all over the world? The reasons go beyond medical

considerations and boundaries and are rooted in numerous ethical, psychological and legal factors, which have different weight in different countries.

9. H.Kunchev, N.Enchev von Goldenburg, P.Petrov, Survey of the opinion of Bulgarian women regarding the additional payments for caesarean section, Contemporary Medical Science no.3/2020, p.34-40 ISSN: 1314-2534

In the present study, we investigate the opinion of Bulgarian women regarding the co-payments related to cesarean section, which we believe are almost universal. We asked the respondents the question 'Is it right to pay extra for a caesarean section?' with possible answers 'yes', 'no', 'yes but only if we choose a team (doctor)' and 'I have no opinion'. In the analysis of the obtained results, we found that there is a majority of women who are of the opinion that it is proper to pay extra, but only when choosing a team - $47.66 \pm 0.01\%$. The group of women who are of the opinion that cesarean section should be completely free ($20.18 \pm 0.07\%$) is almost half as small, followed by those who think that it is normal to have an additional payment for cesarean section regardless whether there is a team selection ($19.06 \pm 0.11\%$).

10. H.Kunchev, N.Enchev von Goldenburg, P.Petrov, Survey of the opinion of Bulgarian women regarding additional payments for normal childbirth, Contemporary Medical Science no.3/2020, pp.40-45 ISSN: 1314-2534

We asked the participants in our study the question 'Is it OK to pay extra for a normal birth' with possible answers 'yes', 'no', 'yes but only if we choose a team (doctor)', 'yes but for a birth with additional extras or improved conditions' and 'no opinion'. We compared the respondents' attitudes about payments for normal delivery and caesarean section.

11. Sv. Voynikova, N. Enchev von Goldenburg, P. Petrov, Stress at the workplace, Contemporary Medical Science no. 1/2021, p. 2-6 ISSN: 1314-2534

Workplace stress is one of the most common problems among medical professionals. Although we can define the problem as 'globally medical' the studies they are conducting as well as the scarce scientific research are extremely few. The main goal of this dissertation work is to examine and study the problems related to stress at the workplace among doctors. We can safely and responsibly state that for us solving the problems of stress among doctors, early detection of its symptoms and prevention of possible consequences is equally important for the development of modern science, as well as the development of operational and therapeutic methods.

12. Sv. Voynikova, N. Enchev von Goldenburg, P. Petrov, Physiology of stress, Contemporary Medical Science no. 1/2021, p. 6-8 ISSN: 1314-2534

If too much increased muscle or neuropsychic activity is present, catecholamines - a group of hormones secreted by the adrenal gland - increase in the blood. They have a number of effects, such as an increase in blood, blood sugar levels, etc.. A nervous system response is immediately generated, which activates the sympathetic nervous system. Moreover, the function of catecholamines is to activate the hypothalamus and its hormonal secretion, through which it is able to regulate body temperature, appetite, excretory system, blood sugar levels. Adrenal hormones act as mediators, unlocking the already created and accumulated hypothalamic hormones to act on glands such as the pituitary gland. Probably, a large part of the reaction of the nervous system is provoked by the hypothalamus, which has a pronounced neuroregulatory function. The hypothalamus also has an empirically proven connection to sleep and alertness.

13. Sv. Voynikova, N. Enchev von Goldenburg, P. Petrov, Mobbing, Modern Medical Science no. 1/2021, p. 8-13 ISSN: 1314-2534

Mobbing has the meaning of group mental harassment. Concept development[edit | code edit] The term mobbing was originally coined not by a researcher on human relations in the workplace, but by Konrad Lorenz in his book On Aggression (1966), in which the author described mobbing among birds and mammals. According to the author, humans also have similar impulses rooted in their survival instinct. In the 80s of the 20th century, the Swedish psychologist Heinz Lyman referred to negative communication in the workplace in this way.

14. Sv. Voynikova, N. Enchev von Goldenburg, P. Petrov, Stress among doctors and medical workers, Modern Medical Science no. 1/2021, p. 13-17 ISSN: 1314-2534

The responsibility to quickly make important decisions, the discrepancies between the expectations of patients and the capabilities of doctors, the dissatisfaction of patients - these are the main inhibiting factors for those working in healthcare. This was shown by an inspection - part of the national campaign "Psycho-social factors in the working environment" in the hospital "Sofamed" conducted in 2015. The campaign, which has been prepared for 3 years, takes place throughout the country for sixty days. It is organized by the Committee of Senior Labor Inspectors (SLIC) simultaneously in all countries of the European Union. After health care, checks will be made in transport.

15. Sv. Voynikova, N. Enchev von Goldenburg, P. Petrov, Psychological climate, Modern Medical Science no. 1/2021, p. 17-21 ISSN: 1314-2534

Psychological climate, by its very nature, has various manifestations in health structures. More and more in developed and socially responsible countries, attention is paid to the psychological aspects that presuppose the development of a favorable social environment of interaction at the workplace in healthcare facilities. This is due to the nature of the work and the threats of the environment, which would affect both employees through burnout and patients through less than humane and caring treatment.

16. Sv. Voynikova, N. Enchev von Goldenburg, P. Petrov, Survey of stress levels among health workers, Modern Medical Science no. 2/2021, p. 2-10 ISSN: 1314-2534

We started the study of stress levels among the interviewed doctors with the question 'Do you find your work stressful?' . We found that a total of $42.51 \pm 0.32\%$ of the respondents answered the question positively. We compared the responses of the respondents to this question with the medical profession they practice to find out which of them is the most stressful according to the opinion of its representatives. It turned out that doctors find their profession to be the most risky in terms of stress, followed by health managers , with more than half of the representatives of these two groups answering the above question positively.

17. Sv. Voynikova, N. Enchev von Goldenburg, P. Petrov, Measures against workplace stress, Modern Medical Science no. 2/2021, p. 10-13 ISSN: 1314-2534

We asked the respondents the question 'What do you think can be done to reduce stress in the team you work in?' in order to establish and analyze to what extent they relate to solving the problem. The possible answers we indicated were 'holding more team building events', 'improving the material base', 'changing management', 'increasing pay' and 'others'. It turned out that most of the respondents think that with the increase in pay, they would feel less stressed at work. We find this answer paradoxical against the background of the regularity established earlier by us showing that as the remuneration increases, so does the stress among doctors. Apparently, a large part of the respondents look at the issue quite subjectively. Second most popular is the opinion that improving the material base would reduce stress levels in the workplace, followed by the idea of holding more team building events

18. Sv. Voynikova, N. Enchev von Goldenburg, P. Petrov, Influence of the position on the stress levels at the workplace, Contemporary Medical Science no. 2/2021, pp. 13-19 ISSN: 1314-2534

We asked the respondents the question 'Do you think that the high level of stress in the workplace affects the quality of the service you offer?' We found that most of them were of the opinion that the stress in their workplace reduces the quality of the service offered of them service. For about a third of the respondents ($29.67 \pm 0.21\%$), stress has no effect on the quality of their work. We also found a small group of doctors who are of the opinion that stress at their workplace positively affects the quality of their work.

19. Sv. Voynikova, N. Enchev von Goldenburg, P. Petrov, Influence of stress on the quality of the offered service, Contemporary medical science no. 2/2021, p. 19-29 ISSN: 1314-2534

The study of factors affecting stress in healthcare workers is another major part of our research. After a detailed review and analysis of the literature on the matter, we identified the following as the main factors influencing the levels of stress in the workplace: the microclimate in the team, the personality and actions of the immediate supervisor, relations with colleagues, cohesion of the team, adequate remuneration, work experience and experience at work, etc. The first of the listed factors that we studied was the microclimate in the team. Investigating the opinion of the participants in the study, we found that according to most of the half of them ($51.87 \pm 0.52\%$), the microclimate in which they work is good. In second place are those doctors who are of the opinion that relations with their colleagues at work are not good enough. A significant part of the doctors who participated in the study ($18.58 \pm 0.54\%$) do not have an opinion on the matter.

20. Sv. Voynikova, N. Enchev von Goldenburg, P. Petrov, Study of the factors affecting stress among healthcare workers, Contemporary Medical Science no. 2/2021, pp. 29-39 ISSN: 1314-2534

We investigated the impact of stress among medical workers on their financial performance. Our goal is to compare the results of the previous questions tracking the stress levels of the surveyed physicians with their income and expenses and to investigate how the same change under the influence of stress. The first question we asked our survey participants was 'Is workplace stress affecting your finances'? It turned out that for a large part of the respondents, 62.56%, stress is a factor that

affects the employee's financial indicators. 21.65% find no connection between stress levels at work and their finances, and 15.77% have no opinion on the matter.

21. Sv. Voynikova, N. Enchev von Goldenburg, P. Petrov, Influence of communication with patients on stress at the workplace, Contemporary Medical Science no. 2/2021, pp. 39-46 ISSN: 1314-2534

The aim of the present study was to find out whether and to what extent the respondents' opinions on the indicators we have already studied related to the stress in the workplace among doctors are objective or the result of subjective opinion. The first question was 'Do you find a relationship between the amount of your income and your stress levels, do you associate higher income with higher stress levels?' It turned out that for a larger part of the respondents, 60.96%, higher incomes are always associated with higher levels of stress. 27.67% find no connection between stress levels at their workplace and their income, and 11.36% have no opinion on the matter.

22. Sv. Voynikova, N. Enchev von Goldenburg, P. Petrov, Influence of workplace relations on the level of stress among doctors, Contemporary Medical Science no. 2/2021, pp. 46-51 ISSN: 1314-2534

We asked our survey participants the question, 'If your income goes down, will that lead to less stress at work?' in order to ascertain and analyze to what extent they believe that lower income correlates with stress levels in their workplace. The answers to this question should not be confused with the question 'How stress at work affects your finances' which examines the impact of stress on finances, but is intended to establish exactly the opposite relationship. It turned out that the majority of respondents (79.94%) think that there is no connection between the decrease in income and the decrease in stress levels in their workplace. Apparently, a large part of the respondents clearly differentiate between the two concepts.

23. Sv. Voynikova, N. Enchev von Goldenburg, P. Petrov, Impact of stress among medical workers on their financial indicators, Modern Medical Science no. 3/2021, pp. 2-12 ISSN: 1314-2534

In order to fully explore the financial impact of stress on medical workers, we also asked them the question 'What type of work do you prefer' with possible answers 'low income and low stress work', 'high paying and high stress work', 'moderate income work' and moderate levels of stress'. We found that the opinions of doctors who prefer high-stress but well-paid work prevail - 53.74%, followed by those who

would like moderate income and moderate levels of stress at work - 24.19%. The least are those survey participants who would like to work a job with minimal stress and low income -22.05%.

24. Sv. Voynikova, N. Enchev von Goldenburg, P. Petrov, Relationship between the amount of income and stress levels among medical workers, Contemporary Medical Science no. 3/2021, p. 12-20 ISSN: 1314-2534

We established a certain influence of the position held by the respondents on their opinion on the issue. For doctors, it is noticeable that the level of stress at work is a significant factor that affects their income. Similar results could not be found in the group of nurses and midwives, nor in the group of 'sanitary' and 'other' workers.

25. Sv. Voynikova, N. Enchev von Goldenburg, P. Petrov, Management of stress at the workplace, Modern Medical Science no. 3/2021, p. 20-27 ISSN: 1314-2534

The study of stress among doctors also requires a detailed study of its levels, which is one of the main goals of our study, therefore one of the most important questions we asked the participants in our study was, Jacques, do you assess the level of stress in the team in which are you working?' . We found that almost a third of the examined doctors ($28.07 \pm 0.42\%$) found stress at their workplace to be high, and as many as $14.43 \pm 0.12\%$ as very high. The least numerous is the group of those medics who find the stress levels in their work to be very low.

26. Sv. Voynikova, N. Enchev von Goldenburg, P. Petrov, Preference for work depending on stress levels, Contemporary Medical Science no. 3/2021, p. 27-35 ISSN: 1314-2534

We found an influence of the position held by the respondents on their opinion on this issue. The largest part of doctors find the level of stress having a negative impact on the quality of work at their workplace ($60.00 \pm 2.23\%$). For nurses, the same percentages fall to $30.68 \pm 0.45\%$, respectively. Among the auxiliary and other staff in our study, again compared to the doctors, a decrease in the percentage of those who find the stress at their workplace to be an influence on the quality of the service offered is observed - $36.04 \pm 0.98\%$.

27. D. Stavrev, N. Enchev von Goldenburg, P. Petrov, Modern classification of breast cancer, Modern Medical Science no. 3/2021, p. 35-42 ISSN: 1314-2534

Although we can define the problem of breast cancer as 'globally medical', the studies that are conducted, as well as the scarce scientific researches done on the

issues of mass screening and the health-medical culture of the patients related to the disease, are extremely few. As the main goal of the current dissertation work, we have set ourselves to examine and study the problems related to this, in our opinion, primary direction.

28. D. Stavrev, N. Enchev von Goldenburg, P. Petrov, Modern data on the incidence and epidemiology of mammary gland carcinoma, Modern Medical Science no. 1/2022, p. 2-7 ISSN: 1314-2534

Breast cancer is the leading oncological disease in women in terms of frequency and mortality, and at the same time, as paradoxical as it sounds, it is one of the most easily preventable and allows for early diagnosis. This leads us to direct our efforts to solve the problem in two main directions. The first is the development of clinical methods - operative and therapeutic aimed at eliminating the process and completely curing the patient. The second and no less important is the mass screening of changes in the mammary gland and early diagnosis in the first stage.

29. D. Stavrev, N. Enchev von Goldenburg, P. Petrov, Modern data on the pathoanatomy, clinical picture and diagnosis of mammary gland cancer, Modern Medical Science no. 1/2022, p. 7-16 ISSN: 1314-2534

The female breast is made up of lobules, mammary discs, fatty and connective tissue, blood and lymphatic vessels. The lobules contain the glands that produce milk, and the mammary discs are the ducts that connect the lobules to the nipple. Most breast malignancies begin in the ducts (ductal cancer) or in the lobules (lobular cancer). The rest originate from other tissues. Most of the lymphatic vessels of the breast lead to lymph nodes located under the armpit. These are called axillary lymph nodes. If cancer cells reach these nodes and continue their growth, they cause inflammation and swelling. Once the cancer has reached the axillary lymph nodes, it is more likely to spread to other parts of the body. According to its spread and aggressiveness, breast cancer is divided into non-invasive (in situ) and invasive.

30. D. Stavrev, N. Enchev von Goldenburg, P. Petrov, Frequency of general preventive examinations among Bulgarian women, Modern Medical Science no. 1/2022, p. 16-19 ISSN: 1314-2534

We decided to investigate to what extent, in general, prevention is spread among Bulgarian women, since we believe that only the good popularity of general preventive examinations, in our opinion, would correlate with a sufficient mass of preventive breast examinations. We could not expect that Bulgarian women would

neglect their health in general and at the same time be very concerned about the condition of their mammary glands. To the question 'How many times a year do you visit a doctor/medical specialist/for preventive purposes?', the largest part of the respondents answered 'once' - 39.74%, followed by those who meet a medical specialist 'less often than once' once a year' – 37.41%. Unfortunately, there are also those who state that they have not been to a doctor for years - 4.85%.

31. D. Stavrev, N. Enchev von Goldenburg, P. Petrov, Study of the popularity of preventive mammary gland examinations among modern Bulgarian women, *Modern Medical Science* no. 1/2022, pp. 19-23 ISSN: 1314-2534

In our study, we investigated the attitude of Bulgarian women towards preventive examinations of the mammary gland. First, we examined the number of preventive breast examinations among respondents for the past five years. We found that the largest part of them had only 'one examination' - 39.92%. Second in number is the group of women with two examinations - 33.63%, third are those who state that they have had at least three preventive examinations in the last five years - 19.42%.

32. D. Stavrev, N. Enchev von Goldenburg, P. Petrov, The most common reasons why women visit the gynecological and surgical department, *Contemporary Medical Science* no. 2/2022, p. 2-11 ISSN: 1314-2534

By trying to find out the most common reasons that make the participants of our study go for a preventive breast examination, we aim to establish to what extent prevention and prevention priorities lie in their minds. For a more detailed analysis of the studied indicator, we divided all possible answers to the question, 'What are the reasons that most often lead you to see a gynecologist?', into three possible groups, namely, 'present symptoms' - as such we accept the symptoms, which the patient herself can determine, such as bleeding, currents, etc., 'subjective complaints' - this includes symptoms that the patient can only feel, but not define, examples of such symptoms are pain, itching, nausea, etc. . the last group of answers are those of women visiting a health facility most often 'for the purpose of prevention'.

33. D. Stavrev, N. Enchev von Goldenburg, P. Petrov, Study of the knowledge of Bulgarian women regarding the risk of development, methods of prevention and early detection of mammary gland carcinoma, *Modern Medical Science* no. 2/2022, p. 11-18 ISSN: 1314-2534

Investigating the respondents' knowledge about the risk of breast cancer development is one of the main goals of our research. From the attitude of the patients to these risks, we can draw conclusions to what extent they realize the importance of the problem. We could not expect women who are not aware or find the risk of breast cancer to be negligible to be well informed about the possibilities of prevention and early detection of the disease. Therefore, before we begin to investigate to what extent patients are aware of the methods of prevention and early detection of breast carcinoma, we must know to what extent they believe that they are at risk of the disease. The first question we asked was: 'What do you think are the risks of breast cancer?' The respondents were given three possible answers: 'minimal risks', 'risks serious enough to merit annual prophylaxis' and 'I cannot judge', the collected information of which is completely sufficient for us to achieve the aforementioned goal.

34. D. Stavrev, N. Enchev von Goldenburg, P. Petrov, Study of the knowledge of Bulgarian patients regarding the possibilities of reducing the risks of developing carcinoma of the mammary gland, Contemporary Medical Science no. 2/2022, pp. 18-29 ISSN: 1314-2534

The question we asked the surveyed women after their knowledge about the seriousness of the risk of developing mammary carcinoma was: 'What do you think the patient can do to reduce the risks of developing mammary carcinoma?' With this question, we want to understand to what extent women who stated that they are aware of the risks also know the ways to lower them, and thus protect themselves from the occurrence of a disease. The participants in our study could indicate more than one statement as a correct answer, and therefore the total percentage of all answers is greater than one hundred.

35. D. Stavrev, N. Enchev von Goldenburg, P. Petrov, Influence of socio-economic factors on the prevention of mammary gland carcinoma, Modern Medical Science no. 2/2022, p. 29-33 ISSN: 1314-2534

We decided to look for a direct influence on the prevention of oncological diseases (in particular on that of mammary gland carcinoma) of certain economic factors, such as the financial and material living conditions of the respondents. We believe that these factors directly reflect on patients, since the quality and number of medical services they receive is directly related to their financial capabilities. Therefore, we investigated the amount of funds that our patients would allocate for the prevention of mammary gland carcinoma. The results on this issue give us the

opportunity to clarify to what extent Bulgarian women have the opportunity to allocate funds for prevention, as well as to what extent they attach importance to it.