Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

ment (n=18). After determining the associated variables with correlation analysis, we conducted multiple linear regression models for each pregnancy distress subscale. Negative affect subscale score was predicted by benevolent sexism (p=0.036) and pregnancy week (p=0.018); the model explained %6.9 of variance (p=0.008). Perceived partner involvement was predicted by social support (p=0.006), hostile sexism (p=0.013), number of children (p<0.001), exposure to intimate partner violence (p=0.025); the model explained %32.2 of variance (p<0.001).
Conclusion: Benevolent sexism predicted pregnancy-related negative affect, and hostile sexism was related to higher levels of distress regarding perceived partner involvement. Like any form of discrimination, gender-based discrimination is related to worse health outcomes. Internalized sexist ideology negatively affects pregnant women's mental health. Gender-based discrimination should be addressed as a public health problem.

No conflict of interest

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Mental health status of medical doctors during COVID-19 epidemic in Ukraine

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Background: The coronavirus disease 2019 (COVID-19) is a global pandemic spreading worldwide. Ongoing crisis places additional pressure on the healthcare system, medical staff and affiliated healthcare workers are at-risk population and are under both physical and psychological pressure [1]. A considerable proportion of health workers reported symptoms of depression 50.4%, anxiety 44.6%, insomnia 34.0%, and distress 71.5% in previous studies [2].

The aim of the present study was to identify the possible impact of demographic data and personal variables (age, gender, working position, residence), health condition on anxiety, depression and suicidality rates of in medical doctors facing COVID-19 emergency in comparison with general population.
Methods: An online survey was distributed via social media and online professional networks in Ukraine between July and December 2020. Demographic, health and mental health data, current anxiety (The State-Trait Anxiety Inventory, STAI-S), depression (Depression Screening, Center for Epidemiologic Studies Depression, CES-D) and suicidality (Risk Assessment Suicidality Scale, RASS), were registered. Data from 1452 persons were anonymously collected (78.% females; aged 39.1 ± 13.15 and 21.1% males; aged 38.46±15.44). 55.2% were medical staff and affiliated healthcare workers (41.8% (n=607) doctors, 2.7% nurses, 10.7% other staff). 28% medical doctors were from the capital city.
Statistical Analysis: A post-stratification method was used; descriptive statistics were calculated. T-tests for independent samples and Factorial Analysis of Variance (ANOVA) tested relations among variables.
Results: 40.2% of doctors reported their emotional state due to the COVID-19 epidemic become worse, and female felt worse than male doctors. 70.7% were having chronic somatic conditions, male doctors had less chronic med conditions than female (56% vs 74%, x2(2) = 14.76, p = 0.001). 83.2% reported no previous mental health issues, some reported anxiety or depressive conditions. But during the eCOVI-19 epidemic 45.4% felt more anxious, 32.9% - more depressed, 30.5% of doctors reported alteration in appetite, they ate more than they used to, 32.4% reported decreased quality of sleep. Employment affected mean scores of STAI-S, CES-D and RASS scales. The mean scores differ and were significantly higher in doctors, compared to non health workers and other medical staff: STAI-S t(1256) =-5.14, p=0.000; CES-D t(1256) =-2.27, p=0.006, due to CES-D depressed affect and somatic complaints t(1256) =-2.18, p=0.02; RASS intention scale t(1256) =-3.8, p=0.000, RASS self harm scale t(1256) =-3.49, p=0.000, RASS history of suicide scale t(1256) =-2.62, p=0.009, RASS total score t(1256) =-7.66, p=0.000. Doctors from the town less than 20.00 inhabitants had the highest depression, anxiety and suicidality rates.
Conclusions: The COVID-19 pandemic is a new challenge for medical doctors, they appeared to be the most vulnerable population. COVID-19 epidemic caused distress and led to increased levels of anxiety, depressed mood and somatic complaints, as well as suicidality. Intervention strategies to prevent suicidality and to reduce the risk of adverse mental health outcomes are needed.

No conflict of interest

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Functions of non-suicidal self-injury and its connections to experience of pain in adolescence

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