

вих занять, контрольних робіт, іспитів тощо. Підготовка завдань для комп'ютерного тестування передбачає знання дидактичних і методологічних основ тестового контролю та вміння використовувати спеціальне програмне забезпечення. Не використовуючи програми розробники тестів, можна конструювати тести і проводити безпосереднє тестування за допомогою електронних таблиць MS Excel. Створення тестів, оцінювання результатів тестування у MS Excel проводиться на основі використання групи логічних функцій.

Для електронного тестового контролю активно використовуються спеціальні програми-тестери, зокрема Test-W, MyTest. Ці програми мають широке поле можливостей налаштування параметрів тесту (критеріїв оцінювання, порядку, форм тестових завдань, часу, обмежень та ін.).

Комп'ютерне тестування стає ефективним, на нашу думку, за умови раціонального використання комп'ютерних технологій у навчальному процесі на етапі вивчення нового матеріалу, самопідготовки з дотриманням дидактичних і методологічних вимог до конструювання тестових запитань.

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EDUCATIONAL ISSUES IN SEXUAL HEALTH AND LINGUISTIC EXPRESSION OF SEXUALITY

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The article addresses the following issues: 1) the constituents of sexual health; 2) linguistic representation and comprehension of sexuality from the perspectives of gender. The goal of the article is to indicate the differences of linguistic expression of sexuality between males and females with a strong emphasis on patriarchal paradigm of society bearing its influence on the mentioned processes.

Keywords: sexual health, sexuality, gender, linguistic expression.

Education, sexuality and sexual health. Although both males and females are responsible for human reproduction, it is usually the life of a woman to be subjected to greater changes (both socially and physically) due to pregnancy and procreation process. Thus, we believe that the discussion about reproductive rights should concern women to a great extent.

It is mainly knowledge of possible ways and methods to control fertility which is guaranteed by the access to accurate information about reproductive health that can prevent the problems in sexual health and reproductive rights disturbance. Keeping that in mind, it is easy to assume that countries with poor education standards for women cannot boast of providing appropriate knowledge on reproduction. In this respect, reproductive rights can be claimed as violated. Some African countries are a good example. According to data provided by the website *World Population Review*, "the vast majority of the countries in the world with the highest fertility rates are in Africa, with Niger topping the list at 7.153 children per woman, followed by Somalia at 6.123 children per woman. The Democratic Republic of Congo, Mali, and Chad follow at 5.963, 5.922 and 5.797 children per woman, respectively" (*World Population Review*). While the pattern for female literacy rate in the mentioned countries looks the following: among 160 countries ranking provided, Niger finds itself on the last position with 11 % of females with access to education, Mali taking 154th position with 29,2 % of females accessed to education, Chad being placed number 152 with 31,9 % female literacy rate, and Somalia being excluded from the list with no information on female literacy rate at all. The only exception to the mentioned breakdown seems to be the Democratic Republic of Congo holding the 140th position with almost 50% of literacy rate for women, though with little hope for non-limited access to education for women in this country (Literacy rates, females).

India can be another example to prove the mentioned above as well. Statistic data released in 2011 claim the female literacy rate in India to be 65.46 percent, which is by almost 15 % lower in comparison to the world average (79.7 percent). "Performing the normative gender roles defined by the society is one of the key hurdles in women's education in India. It is often said that a woman in this country is either someone's daughter, sister, wife, or mother, indicating the various stages of her life " (*Women's Education In India*). As a result, India is the second most populated country in the

world, with legal rights of a husband to approve the right of his wife to have or not have children.

Another important issue to be worth discussing is the legislative policy in relation to sexual health. In her study Francine H. Nichols says that abortion was illegal in all states of the USA until the 1960s (Nichols, 2000, p. 56). In the European Union, the legislation on abortion varies significantly, ranging from strict bans in Ireland and Malta (the latter country threatening to imprison a woman who has an abortion together with a doctor who performs the procedure), partial ban with abortion to be only allowed in situations of rape or a major health threat to the mother in Cyprus and Poland, then less strict laws in the UK and Finland, where women should get official medical permission for abortion with two doctors certifying that one is necessary for medical or social reasons, to legalizing abortion in the other 22 members, though restricting the possibility of the procedure to between 12th and 24th weeks of pregnancy (Abortion laws vary significantly across the EU).

But the most worrying statistics come from developing countries, where abortion legislation practices are very strict (as many as 93 % of countries worldwide, with the majority to be within the developing world, have strict banning laws on abortion). Surprisingly, but out of an estimated 55.9 million annual abortions worldwide (2010-2014)—49.3 million cases were reported to be performed in developing regions and 6.6 million in developed regions. As a result, “in 14 developing countries where unsafe (because performed illegally) abortion is prevalent, 40% of women who have an abortion develop complications that require medical attention. In all developing regions combined (except Eastern Asia), an estimated 6.9 million women are treated annually for such complications; however, many more who need treatment do not get timely care” (Singh, 2018, p. 5).

Sexual health in modern discourse and morality. The connection between gender and sexual health concerns the appropriate discourse present in the social circulation and transmission of information. Let's consider the relation and connectedness between language and sexuality.

A good example of such a connection can be found in Cameron D. and Kulick D., where the authors make comments about a notorious story of Clinton-Lewinsky affair. The research carried out by Sanders and Reinisch, 1999, has been cited here, which proved that the concept of “having sex” is understood in different ways (60 % out of 600 respondents among undergraduates did not consider oral-genital contact as “having sex”). Thus the authors come to a conclusion that “...our ideas about sex are bound up with the language we use to define and talk about it” (Cameron&Kulick, 2003, p. ix).

Such issue (worth discussing here) is also voiced by M. Foucault. He described discourses as “polymorphous techniques of power” that “produce” effects of truth (Foucault, 1984, p. 298). In other words, the workings of power shape paradigms and social rules that frame the limits of human behavior and even reality. Such discourses need not be explicit; silences too hold power. “Silence itself – the things one declines to say or is forbidden to name...is less the absolute limit of discourse...than...an integral part of the strategies that underlie and permeate discourses” (Foucault, 1984, p. 300).

It seems worth mentioning the ideas expressed by Simone de Beauvoir in “The Second Sex”, meaning that “one is not born, but rather becomes a woman” (Beauvoir, 1989, p. 267). In this respect, Cameron D. and Kulick D. add the socio-cultural flavor to the understanding of gender roles and behavior patterns, claiming that “... to be ‘a woman’ as opposed to ‘a female’ takes more than just being born with the reproductive organs. It is a cultural achievement which has to be learned, and exactly what has to be learned is different in different times and places” (Cameron&Kulick, 2003, p.3); the sociocultural ‘being a woman’ is what the term gender is supposed to denote, while “sex” is reserved for the biological phenomenon of dimorphism (the fact that humans come in two varieties for purposes of sexual reproduction)” (Cameron&Kulick, 2003, p.4).

Conclusions

The case discussed above brings about some contemplations which might be expressed in the following way: we either do not voice the problems connected with sexuality, do not express them in words, do not conceptualize them, and as a result, the sexuality sphere suffers, or the linguistic embodiment of such problems is obscure, not enough, lacking commonly understood linguistic expression.

Another drastic problem in this respect is education. The issues related to sexual health not only should, but they must be taught to both sexes. Both men and women should be educated to be sexually healthy, to realize that sexual sphere is as important in their overall health as the necessity to eat and drink. Only well-rounded education and self education in development of sexuality, proper articulation of the problems and needs in this sphere will bring about harmony in our life.

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