Online ISSN : 2249-4618
Print ISSN : 0975-5888
DOI : 10.17406/GJMRA

Global Journal

of Medical Research: E

Gynecology & Obstetrics



Rare Case of Symplastic Leiomyoma

Renal Angiomyolipoma during Pregnancy

Highlights

Vaccination against Papillomaviruses

Capability of Health Care Professionals

Discovering Thoughts, Inventing Future

VOLUME 20 ISSUE 3 VERSION 1.0

© 2001-2020 by Global Journal of Medical Research, USA

Volume 20 Issue 29 was originally issued as E3

Global Journal of Medical Research: E
Gynecology and Obstetrics

Volume 20 Issue 29
Originally issued as E3

Global Journal of Medical Research: E
Gynecology and Obstetrics

Volume 20 Issue 3 (Ver. 1.0)

Open Association of Research Society

© Global Journal of Medical Research. 2020.

All rights reserved.

This is a special issue published in version 1.0 of "Global Journal of Medical Research." By Global Journals Inc.

All articles are open access articles distributed under "Global Journal of Medical Research"

Reading License, which permits restricted use. Entire contents are copyright by of "Global Journal of Medical Research" unless otherwise noted on specific articles.

No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopy, recording, or any information storage and retrieval system, without written permission.

The opinions and statements made in this book are those of the authors concerned. Ultraculture has not verified and neither confirms nor denies any of the foregoing and no warranty or fitness is implied.

Engage with the contents herein at your own risk.

The use of this journal, and the terms and conditions for our providing information, is governed by our Disclaimer, Terms and Conditions and Privacy Policy given on our website http://globaljournals.us/terms-and-condition/menu-id-1463/

By referring / using / reading / any type of association / referencing this journal, this signifies and you acknowledge that you have read them and that you accept and will be bound by the terms thereof.

All information, journals, this journal, activities undertaken, materials, services and our website, terms and conditions, privacy policy, and this journal is subject to change anytime without any prior notice.

Incorporation No.: 0423089
License No.: 42125/022010/1186
Registration No.: 430374
Import-Export Code: 1109007027
Employer Identification Number (EIN):
USA Tax ID: 98-0673427

Global Journals Inc.

*(A Delaware USA Incorporation with "Good Standing"; **Reg. Number: 0423089**)*

Sponsors: Open Association of Research Society
Open Scientific Standards

Publisher's Headquarters office

Global Journals® Headquarters
945th Concord Streets,
Framingham Massachusetts Pin: 01701,
United States of America
USA Toll Free: +001-888-839-7392
USA Toll Free Fax: +001-888-839-7392

Offset Typesetting

Global Journals Incorporated
2nd, Lansdowne, Lansdowne Rd., Croydon-Surrey,
Pin: CR9 2ER, United Kingdom

Packaging & Continental Dispatching

Global Journals Pvt Ltd
E-3130 Sudama Nagar, Near Gopur Square,
Indore, M.P., Pin:452009, India

Find a correspondence nodal officer near you

To find nodal officer of your country, please email us at *local@globaljournals.org*

eContacts

Press Inquiries: *press@globaljournals.org*
Investor Inquiries: *investors@globaljournals.org*
Technical Support: *technology@globaljournals.org*
Media & Releases: *media@globaljournals.org*

Pricing (Excluding Air Parcel Charges):

Yearly Subscription (Personal & Institutional)
250 USD (B/W) & 350 USD (Color)

Editorial Board

Global Journal of Medical Research

Dr. Apostolos Ch. Zarros

DM, Degree (Ptychio) holder in Medicine, National and Kapodistrian University of Athens MRes, Master of Research in Molecular Functions in Disease, University of Glasgow FRNS, Fellow, Royal Numismatic Society Member, European Society for Neurochemistry Member, Royal Institute of Philosophy Scotland, United Kingdom

Dr. William Chi-shing Cho

Ph.D.,
Department of Clinical Oncology
Queen Elizabeth Hospital
Hong Kong

Dr. Alfio Ferlito

Professor Department of Surgical Sciences
University of Udine School of Medicine, Italy

Dr. Michael Wink

Ph.D., Technical University Braunschweig, Germany
Head of Department Institute of Pharmacy and Molecular Biotechnology, Heidelberg University, Germany

Dr. Jixin Zhong

Department of Medicine, Affiliated Hospital of Guangdong Medical College, Zhanjiang, China, Davis Heart and Lung Research Institute, The Ohio State University, Columbus, OH 43210, US

Dr. Pejcic Ana

Assistant Medical Faculty Department of Periodontology and Oral Medicine University of Nis, Serbia

Rama Rao Ganga

MBBS
MS (Universty of Health Sciences, Vijayawada, India)
MRCS (Royal Coillege of Surgeons of Edinburgh, UK)
United States

Dr. Ivandro Soares Monteiro

M.Sc., Ph.D. in Psychology Clinic, Professor University of Minho, Portugal

Dr. Izzet Yavuz

MSc, Ph.D., D Ped Dent.
Associate Professor, Pediatric Dentistry Faculty of Dentistry, University of Dicle Diyarbakir, Turkey

Dr. Sanjay Dixit, M.D.

Director, EP Laboratories, Philadelphia VA Medical Center
Cardiovascular Medicine - Cardiac Arrhythmia
Univ of Penn School of Medicine
Web: pennmedicine.org/wagform/MainPage.aspx?

Sanguansak Rerksuppaphol

Department of Pediatrics Faculty of Medicine
Srinakharinwirot University
NakornNayok, Thailand

Antonio Simone Laganà

M.D. Unit of Gynecology and Obstetrics
Department of Human Pathology in Adulthood and Childhood "G. Barresi" University of Messina, Italy

Dr. Han-Xiang Deng

MD., Ph.D
Associate Professor and Research Department
Division of Neuromuscular Medicine
Davee Department of Neurology and Clinical Neurosciences
Northwestern University Feinberg School of Medicine
Web: neurology.northwestern.edu/faculty/deng.html

Dr. Pina C. Sanelli

Associate Professor of Radiology
Associate Professor of Public Health
Weill Cornell Medical College
Associate Attending Radiologist
NewYork-Presbyterian Hospital
MRI, MRA, CT, and CTA
Neuroradiology and Diagnostic Radiology
M.D., State University of New York at Buffalo,
School of Medicine and Biomedical Sciences
Web: weillcornell.org/pinasanelli/

Dr. Roberto Sanchez

Associate Professor
Department of Structural and Chemical Biology
Mount Sinai School of Medicine
Ph.D., The Rockefeller University
Web: mountsinai.org/

Dr. Michael R. Rudnick

M.D., FACP
Associate Professor of Medicine
Chief, Renal Electrolyte and Hypertension Division (PMC)
Penn Medicine, University of Pennsylvania
Presbyterian Medical Center, Philadelphia
Nephrology and Internal Medicine
Certified by the American Board of Internal Medicine
Web: uphs.upenn.edu/

Dr. Feng Feng

Boston University
Microbiology
72 East Concord Street R702
Duke University
United States of America

Dr. Seung-Yup Ku

M.D., Ph.D., Seoul National University Medical College,
Seoul, Korea Department of Obstetrics and Gynecology
Seoul National University Hospital, Seoul, Korea

Dr. Hrushikesh Aphale

MDS- Orthodontics and Dentofacial Orthopedics.
Fellow- World Federation of Orthodontist, USA.

Santhosh Kumar

Reader, Department of Periodontology,
Manipal University, Manipal

Gaurav Singhal

Master of Tropical Veterinary Sciences, currently pursuing Ph.D in Medicine

Dr. Aarti Garg

Bachelor of Dental Surgery (B.D.S.) M.D.S. in Pedodontics and Preventive Dentistr Pursuing Phd in Dentistry

Sabreena Safuan

Ph.D (Pathology) MSc (Molecular Pathology and Toxicology) BSc (Biomedicine)

Getahun Asebe

Veterinary medicine, Infectious diseases, Veterinary Public health, Animal Science

Dr. Suraj Agarwal

Bachelor of dental Surgery Master of dental Surgery in Oromaxillofacial Radiology.
Diploma in Forensic Science & Oodntology

Osama Alali

PhD in Orthodontics, Department of Orthodontics, School of Dentistry, University of Damascus. Damascus, Syria. 2013 Masters Degree in Orthodontics.

Prabudh Goel

MCh (Pediatric Surgery, Gold Medalist), FISPU, FICS-IS

Raouf Hajji

MD, Specialty Assistant Professor in Internal Medicine

Surekha Damineni

Ph.D with Post Doctoral in Cancer Genetics

Arundhati Biswas

MBBS, MS (General Surgery), FCPS, MCh, DNB (Neurosurgery)

Rui Pedro Pereira de Almeida

Ph.D Student in Health Sciences program, MSc in Quality Management in Healthcare Facilities

Dr. Sunanda Sharma

B.V.Sc.& AH, M.V.Sc (Animal Reproduction, Obstetrics & gynaecology), Ph.D.(Animal Reproduction, Obstetrics & gynaecology)

Shahanawaz SD

Master of Physiotherapy in Neurology PhD- Pursuing in Neuro Physiotherapy Master of Physiotherapy in Hospital Management

Dr. Shabana Naz Shah

PhD. in Pharmaceutical Chemistry

Vaishnavi V.K Vedam

Master of dental surgery oral pathology

Tariq Aziz

PhD Biotechnology in Progress

Contents of the Issue

i. Copyright Notice
ii. Editorial Board Members
iii. Chief Author and Dean
iv. Contents of the Issue

1. Renal Angiomyolipoma during Pregnancy: A Case Report. *1-4*
2. Knowledge, Attitudes and Acceptability of Vaccination against Papillomaviruses: A Study on 76 Residents in Gynaecology and Obstetrics in Dakar (Senegal). *5-12*
3. Counseling Capability of Health Care Professionals in a Tertiary Level Hospital. *13-17*
4. Management Skill to Successful Make in an Extra-Marital Affair: Rare Chance to Meet Fact File Study of Transformed in Pharmacy Colleges in Formerly Pune University. *19-20*
5. One in Every Three Home Affair Indian Women Face Painful Intercourse Phase III Survey Totally Less Sun Light Pharmacy Institutions in Formerly Reputed Amravati – Pune University. *21-22*

v. Fellows
vi. Auxiliary Memberships
vii. Preferred Author Guidelines
viii. Index

Global Journal of Medical Research: E
Gynecology and Obstetrics
Volume 20 Issue 3 Version 1.0 Year 2020
Type: Double Blind Peer Reviewed International Research Journal
Publisher: Global Journals
Online ISSN: 2249-4618 & Print ISSN: 0975-5888

Renal Angiomyolipoma during Pregnancy: A Case Report

By Atoui Hadi, El Haddad Cynthia, Barakat Habib & Darido Jessie

Holy Spirit University of Kaslik

Abstract- Renal angiomyolipoma (AML) is the most common benign tumor of the kidney. There are few case reports in the literature, especially those occurring during pregnancy.

We, at this moment, are reporting a case of a 32-year-old female patient who presented at 21 weeks of gestation with right-sided flank pain, chills, macroscopic hematuria, and vomiting. On examination, she was hemodynamically stable, with no fever. Renal ultrasound showed the presence of a hyperechogenic vascularized fatty tissue on the right kidney, measuring 7.4 x 5.1 x 6.2 cms, with minimal pelvicalyceal dilatation. The MRI opted for an angiomyolipoma. Discharged home at day 4 of admission, the patient's continued the remaining weeks of her pregnancy uneventfully, until 37 weeks. She delivered her baby vaginally with no further complications during pregnancy or in the post-partum period.

In conclusion, due to the insufficient data in the literature supporting the management of patients with AML, the individualization of the treatment is an essential strategy.

Keywords: "angiomyolipoma" "renal tumor" "pregnancy" "surgery" "embolization".

GJMR-E Classification: NLMC Code: WJ 190



Strictly as per the compliance and regulations of:

© 2020. Atoui Hadi, El Haddad Cynthia, Barakat Habib & Darido Jessie. This is a research/review paper, distributed under the terms of the Creative Commons Attribution-Noncommercial 3.0 Unported License http://creativecommons.org/licenses/by-nc/3.0/), permitting all non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

Renal Angiomyolipoma during Pregnancy: A Case Report

Atoui Hadi [α], El Haddad Cynthia [σ], Barakat Habib [ρ] & Darido Jessie [ω]

Abstract- Renal angiomyolipoma (AML) is the most common benign tumor of the kidney. There are few case reports in the literature, especially those occurring during pregnancy.

We, at this moment, are reporting a case of a 32-year-old female patient who presented at 21 weeks of gestation with right-sided flank pain, chills, macroscopic hematuria, and vomiting. On examination, she was hemodynamically stable, with no fever. Renal ultrasound showed the presence of a hyperechogenic vascularized fatty tissue on the right kidney, measuring 7.4 x 5.1 x 6.2 cms, with minimal pelvicalyceal[*1] dilatation. The MRI opted for an angiomyolipoma. Discharged home at day 4 of admission, the patient's continued the remaining weeks of her pregnancy uneventfully, until 37 weeks. She delivered her baby vaginally with no further complications during pregnancy or in the post-partum period.

In conclusion, due to the insufficient data in the literature supporting the management of patients with AML, the individualization of the treatment is an essential strategy.

Keywords: *"angiomyolipoma" "renal tumor" "pregnancy" "surgery" "embolization".*

I. Introduction

Renal angiomyolipoma (AML) is the most common benign tumor of the kidney. It appears mainly in females during their procreation age and is affected by the hormonal changes occurring during pregnancy. It could be life-threatening when ruptured, leading to severe bleeding.

There are few cases in the literature concerning the optimal management taken in the case of AML, especially during pregnancy.

We, at this moment, are going to describe the evolution of AML during pregnancy in a 32 years old female, trying to maintain a normal renal function and a viable fetus until delivery.

II. Case Presentation

It is the case of a 32 years-old female who presented at 21 weeks of gestation. She had a one-day history right-sided flank pain, chills, macroscopic hematuria, and vomiting.

Her medical, surgical, and obstetrical history consisted of kidney stones, one vaginal delivery, and one dilatation and curettage for incomplete abortion. She was on acetylsalicylic acid (ASA) during her current pregnancy.

On examination, she was hemodynamically stable, with no fever. A blood test was ordered and revealed, hemoglobin level at 11.5 (Hematocrit 33.7), White Blood Count (WBC) at 11.9, CRP 3.92, Creatinine 0.48. Urine analysis showed red blood cells at 80 at WBC at 5. Hepatic panel and electrolytes were within normal levels.

Abdominal examination revealed tenderness on the right groin. The urologist and infectious disease specialists were also in this case. Her pain was relieved by intravenous analgesics and relative bed rest.

The obstetrical ultrasound showed a single intrauterine pregnancy with positive cardiac activity commensurate with the gestational age; however, the renal ultrasound showed the presence of a hyperechogenic vascularized fatty tissue on the right kidney, measuring 7.4 x 5.1 x 6.2 cms, with minimal pelvicalyceal dilatation. There is no lithiasis or subcapsular hematoma (Image 1). A renal MRI completed the investigations.



Image 1: Ultrasound of the right kidney, as described above

The MRI result showed a well-defined, 75mm, multilocular renal mass occupying the middle segment of the right kidney with an image of a small pelvicalyceal dilatation and an intracavitary hemorrhagic content. Consequently, the MRI report evoked the diagnosis of angiomyolipoma. (Image 2, 3, 4)

Author α σ: *Department of Obstetrics and Gynecology, Faculty of medicine, Holy Spirit University of Kaslik, Lebanon.*
Author α σ ρ: *Department of Obstetrics and Gynecology, The Centre Hospitalier Universitaire Notre Dame de Secours, Byblos, Lebanon.*
Author ω: *Department of Obstetrics and Gynecology, Faculty of Medical sciences, the Lebanese University, Lebanon.*
e-mail: jesydarido@hotmail.com

[*] Renal pelvis, major and minor calyces

© 2020 Global Journals

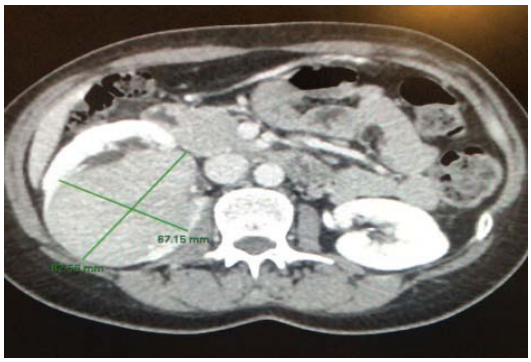


Image 2: A Sagittal MRI cut showing a 75mm renal mass

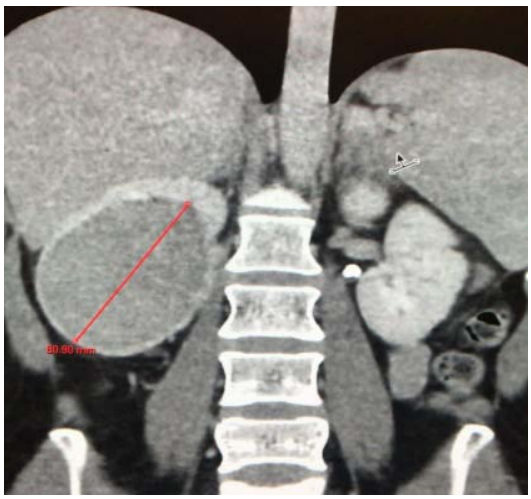


Image 3: A coronal MRI cut showing the well-defined renal mass



Image 4: A coronal MRI cut showing the gravid uterus, the suspected AML occupying the middle segment of the right kidney with a small pelvicalyceal dilatation and an intracavitary hemorrhagic content

On day 4 of admission, the patient's condition remained stable, with no fever and less pain. Therefore, she was discharged on analgesics with a medical report of her state, so she can rest at home. The remaining weeks of her pregnancy were completely uneventful, and the patient delivered her baby vaginally at 37 weeks with an APGAR of 9/10, weighting 2500 g. There were no further complications during the pregnancy or in the post-partum period.

III. Discussion

Angiomyolipoma is the most common benign mesenchymal tumor of the kidney, composed of adipose and vascular tissue in the association of smooth muscle.

Its prevalence varies between 0.12 and 0.14 percent in the general population. There is also a female predominance with a ratio of 4:1. Most of the time, it is the Right kidney that is affected [1].

The AML could appear either sporadically or in association with tuberous sclerosis. In the first case, AML is often solitary and accounts for 80% of the AML. Generally, patients present with a mean age of 43 years old. On the other hand, in 20% of the cases, AML is associated with tuberous sclerosis. In the latter case, the mean age at the time of diagnosis is 25 to 35 years. The lesions typically exceeds the isolated angiomyolipoma in size, and they are often bilateral and multiple. Angiomyolipoma occurs in 80% of patients with tuberous sclerosis. Exceptionally, these renal tumors could rupture, leading to massive retroperitoneal hemorrhage and resulting in what we call the Wunderlich syndrome [2].

The classical clinical presentation of AML is flank pain, palpable mass, nausea, hematuria, and anemia. AML tends to appear during the pregnancy period, due to the hormonal influence of estrogen and progesterone in addition to the increased receptors on the surface of the AML associated with the expansion of the intraabdominal pressure during gestation.

The sonographic features of AML consist of a well-circumscribed and highly echogenic mass because of its high-fat content, multiple nonfatty interfaces, heterogeneous cellular architecture, and numerous vessels. Other renal tumors, such as lipoma, teratoma, Wilms tumor, oncocytoma, and renal cell carcinoma (RCC), may contain fat and can be difficult to be differentiated on imaging studies. A CT scan with thin (less than 5-mm) sectioning is recommended for the confirmation of diagnosis whenever AMLs are suspected [3]. However, MRI does not appear to have an advantage over CT scan, except in pregnancy, and when the intravenous contrast administration is not indicated.

In the case of rupture, hemodynamic stability is of critical importance for the selection of an optimal treatment strategy. In the case of hemodynamically unstable patients, emergent surgery (nephrectomy) or

© 2020 Global Journals

arterial embolization (if available) are the main options of treatment [4]. The Embolization consists of an alternative after 12 weeks of gestation with minimal fetal radiation exposure. Concerning the asymptomatic pregnant patients, the conservative approach may be of choice in these cases [5]. As for the definitive treatment, it may be delayed after the delivery.

According to the literature, most of the patients with renal angiomyolipoma, delivered their babies via cesarean section (56%), whereas only 19% delivered vaginally (Table 1). However, vaginal delivery is a safe approach for these patients, and the cesarean does not affect the risk of rupture. Consequently, the mode of delivery should be decided based on obstetrical indications only. Vacuum extraction can also be an alternative in order to reduce the time of the second stage of labor.

Seeing that our patient was hemodynamically stable, along with the normal development of her fetus, a multidisciplinary approach decided that the patient proceeds to the term of delivery. She underwent a successful vaginal delivery without complications.

IV. Conclusion

Due to the insufficient data in the literature supporting the management of patients with AML, the individualization of the treatment is an essential strategy.

We need to have more experience with these strategies and to initiate more studies, so it can be the basis of any recommendation for the optimal treatment method.

Conflict of Interest
No conflict of interest to declare

Consent and Ethical Approval
Obtained from the patient to publish the case.

Financial Funding
No funding was obtained for this publication.

Table 1: Literature review of angiomyolipoma during pregnancy (Medline database)

Author	Year	Maternal Age	GW	Tumor size (cm)	Rupture	RA Management	Pregnancy Management
Lee [6]	1994	29	27	NR	Yes	Nephrectomy	Fetal death
Yanai [7]	1996	NR	39	NR	Yes	Embolization	Term delivery
Oka [8]	1999	32	36	NR	Yes	Nephrectomy	Term C/S
Tanaka [9]	2001	23	27	7	Yes	Conservative +Later Embolization	Vaginal delivery
GimenoArgente [10]	2006	40	33	NR	Yes	Nephrectomy	CS
Raft [11]	2006	40	34	NR	Yes	conservative	Preterm C/S
Storm [1]	2006	32	39	8	Yes	Conservative	Vaginal delivery
Koh [12]	2007	31	12	NR	Yes	Nephrectomy	Term C/S
Illescas Molina [13]	2007	36	28	NR	Yes	conservative	Term C/S
Kontos [14]	2008	28	33	7	Yes	Nephrectomy	PreTerm C/S
Binkowska [15]	2009	26	20	17,4	Yes	Embolization	Term C/S
Komeya [16]	2010	39	38	8	Yes	Embolization	Term C/S
Zapardiel [17]	2011	30	35	11	Yes	Embolization	PreTerm C/S
Gyimadu [18]	2011	21	25	11,5	Yes	Conservative +Later Embolization	Term C/S
Lopater [19]	2011	34	30	4	No	Nephrectomy	Term C/S
Govendik Horny [20]	2011	30	20	8	No	Nephrectomy	NR
Bolufer [21]	2012	26	NR	12	Yes	Nephrectomy	Vaginal delivery
Ferianec [22]	2013	30	9	21	Yes	Nephrectomy	Therapeutic Abortion
Iruloh [23]	2013	23	31	12	Yes	Embolization +Nephrectomy	Term C/S
Pontis [24]	2013	33	34	4,8	Yes	Nephrectomy	Preterm C/S
Davis [25]	2013	NR	NR	NR	NR	NR	NR
dos Santos [26]	2014	40	18	5	Yes	Conservative	Preterm C/S
Preece [27]	2015	45	24	15	Yes	Embolization +Nephrectomy	Term C/S
Bidault [28]	2015	31	NR	9	No	Nephrectomy	-
Cetin [29]	2015	26	44	11	No	Nephtectomy	Vaginal delivery

NR: Not Reported; GW: Gestational week; RA: Renal Angiomyolipoma; C/S: Caesarean section.

© 2020 Global Journals

References Références Referencias

1. Storm DW, Mowad JJ. Conservative management of a bleeding renal angiomyolipoma in pregnancy. ObstetGynecol 2006; 107:490-2.
2. G. Marino, M. Pedalino, O.G. Di Primio, D. Piras, R. Vella, E. Verces, Wunderlich syndrome. Clinical and therapeutic aspects of a long-term experience, Urologia3 (2010) 193–197.
3. D. Halpenny, A. Snow, G. McNeill, W.C. Torreggiani, The radiological diagnosis and treatment of renal angiomyolipoma-current status, Clin. Radiol. 65 (2)(2010) 99–108.
4. Preece P, Mees B, Norris B, Christie M, Wagner T, Dundee P. Surgical Management of hemorrhaging renal angiomyolipoma in pregnancy. Int J Surg Case Rep 2015; 7:89-92.
5. J. Shah, J. Jones and M. A. W. Miller, "Selective Embolization of Bleeding Renal Angiomyolipoma in Pregnancy" Journal of the Royal Society of Medicine, Vol. 92, 1999, pp. 414-415.
6. Lee JD et al, angiomyolipoma of the left uterovesical junction J Reprod Med 1994.
7. Yanai H et al Spontaneous hemorrhage during pregnancy secondary to renal angiomyolipoma Urol Int 1996; 56(3):188-91.
8. Oka D et al Rupture of a renal angiomyolipoma in regnancy: a case report J Gland Biol Neoplasia 1999 Oct; 4(4):415-23.
9. Tanaka M et al, conservative management and vaginal delivery following ruptured renal angiomyolipoma Obstet Gynecol 2001 Nov; 98:932-3.
10. Gimeno Argente 2006.
11. Raft J et al, renal angiomyolipoma rupture during pregnancy Gynecol Obstet Fertil 2006 Oct; 34(10):917-9.
12. Koh JL et al, simultaneous cesarean section and radical nephrectomy for angiomyolipoma with spontaneous bleeding during pregnancy: A case report J reprod Med 2007 Apr;52(4):338-40.
13. Illescas Molina T et al, angiomyolipomas, tuberous sclerosis and pregnancy Ginecol Obstet Mex 2009; 77: 380-6.
14. Kontos S et al rupture of renal angiomyolipoma during pregnancy: case report Cases J 2008;1:245
15. Binkowska M et al, embolization of renal angiomyolipoma in pregnancy: case report ginekol pol 2009; 80:449-52.
16. Komeya M et al rupture of renal angiomyolipoma during pregnancy: a case report Hinyokika Kiyo 2010; 56:261-4.
17. Zapardiel I et al, renal angiolipoma during pregnancy: review of the literature Gynecol Obstet invest 2011; 72:217-9.
18. Gyimadu AO et al, conservative management of a retroperitoneal hemorrhage following a ruptured renal angiolipoma in pregnancy. J obstet Gynaecol res 2011; 37:156-9.
19. Lopater J, Hartung O, Bretelle F, Bastide C. Management of angiomyolipoma vena cava thrombus during pregnancy. Obstet Gynecol 2011; 117:440-3.
20. Govednik-Horny C, Atkins M. Angiomyolipoma with vascular invasion during pregnancy. Ann Vasc Surg 2011; 25:1138.
21. Bolufer E, Lopez-Fontana G, Castillo OA. Robot assisted partial nephrectomy (Da Vinci) in an angiomyolipoma associated to Wünderlich Syndrome. Arch Esp Urol 2012; 65:831-4.
22. Ferianec V, Gabor M, Cano M, Papcun P, Holoman K. Severe retroperitoneal haemorrhage in the first trimester of a multiple pregnancy after spontaneous rupture of renal angiomyolipoma. Arch Gynecol Obstet 2013; 288:1193-4.
23. Iruloh C, Keriakos R, Smith DJ, Cleveland T. Renal angiomyolipoma and lymphangioleiomyomatosis in pregnancy. J Obstet Gynaecol 2013; 33:542-6.
24. Pontis A, Piras B, Meloni A, De Lisa A, Melis GB, Angioni S. Rupture of renal angiomyolipoma in pregnancy. J Obstet Gynaecol 2013; 33:628-9.
25. Davis NF, Kelly R, Lee MJ, Mohan P. Selective arterial embolisation of bilateral angiomyolipomata in a symptomatic pregnant female. BMJ Case Rep 2013; 2013.
26. Dos Santos MM, Proenca SM, Reis MI, Viana RM, Martins LM, Colaço JM, Nunes FM. Spontaneous rupture of renal angiomyolipoma during pregnancy. Rev Bras Ginecol Obstet 2014; 36:377-380.
27. Preece P, Mees B, Norris B, Christie M, Wagner T, Dundee P. Surgical management of haemorrhaging renal angiomyolipoma in pregnancy. Int J Surg Case Rep 2015; 7:89-92.
28. Bidault V, Pignot G, Rocher L, Glas L, Patard JJ. Renal angiomyolipoma with inferior vena cava thrombosis during pregnancy. Prog Urol 2015; 25:288-92.
29. Cetin C et al angiomyolipoma during pregnancy: case report and literature review Turk J obstet Gynecol 2015; 12(02):118-121.

© 2020 Global Journals

Global Journal of Medical Research: E
Gynecology and Obstetrics
Volume 20 Issue 3 Version 1.0 Year 2020
Type: Double Blind Peer Reviewed International Research Journal
Publisher: Global Journals
Online ISSN: 2249-4618 & Print ISSN: 0975-5888

Knowledge, Attitudes and Acceptability of Vaccination against Papillomaviruses: A Study on 76 Residents in Gynaecology and Obstetrics in Dakar (Senegal)

By Taliana Stéphie Gondjout, Omar Gassama, Mouhamed Diadhiou, Djibril Diallo, Philippe Marc Moreira, Alassane Diouf, Marieme Gueye Ba & Jean Charles Moreau

Cheikh Anta Diop University

Abstract- The aim of this work was to know the level of knowledge Attitudes and Acceptability of resident in Gynaecology and Obstetrics Knowledge of Vaccination against Papillomaviruses. It was a descriptive prospective cohort study, from March 12 to July 30th, 2019. The study involved 76 residents. The studied parameters included Socio-epidemiological factors including age, education level, occupation, marital status, gynecological and obstetrical history, knowledge of human papillomavirus and knowledge and acceptability of vaccination against human papillomavirus and acceptability oh papillomavirus vaccine. The data has been collected by excel, and the statistical analysis has been performed using Epi-info 7. In this study, collected 76 residents. The mean age of the residents was 30.7 years. Residents were predominantly married (54.2%). The average pregnancy was 0.8. The average age at first intercourse was 27.6. All residents (100%) knew about HPV. Lessons (96.1%) were the principal sources of information.

Keywords: *cervical cancer, human papillomaviruses vaccine, acceptability, knowledge-e, Senegal.*

GJMR-E Classification: *NLMC Code: QW 165.5.P2*



Strictly as per the compliance and regulations of:

© 2020. Taliana Stéphie Gondjout, Omar Gassama, Mouhamed Diadhiou, Djibril Diallo, Philippe Marc Moreira, Alassane Diouf, Marieme Gueye Ba & Jean Charles Moreau. This is a research/review paper, distributed under the terms of the Creative Commons Attribution-Noncommercial 3.0 Unported License http://creativecommons.org/licenses/by-nc/3.0/), permitting all non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

Knowledge, Attitudes and Acceptability of Vaccination against Papillomaviruses: A Study on 76 Residents in Gynaecology and Obstetrics in Dakar (Senegal)

Taliana Stéphie Gondjout [α], Omar Gassama [σ], Mouhamed Diadhiou [ρ], Djibril Diallo [ω], Philippe Marc Moreira [¥], Alassane Diouf [§], Marieme Gueye Ba [χ] & Jean Charles Moreau [ν]

Abstract- The aim of this work was to know the level of knowledge Attitudes and Acceptability of resident in Gynaecology and Obstetrics Knowledge of Vaccination against Papillomaviruses. It was a descriptive prospective cohort study, from March 12 to July 30th, 2019. The study involved 76 residents. The studied parameters included Socio-epidemiological factors including age, education level, occupation, marital status, gynecological and obstetrical history, knowledge of human papillomavirus and knowledge and acceptability of vaccination against human papillomavirus and acceptability oh papillomavirus vaccine. The data has been collected by excel, and the statistical analysis has been performed using Epi-info 7. In this study, collected 76 residents. The mean age of the residents was 30.7 years. Residents were predominantly married (54.2%). The average pregnancy was 0.8. The average age at first intercourse was 27.6. All residents (100%) knew about HPV. Lessons (96.1%) were the principal sources of information. Among residents who knew about HPV, 93.2% consider HPV to be sexually transmitted infections, and 98.7% consider it to be responsible for cervical cancer. In our study, 44 residents (59.5%) were *known to accept to take the HPV vaccine.*

Keywords: cervical cancer, human papillomaviruses vaccine, acceptability, knowledge-e, Senegal.

Abbreviations: EPI: Expanded Programme on Immunization; HPV: Human Papillomavirus; SPSS: Statistical Package for The Social Sciences.

Introduction

Cervical cancer is a disease that affects young women regardless of their ethnic origins, and it is a public health problem worldwide. 84% of new cases throughout the world occur in developing countries [1, 2, 3]. However, few types of the cancer can be prevented by two methods of prevention: screening for precancerous lesions and vaccination against the Human Papillomavirus (HPV), which prevents infection and is an effective weapon for its eradication. The vaccination of girls between "9-13" is recommended by The World Health Organization (WHO) against HPV. In Senegal, the vaccine against this cancer was introduced in the Expanded Programme on Immunization (EPI) on 31 October 2018 and targeted all girls aged 9. The vaccination of HPV raises many questions. The goal of our study is to assess resident's levels in gynecology and obstetrics of knowledge of the HPV and their attitudes towards its vaccination in Dakar Aristide Le Dantec teaching hospital, Senegal.

I. Materials and Methods

It was across sectional, descriptive and analytical study conducted in Dakar with the residents in gynecology and obstetrics of the University of Cheikh Anta Diop from March 12 to July 30, that's five months and one day. We included in our study all residents in gynecology and obstetrics from de 1st year to the 4th year of the University of Cheikh Anta Diop. We had obtained the consent of each resident at the beginning of the survey. The study was excluded all residents who refused to take part. An information sheet (appendix) was used, as a basis for collecting data from the residents. Socio-epidemiological factors included age, education level, occupation, marital status, gynecological and obstetrical history, knowledge of human papillomavirus, and knowing of vaccination against human papillomavirus and acceptability oh papillomavirus vaccine.

II. Statistical Analysis

It was carried out using of a structured individual interview using a questionnaire. The Epi info software version 7 saved the data collection and the data analysis with the SPSS software (Statistical Package for the social sciences) version 21. The latter consisted of two parts: descriptive and analytical analysis.

It consisted of a bivariate analysis by comparing the acceptance of HPV vaccine administration with the other variables (previous socio-demographic characteristics...). The statistical tests used were the Chi2 test for the percentage comparison, the student test, or ANOVA for the mean comparison. The difference

Corresponding Author α: Aristide Le dantec Teaching Hospital, Gynaecologic and Obstetrics clinic Cheikh Anta Diop University, Senegal. e-mail: gondjout@gmail.com

© 2020 Global Journals

was statistically significant when the p-value was strictly less than 0.05. The ORs adjusted with their [95% CI] were allowed to know the strength of the link.

III. Results

At the total, 76 residents of gynecology and obstetrics were enlisted. The average age of the residents was 30.7 years, with the extremes of 26 and 50 years. More than half of residents have more than 30 years. 54.2% of residents were married, as shown in figure 1.

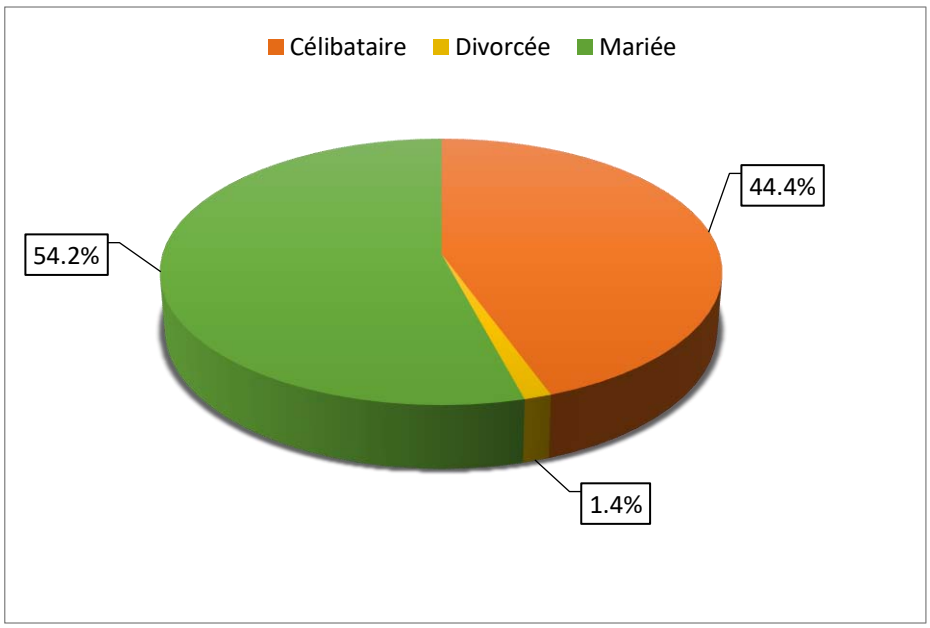


Figure 1: Distribution of married residents (N=76)

The average pregnancy was 0.8, with extremes of 0 to 4 pregnancies. The average age at first intercourse was 22.7 years, with extreme of 13 and 31 years. The age at first pregnancy was 27.6 years, with extremeness of 22 and 35 years. A medical history of cervical and breast cancer was found in 10.5% and 5.3% of residents, respectively, as reported in figure 2.

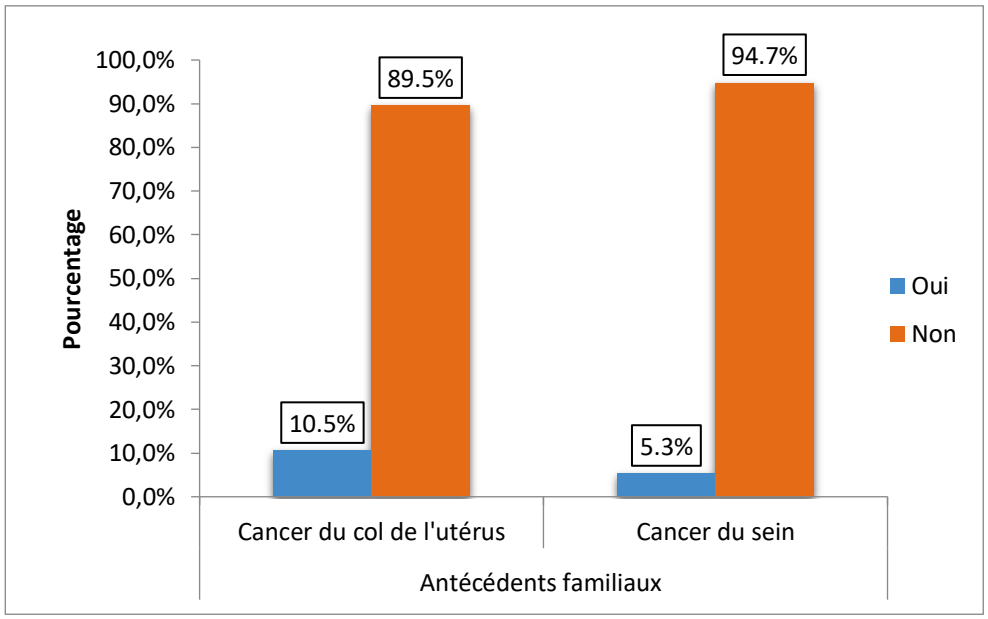


Figure 2: Distribution of medical history of cervical and breast cancer (N=76)

© 2020 Global Journals

In our series, all residents (100%) knew about HPV. Lessons (96.1%) were the principal sources of information. Among residents who knew about HPV, 93.2% consider HPV to be sexually transmitted infections, and 98.7% consider it to be responsible for cervical cancer, as shown in table 1 and figure 3.

Table I: Distribution of residents according to their sources of information on the HPV vaccine (N=76)

Sources on vaccine information on HPV	Number	Percentage
Lessons	73	96,1%
Medias	20	26,3
Entourage	3	3,9

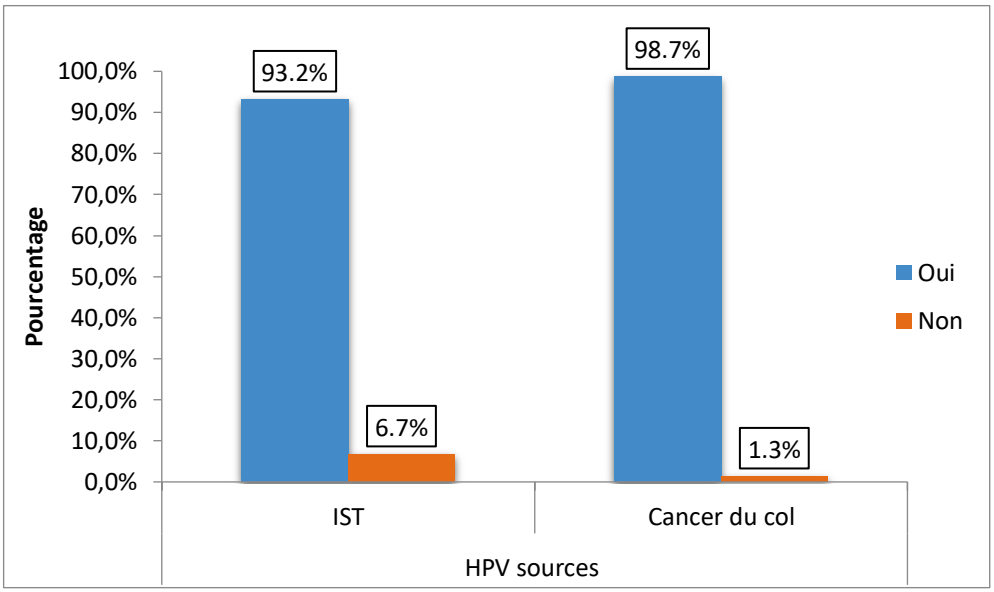


Figure 3: Distribution of residents according to their knowledge of the HPV (N=76)

In our study, more ¾ of residents (72.4%) knew about HPV vaccines. Only half the residents (55.3%) were aware of the type of HPV vaccine, as shown in table II. Gardasil and Cervarix were the most cited.

Tableau II: Distribution of residents according to their knowledge of vaccine against HPV (N=76)

Vaccine against HPV	Number	Percentage
Gardasil + Cervarix	42	55,3
Don't know the name	5	6,6
Gardasil 9	3	3,9
Gardasil 4	3	3,9
Cervarix	2	2,6
Don't know	21	27,6
Total	**76**	**100**

© 2020 Global Journals

Among residents who were aware of the HPV vaccine, only (30.6%) were aware of the side effects. Pain at the site (45.5%) of injection and skin lesions (45.5%) were the most known side effects of residents, as reported in Table III. Among residents who were aware of the HPV vaccine, only forty-five (59.3%) were aware of the routes of administration of the vaccine. All had cited intramuscular injection as the route of administration. In our study fifty-five residents (76.4%) knew the targets. Girls under 13 years of age were the main targets mentioned by women as reported in Table IV.

Tableau III: Distribution of residents by HPV vaccine side effects (N=2)

Side effects of HPV vaccine	Number	Percentage
Pain at the site of injection	10	45,5
Skin lesions	10	45,5
Neurological trouble	2	9,1
Headache	3	13,6
Vomiting	3	13,6
Fever	2	9.1
Nausea	2	9,1
Sclerosis	2	9,1
Itching	2	9,1
Diarrhea	1	4,5
Infertility	1	4,5
Lupus	1	4,5
Stenosis	1	4,5
Urticaria	1	4,5
Arthralgia	1	4,5

Table IV: Distribution of residents according to targets effects (N=55)

Targets	Number	Percentage
Virgin girl	55	76,4
Virgin teenagers	10	13,9
All people	1	1,4
All women	6	8,3
Total	**72**	**100**

© 2020 Global Journals

Table V: Shows that the distribution of acceptability of the HPV vaccine is almost the same despite knowledge or not about HPV

Knowledge on the HPV vaccine	Acceptability of vaccine						
	Yes		No		Total	P value	Ods[Ic à 95%]
	N	%	N	%			
Sources of information on HPV						0,481	
one source	34	61,8	21	38,2	55		1,5[0,5-4,2]
More than one source	10	52,6	9	47,4	19		Ref
HPV responsible of STD						0,388	
Yes	40	59,7	27	40,3	67		2,2[0,3-14,2]
Non	2	40,0	3	60,0	5		Ref
HPV responsible of breast cancer						0,400	
yes	42	58,3	30	41,7	72		0,0
No	1	100,0	0	0,0	1		
Sources of vaccine information						0,253	
one source	30	54,6	25	45,4	55		Ref
More than one source	10	71,4	4	28,6	14		2,1[0,6-7,4]
Type of vaccine						0,782	
Yes	43	59,7	29	40,3	72		1,5[0,1-26,7]
No	1	50,0	1	50,0	74		Ref
Side effects						0,222	
Yes	11	50,0	11	50,0	22		0,5[0,2-1,5]
No	32	65,3	17	34,7	49		Ref
Way of administration						0,430	
Yes	31	55,4	25	44,6	56		0,6[0,2-2,0]
No	10	66,7	5	33,3	15		Ref
Targets						0,236	
Yes	42	58,3	30	41,7	72		
No	2	100,0	0	0,0	2		
Age of vaccin						0,104	
Yes	37	57,8	27	42,2	64		0,2[0,02-1,7]
No	7	87,5	1	12,5	8		Ref
HPV entourage						0,542	
Yes	11	64,7	6	35,3	17		1,4[0,4-4,4]
Non	31	56,4	24	43,6	55		Ref
Lack of information						0,072	
Yes	11	44,0	14	56,0	25		0,4[0,2-1,1]
No	31	66,0	16	34,0	47		Ref

© 2020 Global Journals

In table V, 60% think HPV is not an STD, and the main cause of refusal of vaccination is le lack of knowledge 56%.

Table VI: Distribution of HPV vaccine acceptability according to the socio-demographic characteristics

Social-demographic characteristics	Acceptability of vaccine						
	Yes		No		Total	P value	Ods[Ic à 95%]
	N	%	N	%			
Age group						0,776	
<30	17	63,0	10	37,0	27		1,1[0,4-3,2]
≥30	22	59,5	15	40,5	37		Ref
Occupation						0,286	
Married	22	56,4	17	43,6	39		0,6[0,2-1,6]
Single	22	68,7	10	31,3	32		Ref
Level of residency						0,000	
1&2	36	76,6	11	23,4	47		7,8[2,7-22,6]
3&4	8	29,6	19	70,4	27		Ref
Gender						0,271	
Female	28	56,0	22	44,0	50		0,5[0,2-1,6]
Male	16	69,6	7	30,4	23		Ref
Address						0,174	
Dakar Suburb	15	78,9	4	21,1	19		2,4[0,7-9,0]
Dakar Center	20	60,6	13	39,4	33		Ref

In our study, 44 residents (59.5%) were known to accept to take the HPV vaccine. According to socio-demographic characteristics, there were statistically significant differences in the acceptability rate the HPV vaccine. For example, residents in the 1st and 2nd year were 7.8 times more likely to accept the vaccine (Table VI). The distribution of acceptability of the HPV vaccine was almost like according to family history (Table VII). The distribution of the acceptability of the HPV vaccine was almost similar according to the knowledge of HPV (table V).

Table VI shows that the distribution of acceptability of the HPV vaccine varied, according to the education level of the respondents. Indeed, the acceptability of vaccination against HPV was 7.8 times high among 1st and 2nd-year residents.

Tableau VII: Distribution of HPV vaccine acceptability according to family history

Family history	Acceptability of vaccine						
	Yes		No		Total	P value	Ods[Ic à 95%]
	N	%	N	%			
Cancer du col						0,515	
Yes	3	75,0	1	25,0	4		2,1[0,2-21,4]
No	41	58,6	29	41,4	70		Ref
Breast cancer (age group)						0,852	
≤25	5	62,5	3	37,5	8		1,1[0,2-5,2]
>25	39	59,1	27	40,9	66		Ref

© 2020 Global Journals

IV. Discussion

1. Socio-demographics characteristics

In our study, the average age of residents was 30.7 years; the majority were married (54.2%). The mean age at first intercourse was 22.7 years; the average was 24 years. The mean age at first pregnancy was 27.6 years with extremes (22 and 35). The average pregnancy rate was 0.9, and the average parity rate of 0.8. A medical history of cervical and breast cancer was found in 10.5% and 5.3% of resident, respectively. The resident survey, and data from Gassama can be superimposed our data.

2. Knowledge

During our study, 100% of student knew about HPV, among which 93.2% consider HPV to be an STI and 98.7% consider it to be responsible for cervical cancer which corresponds to the results of a study among students in china with a slightly lower rate of 67.8% and 86.1% respectively [14] and 85.8% in a study in South Africa [5]. However, in a study in Lagos's knowledge about was very poor, as only 39.8% had good acquaintance of the subject [8]. For the residents, knowledge of the main etiological factor is paramount in the prevention of this scourge.

Regarding the source of information, most of the residents interviewed had heard about it through school course, which was consistent with a finding from a Chinese study followed by an entourage, the media (television, radio) [14]. However, in a study in Lagos, the three highest sources of knowledge and information about HPV vaccination among the respondents were identified as, internet (23.2%), television/radio (14.9%), and teachers (12.4%) [8].

As for vaccination, ¾ of residents (72.4%) knew about the HPV vaccine. The main sources of information –generally the lessons (96.1%), the media (26.3%) and the entourage (3.9%) as a study in South Africa the principal sources of knowledge reported by the participants were school (60.1%) and the media (33.0%) [5]. Media plays a significant role in getting information to the youth, which can create and raise awareness about cervical cancer and HPV. Residents have a high percentage (100%) of knowledge of the cervical cancer vaccine, and this is related to the level of education and instruction provided during their teaching, and 62.0% knew that the vaccine was available in South Africa [5]. This finding is made by several authors who have shown that, for example, in a study conducted in China, the knowledge they have about the HPV vaccine is mainly related to the teaching given [6,7]. However, in a study in India, none of the students were aware of cancer-causing HPV types and names of the HPV vaccines, which reflect that they have very restrictive knowledge and understanding of the disease [6].

3. Acceptability

In 44 residents, (59.5%) was noted the acceptability of taking the HPV vaccine, corroborating the findings of one Chinese study (57.2% among male and 78.5% among female) [14]; the main reason was the prevention of cervical cancer and concern about the virus and its health consequences. Actually, there is a correlation between the fact of being sensitized about the HPV, the vaccine, and its acceptability.

On the contrary, in France in 2018, a study revealed that a relatively not enough knowledge of the disease does not constitute a barrier to the acceptability of vaccination [10]. The increased reluctance in France of vaccination can be explained by these contradictions. One of the reason of residents for the no acceptability of the vaccination is the lack of knowledge about the anti-HPV vaccine and the lack of information (Consistently, lack of information about HPV infection and vaccines has been identified as a common barrier to the uptake of HPV vaccines in earlier studies (Kahn et al., 2003; Lee et al., 2007; Iliyasu et al., 2010). These are the reasons why lack or less information can hinder vaccination [14]. In India, the reasons for not getting vaccination are cost, safety, efficacy, no knowledge [7]. Reason for unwillingness to accept the HPV vaccine in Lagos is a lack of adequate information on the HPV vaccine (63.2%), fear of negative consequences of receiving the HPV vaccine (12.4%), and fear of injections (8.0%) [8].

Vaccination against cervical cancer is a controversial subject, especially the side effects such, as autoimmune diseases, multiple sclerosis as reported in literature. These side effects are not attributable to vaccination and yet are major obstacles to the acceptability of vaccination. In our study, the most well-known side effect is the reaction at the injection site (4.5%).

We can, therefore, consider that have already received information on cervical cancer and its prevention methods promotes vaccination. It should, therefore, encourage us to inform as many representatives of the medical community as possible so that they can correctly relegate information to the population on HPV vaccination.

Also, the second barrier to HPV vaccination was related to the vaccine itself, the fear of side effects, and this matches with the literature. Fear of side effects is at the top of the list in most acceptability surveys.

In an American study published in 2013, there was even an increase in this concern, with 4.5% of parents worried about possible side effects in 2008, compared to 16.4% in 2010 [11].

V. Conclusion

Acceptability of HPV vaccination requires knowledge of the papillomavirus and vaccination. Awareness remains an essential element in the prevention strategy.

© 2020 Global Journals

References Références Referencias

1. Acceptation vaccinale - Regards croisés, Colloque, *Calenda*, disponible le mercredi 01 août 2018 sur le site https://calenda.org/463129 consulté le 03 Mars 2019.
2. *Aubin F, Mougin C, Prétet J-L.* Papillomavirus humains: biologie et pathologie tumorale. internationales TD-EM ed, DL. 06/2003.
3. *Badr.RE.* a sensitive and specific marker of HPV-associated squamous lesions of the cervix. American Journal of Surgical Pathology. 2008;32(6):899-906.
4. *Beutner KR, Wiley DJ, Douglas JM, Tyring SK, Fife K, Trofatter K, Stone KM.* Genital warts and their treatment. Clin Infect Dis 1999; 28S1: S37-S56.
5. Nathaniel Mofolo. *Knowledge of cervical cancer, human papillomavirus and preventon among frst-year female students in residences at the University of the Free State.* African Journal of Primary Health Care & Family Medicine ISSN: (Online) 2071-2936, (Print) 2071-2928, Published: 24 May 2018.
6. *Shazia Rashid1*. Knowledge, Awareness and Attitude on HPV, HPV Vaccine and Cervical Cancer among the College Students in India. PLOS ONE | DOI:10.1371/journal.pone.0166713 November 18, 2016.
7. *Sunite A. Ganju. Assessment of knowledge and attitude of medical and nursing students towards screening for cervical carcinoma and HPV vaccination in a tertiary care teaching hospital.* International Journal of Community Medicine and Public Health *Ganju SA et al. Int J Community Med Public Health. 2017 Nov;4(11):4186-4193* pISSN 2394-6032 | eISSN 2394-6040.
8. Olajumoke Adetoun Ojeleye. Knowledge and acceptance of HPV vaccination among Lagos students. AFRICAN JOURNAL OF MIDWIFERY AND WOMEN'S HEALTH, APRIL–JUNE 2019, VOL 13, NO 2.
9. *Ekaterina Shemelova.* Facteurs influençant la prise de décision sur la vaccination contre le HPV. Médecine humaine et pathologie. Université Grenoble Alpes, 2017. Français. ffNNT: 2017GREAH015ff. fftel-01691595.
10. *Ferenczy A.* Epidemiology and clinical pathophysiology of condylomata acuminate. Am J Obstet Gynecol 1995; 172: 1331-9.
11. *Gassama.O.* bilan des activités de colposcopie au service de gynécologie-obstétrique du CHU A.LeDantec: FMPOS Dakar, Année; 2011 Thèse N° 43, Aristide Le Dantec.
12. *Hatch KD.* Clinical appearance and treatment strategies for human papillomavirus: a gynaecologic perspective. Am J ObstetGynecol 1995; 172: 1340-4.
13. *ICO* (Institut Català Oncologia) Information Centre on HPV and cancer Sénégal: Human Papillomavirus and related cancers fact sheet, Dec 15, 2014.
14. *Julia Baum-Durrenberger.* les connaissances actuelles des étudiants concernant les papillomavirus humains, enquête réalisée auprès d'étudiants lorrains sur leur connaissance du virus, du vaccin, des moyens de prévention et de dépistage. Thèse pour obtenir le grade de docteur en médecine. Université de Loraine 2012, le 26 septembre 2012.
15. *Omar Gassama,* Acceptability of Vaccination Against Papillomaviruses: A Study On 115 Women at the Matlaboul Fawzayni Hospital in Touba (Senegal), journal of gynaecology and women's health, Volume 17 Issue 3- November 2019, DOI: 10.19080/JGWH.2019.17.555965.
16. *Chun-Jing Fu.* Knowledge, Perceptions and Acceptability of HPV Vaccination among Medical Students in Chongqing, China Asian Pacifc Journal of Cancer Prevention, Vol 15, 2014.

© 2020 Global Journals

Global Journal of Medical Research: E
Gynecology and Obstetrics
Volume 20 Issue 3 Version 1.0 Year 2020
Type: Double Blind Peer Reviewed International Research Journal
Publisher: Global Journals
Online ISSN: 2249-4618 & Print ISSN: 0975-5888

Counseling Capability of Health Care Professionals in a Tertiary Level Hospital

By S K Chowdhury & M Z Hussain

Abstract- *Objectives:* Attitude and behavior of medical personal towards the patient has a great influence on recovery and control the ailment. To assess the counseling capability in term of primary knowledge, attitude, and practices of health care professionals, and to recommended way of improvement, we carry out this study in Gynae & Obst department of a tertiary level hospital in Dhaka, Bangladesh.

Study design: This study was designed as a descriptive perspective, hospital-based study cross-sectional survey which conducts using a pretested, structured, and validated question.

Methods: We have given a structured questioner to all participants, the questionnaire designed to evaluate the knowledge, attitude and practice on handling with pregnant Hypertensive and Diabetic patients regarding concerning variables such as causes of these diseases, clinical feature, investigation, treatment, complication and preventive measure. We assess the above variable among 309 health caregiver including doctors, nurses, medical assistants.

Keywords: *counseling, hypertension, diabetes mellitus, medical staff.*

GJMR-E Classification: *NLMC Code: W 84*



Strictly as per the compliance and regulations of:

© 2020. S K Chowdhury & M Z Hussain. This is a research/review paper, distributed under the terms of the Creative Commons Attribution-Noncommercial 3.0 Unported License http://creativecommons.org/licenses/by-nc/3.0/), permitting all non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

Counseling Capability of Health Care Professionals in a Tertiary Level Hospital

S K Chowdhury [α] & M Z Hussain [σ]

Abstract- *Objectives:* Attitude and behavior of medical personal towards the patient has a great influence on recovery and control the ailment. To assess the counseling capability in term of primary knowledge, attitude, and practices of health care professionals, and to recommended way of improvement, we carry out this study in Gynae & Obst department of a tertiary level hospital in Dhaka, Bangladesh.

Study design: This study was designed as a descriptive perspective, hospital-based study cross-sectional survey which conducts using a pretested, structured, and validated question.

Methods: We have given a structured questioner to all participants, the questionnaire designed to evaluate the knowledge, attitude and practice on handling with pregnant Hypertensive and Diabetic patients regarding concerning variables such as causes of these diseases, clinical feature, investigation, treatment, complication and preventive measure. We assess the above variable among 309 health caregiver including doctors, nurses, medical assistants.

Result: Regarding knowledge of causes, sign symptom, investigation, treatment, natural course of disease , complication and preventive measures of pregnant hypertensive and diabetic patient: doctor recorded 17 (56.6%%)good and 13(43.3%) excellent while nurse recorded 5(13.8%) poor and 31(86.11%) good , while medical assistant 194(79.8%) good and 48 (19.7%). Regarding practice of pregnant hypertensive and diabetic patient : doctor recorded 8(26.6%) poor 13(43.3%) good and 9(30%) excellent while nurse recorded 6(16.6%) poor, 8(22.2%) good and 22(61.11%) excellent, while medical assistant 130(53.4%) good and 112(46%) excellent. Regarding positive attitude toward pregnant hypertensive and diabetic patient: doctor recorded 12(40%) poor, 10(33.3%) good and 8(26.6%) excellent. while nurse recorded 10(27.7%) poor, 17(47.2%) good and 9(25 %)excellent, while medical assistant 18(7.4%) poor 56 (23%) good and 169 (69.45%) excellent.

Conclusion: About half of doctors have excellent knowledge remaining are good. Most nurses and medical assistant needs to improve knowledge of relevant diseases. In contrast to practice medical assistant and nurse are the best. Regarding positive attitude medical assistant are the best. In our study we recommend that basic knowledge of common disease should be known by all, regular counseling program, refresher course and organized training should conduct for caregiver.

Keywords: counseling, hypertension, diabetes mellitus, medical staff.

Author α: Gunaecologist, Apollo Hospital Dhaka, Dhaka, Bangladesh. e-mail: skcshahanaz@gmail.com

Author σ: Medicine Specialist, Border guard Hospital, Dhaka, Bangladesh. e-mail: mzhzakir@gmail.com

I. Introduction

a) Hypertension

Sustain elevation of blood pressure, systolic >130 and diastolic >80 or both defined as ypertension.[1] If the cause of hypertension is unknown it's called primary hypertension, which is about 95%.[2] Hypertension with the known cause is secondary hypertension. Hypertension occurs in approximately 8–10% of pregnancies. Two blood pressure measurements six hours apart of greater than 140/90 mm Hg is diagnostic of hypertension in pregnancy.[3] usually hypertension is asymptomatic. Only a few patients shows clinical feature of hypertension if it is severe and long standing.[4] Hypertension usually clinically diagnosed during routine check-up or incidental finding during follow up.[5] there is no significant test for the diagnosis of hypertension. But few tests are routinely done to determine the cause, assess damage and scoring cardiovascular risk factors.[6,7] The treatment option is pharmacological and no pharmacological including lifestyle change, drugs including diuretics, beta-blockers, ACEI, ARB and calcium channel blocker. [8]

b) Diabetes Mellitus

Hyperglycemia due to impaired insulin secretion and variable degree of peripheral insulin resistance is defined as Diabetes mellitus. [9] Patient usually present with high blood sugar with polydipsia, polyphagia, polyurea, and blurred vision.[10] Longstanding diabetes mellitus may present with vascular disease, peripheral neuropathy, nephropathy and predisposing to infection.[11] Two to ten percent of women without diabetes may develop diabetes during pregnancy called gestational diabetes, so those at normal risk, screening is recommended between 24 and 28 weeks' gestation. Prevention is by maintaining a healthy weight and exercising before pregnancy. [12] Clinically the significant patient is diagnosed by measuring plasma glucose. Treatment is lifestyle modification by diet, exercise, smoking cessation and pharmacological including insulin and antihyperglycaemic agent. Early treatment plan prevent and delayed complication.[13]

c) Justification

Hypertension and Diabetes mellitus is a global public health concern, and mortality excesses that of communicable, maternal and nutritional condition.[14]

© 2020 Global Journals

Near about 80% of global death occur due to no communicable disease. [15] Health care professionals are frequently facing the patient of hypertension and Diabetes mellitus in their day to day practice. This research will improve the awareness of health care professionals.

II. Objectives

a) General objective

To evaluate the knowledge, attitude, and practices of health care professionals toward pregnant hypertensive and diabetic patients in Gynae & Obst Department of a tertiary hospital in Dhaka, Bangladesh.

b) Specific objectives

1. To assess awareness of health care professionals about the cause, clinical feature, investigation, treatment of pregnant hypertensive and Diabetic patient.
2. To assess the practice of health care professionals.
3. To assess the attitude of medical staff toward pregnant patients suffering from Hypertension and Diabetes melli.

III. Methods

a) Study design

This study was designed as a descriptive perspective, hospital-based study cross-sectional survey which conduct using a pretested, structured, and validated The questionnaire designed to evaluate the knowledge, attitude and practice on handling with pregnant Hypertensive and Diabetic patients regarding concerning variables such as cause of these diseases, clinical feature, investigation, treatment.

b) Study Area, Duration

This study was conducted in Gynae & Obst Department of a tertiary level, Dhaka, Bangladesh during the period from June 2019 to May 2020.

c) Population

Total coverage for the health care workers who work in Gynae and Obst department of the hospital. A total 309 subjects were enrolled in this study.

d) Inclusion criteria

All health care workers in concerning departments were included specifically house officer's doctors, Medical assistant and Nurses.

e) Exclusion criteria

Physicians and employers who rejected to be a part of this study.

f) Methods of data collection

Data was collected using a questionnaire made specifically for the manner of the research and the data was next analyzed by using SPSS programmed.

g) Ethical Clearance

This study was approved by the Ethical committee of the hospital.

IV. Results

Table 1: shows the crossed tabulation between the different jobs at hospitals and knowledge of the cause of disease, clinical feature, investigation, treatment of Hypertension and Diabetes mellitus. Which represents that doctor recorded the highest scores of knowledge among study population 17 good and 13 excellent while nurses recorded 5 poor and 31 good, while medical assistant 194 good and 84 are excellent. Regarding knowledge of the cause, clinical feature, investigation and treatment of Hypertension and Diabetes Mellitus doctor recorded 17(56.6%)good and 13(43.3%) excellent while nurse recorded 5(13.8%) poor and 31(86.11%) good, while medical assistant 194(79.81%) good and 84(19.4%) are excellent. With P.value = 0.000 using pearson Chi-square test.

Table 2: shows the crossed tabulation between the different jobs at Hospital and practice of counseling of Hypertension and Diabetes mellitus patient. Which represents that doctor recorded the highest scores of The practice among study population 8 poor, 13 good and 9 excellent while nurse recorded 6 poor, 8 good and 22 excellent, while medical assistant 130 good and 112 excellent.

Regarding practice of Hypertension and Diabetes mellitus, doctor recorded 8(26.6%) poor 3(43.3%) good and 9(30%) excellent while nurse recorded 6(16.6%) poor, 8(22.2%) good and 22(61.11%) excellent, while medical assistant 130(53.4%) good and 112(46%) excellent. With P.value = 0.008 using Pearson Chi-square test.

Table 3: shows the cross-tabulation between the different jobs at Hospital and attitude towards Hypertension and Diabetes mellitus patient. Which represents that doctor recorded highest scores of attitude among study population 12 poor, 10 good and 8 excellent while nurse recorded 10 poor, 17 good and 9 excellent, while medical assistant 169 excellent. Regarding attitude towards Hypertension and Diabetes patient doctor recorded 12(40%) poor,10(33.3%) good and 8(26.6%) excellent. while nurse recorded 10(7.4%) poor, 17(47.2%) good and 9(25%)excellent, while medical assistant 18(7.4%) excellent, 56(23%) good and 169(69.54%) excellent. With P.value = 0.000 using Pearson Chi-square test.

© 2020 Global Journals

Table 1: Distribution of study group according to their level of knowledge

		Knowledge			Total
		Poor	Good	Excellent	
Job	Doctor	0	17	13	30
	Nurse	05	31	0	36
	Medical assistant	48	194	01	243
Total		53	242	14	309

Table 2: Distribution of study group according to mode of practice they perform

		Practice			Total
		Poor	Good	Excellent	
Job	Doctor	8	13	9	30
	Nurse	6	8	22	36
	Medical assistant	0	130	113	243
Total		14	151	144	309

Table 3: Distribution of study group according to their attitude level

		Attitude			Total
		Poor	Good	Excellent	
Job	Doctor	12	10	8	30
	Nurse	10	17	9	36
	Medical assistant	18	56	169	243
Total		40	83	186	309

V. Discussion

This A cross-sectional survey will conduct using a pretested, structured, and validated questionnaire containing questions on causes, clinical feature, the investigation, treatment, counseling availability of pregnant hypertensive and diabetic patient. Descriptive statistics will carry out for assessing knowledge of the diseases, clinical feature, investigation, and treatment of Hypertension and Diabetes mellitus. Results shows doctor recorded 17 (56.6%) good and 13(43.3%) excellent, while nurse recorded 5(13.8%) poor and 31(86.1%) good, and medical assistant 194(79.8%) good and 48(19.7%) excellent. Regarding practice hypertension and diabetes mellitus: doctor recorded 8(26.6%) poor ,13(43.3%) good and 9(30%) excellent while nurse recorded 6(16.6%) poor, 8(22.2%) good and 22(61.11%) excellent, while medical assistant 130 (53.4%) good and 112(46%) excellent. Regarding positive attitude toward hypertension and diabetes

© 2020 Global Journals

mellitus patient doctor recorded 12(40%) poor, 10(33.3%) good and 8(26.6%) excellent. while nurse recorded 10(27.7%) poor, 117(47.2%) good and 9(25%)excellent, while medical assistant 18(7.4%) excellent, 56(23%) good and 169(69.45%)excellent.

Articles Review:

Research shows that one of the most important factors for the caregiver is to assess the patient's self-efficacy beliefs for behavioral change to make health practices easier. [16,17] This is also a central part of motivational interviewing.[18] In overall terms, it appears to be useful to work with the SOC model to obtain a structure for the consultation and counseling that is given in a patient- centered way may lead to treatment plans that are more centered around the patient's beliefs and therefore more likely to produce self-care .[19] As the hypertensive patient is 'at risk', which is less obvious than being sick, the caregiver has to make the patient an active participant in decisions regarding treatment and goal-setting. It is crucial for the caregiver to make a deliberate assessment of the patient's self-care deficits in order to choose the appropriate nursing actions, such as health education. [20] Counseling skills appear to be of value in caregiver empower mental attitudes, inpatient advocacy and in supporting the patient. The caregiver are good at giving support, as reported from Study in this thesis and other research, and this is included in the recommended stage-directed counseling in the preparation, action and maintenance tages.[21]

Supportive communication provided by health-care personnel is also recommended by Burleson and McGeorge but Bell presents an objection to giving support, as it has limited meaning for the internalization of new behaviors.[22] He proposes that new behavior that is only internalized at an integrated level is a prerequisite for maintenance. Glasgow RE et all used RE-AIM framework as a method of systematically considering the strengths and weaknesses of chronic illness (HTN, DM) management interventions in order to guide program planning. The RE-AIM dimensions of Reach, Efficacy, Adoption, Implementation and Maintenance are used to rate one- on-one counseling interventions, group sessions, interactive computer-mediated interventions, telephone calls, mail interventions, and health system policies. The RE-AIM ratings suggest that, although often efficacious for those participating, traditional face-to-face intervention modalities will have limited impact if they cannot be delivered consistently to large segments of the target population. Interventions using new information technologies may have greater reach, adoption, implementation, and maintenance, and thereby greater public health impact. [23]

VI. Conclusion

About half of doctors have excellent knowledge remaining are good. Most nurses and medical assistant needs to improve knowledge of relevant diseases. In contrast to practice medical assistant and nurse are the best. Regarding positive attitude medical assistant are the best. In our study we recommend that basic knowledge of common disease should be known by all, regular counseling program, refresher course and organized training should conduct for caregiver.

Funding: No funding sources.

Conflict of interest: None declared.

References Références Referencias

1. Poulter NR, Prabhakaran D, Caulfield M (August 2015). "Hypertension". Lancet. 386 (9995): 801–12.
2. Lackland DT, Weber MA (May 2015). "Global burden of cardiovascular disease and stroke: hypertension at the core". The Canadian Journal of Cardiology. 31 (5): 569–71.
3. Harrison's principles of internal medicine (18th ed.). New York: McGraw-Hill. 2011. pp. 55–61.
4. Rodriguez MA, Kumar SK, De Caro M (1 April 2010). "Hypertensive crisis". Cardiology in Review. 18 (2): 102–7.
5. Wong TY, Wong T, Mitchell P (February 2007). "The eye in hypertension". Lancet. 369 (9559): 425–35.
6. Marik PE, Varon J (June 2007). "Hypertensive crises: challenges and management". Chest. 131 (6): 1949–62.
7. Ehret GB, Munroe PB, Rice KM, Bochud M, Johnson AD, Chasman DI, et al. (September 2011). "Genetic variants in novel pathways influence blood pressure and cardiovascular disease risk". Nature. 478 (7367): 103–9.
8. Conway J (April 1984). "Hemodynamic aspects of essential hypertension in humans". Physiological Reviews. 64 (2): 617–60.
9. Tuomi T, Santoro N, Caprio S, Cai M, Weng J, Groop L (March 2014). "The many faces of diabetes: a disease with increasing heterogeneity". Lancet. 383 (9922): 1084–94.
10. Kitabchi AE, Umpierrez GE, Miles JM, Fisher JN (July 2009). "Hyperglycemic crises in adult patients with diabetes". Diabetes Care. 32 (7): 1335–43.
11. Cooke DW, Plotnick L (November 2008). "Type 1 diabetes mellitus in pediatrics". Pediatrics in Review. 29 (11): 374–84, quiz 385
12. Donovan PJ, McIntyre HD (October 2010). "Drugs for gestational diabetes". Australian Prescriber. 33 (5): 141–144.
13. Willi C, Bodenmann P, Ghali WA, Faris PD, Cornuz J (December 2007). "Active smoking and the risk of type 2 diabetes: a systematic review and meta-analysis". JAMA. 298 (22): 2654–64.
14. Nathan DM, Cleary PA, Backlund JY, Genuth SM, Lachin JM, Orchard TJ, Raskin P, Zinman B (December 2005). "Intensive diabetes treatment and

© 2020 Global Journals

cardiovascular disease in patients with type 1 diabetes". N. Engl. J. Med. 353 (25): 2643–53.
15. Venuraju SM, Yerramasu A, Corder R, Lahiri A (May 2010). "Osteoprotegerin as a predictor of coronary artery disease and cardiovascular mortality and morbidity". J. Am. Coll. Cardiol. 55 (19): 2049–61.
16. Bandura, A. Self-efficacy: The Exercise of Control. New York: W. H. Freeman, Sep 1, 1997 - 2.
17. Thomas J Yarcheski , A Meta-Analysis of Predictors of Positive Health Practices, Journal of Nursing Scholarship 36(2):102-8.
18. Stephen Rollnick, (June 2008) Motivational Interviewing in Health Care: Helping Patients Change Behavior, COPD Journal of Chronic Obstructive Pulmonary Disease 5(3):20.
19. Michie S, Miles J, Weinman J. Patient-centredness in chronic illness: what is it and does it matter?, Patient Educ Couns. 2003 Nov; 51(3):197-206.
20. Orem, D.E. (1995) Nursing Concepts of Practice. 5th Edition, Mosby, Boston.
21. Burnard and Morrison, Nurse Education Today, 11 (1991), pp. 24-29.
22. Brant R. Burleson Understanding the outcomes of supportive communication: A dual-process approach, Volume: 26 issue: 1, page(s): 21-38.
23. Glasgow RE, McKay HG, Piette JD, Reynolds KD. The RE-AIM framework for evaluating interventions: what can it tell us about approaches to chronic illness management? Patient Educ Couns. 44: (2):119-127.

© 2020 Global Journals

This page is intentionally left blank

© 2020 Global Journals

Global Journal of Medical Research: E
Gynecology and Obstetrics
Volume 20 Issue 3 Version 1.0 Year 2020
Type: Double Blind Peer Reviewed International Research Journal
Publisher: Global Journals
Online ISSN: 2249-4618 & Print ISSN: 0975-5888

Management Skill to Successful Make in an Extra-Marital Affair: Rare Chance to Meet Fact File Study of Transformed in Pharmacy Colleges in Formerly Pune University

By Rahul Hajare

Abstract- A woman who sleeps with a man she just met signals that she has low self-esteem or that she is actually only using him for sex.

GJMR-E Classification: *NLMC Code: WP 610*



Strictly as per the compliance and regulations of:

© 2020. Rahul Hajare. This is a research/review paper, distributed under the terms of the Creative Commons Attribution-Noncommercial 3.0 Unported License http://creativecommons.org/licenses/by-nc/3.0/), permitting all non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

Management Skill to Successful Make in an Extra-Marital Affair: Rare Chance to Meet Fact File Study of Transformed in Pharmacy Colleges in Formerly Pune University

Rahul Hajare

Abstract- **A woman who sleeps with a man she just met signals that she has low self-esteem or that she is actually only using him for sex.**

Executive Summary

The study, led by the University of Pune, found that more than half of young out land lady reported problems with extra maternal sexual affair function, with the probability of reporting sexual approach increasing over time. The study discovered that two years after their initial fewer land lady out diagnosis, nearly 53 percent of young adults 18 to 39 years old still reported some degree of affected common mistake in extra maternal affair.

I. Introduction

It has never been easier or more acceptable to have an extramarital relationship. People believe that an extramarital relationship can make life exhilarating and even make one closer to their spouse. In the survey, couples in an extra marital relationship reported greater intimacy when they had sex with their spouses [1]. Others love the thrill that accompanies seduction and seducing outside marriage While some people may want to believe that extramarital relationships give them everything they want, others people make mistakes they regret. Realistically most men, when given a chance, would enthusiastically commit infidelity. The fairer sex is far choosier when it comes to selecting sexual partners. For this reason, a woman who decides to enter into an extramarital relationship may search for a partner on a dating website. After choosing to have an extramarital affair should she pick the wrong man, it could lead to issues and create trouble in her marriage [2]. Facebook is haunted by single and married men who are looking for women. To achieve their goal, they will pretend to be everything they are not. They will lie about their age, income, qualifications, achievements, background, career and anything else to charm a married woman. A woman who falls for their routine may find that instead of a thrilling extramarital fling, she's trapped in a tumultous relationship. Like on Facebook, men prowl bars and clubs in search of women as well. Having an extramarital relationship with a man one meets in a bar is a mistake. Most eligible men are unlikely to approach women in bars and clubs. Those who patronise such places to search for women may have baggage or serious emotional issues. While dancing with an unknown man in such locations may still be okay, taking him home for the night ought to be avoided. For a woman, the ideal partner to have an extramarital affair with is one who is married, ditto for men.

II. Summary

A married man or woman has to be just as discrete about an affair as the person they are cheating with. Both know full well what they are committing to before they enter into an extramarital relationship. Both parties recognise the rules before they have an affair, so there are no unexpected surprises or expectations that aren't unmet. Choosing the wrong partner can lead to unexpected expectations and troubles. This is a serious no-no. Even if you find someone adorable, don't fall in love immediately and complicate things. An extra-marital relationship can be a fun, harmless fling; don't expect it to be anything more significant. When a woman has decided she wants to commit infidelity [3], she becomes eager to take the first step. Women are choosier about whom they sleep with. Still, sometimes even a prudent woman may throw caution to the wind and sleep with the first seemingly eligible man she meets. This is fraught with trouble as sleeping with someone hastily is recipe for trouble. Every single woman knows that having sex on the first date automatically sends the wrong signals to her sexual partner. Same goes in extramarital relationships. A woman who sleeps with a man she just met signals that she has low self-esteem or that she is actually only using him for sex. Sleeping on the first meeting isn't romantic at all. Exchanging little gifts and jewels is a significant turn on in any relationship. But when a partner demands substantial sums of money, it usually leads to trouble. An extra marital relationship is not a monetary investment or business transaction. Needless to say, children who

Author: *Fellow Indian Council of Medical Research.*
e-mail: rahulhajare17@gmail.com

© 2020 Global Journals

learn that their parent or parents are committing infidelity usually suffer significant trauma. Even if a spouse knows their partner is in an extramarital relationship, the children in the marriage should not. An extra-marital relationship is still considered a taboo in Indian society. Getting caught can totally dampen the trip of an extramarital relationship. It not only wrecks your marriage, but also portrays you in bad light leading to trust issues and other insecurities.

III. Conclusion

Black and white can desire for sex.

Acknowledgment

I acknowledge for this important work with Honorable Respected Dr. R. S. Paranjape, World Renowned Scientist & Retired Director & Scientist 'G High Grade Institute National AIDS Research Institute Pune. This has inspired & captured the imagination and attention of across the research and pure service.

References Références Referencias

1. Rahul Hajare (2018) Safe Sex: The True Principal Health? Medical Research and Clinical Case Reports 1: 79-81.
2. Rahul Hajare (2018) Safe sex: the train your mind (revise). Gen Med Open 2(2): 1-2.
3. Rahul H (2018) Indian Women, Trauma and Hydroxyl Drugs Dependency: Connections and Disconnections in Heart Disease for Women. Int J Curr Innov Adv Res 1(2): 1-2.

© 2020 Global Journals

Global Journal of Medical Research: E
Gynecology and Obstetrics
Volume 20 Issue 3 Version 1.0 Year 2020
Type: Double Blind Peer Reviewed International Research Journal
Publisher: Global Journals
Online ISSN: 2249-4618 & Print ISSN: 0975-5888

One in Every Three Home Affair Indian Women Face Painful Intercourse Phase III Survey Totally Less Sun Light Pharmacy Institutions in Formerly Reputed Amravati - Pune University

By Rahul Hajare

Abstract- Sex has a physical act that makes men more divine. Sex with education event less pain. Sex desire has increasing all sides of world, many landlady engage in sex outside marriage. A woman who sleeps with a man she just met signals that she has low self-esteem or that she is actually only using him for sex. The study, led by the University of Pune, found that more than half of young out land lady reported problems with extra maternal sexual affair function, with the probability of reporting sexual approach increasing over time. The study discovered that two years after their initial some land lady out diagnosis, nearly 53 percent of young adults 18 to 69 years old still reported some degree of affected common mistake in extra maternal affair and caught in sexting for sex.

GJMR-E Classification: *NLMC Code: WJ 190*



Strictly as per the compliance and regulations of:

© 2020. Rahul Hajare. This is a research/review paper, distributed under the terms of the Creative Commons Attribution-Noncommercial 3.0 Unported License http://creativecommons.org/licenses/by-nc/3.0/), permitting all non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

One in Every Three Home Affair Indian Women Face Painful Intercourse Phase III Survey Totally Less Sun Light Pharmacy Institutions in Formerly Reputed Amravati – Pune University

Rahul Hajare

Abstract- Sex has a physical act that makes men more divine. Sex with education event less pain. Sex desire has increasing all sides of world, many landlady engage in sex outside marriage. A woman who sleeps with a man she just met signals that she has low self-esteem or that she is actually only using him for sex. The study, led by the University of Pune, found that more than half of young out land lady reported problems with extra maternal sexual affair function, with the probability of reporting sexual approach increasing over time. The study discovered that two years after their initial some land lady out diagnosis, nearly 53 percent of young adults 18 to 69 years old still reported some degree of affected common mistake in extra maternal affair and caught in sexting for sex.

I. Executive Summary

Sex has a powerful emotional experience and an extremely important tool for mental and physical health. Sex helps to burn those extra calories, releases endorphins in the brain and reduces anxiety and stress to a great extent. Good sex life increases one's lifespan [1], improves immune system and also strengthens relationship with partner. Although, it has all about pleasing and pleasure, for a few it has accompanied by pain. Painful intercourse or 'Dyspareunia' as it has commonly known not only leads to discomfort and affects a couple's physical relationship but in the long term can also cause intimacy issues and threaten the relationship itself. While this condition has rare in men, it has more prevalent in Indian Women. In women, dysparunia may be superficial i.e. at the entry or deep within the pelvis. Reports suggest that almost one in every three Indian Women face painful intercourse A Urinary Tract Infection inflames the urinary tract. Inflammation has always associated with discomfort sitting and pain. Infection also increases bladder muscle contractions and urethral irritation. In such a situation the friction of intercourse further irritates the tissues making sex very painful. Fallopian tubes are vital reproductive organs that connect the uterus and ovaries. Infection of the fallopian has painful as with any organ, also, can cause fluid to collect in the fallopian tubes and also can block them. These tubes might give rise to the pain around the time of intercourse [2]. Thus, the damaged tubes will surely cause pain especially deep in the pelvis during intercourse. Uterine fibroids have benign smooth muscle growths that are seen in the uterus and do not always exhibit symptoms. When fibroids are large, they will exert pressure on the bladder and bowel making these irritable, also depending on where in the uterus they are and their size they can also make the uterine muscle to contract more and just be generally uncomfortable. In this situation, the added friction of the intercourse ends up being painful. Ovarian cysts presence of ovarian cyst/s can also cause deep dyspareunia. They are fluid-filled sacks that develop in the ovary. They could either be an unruptured follicle or even be the chocolate cysts of endometriosis [3].Presence of ovarian cysts makes the ovary bulky and during intercourse, the ovarian pain is experienced in the deep pelvis. It necessarily consults a doctor who will verify the presence of cysts by doing an ultrasound. Cysts can be dealt with surgically or with medication. Endometriosis has presence of the tissue that normally lines the cavity of the womb outside the womb is referred to endometriosis. Every time a woman has a period and the lining of the womb is shed; this ectopic tissue also bleeds. This causes inflammation in the pelvic region which gives rise to dyspareunia and leads to extreme soreness. Pelvic inflammatory disease has infections affect the reproductive tract. Constant pelvic pain may be a presenting feature in PID. During intercourse, one may feel unbearable pain in the pelvic area. If the symptoms match to that of a PID, it has immediately get yourself examined by a doctor who will suggest medications for the same as if left untreated it can cause infertility. Size matters the discrepancy in the size of the penis and the vagina may at times lead to the discomfort and pain during intercourse. When there is a disproportion in sizes the stretch in the vagina and the frictional effect is more that can lead to soreness for both the man and the lady. To reduce soreness, one can try alternative positions during sex and use water-based lubricant jelly. In rare cases, a woman might have to go through a surgery called the Fenton's procedure to enlarge the vagina. Allergies to the material of the

Author: Indian Council of Medical Research.
e-mail: rahulhajare17@gmail.com

© 2020 Global Journals

condom are known, more so for latex condoms. Newer silicon condoms are less allergic. Allergies cause local inflammation and pain occurs. Itching and swelling will also be seen in this case. If dysparunia occurs only after condom use and not when the barrier method is avoided, then the cause is almost certainly allergic. Whatever the cause painful sex can throw a damper on your relationship. It's best to consult a doctor sooner rather than later it has suffer dysparunia. Enjoy those blissful moments. Say No to pain. Consult merit doctor senior gynaecologist, infertility specialist.

II. Conclusion

Mutual category sex can worth to reduce anxiety between them for the path a better future is less painful as losing a human. According to a study, men sometimes act less interested in sex, in order to get it. A recent study has established what women have been wondering for a while now. Men sometimes act less interested in sex, in order to get it, the findings suggest. When heterosexuals have casual sex, previous research same author indicates it is typically the woman who sets the boundaries. If she's not interested, usually nothing will happen. When men and women in the study met, about half of the men said they were interested in having sex with the woman, whereas most women were uninterested initially. So the women in the study basically have little interest in having casual sex at first unless they find the man really attractive and strong. But evidently, a man who gave the impression of wanting to have sex with anyone, anytime, was not what most women were looking for. That could be why men acted way less interested in sex than they really were. Men who are overly eager do not come across as attractive.

Acknowledgment

I acknowledge for this important work with Honorable Respected Dr. R.S.Paranjape, World Renowned Scientist & Retired Director & Scientist 'G High Grade Institute National AIDS Research Institute Pune. This has inspired & captured the imagination and attention of across the research and pure service.

References Références Referencias

1. Rahul Hajare. Non-Medical Basis Characterization of Orgasm Associated with Approach Sex Can Last up to 20 Seconds to 15 Minutes, Eligible Women Individuals' Poor Transportation Facility of Private Pharmacy Institutions in Pune, India. Open Acc J Oncol Med 3(3)- 2019. OAJOM.MS.ID.000162. DOI: 10.32474/OAJOM.2019.03.000162.
2. Rahul, H. Why Men are Missing from Fertility Debates (2018) J Gastrointest Disord Liver Func 4(2): 38- 39.
3. Rahul Hajare, Focus on right kissing short line to long line a retrospective very rare lesion for both Indian males and females: Results of a classical laboratory R & D. study Journal of Neurology & Neurophysiology ISSN: 2155-9562. Page 6.
4. Rahul Hajare. An Important Study for Care Perspective Tops Self-Reported Private Co-Educational By Pass Pharmaceutical Institutions in Number of Abandoned Children. J Gynecol Women's Health. 2019: 16(4): 555943. DOI: 10.19080/JGWH.2019.16.555943002

© 2020 Global Journals

Global Journals Guidelines Handbook 2020

www.GlobalJournals.org

Memberships

Fellows/Associates of Medical Research Council

FMRC/AMRC Memberships



Introduction

FMRC/AMRC is the most prestigious membership of Global Journals accredited by Open Association of Research Society, U.S.A (OARS). The credentials of Fellow and Associate designations signify that the researcher has gained the knowledge of the fundamental and high-level concepts, and is a subject matter expert, proficient in an expertise course covering the professional code of conduct, and follows recognized standards of practice. The credentials are designated only to the researchers, scientists, and professionals that have been selected by a rigorous process by our Editorial Board and Management Board.

Associates of FMRC/AMRC are scientists and researchers from around the world are working on projects/researches that have huge potentials. Members support Global Journals' mission to advance technology for humanity and the profession.

FMRC

Fellow of Medical Research Council

FELLOW OF MEDICAL RESEARCH COUNCIL is the most prestigious membership of Global Journals. It is an award and membership granted to individuals that the Open Association of Research Society judges to have made a 'substantial contribution to the improvement of computer science, technology, and electronics engineering.

The primary objective is to recognize the leaders in research and scientific fields of the current era with a global perspective and to create a channel between them and other researchers for better exposure and knowledge sharing. Members are most eminent scientists, engineers, and technologists from all across the world. Fellows are elected for life through a peer review process on the basis of excellence in the respective domain. There is no limit on the number of new nominations made in any year. Each year, the Open Association of Research Society elect up to 12 new Fellow Members.

To the institution

Get letter of appreciation

Global Journals sends a letter of appreciation of author to the Dean or CEO of the University or Company of which author is a part, signed by editor in chief or chief author.



Exclusive Network

Get access to a closed network

A FMRC member gets access to a closed network of Tier 1 researchers and scientists with direct communication channel through our website. Fellows can reach out to other members or researchers directly. They should also be open to reaching out by other.

Career | Credibility | Exclusive | Reputation



Certificate

Certificate, LoR and Laser-Momento

Fellows receive a printed copy of a certificate signed by our Chief Author that may be used for academic purposes and a personal recommendation letter to the dean of member's university.

Career | Credibility | Exclusive | Reputation



Designation

Get honored title of membership

Fellows can use the honored title of membership. The “FMRC” is an honored title which is accorded to a person’s name viz. Dr. John E. Hall, Ph.D., FMRC or William Walldroff, M.S., FMRC.

Career | Credibility | Exclusive | Reputation

Recognition on the Platform

Better visibility and citation

All the Fellow members of FMRC get a badge of "Leading Member of Global Journals" on the Research Community that distinguishes them from others. Additionally, the profile is also partially maintained by our team for better visibility and citation. All fellows get a dedicated page on the website with their biography.

Career | Credibility | Reputation

© Copyright by Global Journals | Guidelines Handbook

Future Work

Get discounts on the future publications

Fellows receive discounts on the future publications with Global Journals up to 60%. Through our recommendation programs, members also receive discounts on publications made with OARS affiliated organizations.

Career | Financial



GJ Internal Account

Unlimited forward of Emails

Fellows get secure and fast GJ work emails with unlimited storage of emails that they may use them as their primary email. For example,
john [AT] globaljournals [DOT] org.

Career | Credibility | Reputation



Premium Tools

Access to all the premium tools

To take future researches to the zenith, fellows receive access to all the premium tools that Global Journals have to offer along with the partnership with some of the best marketing leading tools out there.

Financial

Conferences & Events

Organize seminar/conference

Fellows are authorized to organize symposium/seminar/conference on behalf of Global Journal Incorporation (USA). They can also participate in the same organized by another institution as representative of Global Journal. In both the cases, it is mandatory for him to discuss with us and obtain our consent. Additionally, they get free research conferences (and others) alerts.

Career | Credibility | Financial

Early Invitations

Early invitations to all the symposiums, seminars, conferences

All fellows receive the early invitations to all the symposiums, seminars, conferences and webinars hosted by Global Journals in their subject.

Exclusive

© Copyright by Global Journals | Guidelines Handbook



Publishing Articles & Books

Earn 60% of sales proceeds

Fellows can publish articles (limited) without any fees. Also, they can earn up to 70% of sales proceeds from the sale of reference/review books/literature/publishing of research paper. The FMRC member can decide its price and we can help in making the right decision.

Exclusive | Financial

Reviewers

Get a remuneration of 15% of author fees

Fellow members are eligible to join as a paid peer reviewer at Global Journals Incorporation (USA) and can get a remuneration of 15% of author fees, taken from the author of a respective paper.

Financial

Access to Editorial Board

Become a member of the Editorial Board

Fellows and Associates may join as a member of the Editorial Board of Global Journals Incorporation (USA) after successful completion of three years as Fellow and as Peer Reviewer.

Career | Credibility | Exclusive | Reputation

And Much More

Get access to scientific museums and observatories across the globe

All members get access to 5 selected scientific museums and observatories across the globe. All researches published with Global Journals will be kept under deep archival facilities across regions for future protections and disaster recovery. They get 10 GB free secure cloud access for storing research files.

© Copyright by Global Journals | Guidelines Handbook

ASSOCIATE OF MEDICAL RESEARCH COUNCIL

ASSOCIATE OF MEDICAL RESEARCH COUNCIL is the membership of Global Journals awarded to individuals that the Open Association of Research Society judges to have made a 'substantial contribution to the improvement of computer science, technology, and electronics engineering.

The primary objective is to recognize the leaders in research and scientific fields of the current era with a global perspective and to create a channel between them and other researchers for better exposure and knowledge sharing. Members are most eminent scientists, engineers, and technologists from all across the world. Associate membership can later be promoted to Fellow Membership. Associates are elected for life through a peer review process on the basis of excellence in the respective domain. There is no limit on the number of new nominations made in any year. Each year, the Open Association of Research Society elect up to 12 new Associate Members.

To the institution

Get letter of appreciation

Global Journals sends a letter of appreciation of author to the Dean or CEO of the University or Company of which author is a part, signed by editor in chief or chief author.



Exclusive Network

Get access to a closed network

A AMRC member gets access to a closed network of Tier 2 researchers and scientists with direct communication channel through our website. Associates can reach out to other members or researchers directly. They should also be open to reaching out by other.

Career | Credibility | Exclusive | Reputation



Certificate

Certificate, LoR and Laser-Momento

Associates receive a printed copy of a certificate signed by our Chief Author that may be used for academic purposes and a personal recommendation letter to the dean of member's university.

Career | Credibility | Exclusive | Reputation



Designation

Get honored title of membership

Associates can use the honored title of membership. The “AMRC” is an honored title which is accorded to a person’s name viz. Dr. John E. Hall, Ph.D., AMRC or William Walldroff, M.S., AMRC.

Career | Credibility | Exclusive | Reputation

Recognition on the Platform

Better visibility and citation

All the Associate members of AMRC get a badge of "Leading Member of Global Journals" on the Research Community that distinguishes them from others. Additionally, the profile is also partially maintained by our team for better visibility and citation.

Career | Credibility | Reputation

© Copyright by Global Journals | Guidelines Handbook

Future Work

Get discounts on the future publications

Associates receive discounts on future publications with Global Journals up to 30%. Through our recommendation programs, members also receive discounts on publications made with OARS affiliated organizations.

Career | Financial



GJ Account

Unlimited forward of Emails

Associates get secure and fast GJ work emails with 5GB forward of emails that they may use them as their primary email. For example,
john [AT] globaljournals [DOT] org.

Career | Credibility | Reputation



Premium Tools

Access to all the premium tools

To take future researches to the zenith, fellows receive access to almost all the premium tools that Global Journals have to offer along with the partnership with some of the best marketing leading tools out there.

Financial

Conferences & Events

Organize seminar/conference

Associates are authorized to organize symposium/seminar/conference on behalf of Global Journal Incorporation (USA). They can also participate in the same organized by another institution as representative of Global Journal. In both the cases, it is mandatory for him to discuss with us and obtain our consent. Additionally, they get free research conferences (and others) alerts.

Career | Credibility | Financial

Early Invitations

Early invitations to all the symposiums, seminars, conferences

All associates receive the early invitations to all the symposiums, seminars, conferences and webinars hosted by Global Journals in their subject.

Exclusive



Publishing Articles & Books

Earn 60% of sales proceeds

Associates can publish articles (limited) without any fees. Also, they can earn up to 30-40% of sales proceeds from the sale of reference/review books/literature/publishing of research paper

Exclusive | Financial

Reviewers

Get a remuneration of 15% of author fees

Associate members are eligible to join as a paid peer reviewer at Global Journals Incorporation (USA) and can get a remuneration of 15% of author fees, taken from the author of a respective paper.

Financial

And Much More

Get access to scientific museums and observatories across the globe

All members get access to 2 selected scientific museums and observatories across the globe. All researches published with Global Journals will be kept under deep archival facilities across regions for future protections and disaster recovery. They get 5 GB free secure cloud access for storing research files.

© Copyright by Global Journals | Guidelines Handbook

Associate	Fellow	Research Group	Basic
$4800 **lifetime designation**	$6800 **lifetime designation**	$12500.00 **organizational**	APC **per article**
Certificate, LoR and Momento **2** discounted publishing/year **Gradation** of Research **10** research contacts/day **1 GB** Cloud Storage **GJ** Community Access	**Certificate,** LoR and Momento **Unlimited** discounted publishing/year **Gradation** of Research **Unlimited** research contacts/day **5 GB** Cloud Storage **Online Presense** Assistance **GJ** Community Access	**Certificates,** LoRs and Momentos **Unlimited** free publishing/year **Gradation** of Research **Unlimited** research contacts/day **Unlimited** Cloud Storage **Online Presense** Assistance **GJ** Community Access	**GJ** Community Access

Preferred Author Guidelines

We accept the manuscript submissions in any standard (generic) format.

We typeset manuscripts using advanced typesetting tools like Adobe In Design, CorelDraw, TeXnicCenter, and TeXStudio. We usually recommend authors submit their research using any standard format they are comfortable with, and let Global Journals do the rest.

Alternatively, you can download our basic template from https://globaljournals.org/Template

Authors should submit their complete paper/article, including text illustrations, graphics, conclusions, artwork, and tables. Authors who are not able to submit manuscript using the form above can email the manuscript department at submit@globaljournals.org or get in touch with chiefeditor@globaljournals.org if they wish to send the abstract before submission.

Before and during Submission

Authors must ensure the information provided during the submission of a paper is authentic. Please go through the following checklist before submitting:

1. Authors must go through the complete author guideline and understand and *agree to Global Journals' ethics and code of conduct,* along with author responsibilities.
2. Authors must accept the privacy policy, terms, and conditions of Global Journals.
3. Ensure corresponding author's email address and postal address are accurate and reachable.
4. Manuscript to be submitted must include keywords, an abstract, a paper title, co-author(s') names and details (email address, name, phone number, and institution), figures and illustrations in vector format including appropriate captions, tables, including titles and footnotes, a conclusion, results, acknowledgments and references.
5. Authors should submit paper in a ZIP archive if any supplementary files are required along with the paper.
6. Proper permissions must be acquired for the use of any copyrighted material.
7. Manuscript submitted *must not have been submitted or published elsewhere* and all authors must be aware of the submission.

Declaration of Conflicts of Interest

It is required for authors to declare all financial, institutional, and personal relationships with other individuals and organizations that could influence (bias) their research.

Policy on Plagiarism

Plagiarism is not acceptable in Global Journals submissions at all.

Plagiarized content will not be considered for publication. We reserve the right to inform authors' institutions about plagiarism detected either before or after publication. If plagiarism is identified, we will follow COPE guidelines:

Authors are solely responsible for all the plagiarism that is found. The author must not fabricate, falsify or plagiarize existing research data. The following, if copied, will be considered plagiarism:

- Words (language)
- Ideas
- Findings
- Writings
- Diagrams
- Graphs
- Illustrations
- Lectures

- Printed material
- Graphic representations
- Computer programs
- Electronic material
- Any other original work

Authorship Policies

Global Journals follows the definition of authorship set up by the Open Association of Research Society, USA. According to its guidelines, authorship criteria must be based on:

1. Substantial contributions to the conception and acquisition of data, analysis, and interpretation of findings.
2. Drafting the paper and revising it critically regarding important academic content.
3. Final approval of the version of the paper to be published.

Changes in Authorship

The corresponding author should mention the name and complete details of all co-authors during submission and in manuscript. We support addition, rearrangement, manipulation, and deletions in authors list till the early view publication of the journal. We expect that corresponding author will notify all co-authors of submission. We follow COPE guidelines for changes in authorship.

Copyright

During submission of the manuscript, the author is confirming an exclusive license agreement with Global Journals which gives Global Journals the authority to reproduce, reuse, and republish authors' research. We also believe in flexible copyright terms where copyright may remain with authors/employers/institutions as well. Contact your editor after acceptance to choose your copyright policy. You may follow this form for copyright transfers.

Appealing Decisions

Unless specified in the notification, the Editorial Board's decision on publication of the paper is final and cannot be appealed before making the major change in the manuscript.

Acknowledgments

Contributors to the research other than authors credited should be mentioned in Acknowledgments. The source of funding for the research can be included. Suppliers of resources may be mentioned along with their addresses.

Declaration of funding sources

Global Journals is in partnership with various universities, laboratories, and other institutions worldwide in the research domain. Authors are requested to disclose their source of funding during every stage of their research, such as making analysis, performing laboratory operations, computing data, and using institutional resources, from writing an article to its submission. This will also help authors to get reimbursements by requesting an open access publication letter from Global Journals and submitting to the respective funding source.

Preparing your Manuscript

Authors can submit papers and articles in an acceptable file format: MS Word (doc, docx), LaTeX (.tex, .zip or .rar including all of your files), Adobe PDF (.pdf), rich text format (.rtf), simple text document (.txt), Open Document Text (.odt), and Apple Pages (.pages). Our professional layout editors will format the entire paper according to our official guidelines. This is one of the highlights of publishing with Global Journals—authors should not be concerned about the formatting of their paper. Global Journals accepts articles and manuscripts in every major language, be it Spanish, Chinese, Japanese, Portuguese, Russian, French, German, Dutch, Italian, Greek, or any other national language, but the title, subtitle, and abstract should be in English. This will facilitate indexing and the pre-peer review process.

The following is the official style and template developed for publication of a research paper. Authors are not required to follow this style during the submission of the paper. It is just for reference purposes.

Manuscript Style Instruction (Optional)

- Microsoft Word Document Setting Instructions.
- Font type of all text should be Swis721 Lt BT.
- Page size: 8.27" x 11'", left margin: 0.65, right margin: 0.65, bottom margin: 0.75.
- Paper title should be in one column of font size 24.
- Author name in font size of 11 in one column.
- Abstract: font size 9 with the word "Abstract" in bold italics.
- Main text: font size 10 with two justified columns.
- Two columns with equal column width of 3.38 and spacing of 0.2.
- First character must be three lines drop-capped.
- The paragraph before spacing of 1 pt and after of 0 pt.
- Line spacing of 1 pt.
- Large images must be in one column.
- The names of first main headings (Heading 1) must be in Roman font, capital letters, and font size of 10.
- The names of second main headings (Heading 2) must not include numbers and must be in italics with a font size of 10.

Structure and Format of Manuscript

The recommended size of an original research paper is under 15,000 words and review papers under 7,000 words. Research articles should be less than 10,000 words. Research papers are usually longer than review papers. Review papers are reports of significant research (typically less than 7,000 words, including tables, figures, and references)

A research paper must include:

a) A title which should be relevant to the theme of the paper.
b) A summary, known as an abstract (less than 150 words), containing the major results and conclusions.
c) Up to 10 keywords that precisely identify the paper's subject, purpose, and focus.
d) An introduction, giving fundamental background objectives.
e) Resources and techniques with sufficient complete experimental details (wherever possible by reference) to permit repetition, sources of information must be given, and numerical methods must be specified by reference.
f) Results which should be presented concisely by well-designed tables and figures.
g) Suitable statistical data should also be given.
h) All data must have been gathered with attention to numerical detail in the planning stage.

Design has been recognized to be essential to experiments for a considerable time, and the editor has decided that any paper that appears not to have adequate numerical treatments of the data will be returned unrefereed.

i) Discussion should cover implications and consequences and not just recapitulate the results; conclusions should also be summarized.
j) There should be brief acknowledgments.
k) There ought to be references in the conventional format. Global Journals recommends APA format.

Authors should carefully consider the preparation of papers to ensure that they communicate effectively. Papers are much more likely to be accepted if they are carefully designed and laid out, contain few or no errors, are summarizing, and follow instructions. They will also be published with much fewer delays than those that require much technical and editorial correction.

The Editorial Board reserves the right to make literary corrections and suggestions to improve brevity.



© Copyright by Global Journals | Guidelines Handbook

Format Structure

It is necessary that authors take care in submitting a manuscript that is written in simple language and adheres to published guidelines.

All manuscripts submitted to Global Journals should include:

Title

The title page must carry an informative title that reflects the content, a running title (less than 45 characters together with spaces), names of the authors and co-authors, and the place(s) where the work was carried out.

Author details

The full postal address of any related author(s) must be specified.

Abstract

The abstract is the foundation of the research paper. It should be clear and concise and must contain the objective of the paper and inferences drawn. It is advised to not include big mathematical equations or complicated jargon.

Many researchers searching for information online will use search engines such as Google, Yahoo or others. By optimizing your paper for search engines, you will amplify the chance of someone finding it. In turn, this will make it more likely to be viewed and cited in further works. Global Journals has compiled these guidelines to facilitate you to maximize the web-friendliness of the most public part of your paper.

Keywords

A major lynchpin of research work for the writing of research papers is the keyword search, which one will employ to find both library and internet resources. Up to eleven keywords or very brief phrases have to be given to help data retrieval, mining, and indexing.

One must be persistent and creative in using keywords. An effective keyword search requires a strategy: planning of a list of possible keywords and phrases to try.

Choice of the main keywords is the first tool of writing a research paper. Research paper writing is an art. Keyword search should be as strategic as possible.

One should start brainstorming lists of potential keywords before even beginning searching. Think about the most important concepts related to research work. Ask, “What words would a source have to include to be truly valuable in a research paper?” Then consider synonyms for the important words.

It may take the discovery of only one important paper to steer in the right keyword direction because, in most databases, the keywords under which a research paper is abstracted are listed with the paper.

Numerical Methods

Numerical methods used should be transparent and, where appropriate, supported by references.

Abbreviations

Authors must list all the abbreviations used in the paper at the end of the paper or in a separate table before using them.

Formulas and equations

Authors are advised to submit any mathematical equation using either MathJax, KaTeX, or LaTeX, or in a very high-quality image.

Tables, Figures, and Figure Legends

Tables: Tables should be cautiously designed, uncrowned, and include only essential data. Each must have an Arabic number, e.g., Table 4, a self-explanatory caption, and be on a separate sheet. Authors must submit tables in an editable format and not as images. References to these tables (if any) must be mentioned accurately.

Figures

Figures are supposed to be submitted as separate files. Always include a citation in the text for each figure using Arabic numbers, e.g., Fig. 4. Artwork must be submitted online in vector electronic form or by emailing it.

Preparation of Eletronic Figures for Publication

Although low-quality images are sufficient for review purposes, print publication requires high-quality images to prevent the final product being blurred or fuzzy. Submit (possibly by e-mail) EPS (line art) or TIFF (halftone/ photographs) files only. MS PowerPoint and Word Graphics are unsuitable for printed pictures. Avoid using pixel-oriented software. Scans (TIFF only) should have a resolution of at least 350 dpi (halftone) or 700 to 1100 dpi (line drawings). Please give the data for figures in black and white or submit a Color Work Agreement form. EPS files must be saved with fonts embedded (and with a TIFF preview, if possible).

For scanned images, the scanning resolution at final image size ought to be as follows to ensure good reproduction: line art: >650 dpi; halftones (including gel photographs): >350 dpi; figures containing both halftone and line images: >650 dpi.

Color charges: Authors are advised to pay the full cost for the reproduction of their color artwork. Hence, please note that if there is color artwork in your manuscript when it is accepted for publication, we would require you to complete and return a Color Work Agreement form before your paper can be published. Also, you can email your editor to remove the color fee after acceptance of the paper.

Tips for writing a good quality Medical Research Paper

1. Choosing the topic: In most cases, the topic is selected by the interests of the author, but it can also be suggested by the guides. You can have several topics, and then judge which you are most comfortable with. This may be done by asking several questions of yourself, like "Will I be able to carry out a search in this area? Will I find all necessary resources to accomplish the search? Will I be able to find all information in this field area?" If the answer to this type of question is "yes," then you ought to choose that topic. In most cases, you may have to conduct surveys and visit several places. Also, you might have to do a lot of work to find all the rises and falls of the various data on that subject. Sometimes, detailed information plays a vital role, instead of short information. Evaluators are human: The first thing to remember is that evaluators are also human beings. They are not only meant for rejecting a paper. They are here to evaluate your paper. So present your best aspect.

2. Think like evaluators: If you are in confusion or getting demotivated because your paper may not be accepted by the evaluators, then think, and try to evaluate your paper like an evaluator. Try to understand what an evaluator wants in your research paper, and you will automatically have your answer. Make blueprints of paper: The outline is the plan or framework that will help you to arrange your thoughts. It will make your paper logical. But remember that all points of your outline must be related to the topic you have chosen.

3. Ask your guides: If you are having any difficulty with your research, then do not hesitate to share your difficulty with your guide (if you have one). They will surely help you out and resolve your doubts. If you can't clarify what exactly you require for your work, then ask your supervisor to help you with an alternative. He or she might also provide you with a list of essential readings.

4. Use of computer is recommended: As you are doing research in the field of medical research then this point is quite obvious. Use right software: Always use good quality software packages. If you are not capable of judging good software, then you can lose the quality of your paper unknowingly. There are various programs available to help you which you can get through the internet.

5. Use the internet for help: An excellent start for your paper is using Google. It is a wondrous search engine, where you can have your doubts resolved. You may also read some answers for the frequent question of how to write your research paper or find a model research paper. You can download books from the internet. If you have all the required books, place importance on reading, selecting, and analyzing the specified information. Then sketch out your research paper. Use big pictures: You may use encyclopedias like Wikipedia to get pictures with the best resolution. At Global Journals, you should strictly follow here.



© Copyright by Global Journals | Guidelines Handbook

6. Bookmarks are useful: When you read any book or magazine, you generally use bookmarks, right? It is a good habit which helps to not lose your continuity. You should always use bookmarks while searching on the internet also, which will make your search easier.

7. Revise what you wrote: When you write anything, always read it, summarize it, and then finalize it.

8. Make every effort: Make every effort to mention what you are going to write in your paper. That means always have a good start. Try to mention everything in the introduction—what is the need for a particular research paper. Polish your work with good writing skills and always give an evaluator what he wants. Make backups: When you are going to do any important thing like making a research paper, you should always have backup copies of it either on your computer or on paper. This protects you from losing any portion of your important data.

9. Produce good diagrams of your own: Always try to include good charts or diagrams in your paper to improve quality. Using several unnecessary diagrams will degrade the quality of your paper by creating a hodgepodge. So always try to include diagrams which were made by you to improve the readability of your paper. Use of direct quotes: When you do research relevant to literature, history, or current affairs, then use of quotes becomes essential, but if the study is relevant to science, use of quotes is not preferable.

10. Use proper verb tense: Use proper verb tenses in your paper. Use past tense to present those events that have happened. Use present tense to indicate events that are going on. Use future tense to indicate events that will happen in the future. Use of wrong tenses will confuse the evaluator. Avoid sentences that are incomplete.

11. Pick a good study spot: Always try to pick a spot for your research which is quiet. Not every spot is good for studying.

12. Know what you know: Always try to know what you know by making objectives, otherwise you will be confused and unable to achieve your target.

13. Use good grammar: Always use good grammar and words that will have a positive impact on the evaluator; use of good vocabulary does not mean using tough words which the evaluator has to find in a dictionary. Do not fragment sentences. Eliminate one-word sentences. Do not ever use a big word when a smaller one would suffice.

Verbs have to be in agreement with their subjects. In a research paper, do not start sentences with conjunctions or finish them with prepositions. When writing formally, it is advisable to never split an infinitive because someone will (wrongly) complain. Avoid clichés like a disease. Always shun irritating alliteration. Use language which is simple and straightforward. Put together a neat summary.

14. Arrangement of information: Each section of the main body should start with an opening sentence, and there should be a changeover at the end of the section. Give only valid and powerful arguments for your topic. You may also maintain your arguments with records.

15. Never start at the last minute: Always allow enough time for research work. Leaving everything to the last minute will degrade your paper and spoil your work.

16. Multitasking in research is not good: Doing several things at the same time is a bad habit in the case of research activity. Research is an area where everything has a particular time slot. Divide your research work into parts, and do a particular part in a particular time slot.

17. Never copy others' work: Never copy others' work and give it your name because if the evaluator has seen it anywhere, you will be in trouble. Take proper rest and food: No matter how many hours you spend on your research activity, if you are not taking care of your health, then all your efforts will have been in vain. For quality research, take proper rest and food.

18. Go to seminars: Attend seminars if the topic is relevant to your research area. Utilize all your resources.

19. Refresh your mind after intervals: Try to give your mind a rest by listening to soft music or sleeping in intervals. This will also improve your memory. Acquire colleagues: Always try to acquire colleagues. No matter how sharp you are, if you acquire colleagues, they can give you ideas which will be helpful to your research.

20. Think technically: Always think technically. If anything happens, search for its reasons, benefits, and demerits. Think and then print: When you go to print your paper, check that tables are not split, headings are not detached from their descriptions, and page sequence is maintained.

21. Adding unnecessary information: Do not add unnecessary information like "I have used MS Excel to draw graphs." Irrelevant and inappropriate material is superfluous. Foreign terminology and phrases are not apropos. One should never take a broad view. Analogy is like feathers on a snake. Use words properly, regardless of how others use them. Remove quotations. Puns are for kids, not grunt readers. Never oversimplify: When adding material to your research paper, never go for oversimplification; this will definitely irritate the evaluator. Be specific. Never use rhythmic redundancies. Contractions shouldn't be used in a research paper. Comparisons are as terrible as clichés. Give up ampersands, abbreviations, and so on. Remove commas that are not necessary. Parenthetical words should be between brackets or commas. Understatement is always the best way to put forward earth-shaking thoughts. Give a detailed literary review.

22. Report concluded results: Use concluded results. From raw data, filter the results, and then conclude your studies based on measurements and observations taken. An appropriate number of decimal places should be used. Parenthetical remarks are prohibited here. Proofread carefully at the final stage. At the end, give an outline to your arguments. Spot perspectives of further study of the subject. Justify your conclusion at the bottom sufficiently, which will probably include examples.

23. Upon conclusion: Once you have concluded your research, the next most important step is to present your findings. Presentation is extremely important as it is the definite medium though which your research is going to be in print for the rest of the crowd. Care should be taken to categorize your thoughts well and present them in a logical and neat manner. A good quality research paper format is essential because it serves to highlight your research paper and bring to light all necessary aspects of your research.

Informal Guidelines of Research Paper Writing

Key points to remember:

- Submit all work in its final form.
- Write your paper in the form which is presented in the guidelines using the template.
- Please note the criteria peer reviewers will use for grading the final paper.

Final points:

One purpose of organizing a research paper is to let people interpret your efforts selectively. The journal requires the following sections, submitted in the order listed, with each section starting on a new page:

The introduction: This will be compiled from reference matter and reflect the design processes or outline of basis that directed you to make a study. As you carry out the process of study, the method and process section will be constructed like that. The results segment will show related statistics in nearly sequential order and direct reviewers to similar intellectual paths throughout the data that you gathered to carry out your study.

The discussion section:

This will provide understanding of the data and projections as to the implications of the results. The use of good quality references throughout the paper will give the effort trustworthiness by representing an alertness to prior workings.

Writing a research paper is not an easy job, no matter how trouble-free the actual research or concept. Practice, excellent preparation, and controlled record-keeping are the only means to make straightforward progression.

General style:

Specific editorial column necessities for compliance of a manuscript will always take over from directions in these general guidelines.

To make a paper clear: Adhere to recommended page limits.



© Copyright by Global Journals | Guidelines Handbook

Mistakes to avoid:

- Insertion of a title at the foot of a page with subsequent text on the next page.
- Separating a table, chart, or figure—confine each to a single page.
- Submitting a manuscript with pages out of sequence.
- In every section of your document, use standard writing style, including articles ("a" and "the").
- Keep paying attention to the topic of the paper.
- Use paragraphs to split each significant point (excluding the abstract).
- Align the primary line of each section.
- Present your points in sound order.
- Use present tense to report well-accepted matters.
- Use past tense to describe specific results.
- Do not use familiar wording; don't address the reviewer directly. Don't use slang or superlatives.
- Avoid use of extra pictures—include only those figures essential to presenting results.

Title page:

Choose a revealing title. It should be short and include the name(s) and address(es) of all authors. It should not have acronyms or abbreviations or exceed two printed lines.

Abstract: This summary should be two hundred words or less. It should clearly and briefly explain the key findings reported in the manuscript and must have precise statistics. It should not have acronyms or abbreviations. It should be logical in itself. Do not cite references at this point.

An abstract is a brief, distinct paragraph summary of finished work or work in development. In a minute or less, a reviewer can be taught the foundation behind the study, common approaches to the problem, relevant results, and significant conclusions or new questions.

Write your summary when your paper is completed because how can you write the summary of anything which is not yet written? Wealth of terminology is very essential in abstract. Use comprehensive sentences, and do not sacrifice readability for brevity; you can maintain it succinctly by phrasing sentences so that they provide more than a lone rationale. The author can at this moment go straight to shortening the outcome. Sum up the study with the subsequent elements in any summary. Try to limit the initial two items to no more than one line each.

Reason for writing the article—theory, overall issue, purpose.

- Fundamental goal.
- To-the-point depiction of the research.
- Consequences, including definite statistics—if the consequences are quantitative in nature, account for this; results of any numerical analysis should be reported. Significant conclusions or questions that emerge from the research.

Approach:

- Single section and succinct.
- An outline of the job done is always written in past tense.
- Concentrate on shortening results—limit background information to a verdict or two.
- Exact spelling, clarity of sentences and phrases, and appropriate reporting of quantities (proper units, important statistics) are just as significant in an abstract as they are anywhere else.

Introduction:

The introduction should "introduce" the manuscript. The reviewer should be presented with sufficient background information to be capable of comprehending and calculating the purpose of your study without having to refer to other works. The basis for the study should be offered. Give the most important references, but avoid making a comprehensive appraisal of the topic. Describe the problem visibly. If the problem is not acknowledged in a logical, reasonable way, the reviewer will give no attention to your results. Speak in common terms about techniques used to explain the problem, if needed, but do not present any particulars about the protocols here.

The following approach can create a valuable beginning:

- Explain the value (significance) of the study.
- Defend the model—why did you employ this particular system or method? What is its compensation? Remark upon its appropriateness from an abstract point of view as well as pointing out sensible reasons for using it.
- Present a justification. State your particular theory(-ies) or aim(s), and describe the logic that led you to choose them.
- Briefly explain the study's tentative purpose and how it meets the declared objectives.

Approach:

Use past tense except for when referring to recognized facts. After all, the manuscript will be submitted after the entire job is done. Sort out your thoughts; manufacture one key point for every section. If you make the four points listed above, you will need at least four paragraphs. Present surrounding information only when it is necessary to support a situation. The reviewer does not desire to read everything you know about a topic. Shape the theory specifically—do not take a broad view.

As always, give awareness to spelling, simplicity, and correctness of sentences and phrases.

Procedures (methods and materials):

This part is supposed to be the easiest to carve if you have good skills. A soundly written procedures segment allows a capable scientist to replicate your results. Present precise information about your supplies. The suppliers and clarity of reagents can be helpful bits of information. Present methods in sequential order, but linked methodologies can be grouped as a segment. Be concise when relating the protocols. Attempt to give the least amount of information that would permit another capable scientist to replicate your outcome, but be cautious that vital information is integrated. The use of subheadings is suggested and ought to be synchronized with the results section.

When a technique is used that has been well-described in another section, mention the specific item describing the way, but draw the basic principle while stating the situation. The purpose is to show all particular resources and broad procedures so that another person may use some or all of the methods in one more study or referee the scientific value of your work. It is not to be a step-by-step report of the whole thing you did, nor is a methods section a set of orders.

Materials:

Materials may be reported in part of a section or else they may be recognized along with your measures.

Methods:

- Report the method and not the particulars of each process that engaged the same methodology.
- Describe the method entirely.
- To be succinct, present methods under headings dedicated to specific dealings or groups of measures.
- Simplify—detail how procedures were completed, not how they were performed on a particular day.
- If well-known procedures were used, account for the procedure by name, possibly with a reference, and that's all.

Approach:

It is embarrassing to use vigorous voice when documenting methods without using first person, which would focus the reviewer's interest on the researcher rather than the job. As a result, when writing up the methods, most authors use third person passive voice.

Use standard style in this and every other part of the paper—avoid familiar lists, and use full sentences.

What to keep away from:

- Resources and methods are not a set of information.
- Skip all descriptive information and surroundings—save it for the argument.
- Leave out information that is immaterial to a third party.



© Copyright by Global Journals | Guidelines Handbook

Results:

The principle of a results segment is to present and demonstrate your conclusion. Create this part as entirely objective details of the outcome, and save all understanding for the discussion.

The page length of this segment is set by the sum and types of data to be reported. Use statistics and tables, if suitable, to present consequences most efficiently.

You must clearly differentiate material which would usually be incorporated in a study editorial from any unprocessed data or additional appendix matter that would not be available. In fact, such matters should not be submitted at all except if requested by the instructor.

Content:

- Sum up your conclusions in text and demonstrate them, if suitable, with figures and tables.
- In the manuscript, explain each of your consequences, and point the reader to remarks that are most appropriate.
- Present a background, such as by describing the question that was addressed by creation of an exacting study.
- Explain results of control experiments and give remarks that are not accessible in a prescribed figure or table, if appropriate.
- Examine your data, then prepare the analyzed (transformed) data in the form of a figure (graph), table, or manuscript.

What to stay away from:

- Do not discuss or infer your outcome, report surrounding information, or try to explain anything.
- Do not include raw data or intermediate calculations in a research manuscript.
- Do not present similar data more than once.
- A manuscript should complement any figures or tables, not duplicate information.
- Never confuse figures with tables—there is a difference.

Approach:

As always, use past tense when you submit your results, and put the whole thing in a reasonable order.

Put figures and tables, appropriately numbered, in order at the end of the report.

If you desire, you may place your figures and tables properly within the text of your results section.

Figures and tables:

If you put figures and tables at the end of some details, make certain that they are visibly distinguished from any attached appendix materials, such as raw facts. Whatever the position, each table must be titled, numbered one after the other, and include a heading. All figures and tables must be divided from the text.

Discussion:

The discussion is expected to be the trickiest segment to write. A lot of papers submitted to the journal are discarded based on problems with the discussion. There is no rule for how long an argument should be.

Position your understanding of the outcome visibly to lead the reviewer through your conclusions, and then finish the paper with a summing up of the implications of the study. The purpose here is to offer an understanding of your results and support all of your conclusions, using facts from your research and generally accepted information, if suitable. The implication of results should be fully described.

Infer your data in the conversation in suitable depth. This means that when you clarify an observable fact, you must explain mechanisms that may account for the observation. If your results vary from your prospect, make clear why that may have happened. If your results agree, then explain the theory that the proof supported. It is never suitable to just state that the data approved the prospect, and let it drop at that. Make a decision as to whether each premise is supported or discarded or if you cannot make a conclusion with assurance. Do not just dismiss a study or part of a study as "uncertain."

Research papers are not acknowledged if the work is imperfect. Draw what conclusions you can based upon the results that you have, and take care of the study as a finished work.

- You may propose future guidelines, such as how an experiment might be personalized to accomplish a new idea.
- Give details of all of your remarks as much as possible, focusing on mechanisms.
- Make a decision as to whether the tentative design sufficiently addressed the theory and whether or not it was correctly restricted. Try to present substitute explanations if they are sensible alternatives.
- One piece of research will not counter an overall question, so maintain the large picture in mind. Where do you go next? The best studies unlock new avenues of study. What questions remain?
- Recommendations for detailed papers will offer supplementary suggestions.

Approach:

When you refer to information, differentiate data generated by your own studies from other available information. Present work done by specific persons (including you) in past tense.

Describe generally acknowledged facts and main beliefs in present tense.

The Administration Rules

Administration Rules to Be Strictly Followed before Submitting Your Research Paper to Global Journals Inc.

Please read the following rules and regulations carefully before submitting your research paper to Global Journals Inc. to avoid rejection.

Segment draft and final research paper: You have to strictly follow the template of a research paper, failing which your paper may get rejected. You are expected to write each part of the paper wholly on your own. The peer reviewers need to identify your own perspective of the concepts in your own terms. Please do not extract straight from any other source, and do not rephrase someone else's analysis. Do not allow anyone else to proofread your manuscript.

Written material: You may discuss this with your guides and key sources. Do not copy anyone else's paper, even if this is only imitation, otherwise it will be rejected on the grounds of plagiarism, which is illegal. Various methods to avoid plagiarism are strictly applied by us to every paper, and, if found guilty, you may be blacklisted, which could affect your career adversely. To guard yourself and others from possible illegal use, please do not permit anyone to use or even read your paper and file.

Criterion for Grading a Research Paper (Compilation) by Global Journals

Please note that following table is only a Grading of "Paper Compilation" and not on "Performed/Stated Research" whose grading solely depends on Individual Assigned Peer Reviewer and Editorial Board Member. These can be available only on request and after decision of Paper. This report will be the property of Global Journals.

Topics	Grades		
	A-B	**C-D**	**E-F**
Abstract	Clear and concise with appropriate content, Correct format. 200 words or below	Unclear summary and no specific data, Incorrect form Above 200 words	No specific data with ambiguous information Above 250 words
Introduction	Containing all background details with clear goal and appropriate details, flow specification, no grammar and spelling mistake, well organized sentence and paragraph, reference cited	Unclear and confusing data, appropriate format, grammar and spelling errors with unorganized matter	Out of place depth and content, hazy format
Methods and Procedures	Clear and to the point with well arranged paragraph, precision and accuracy of facts and figures, well organized subheads	Difficult to comprehend with embarrassed text, too much explanation but completed	Incorrect and unorganized structure with hazy meaning
Result	Well organized, Clear and specific, Correct units with precision, correct data, well structuring of paragraph, no grammar and spelling mistake	Complete and embarrassed text, difficult to comprehend	Irregular format with wrong facts and figures
Discussion	Well organized, meaningful specification, sound conclusion, logical and concise explanation, highly structured paragraph reference cited	Wordy, unclear conclusion, spurious	Conclusion is not cited, unorganized, difficult to comprehend
References	Complete and correct format, well organized	Beside the point, Incomplete	Wrong format and structuring

INDEX

A

Acquaintance · 13
Adipose · 4

D

Deliberate · 18
Dilatation · 2, 4

E

Endometrial · 28
Entourage · 13
Exhilarating · 22

H

Hematuria · 2, 4

I

Intrauterine · 2

M

Malignancy · 25, 28

N

Necrosis · 25, 26, 28

O

Obstetrical · 2, 5, 7

P

Patronise · 22
Peripheral · 15

R

Relegate · 13

S

Sclerosis · 4, 6, 13
Scrotum · 25

T

Trauma · 24





Global Journal of Medical Research

Visit us on the Web at www.GlobalJournals.org | www.MedicalResearchJournal.org
or email us at helpdesk@globaljournals.org

ISSN 9755896



© Global Journals