HEALTH ISSUES

Enhance your knowledge regarding the importance of healthy sexual and reproductive behaviour with outstanding articles made by AMSA International members!

AMSA INTL. RECENT ACTIVITIES

Featuring the EAMSC 2021 report, the Global Health Subsidiary Relaunch, the World Antibiotic Awareness Week Webinar, and many more!

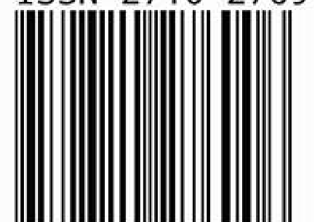
CREATIVE CORNER

Be inspired with these admirable photographs, artworks, poems, and fictional writings made by beloved AMSA members!

#33

ASPIRE

ISSN 2710-2769



AMSA INTERNATIONAL

eNEWSLETTER

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FOREWORD

Greetings, People of Tomorrow!

Welcome back to AMSA International eNewsletter: ASPIRE! We are delighted to bring this 33rd edition special for AMSA International members. In January, we have the Cervical Cancer Awareness Month, the National Birth Defect Prevention Month, and the National Stalking Awareness Month, while in February, we have the Teen Dating Violence Awareness Month. This eNewsletter was made to commemorate these events and to help spread awareness regarding these issues.

ASPIRE 33 brings a wholesome theme; "The Importance of Healthy Sexual and Reproductive Behaviour". In this edition, you will find fruitful articles made by beloved AMSA members about cervical cancer detection and prevention, impacts on teen dating violence, birth defects, and stalking awareness. We have also included updates on AMSA International activities that were held between December and February including the World Antibiotic Awareness Week Webinar, the upcoming World Haemophilia Day Competition, reports on EAMSC 2021, and the re-launching of the Global Health subsidiary. Next, you will also find infographics about an overview of birth defects and a framework about preventing violence against women. Let us not forget about the Creative Corner, where you can find many interesting artworks, photography, poems, and fictional writing made by AMSA members! We also have designed a special wallpaper for AMSA members, feel free to use it on your gadgets!

Clinical Challenge also made its way again in this edition. Make sure to participate and test your knowledge on the importance of healthy sexual and reproductive behaviour!

We sincerely hope that ASPIRE 33 will give deeper knowledge and inspirations to our beloved readers all over the world. Enjoy the ride, and be inspired by AMSA International eNewsletter!

Virtus et Doctrina, Viva AMSA!

Best regards,
Adeela Sandria Fitri Aini
Chief Editor of eNewsletter
AMSA International

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AMSA INTERNATIONAL 2020/2021

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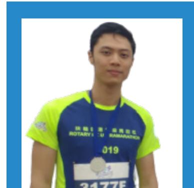
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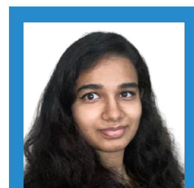
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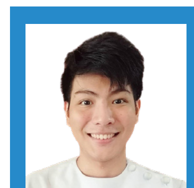
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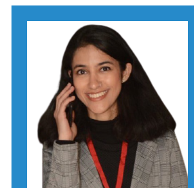
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A M S A   I N T E R N A T I

ONAL ACTIVITIES

welcome!

AMSA Macau

AMSA Macau is officially founded during the first Executive Board Meeting on 10 October 2020, and officially became a part of AMSA International.

congratulations

for obtaining full membership status!

AMSA Bangladesh

AMSA Kyrgyzstan

We sincerely hope that this new status will bring AMSA Bangladesh and AMSA Kyrgyzstan more opportunities to develop chapters in the future.

World Haemophilia Day COMPETITION

Good news to fellow researchers and academicians of AMSA International; a new competition is emerging. AMSA International proudly announced the commencement of **World Haemophilia Day Competition 2021**, a part of AMSA International's biannual competition for medical students over Asia and beyond.

This upcoming competition covers a variety of academic works, such as scientific paper, scientific poster, and public poster. Therefore, you are free to create your academic masterpiece under the theme haemophilia and submit them to your local chapter. The competition is accepting submissions up to **21 March 2021.** Submitted works will be scored and assessed by our credible and accountable judges. Every submission is appreciated by a personal certificate. In addition, the winner of every branch of competition will be given a chance to present their results on World Haemophilia Day Webinar by AMSA International on **Saturday, 17 April 2021**. The webinar will cover topics on current haemophilia management. Thus, keep your eyes on this informative and free-of-charge webinar as the registration will be opened in no time.

Do not let go of this chance and contact your local academic officer or representative for further information. You can also access the mandatory documents and guidelines on **tiny.cc/WHDCAMSA21**. Good luck and have fun on making academic work and impacting others. Viva AMSA, Viva Academics!

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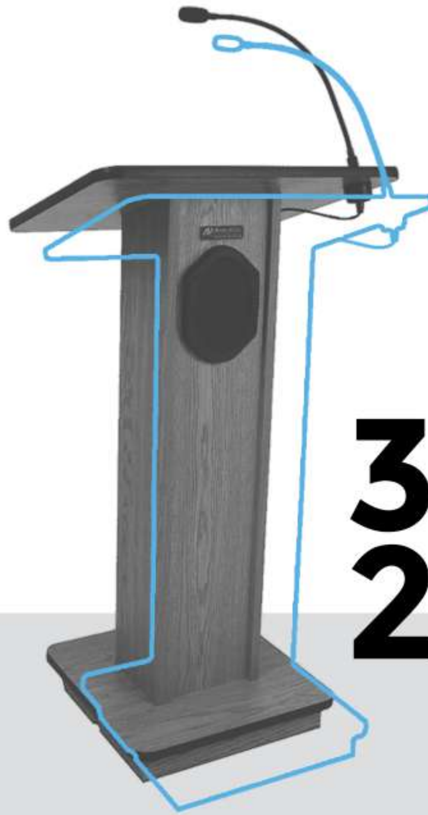
Best regards,
Jeremy Rafael Tandaju
Director of Academics
AMSA International

MASTERCLASS



31 OCT 2020

SESSION 1

"Organising an AMSA International Conference"

- Learn how to host a conference in your chapter.
-Behind the scenes of events.

7-8
202

SESSION 2

"Managing membership in AMSA"

- Learn how to establish membership in university and national level.
- How to make chapter members contribute more in AMSA.

3 NOV
20

28-29 NOV 2020

SESSION 3&4

"Building your Chapter's Identity and Branding"

- Learn how to refurbish secretarial guidelines and organisational branding in chapters.
- Learn how to create and improve website for chapters.

23 JAN 2021

SECTION 5

"How to Bring Sponsors to Your Chapter and Establish Successful MoU's"

- Learn how to establish sponsorships from external partners.
- Learn how to make successful MoU's.

20 DEC 2020

SECTION 6

"AMSEP 101"

- Learn everything you need to know and do to organise an AMSEP.
- Learn the essentials of hosting an AMSEP.

SECTION 7

"Organising Studies and Research"

- Learn how to write a systematic review.
- Learn how to conduct your own research.

6 FEB 2021

27-28 MAR 2021

SECTION 8

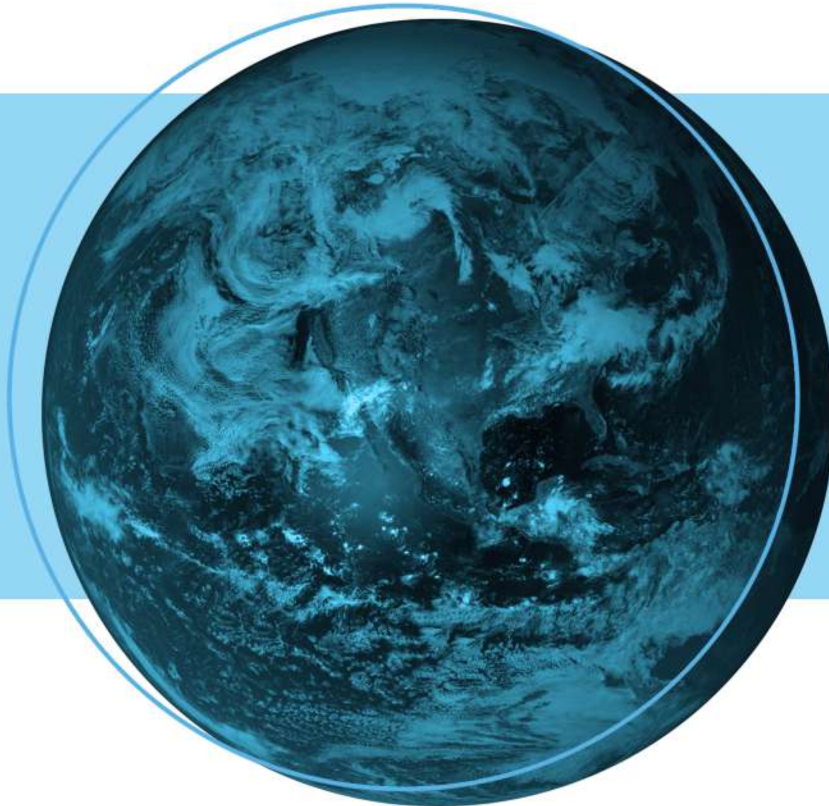
"JAMSA"

- Publication Hacks: Making research and publication easy for undergraduates.
- Organising National Research Events: Journal Club Meetings and Research

SECTION 9

“Global Health”

- AMSA Global Health Issues Introduction and Public Health Projects Simulation Workshop
- Basics of AMSOP: Ethical Financial Fundraising and Collaboration Workshop



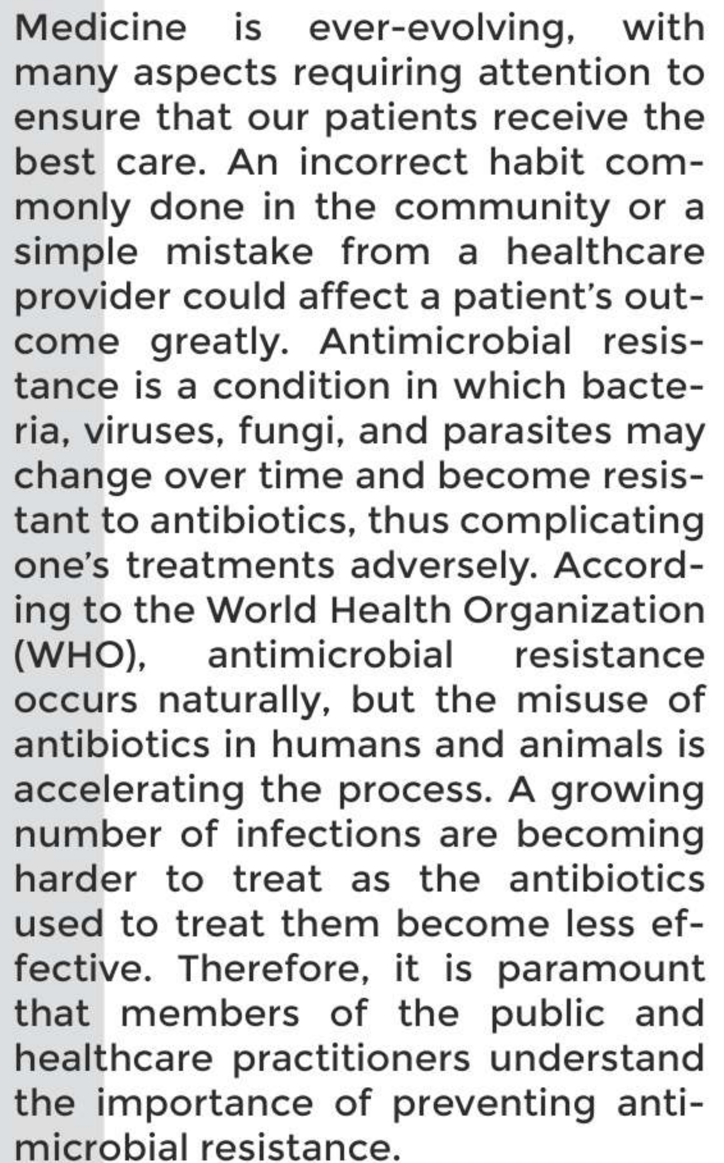
25 APR 2021

31 MAY 2021

SECTION 10

"eNewsletter"

- Learn how to write your own article properly for AMSA International eNewsletter
- Learn how to create your own eNewsletter for chapters and universities.



Medicine is ever-evolving, with many aspects requiring attention to ensure that our patients receive the best care. An incorrect habit commonly done in the community or a simple mistake from a healthcare provider could affect a patient's outcome greatly. Antimicrobial resistance is a condition in which bacteria, viruses, fungi, and parasites may change over time and become resistant to antibiotics, thus complicating one's treatments adversely. According to the World Health Organization (WHO), antimicrobial resistance occurs naturally, but the misuse of antibiotics in humans and animals is accelerating the process. A growing number of infections are becoming harder to treat as the antibiotics used to treat them become less effective. Therefore, it is paramount that members of the public and healthcare practitioners understand the importance of preventing antimicrobial resistance.

Written by:
Nadira Nibras Taqiyya
Liaison Officer to Medical Students' Organisation
AMSA International

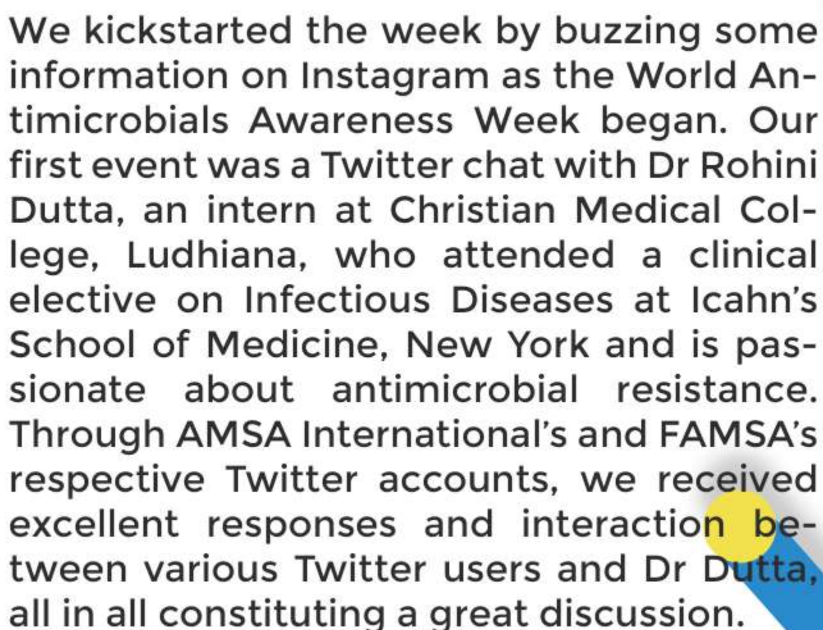
Event Report: World Antimicrobials Awareness Week 2020

In a world where it is becoming increasingly understood that many public health issues are interconnected, antimicrobial resistance is one such issue requiring a well-rounded approach. One Health is defined by the Centers for Disease Control and Prevention (CDC) as "a collaborative, multisectoral, and transdisciplinary approach." It recognises that the health between humans, animals, and the environment is interconnected, driving a holistic approach applicable to implementing various programmes, policies, and research in public health – including antimicrobial resistance.

Following a stakeholder's consultation meeting in May 2020 organised by the Tripartite organisations – the Food and Agriculture Organization of the United Nations, the World Organisation for Animal Health, and World Health Organization – the scope of World Antimicrobials Awareness Week (WAAW) was expanded, changing its focus from "antibiotics" to the more encompassing and inclusive term "antimicrobials." World Antimicrobials Awareness Week will now be celebrated on 18-24 November annually, and the theme for 2020 is "United to Preserve Antimicrobials."

In commemoration of World Antimicrobials Awareness Week 2020, AMSA International and the Federation of African Medical Students' Associations (FAMSA) have co-organised a series of events to facilitate a discussion towards a more unified global response with the One Health approach. To achieve this wide scope of healthcare sectors, we partnered with European Medical Students' Association (EMSA), International Association of Dental Students (IADS), and International Veterinary Students Association (IVSA) as Associate Partners and Asian Pacific Dental Students Association (APDSA) as Outreach Partners.

We kickstarted the week by buzzing some information on Instagram as the World Antimicrobials Awareness Week began. Our first event was a Twitter chat with Dr Rohini Dutta, an intern at Christian Medical College, Ludhiana, who attended a clinical elective on Infectious Diseases at Icahn's School of Medicine, New York and is passionate about antimicrobial resistance. Through AMSA International's and FAMSA's respective Twitter accounts, we received excellent responses and interaction between various Twitter users and Dr Dutta, all in all constituting a great discussion.



On Instagram, we shared a “Know Yourself” checklist template for Instagram users to screenshot, fill in, and upload on their own Instagram stories. This template shows the users’ understanding of concepts related to antibiotic usage, encouraging users to be more aware of making choices that could contribute to the worsening of antimicrobial resistance. We also shared some infographics containing fast facts and myth-busters regarding antimicrobial resistance.

Our main event, “International ‘One Health’ Webinar: One Health Approaches to Tackling Antimicrobial Resistance,” intrigued many people, with over 300 participants signing up. We invited speakers from the different One Health sectors to share their field’s perspective about antimicrobial resistance. The webinar was hosted by the MC, Laura Nyiha from FAMSA. Upon the speakers’ sessions, the discussion was moderated by Leonard Sy Lim from AMSA Philippines.

An array of professional doctors and outstanding student speakers spoke about antimicrobials resistance in their respective fields. Dr Roger Harrison, a senior lecturer from The University of Manchester and academic lead on the education committee for Antibiotic Research UK, started us off by discussing how we can address antimicrobial resistance through a One Health approach. Mehdi Amrani, a final year veterinary student from Institut Agronomique et Vétérinaire and a founding member of IVSA Morocco, shared how veterinary sciences and the associated livestock, aquaculture, and food industry are involved in antimicrobial resistance. Berkay Akad Ulker, a fourth-year medical student at Faculty of Medicine, Istanbul University, and the Vice President of Internal Affairs of EMSA Europe, spoke about the role of environment and the associated pollution in developing antimicrobial resistance, and how medical students in Europe are recognising this issue. Dr Shamsudin Aliyu, a Consultant Medical Microbiologist and Lecturer at the Department of Medical Microbiology of the Ahmadu Bello University, Nigeria, discussed the role of medicine and the impact of misuse and overuse of antibiotics. We then had Dr Ajidahun Olusina Michael, an award-winning doctor known as The Bearded Dr Sina on Instagram, who discussed the impact of healthcare services on antimicrobial resistance, highlighting the situation in Africa. Our final speaker, Dr Wendy Thompson, a clinical academic dentist at The University of Manchester, United Kingdom and a researcher and specialist advisor on dental antibiotic prescribing, brought a dental perspective on how antibiotic stewardship is imperative to preserve the life-saving effects of antibiotics.

Throughout the webinar, there was a great level of enthusiasm and eagerness from participants who submitted questions for the speakers during the session. We are grateful for the speakers who have spared a moment to share their knowledge and passion about antimicrobial resistance, according to their expertise. All recipients were subject to a pre-event and post-event evaluation form, after which they were entitled to an e-certificate.

The events throughout World Antimicrobials Awareness Week would not have been made possible without the hard work and attention given by the organising committee from AMSA International and FAMSA. Thank you to Frances, Khush, Sylvia, Eqi, Samuel, Dita, Chinaza, Vellia, Abdulhammed, Edward, and Lee for your contribution in making this collaboration happen. And of course, our most gracious thank you to all of you who participated in World Antimicrobials Awareness Week and supported us; we hope to see your enthusiasm again in future events.

East Asian Medical Students' Conference

EAMSC 2021 - Philippines

Post Conference REPORT

EAMSC 2021 Communication in Healthcare: Sending the Right Message was held with the objective to educate the members of AMSA International about different communication strategies and the importance of proper communication. This conference was held from 5 to 10 January 2021. was hosted by AMSA Philippines and was held virtually. Before the conference, the first live-streamed Executive Board Meeting was held on 3 January 2020 where the bidding for EAMSC 2022 was conducted, and the Pre-Conference Session was held on 4 January 2020.

On the 1st day, the delegates attended the Opening Ceremony to kickstart the EAMSC 2021, continued with the AMSA International Presentation Session, the introduction of AMSA Philippines, and the Keynote Panel Session, which is a presentation by various speakers from various agencies and institutions. In the Keynote Panel Session, the speakers emphasised the importance of intersectional equity, collective actions within our community, and being wary of providing and seeking proper context and truth in communication. Social Activity #1 was also conducted, where the delegates bond with their group mates with a "Put a Finger Down" game so they get to know each other casually. The 1st day concluded with the Regional Chairperson Meeting.

Every day, the delegates participated in the Icebreaking Session, which was conducted to help the delegates know each other better. The Ice Breaking Session was held in each of the groups' Zoom meeting, led by the group moderators. After the Icebreaking Session, the delegates continued to the Cultural Workshop #1. Before the conference, every delegate may choose the workshops that they preferred. The Cultural Workshop consists of Baybayin learning where the delegates learned about one of the oldest Philippines manuscript, Puni learning where the delegates learned to create a traditional art using coconut leaves, Merienda Tayo where the group brought favourite local snacks and talked about their own countries' delicacies, and Bisayan language learning where delegates learned basic Bisayan greetings, words, and phrases. The delegates were divided into groups and attended the workshop based on their preferences. After break time, the delegates continued to the Cultural Workshop #2 which consists of a fitness programme called Zoomba, basic Filipino language learning, and short movie viewing and discussion.

The Icebreaking Session on the 3rd day was the "Trivia Quiz" game, where the group moderators gave trivia quizzes about AMSA International and nice-to-know cultural activities around the world. Next, the delegates continued to Parallel Session #1, which was also a session that the delegates were free to choose before the conference. The Parallel Session was a series of lectures that aim to dissect the various aspects of health

communication and to highlight several key applications of its principles. The lectures consist of several topics, including Dr. Google and Health Misinformation by Dr. Iris Thiele Isip-Tan, Health Informatics by Dr. Alvin Marcelo, Health Research by Dr. Don Eliseo Lucero-Prisno III, Medicine and Advocacy by Dr. Winlove Mojica, and Sustainability for Projects Involving Health Information and Dissemination by Dr. Bryan Albert Lim. After break time, the delegates continued to Parallel Session #2 which consists of a presentation about Bridging the Generational Gap by Dr. Jason Ligot, Health Policy by Prof. Roderick Salenga, Medicine and Humanities by Dr. Joey Tabula, and Visual Gestural Communication by Dennis Rhoneil Balan. Following Parallel Session #2 was the Processing and Reflection Session which was held in each of the groups' Zoom meetings. In this session, each delegate shared the knowledge and opinion they got from today's session with each other.

The Academic competition consists of the Scientific Paper and Poster Competition, White Paper Competition, Public Infographic Competition and Video Infomercial Competition. The Scientific Poster Presentation and the White Paper Presentation were held on the 4th day. The 8 finalists of the Scientific Poster Competition, each represented by 1-2 presenters, were given 7 minutes to expound on their posters. The judges for this part of the competition were Dr. Portia Grace Fernandez-Marcelo, Dr. Romelei Camiling-Alfonso, and Dr. Vincente Belizario Jr. After a short 15-minute break, the academic session proceeded with the presentation of the White Paper Competition finalists. The 5 finalists, each represented by 1-3 presenters, were given 10 minutes to talk about their research. Judging this part of the competition were Dr. Gideon Lasco, Dr. Gene Nisperos, and Dr. Carolina Linda L. Tapia.

On the next day, the delegates attended the last Icebreaking Session which is a "Guess the Song" game, where the group moderators played famous songs and the delegates must guess the title of the song. After that, the delegates continued to the Design Thinking Plenary and Design Thinking Workshop, where the delegates were given a case vignette about the COVID-19 pandemic situation. The goal of this session was for the delegates to be able to provide innovative ways to improve existing programmes and strategies, apply critical thinking, and understand the importance of the healthcare system in its entirety and its effect on healthcare delivery services. The delegates were encouraged to discuss, analyse, and provide reasonable solutions for the given situation. After the discussion, the delegates created a PowerPoint and presented their discussion result in the Design Thinking Presentation Session.

On the last day, the delegates took part in Social Activity #2, which was Speed Dating where delegates were randomly broken out into 4-6 person per group and they had to talk about a specific topic that was provided. This activity was meant to give an avenue for the delegates to talk with the other delegates outside their group mates. The event continued with the Closing Ceremony, where the winners of the academic competitions were awarded. Here are the winners of Academic Competitions:

Winners of the Scientific Paper & Poster Competition:

- 1st Place: Izza Amalia Putri from AMSA Indonesia
- 2nd Place: Catherine Lam and Serena Yue from AMSA Hong Kong
- 3rd Place: Joelle Tan, Victoria Leong, Rachel Teo Wei Ling, and Christopher Mark Kuek from AMSA Singapore

Winners of the White Paper Competition:

- 1st Place: Rem dela Cruz, Mark Vincent dela Cruz, and Jaypee Paguntalan from AMSA Philippines
- 2nd Place: Christopher Mark Kuek from AMSA Singapore
- 3rd Place: Kun-Ting Lou, Ya-Chu Chang, Vicky Chiang, Hao-Yu Tseng from AMSA Taiwan

Winners of the Public Infographic Competition:

- 1st Place: Haniefatul Azzizah from AMSA Indonesia
- 2nd Place: Benjamin Chan, Hiu Ching Lu, Shannon So, and Nicole Wing Hei Tung from AMSA Hong Kong
- 3rd Place: Kanyapat Taechapeti and Ranlaphat Aungkasuraphan from AMSA Thailand

Winners of the Video Infomercial Competition:

- 1st Place: Nurul Izza Sanusi from AMSA Indonesia
- 2nd Place: Mansanjam Kaur from AMSA India
- 3rd Place: Anu Chuluunbat, Khatanzaya Sukhgerel, Maralgoo Maralaa, Khulan Bayarkhuu, Chuluunbileg Batbold, Unurbileg Ochir, Ulemjjargal Ganzorig, Bayambasuren Dashnyam, Uyanga Munkhbayar from AMSA Mongolia

The AMSC 2021 London was also introduced during the Closing Ceremony to give a big picture about AMSC 2021 to the delegates. The event concluded with a closing speech from the advisor of AMSA Philippines and a goodbye speech from the EAMSC Conference Organising Committee.

EAMSC 2021 took place as the first ever virtual conference held in AMSA International. Warmest congratulations to all the winners of the Academic Competition of EAMSC 2021. We also highly appreciate the presence, hard work, and enthusiasm of all the Conference Organising Committee, speakers, judges, and delegates. We sincerely hope that all the programmes and agendas have inspired you in one way or another.

AMSA INTERNATIONAL

Global Health Subsidiary RELAUNCH

Greetings, dear People of Tomorrow!

It is with great pleasure that we share this exciting news with you, the Public Health Subsidiary of AMSA International has officially undergone Scope Expansion to include Global Health, thus retitling it to the Global Health subsidiary of AMSA International. This scope expansion was officially accepted by all AMSA Chapters on 3 January 2021 during the Executive Board Meeting at EAMSC 2021, thus marking the historic re-launch of the subsidiary.

The major points of consideration guiding this scope expansion were as follows:

1. AMSA Global Health subsidiary will mainly focus on training AMSA members in Global Health Systems, Global Health Architecture and Global Health Policies to learn and develop skills such as policy-making, leadership, rapporteur training, etc.;
2. The subsidiary will serve as a platform for trained members to partake in international global health discussions, conferences, and events;
3. The subsidiary will function optimally as the literal definition with proper relations liaised to the World Health Organization (WHO);
4. The Asian Medical Students' Association Community Service (AMSACS) initiative will be directly organised by AMSA Members themselves under the supervision of the subsidiary and its guidelines; and
5. Asian Medical Students' Outreach Programme (AMSOP) will serve as the international multistakeholder crowdfunding campaign and international humanitarian outreach of the subsidiary.

The Organisation of the Committee:

The Director of Global Health (DoGH) of AMSA International is the utmost position in the Global Health subsidiary, governing the hierarchy. The National DoPGH (Director of Public & Global Health) of respective chapters have the responsibility to assist the DoGH of AMSA International at the chapter level and initiate local public health advocacies. The International DoGH along with the National DoPGH aims to bring together the medical students around Asia, Asia-Pacific & beyond to work together around various focus areas concerning Global Health and contribute towards improving the health and wellbeing of the surrounding community in general and society as a whole.

National Director of Public & Global Health (N-DoPGH)

1. All Official Representatives of AMSA chapters will be referred as N-DoPGH within the AMSA Global Health committee.
2. Will be responsible for organising & coordinating public health advocacies & events at national level and partaking in global health activities at International level.

Local Public Health Director/Ambassador of Public Health

1. Responsible for implementation of Activities/Events/Campaigns at local level.
2. Reports to the N-DoPGH for all public health related matters.

Organisation of the Committee

Presently, the AMSA Global Health Committee consists of 20 N-DoPGHs from 15 AMSA chapters led by the International DoGH and supervised by 4 Senior Advisors forming the Global Health Advisory Board.

Global Health Executions: The executions of the Global Health Subsidiary have been broadly divided into three categories:

1. **Global Health Meetings (GHM)**
2. **Global Health Trainings (GHT)**
3. **Global Health Events (GHE)**

Global Health Meetings (GHMs) refer to any official meeting convened by the Director of Global Health with the discretion of the Advisory Board and committee members. Global Health Events (GHEs) refer to all the events/campaigns/activities organised by the AMSA International Global Health Committee.

Global Health Trainings (GHTs) aim to train the members of AMSA International in Global Health Issues, Policies and equip them with the resources and opportunities to partake in international discussions and events. GHTs are designed in a simulatory fashion to include group activities like Small Group Discussions (SGDs) as well as encouraging critical thinking and practical applications and entail a certificate on completion of the training and associated assignments. The first session of the Global Health Training: Global Health 101 is being organised on 21 February 2021 by our very diverse GHOC (Global Health Organising Committee) consisting of N-DoPGHs from 5 AMSA chapters.

The Global Health subsidiary of AMSA International aims to uphold and maintain the global health virtues (Action philosophy) of AMSA International. The subsidiary functions to coordinate and promote global health initiatives at the international level, and public health initiatives at the country level. Working together, we hope to empower and train the medical students, by providing a platform to actively participate and contribute towards Global health, while serving the community productively with partners, across the country and around the world in settings that are often unfamiliar and challenging.

Best Regards,
Khushman Kaur Bhullar
Director of Global Health
AMSA International 2020/2021

CHAPTER AND UNIV

ERSITY ACTIVITIES

Indonesian Medical Student's Training and Competition

Written by:
Intan Qanita
Syiah Kuala University
AMSA Indonesia

Banda Aceh-Syiah Kuala University from Indonesia has been chosen as the host of the Indonesian Medical Student's Training and Competition (IMSTC). IMSTC is an annual event of AMSA Indonesia to provide members with higher knowledge, skills, ability, and to motivate all members of AMSA Indonesia to be able to create scientific research and health promotion media that have high quality with the three core philosophies of AMSA: Knowledge, Action, and Friendship.

This year, AMSA Universitas Syiah Kuala chose the theme TRYPANOSOMA: "Tropical Disease Prevention and Control by Innovative Solution in Medical Association", which highlighted Neglected Tropical Diseases as the main topic. Neglected Tropical Diseases (NTDs) are a diverse group of communicable diseases that prevail in over 149 countries that have a tropical and subtropical climate. One out of five people worldwide is at risk of NTDs, which generally affects 1.6 billion people that live in the most marginalised communities, resulting in substantial disability, stigma, loss of livelihood, and mortality. Lymphatic filariasis, dracunculiasis, trachoma, and snakebite envenoming are just some of the NTDs that cause substantial disease burdens. Each year, NTDs cost developing countries billions of dollars.

Even within the last few years, NTDs are still a major health problem in Indonesia. Comprehensive planning using a multidisciplinary approach is required to maintain the control and eradication efforts of NTD. WHO is expected to launch new goals this year to guide progress against NTDs until 2030. Recognising the significance of the issue, reducing the burden of disease and disability caused by NTDs are essential to improve the health of the world's poorest people.

The event was held for 4 days by using Zoom on 6-7 and 13-14 February 2021 with up to 499 delegates from 36 member universities. There were general delegates that partake in all the events and academic delegates for those who were joining the competitions. The activities conducted in IMSTC include workshop and lecture, training, competition, debate, AMSA International Day which consists of Cultural Booth and District Performance, AMSA Indonesia Session, Mini Advocacy Simulation, Ambassador of Public Health Inauguration, Social Hour, Opening of Event of The Year, and other additional activities provided by the committee.

AMSA-INDONESIA
www.amsaindonesia.org

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dr. M. Riza Kurnia...
Panitia_DPH_Muha...
Panitia_LO_Arianisa...
2_Usakti_Khania In...
19_UPN_Nadhila S...
11_Unjani_khalissa
21_Usakti_rizki syaf...
17_Undip_Kevin M...
17_Unpad_Tatyana ...
23_Unpatti_ajrina
Panitia_Kestari_Rad...
19_Unair_Muthia Al...
12_Usakti_Woro Su...
17_UMI_Idul
18_UGM_Annadya ...
11_UHT_Destra Aul...
24_Unsri_Syafira Yu...
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The first day held on 6 February 2021 was done impressively. It was started with the Opening Ceremony; reciting the Qur'an; and opening speech from the Project Officer, Regional Chairperson AMSA Indonesia 2020/2021, Syiah Kuala University's Dean and Rector; and opened formally by the Mayor of Banda Aceh. The event continued with the first lecture from a doctor specialising in Neglected Tropical Diseases using the English language, and Post AMSEP presentation. To make sure the participants would not get bored, the committee has made several games. The Welcoming Party was held in the evening with a live performance by an acoustic group and videos about Aceh monumental building and culture called "Journey to Aceh" that had a total of five episodes and were played throughout the 4 days of IMSTC
.

The second day was filled with competitions and training sessions in the morning until late afternoon. The competitions conducted include scientific paper, scientific poster, photography, public poster, videography, and debate. All the academic delegates participating in the conference showed their best efforts to win the competition. For general delegates, they participated in training sessions with the same topics and skills in the competition. The second lecture about antimicrobials was done actively and the participants had asked some questions. In the evening, the event started with Aceh Culture Night on how to make Aceh Coffee and a review of some of Aceh specialities. It ended with a performance by a famous influencer and singer who performed Aceh songs. They also took part in the games which concluded the event.

The third day continued on 13 February 2021. It started with the debate competition in the quarter to the final round and the public poster and videography competition for academic delegates. Meanwhile, general delegates had small class training with the same topic as the competitions. To recall the past events, the committee showed a 1-week throwback by playing a video that showcased activities of the previous week.

The night session was full of cultural activities to know more about Indonesia. It was called the AMSA International Day: Cultural Booth. Every district had its breakout room, and everyone learnt about each other's culture. There were several events such as traditional language learning, cooking class, fashion show, traditional singing or dancing, and a city tour from each city in Indonesia.

The fourth day started with a meeting held by AMSA Indonesia for all the representatives of each university from morning to afternoon. In the afternoon, participants had a the Mini Advocacy Simulation to increase knowledge about the health law administrations process. Participants also joined the Focus Group Discussion to share their ideas and perspectives about healthcare and present it in front of other participants.

In the evening, it was time for the Closing Event. It started with the Closing Ceremony. The second event was the Social Hour video and opening of EOTY (Event of The Year). It continued with District Performance which every district has prepared, and they performed in front of everyone. It was added with Puppet Show that has been prepared by the committee to make it more fun and closed with Journey to Aceh video about Rumoh Aceh (Aceh Traditional House). The next event was Ambassador of Public Health Inauguration by showing videos and highlighted the selected Ambassadors of Public Health for each district in AMSA Indonesia as well as the selected National Ambassador of Public Health. The last part of the closing which everybody has been waiting for was the announcement of the winners of each competition.

All delegates were happy to join such an event which not only had advantages on increasing knowledge, making a lot of new friends, having action as social impact to others by using social media as the platform, but they also got to learn more about culture, diversity, and the beauty of Indonesia.

SYMPHONY

'An Interactive Session Striving Towards a Beautiful Balance'

Written by :
Dr. Avi Singh
GMC, Amritsar
AMSA India

As everything else in life, the most impossible of tasks can be broken down into an amalgamation of beautiful little movements that, when played in unison, create a breathtaking symphony.

Similarly, I believe for any organisation, especially at AMSA India, the beauty lies in the magic that happens when people come together.

Internal Department (AMSA Internal) is the biggest department at AMSA India with 200+ State and College Heads across 30 states and territories of the diverse nation of India, whom I have had the privilege to lead as the Vice Overall Chairperson Internal (VOCI), along with 4 brilliant ZOIs (Zonal Officers Internal).

A College Head is at the heart of what we do for our members. But, managing college representation while also being a good student at medical school gets challenging sometimes.

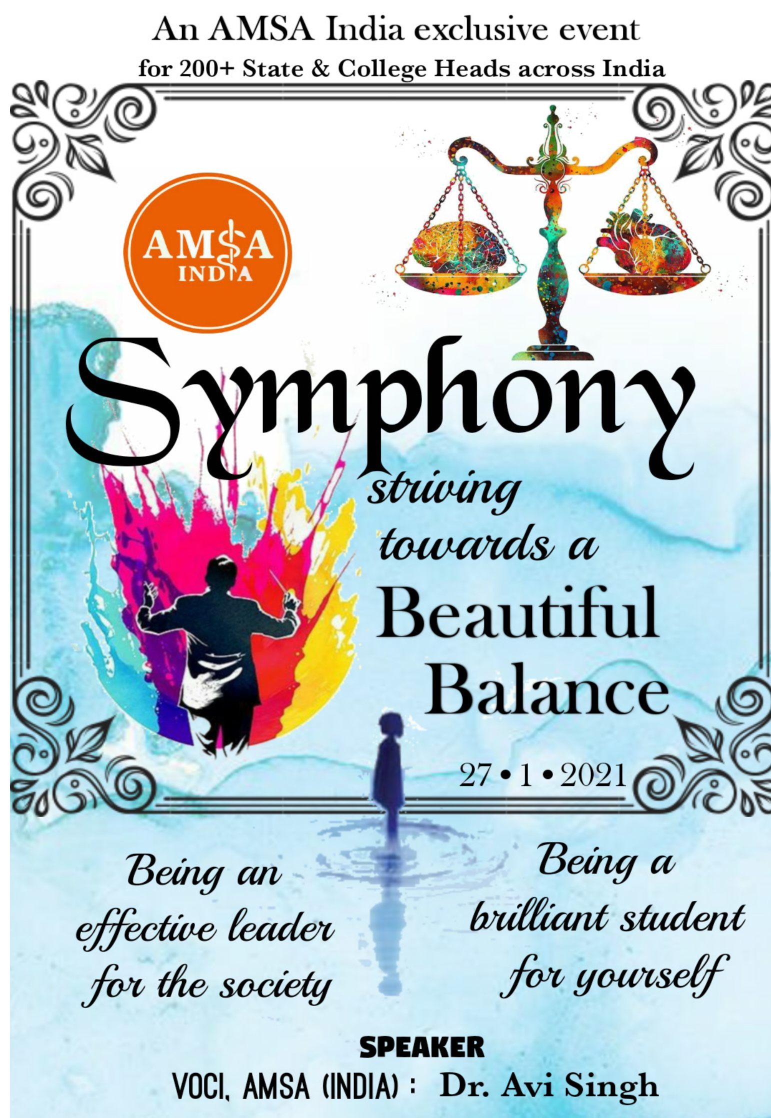
That is the realisation which went behind this unique event called 'Symphony'; an event exclusively for College and State Heads which was focused on helping them teach the skills of being an effective leader while balancing academics along the way, because neither of it is less important.

This session was divided into 4 beautiful movements, inspired by the genius Christopher Nolan's movies:
1. Memento
2. The Following
3. Inception
4. The Prestige

Each session had its own purpose, from giving a delightful surprise to all the College Heads for their passionate work, to an interactive session regarding how they can balance the two important parts of leadership and academics in AMSA while upholding the values of Knowledge, Action, and Friendship.

The session also had a mystery hidden beneath, in which the College Heads had to decide a message based on Nolan's movies that should help them balance being a medical student even more efficiently, while checking their vigilance.

It was a challenging, beautiful, yet satisfying venture to get all the 200+ Heads at AMSA deliver something productive yet entertaining to them over a one-of-a-kind online experience. But then, that is the least we can or should do for the people who are at the heart of AMSA.



AMSA-Unja (Asian Medic

Hello, People of Tomorrow!

The Asian Medical Students' Association (AMSA) is an organisational forum for exchanging knowledge, carrying out various activities related to health and social issues, and building friendships between medical students from across Asia, the Asia-Pacific, and beyond.

Asian Medical Students' Association Jambi University (AMSA-Unja) is a part of Asian Medical Students' Association Indonesia, the peak representative body for medical students in Jambi. AMSA-Unja is located at 33 Letjen Soeprapto Street, Telanaipura, Jambi City.

AMSA-Unja was established on 24 March, 2015 and officially became a member of AMSA Indonesia on June 2016 at the National Conference in Solo. As a member of AMSA Indonesia, AMSA-Unja once hosted a national event, which was Rakernas (Rapat Kerja Nasional/ National Conference) in 2017. AMSA-Unja also once hosted a district project event, which was AMSA District 1 Project 2018.

The Vision of AMSA-Unja is to create AMSA-Unja not only as an organisation, but also a forum for members to exchange ideas and support each other in harmony with self-upgrading, knowledge expansion, and enhancement of soft and hard skills in an exciting way, where we make AMSA our second family.

Greetings from AMSA-Unja! Together in Unity, Serve the Community!

Written by :
Indah Febriyanti
Faculty of Medicine and Health Sciences, Jambi University
AMSA Indonesia

cal Students' Association Jambi University)

Written by :
Indah Febriyanti
Faculty of Medicine and Health Sciences, Jambi University
AMSA Indonesia

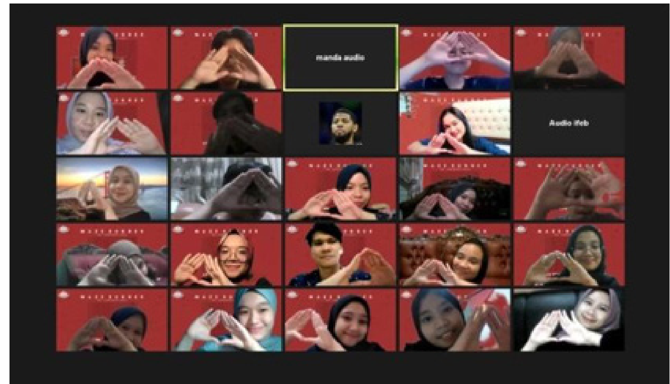
Maze Runner is a programme organized by the Membership and Development (MnD) division of AMSA-Universitas Jambi. Maze Runner is a bonding and self-development activity that aims to improve the relationship between AMSA-Unja members so that they can get to know each other.

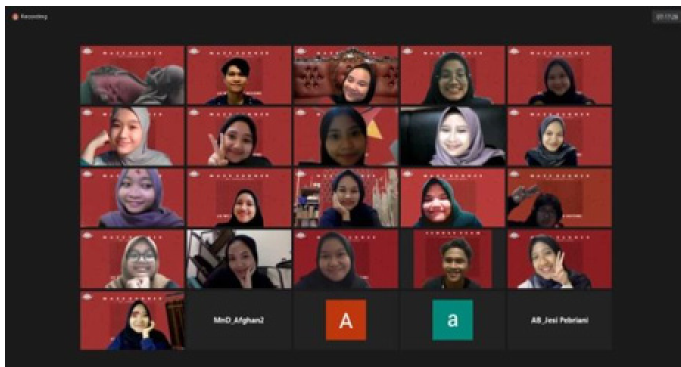
The activity is usually held offline for two days and one night in a place that allows both outdoor and indoor activities. Unfortunately, Maze Runner was held virtually in this tenure because of the current pandemic situation. The difference in how the activity will be held did not discourage the MnD team. They were even more enthusiastic and worked harder to make the work program successful and magnificent for all AMSA-Unja members.

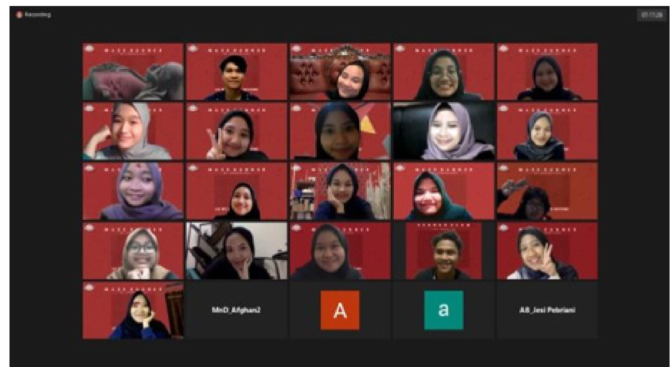
Maze Runner held virtually through Zoom on 30 January 2021. A day before the Maze Runner was held, AMSA-Unja members were divided into several groups. Each group was given a puzzle, where the puzzle contained objects that each group member had to bring during the event.

"Maze Runner: As We Run, We Become"

Upgrading AMSA-Unja 2020/2021







The work program starts at 16.00 WIB with a prayer and the audience singing the AMSA song. After that, we started one of the main events, which was a sharing session about leadership. The speaker was M. Fadhil Naufal, who is the student governor of the Faculty of Medicine and Jambi University Health Sciences. After the sharing session concluded, it continued with many exciting games.

The evening activity started with AMSA-Unja members eating their meal together. All AMSA-Unja members brought the food that had been prepared and exchanged our first impression through the Padlet platform. The highlight of the event was the maze game. In this game, every member of AMSA-Unja played as if they were in a maze. Each group must complete the five missions in the game.

Through these games, AMSA-Unja members are trained to dare to lead, communicate well, and work together in solving problems. At the end of the event, we held a friendship hour. Each group entered a room in the Zoom Meeting that has been pre-assigned. In the room, everyone was asked to answer some questions and share their life stories. After finish answering all the questions, each group was again divided into several groups with different members then repeat the same activity.

Before this event, AMSA-Unja members did not talk and interact much with each other, even when they knew each other. Afterwards, the members communicated directly with each other and built lasting friendships. Maze Runner itself ended greatly with a group photo with fellow AMSA-Unja members. All AMSA-Unja members were very enthusiastic about this event.

Datei Bearbeiten Anzeigen Verlauf
Unbenanntes Dokument

INFOGRAPHICS

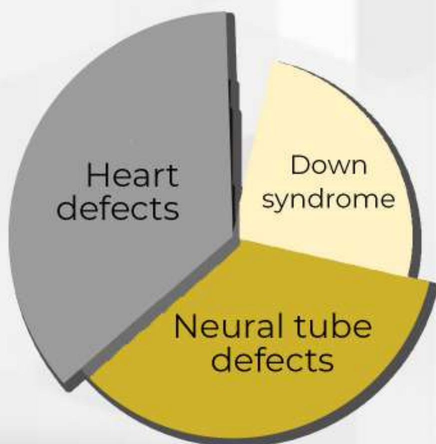
https://www.who.int/news-room/fact-sheets/detail/congenital-anomalies

AN OVERVIEW OF BIRTH DEFECTS

295 000
babies die within

28 days of birth every year due to
CONGENITAL ANOMALIES

MOST COMMON
birth defects are...



Cause and Risk Factors

Advanced maternal age

Genetic mutations

Consanguinity

Low socioecomic status

Toxic chemical exposure

Infections during pregnancy

Inadequate maternal nutrient intake

Prevention Methods

1. Healthy diet and weight maintenance for mothers
2. Avoid harmful substances
3. Avoid travelling to regions experiencing outbreaks
4. Wise usage of medications
5. Vaccination and screening

R.E.S.P.E.C.T.

A framework in preventing Violence Against Women implemented by WHO in collaboration with United Nation for the policymakers across the world.

Relationship skills strengthened

refers to strategies aimed at individuals or groups of women, men or couples to improve skills in:

- Interpersonal communication
- Conflict management
- Shared decision-making

Empowerment of women

refers to economic and social empowerment including asset ownership, to build skills in:

- Self-efficacy
- Assertiveness
- Negotiation
- Self-confidence

Services ensured

refers to a range of services including police, legal, health, and social services provided to survivors. For examples:

- Shelters
- Hotlines
- One-stop crisis centers

Poverty reduced

refers to strategies targeted to women primary aim is to alleviate poverty ranging from:

- Cash transfers
- Savings
- Microfinance loans
- Labour force interventions

Environment made safe

refers to efforts in changing the infrastructure and transport by creating :

- Safe schools
- Safe public spaces
- Safe work environments

Child & adolescent abuse prevented

refers to strategies in preventing child abuse by establishing:

- Nurturing family relationships
- Prohibiting corporal punishment
- Implementing parenting programmes

Transformed beliefs, attitudes and norms

refers to strategies that challenge female subordination stereotypes to justify violence against women that stigmatize survivors via:

- Education
- Awareness
- Campaigns

Source: www.who.int/reproductivehealth/publications/preventing-vaw-framework-policymakers/en/

HEALTH ISSUES

DO NOT LET CERVICAL CANCER STOP YOU

Written by:
Asma Ahad
International Higher School of Medicine
AMSA Kyrgyzstan

Cervical cancer, in which cells of cervix grow out of control, is the third most common type of cancer amongst US women. In 2018, an estimated 158 000 new cases and 95 766 deaths were reported due to cervical cancer, which is the third most common type of cancer.

The World Health Organization urged countries in the South-East Asia Region to accelerate efforts to eliminate cervical cancer by 2030. Four countries in the region–Bhutan, Maldives, Sri Lanka, and Thailand–have introduced HPV vaccine nationally.

In the United States, its incidence and mortality are well below that of breast, lung, endometrial, colon, and ovarian cancer. The mortality and incidence of cervical cancer have significantly declined after the introduction of routine Papanicolaou (Pap) smear screening. Cervical cancers are most often squamous cell carcinomas that arise from infection with a high-risk human papillomavirus (HPV) serotype.

What Can I Do to Reduce my Risk?

The two most important things you can do to help prevent cervical cancer are to have regular screening tests starting at age 21 and getting the HPV vaccine if you are eligible, and to be tested regularly, according to American Cancer Society (ACS) guidelines.

The most common form of cervical cancer starts with precancerous changes and there are ways to stop this from developing. The first way is to find and treat precancerous lesions before they become invasive cancers, and the second is to prevent the emergence of precancerous lesions.

Finding Cervical Pre-cancers

A well-proven way to prevent cervical cancer is to have screening tests. Screening is having tests to find conditions that may lead to cancers and can find precancerous lesions before they can turn into invasive cancer. The Pap test (or Pap smear) and the human papillomavirus (HPV) test are specific tests used during screening for cervical cancer. These tests are done the same way. A health professional uses a special tool to gently scrape or brush the cervix to remove cells for testing. If a precancerous lesion is found, it can be treated, keeping it from turning into cervical cancer.

The HPV test looks for infection by high-risk types of HPV that are more likely to cause precancers and cancers of the cervix. There are certain HPV tests approved to be a primary HPV test and others approved as part of a co-test. The type you get most often depends on which test is available in your area.

The HPV test is most often used in 2 situations: The ACS recommends the primary HPV test* as the preferred test for cervical cancer screening for people 25-65 years of age.

Some HPV tests are approved only as part of a co-test, while the HPV test and the Pap test are done at the same time to screen for cervical cancer. Because a primary HPV test may not be an option everywhere, a co-test every 5 years or a Pap test every 3 years are still good options.

The Pap test or smear is a procedure used to collect cells from the cervix so that they can be looked at closely in the lab to find cancerous and precancerous lesion. It is important to know that most invasive cervical cancers are found in women who have not had regular Pap tests. A Pap test can be done during a pelvic exam, but not all pelvic exams include a Pap test.

The most widely used system for describing Pap test results is the Bethesda System (TBS). There are 3 main categories, some of which have sub-categories:

- Negative for intraepithelial lesion or malignancy
- Epithelial cell abnormalities
- Other malignant neoplasms.

Primary Prevention

Preventing primary infection with HPV with HPV immunisation preferably before first sexual intercourse.

Indications:

Current guidelines:

– Administration of 2 doses of nine-valent HPV vaccine to all individuals between 11–12 years of age.

– The 2nd dose should be administered 6–12 months after the 1st dose.

– Immunisation can be started as early as 9 years of age.

– Administration of 3 doses of nine-valent HPV vaccine to all unvaccinated individuals between 15–26 years of age.

– The 2nd dose should be given 1–2 months after the 1st dose and the 3rd dose 6 months after the first dose.

FDA-approved Vaccines

– Bivalent vaccine (Cervarix®): protection against high-risk HPV types (16 and 18).

– Tetravalent vaccine (Gardasil®): protection against high-risk HPV types (16 and 18), as well as against low-risk types (6 and 11, being the most common cause of genital warts).

– Nine-valent vaccine (Gardasil®9): protection against high-risk HPV types (16, 18, 31, 33, 45, 52, and 58), as well as against low-risk types (6 and 11).

Every woman aged 21–65 should undergo screening for cervical cancer.

The ACOG currently recommends the following screening for women with previously normal exams:

- < 21 years: no screening required.
- 21–29 years: Pap smear every 3 years.
- 30–65 years: Pap smear every 3 years OR co-testing (Pap smear with HPV test) every 5 years.
- > 65 years: no more testing required if the previous testing was negative.

Immunocompromised women (e.g. HIV) and women with DES exposure but average life-expectancy should continue screening.

Screening for women with HIV: Pap smear twice in the first year after HIV diagnosis and annually thereafter.

Secondary Prevention

Things to Do to Preve
Pre-cancers and Canc

Get an HPV vaccine

These vaccines only work to prevent HPV infection – they will not treat an infection that is already there.

Limit exposu

HPV is passed from one person to another duri
contact with an infected area of the body. Alth
be spread during skin-to-skin contact – includin
and oral sex – sex does not have to occur for t
spread. All that is needed is skin-to-skin conta
of the body infected with HPV. This means tha
be spread without sex. It is even possible for a g
to spread through hand-to-g
Limiting the number of sex partners and avo
people who have had many other sex partners
risk of ex

Use a condom

Condoms (rubbers) provide some protection against HPV, but they do not completely prevent infection. One reason that condoms cannot give complete protection is because they do not cover every possible HPV-infected area of the body, such as skin of the genital or anal area. Still, condoms provide some protection against HPV, and they also help protect against HIV and some other sexually transmitted infections.

Do

Not smoking is another important
the risk of cervical pre-canc

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– WHO

– AMS

– NHS

Overview of Pandemic Pregnancy: COVID-19 Edition

Written by:
Hanusha Durganaudu
Monash University Malaysia
AMSA Malaysia

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) which causes the coronavirus disease 2019 (COVID-19) was first identified in Wuhan, China on December 2019. (1) On 11 March 2020, approximately 3 months after its identification, World Health Organization (WHO) declared the disease to be a pandemic, owing to the rapid spread of the infection across the globe. (2)

In an effort to curb further spread of COVID-19, many countries launched robust national response which included but is not limited to mandatory curfews, quarantines, lockdowns, heightened surveillance, closure of non-essential public services, private businesses and educational institutes as well as closure or strict control of land and air borders.(3,4,5) These moves are largely necessary and justified as they help to prevent massive outbreaks which might then put a strain on the limited healthcare resources available. However, they undoubtedly have their own repercussions, one of which is the restricted access to healthcare providers for non-emergency cases. Moreover, one of the biggest challenges faced by many countries when it comes to tackling COVID-19 pandemic is the struggle to strike the optimal balance between attending to COVID-19 cases while maintaining other essential health services.(6) This includes sexual and reproductive health services which comprised of pregnancy, childbirth, contraception and family planning, among others.

Pregnancy is often perceived to be life-changing and a unique experience for many parents and families, both physically and emotionally. This holds true even under 'normal' circumstances. Naturally, bringing a pandemic into the equation, together with the host of changes that comes with it, would have a profound impact on the entire experience for most mothers and their families. In terms of direct health-related consequences, one of the most notable one would be the increased risk in adverse outcomes or severe illness among pregnant women as compared to non-pregnant people.(7) However, if we look at the broader picture, pregnant women may also be impacted by limited access to maternity and reproductive health services due to travel restrictions as well as shortage of manpower and infrastructures to cater for these services.

Preventive Measures

In view of the heightened risk faced by pregnant women due to COVID-19 infection, prevention remains as one of the best ways to mitigate the risk. The recommendations are largely similar to those for non-pregnant people which include physical distancing of at least two metres, avoiding crowded and confined spaces, using face masks or multilayer cloth face covering, as well as frequent sanitisation and disinfection measures. (8) However, specific attention should be given to pregnant mothers with children under 10 years of age in the household, as COVID-19 infection among children of this age group may be mild or asymptomatic. The absence of symptoms does not negate the possibility of transmission during incubation period, hence some recommendations to tackle this include monitoring the children's playtime with other children from different households and taking necessary precautions when in-person meetings or interactions between children happen.

In terms of vaccination, definitive recommendations could not be produced due to the exclusion of pregnant or lactating women from the numerous vaccine trials that are being conducted presently. However, based on the general understanding about the mechanism of action behind mRNA vaccines, experts are of the opinion that they are unlikely to result in adverse foetal, newborn nor maternal effects among pregnant people and breastfeeding newborns. Hence the general opinion is to not withhold the vaccines on the basis of pregnancy or lactation alone, especially if the patient is eligible and desires vaccination. Instead, appropriate counselling should be offered to patients to discuss current knowledge and evidence available, thereby allowing patients to make more informed decisions.(10,11,12)

Clinical Course and Implications

While the risk of acquiring COVID-19 infection is not increased due to pregnancy, the clinical course of infection appears to be worse in pregnant women, whereby there is a higher chance of hospitalisation, rapid deterioration, Intensive Care Unit (ICU) admission and even death. Older women and those with co-morbidities are particularly at risk.(13,14) Common complications that have been reported include pneumonia, respiratory failure, acute respiratory distress syndrome (ARDS), thromboembolic complications, secondary infections, disorders of smell and taste, acute kidney failure and psychiatric illness, among others. However, on a positive note, more than 90% of infected patients do recover without requiring hospitalisations. The median time taken for symptoms to resolve is 37 days, as reported by an ongoing nationwide prospective study conducted in the United States.(15)

As for vertical transmission, the extent to which it occurs remains largely unclear. Probable vertical transmission has been reported in some cases. However, most of them occurred in the setting of third trimester maternal infection within 14 days of delivery. On the other hand, a systematic review on current available evidence illustrated that the risk of vertical transmission for SARS-CoV-2 is low. Nevertheless, the infection may lead to profound impact and complications among newborns, thus necessitating continuous clinical monitoring and preventive measures to protect them from horizontal transmission.(16)

Management Strategie

Care for pregnant women who have been infected with SARS-CoV-2 may be stratified acc
status. For instance, treatment for asymptomatic patients largely involve risk assessment, clo
infection control steps and self-isolation. On the other hand, symptomatic patients would re
sessment and clinical care which is largely influenced by the presence of any underlying m
complications, severity of the symptoms, as well as patients' social background. A large perc
can be assigned to homecare, provided they do not have other risk factors which may lead to
tion.(17) Close monitoring and follow-up with these patients is imperative to prevent adverse

In contrast, patients requiring inpatient care are predominantly those with underlying cond
mission, moderate to severe signs and symptoms, at risk for cytokine storm syndrome (feve
aminophen) and those with critical disease. (18) In severe cases, adequate maternal respirato
heightened risk of profound acute hypoxemic respiratory failure from ARDS. It is also recom
peripheral oxygen saturation (SpO2) at ≥95% for pregnant women. Prophylactic-dose anticoa
as long as there is no contraindication to its use and some choices include unfractionated he
weight heparin (LMWH). Use of glucocorticoids may also be warranted, with the more com
methasone. However, administration should also take into account whether the timing an
foetal maturity is fulfilled, as this also requires use of dexamethasone. In addressing COVID-1
the need to induce foetal maturity), reasonable alternatives to dexamethasone include meth
cortisone, although the efficacy in terms of decreasing maternal mortality is not as clear.(1
analgesic effects, acetaminophen remains as the preferred agent. The necessity for foetal m
based on gestational age, maternal vital signs and presence of comorbidities.(20)

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ording to their symptom
se monitoring, necessary
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edical issues or obstetric
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sudden, rapid deteriora-
outcomes.(18)

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d other criteria to induce
infection alone (without
ylprednisolone or hydro-
9) As for antipyretic and
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Conclusion

In most cases, pregnant women with preterm infection and non-severe illness without any other complications or indications would not require prompt delivery. Ideally the delivery will occur at a later period after a negative testing result is obtained, thus reducing the possibility of post-natal transmission to the new-born. Early delivery may be beneficial if the mother is severely ill with COVID-19 pneumonia and has reached at least 32 weeks gestation.(21,22) Regardless of the clinical profile, it is important to acknowledge that the entire process may cause significant distress to these mothers and their families, especially in light of the other restrictions and limitations caused by the pandemic. Therefore, adequate measures should be taken to attend to both physical and emotional well-being of these patients.

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Delayed Pregnancy and Prematurity

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A classic question asked at family gatherings to 20-year-old women would be, "At what age do you plan to marry and have children?" As women become more educated, they tend to choose to have children at an older age. The Indonesia Demographic and Health Survey in 2017 has shown that women who reach university-level education, on average gave birth to their first child at 27 years old, while women who only reach elementary school, on average had their first child at 20 years old.(1) While delaying pregnancy is beneficial for the productivity of the women workforce, it also raises another concern for women's reproductive health: prematurity risks at advanced maternal age.

What is advanced maternal age?

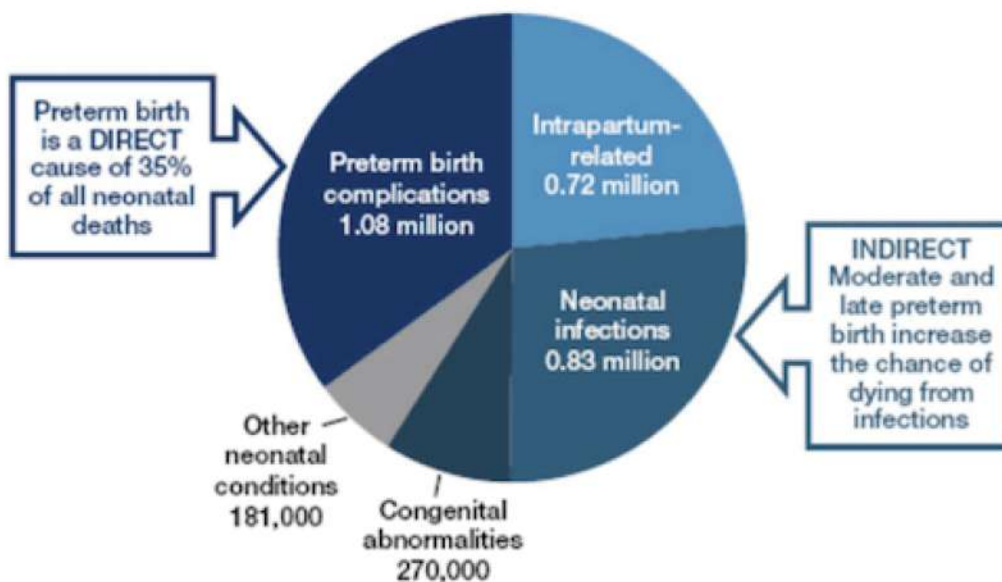
Advanced maternal age (AMA) is defined as women who give birth after 35 years of age. This growing trend of delaying pregnancy is occurring in many developed countries. In England and Wales, only 6% of births in 1980 came from women aged 35 years and above, while in 2013 the occurrence increased to 20% of births.(2) In Asia's higher-income countries, mean maternal ages reported were 31 years in South Korea, 30.5 years in Singapore, 30.3 years in Japan, and 29.8 years in Hong Kong.(3) While numbers have shown that delayed pregnancy is more prevalent in developed countries, developing countries should also take this concern into account as their economy will only strengthen and will likely encounter this problem more often eventually.

What is premature birth and why is it dangerous?

Infants born prematurely were conceived for under 37 weeks. Prematurity is dangerous due to its numerous complications, including birth defects. Below are the complications associated with prematurity:(4)

- Respiratory distress syndrome
- Hyaline membrane disease
- Bronchopulmonary dysplasia
- Pneumothorax
- Pneumonia/sepsis
- Patent ductus arteriosus
- Necrotising enterocolitis
- Retinopathy of prematurity
- Intraventricular haemorrhage
- Periventricular leukomalacia
- Cerebral palsy

Above may be the reasons why premature birth is a direct cause of 35% of neonatal deaths in 193 countries in 2010 (Figure 1).(5)



Is delayed pregnancy associated with the risk of prematurity?

The association between these two variables is still controversial. However, many studies have shown that they are true. In a 2018 large cohort study in Canada by Fuchs et al., advanced maternal age is linked with a higher risk of premature birth. This may be due to certain medical conditions associated with advanced maternal age, such as chronic hypertension, the use of assisted reproduction technologies (ART), pregestational and gestational diabetes, invasive procedures, and placenta previa.(6) A cross-sectional Japanese study by Ogawa, et al. in 2017 also shows a similar result, in which the studies show that women aged 45 years and above have higher risks for adverse birth outcomes, including premature birth.(7)

What can we do to prevent it?

Every woman has a right to choose when to have children. However, they should be aware of their risks of delaying pregnancy to the age of 35 years and above. Women choosing to conceive at an advanced age should be given better antenatal care to prevent and anticipate the risks mentioned above. Younger women should also be educated of the complications that might arise from delaying pregnancy, as this allows more thorough family planning.

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Cause, Transmission, and Prevention of Cervical Cancer

With the continuous development of the economy, the awareness of the significance of healthy sexual and reproductive behaviour has dramatically deepened, among which the cervical health conditions have been taken into serious consideration. As technology keeps advancing, the detection of cervical precancer and cancer becomes easier. This passage will be covering the cause, transmission, and the prevention of cervical cancer, while offering tips on vaccination.

Several factors have been discovered to be contributing to cervical cancer. Mainly triggered by the infection of Human papillomavirus or HPV for short, cervical cancer can also result from the joint effect of microbes such as Herpes simplex virus (HSV), Trichomonas vaginalis, and Chlamydia trachomatis. On top of this, malnutrition, poor hygienic conditions, and smoking exposure have been discovered to be the contributing factors to the disease.[1]

Categorised as the first class of carcinogen by International Agency for Research on Cancer (IARC), HPV and HSV can either bind its DNA with the DNA of the cell, or create episome floating in the cell nucleus, both of which express certain proteins, taking part in the cytoregulation process, thus increasing the risk of carcinogenesis.[2] Around 80% of people will be infected with different strains of HPV in their lifetime, while 70% of cervical cancer is triggered by HPV 16 and HPV 18.[3]

There are also diverse explanations as to the routes of transmission of HPV. According to textbooks, HPV is transmitted through sexual behaviours, mother-infant contact, and skin contact. However, the CDC of the US suggests that there is no firm evidence suggesting that HPV can be transmitted through hard surfaces like the toilet seat or the doorknob, nor is it contagious in bathtubs.[4] Therefore, there is no need to concern about using public toilets or taking a bath. In general, HPV has relevantly low infectivity, which leads to our next topic; prevention.

Having known the basic causes of cervical cancer, the HPV, and its transmission, it is crucial to keep in mind that cervical cancer is preventable. Sexual healthiness ranks first when it comes to prevention. It is advisable not to have high-risk sexual behaviours and using condoms can also decrease the risk of infection. Besides, it is of great significance to have regular screening. TCT and HPV tests are performed when doing the screening. TCT helps to identify cancer cells and pathogenetic microbes while HPV tests can detect HPV if it exists. Vaginal microscopy can be of assistance if needed. For females in their 20s, a TCT should be taken every 3 years while for those aged between 30 to 65, an additional HPV test should be taken every 5 years, and for those aged above 65, it is not necessary to take these if no risk factors were reported. Apart from that, personal hygiene and habits should be taken into account, and quitting smoking is also highly suggested.

Lastly, vaccination proves to be an effective way of preventing cervical cancer. There are currently 3 types of HPV vaccines, the 9-valent, quadrivalent and bivalent vaccine, covering different numbers of strains of HPV. It is recommended to get vaccinated at the age of 9 to 12 for the highest immune rate, but vaccination can also be done between the age of 9 and 45.[4] It is suggested that one should be vaccinated before having the first sexual intercourse for best prevention. Regardless of the price, the 9-valent vaccine has the prevention rate of 92% cervical cancers as well as other related STDs. However, there are also downsides of vaccinations. Let alone allergic reactions, the lasting time proves to be around just one decade, and there is still a risk of getting infected by other strains of HPV that can lead to cancer. Above all, it is taking regular screening that matters in the long run.

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Through the research, several conclusions can be made.

- Cervical cancer is mainly caused by the infection of HPV, accompanied by other environmental factors.
- HPV is transmitted mainly through sexual contact, which indicates the significance of safe sexual behaviours.
- Cervical cancer is preventable if regular screening and early treatment are taken.
- HPV can be effectively prevented through vaccination.

In the world where the level of sex permissiveness is getting higher, the awareness on the importance of healthy sexual behaviours should keep up as well. Thanks to the advancement of medicine and technology, vaccination and medical screening make it possible for us to fight against HPV infection and make an early diagnosis. With the joint effort of the entire society, we are able to rid human from HPV, thus lowering the risk of cervical diseases, resulting in better health conditions.

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understanding teen dating

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Abuse in teen dating is far more prevalent than we think. A survey conducted by the legal service of India reveals that around 10% of high school students face abuse in relationships and 60% of the abuse is psychological. In addition to this, many students simply refuse to admit that at any point in their lives they are or were enduring violence. In my opinion, people need to speak more about this issue so that we can raise awareness and educate students on ways to help them avoid and cope with violence against adolescents.

but what exactly is teen dating violence?

When adolescents in a relationship experience any form of abuse from their partner, it is known as teen dating violence. Abuse can be physical, sexual, psychological or cyber-related. Small gestures like hitting, slapping or kicking may be mistaken as affection but they can develop into serious forms of violence.

A study at Nirmala Niketan College of Home Science stated that 40% of late adolescents and early adults have admitted to being victims of forced sexual acts and abuse.

why does it happen?

Most people do not take into consideration that teens are still not emotionally mature and cannot handle the stress of being in a relationship at such a young age. Teens are in their rebellious and energetic phase in life. Because of that, they suffer from mental and physical restlessness. When this is coupled with anxiety, stress, miscommunication, and personal insecurities they vent their anger in violent ways. Teen dating violence is majorly influenced by media and peers. A second obstacle is that the majority of the parents do not establish an open relationship with their child. This prevents the child from being vocal about the abuse. Another reason as to why teen dating violence occurs is because adolescents are not educated about healthy sexual and reproductive behaviour.

impact on adolescents

The immediate impact of teen dating violence could be humiliation. However, constant abuse might result in higher rates of drug and alcohol and high-risk sexual behavior. Teens also begin to idealise suicide. Other dangers include the following:

- Lack of confidence
- Insecurity
- Inexpressiveness of emotions
- Social isolation
- Sexually transmitted infections
- May undergo unsafe abortions
- Ovarian and testicular cancers
- Gender-based violence
- Anxiety, depression
- Abandon life ambition

preventing teen dating abuse

The best decision will be to report the abuse to whosoever they trust. Teens must also be educated on healthy sexual and reproductive behaviour; they must be assertive about what they want and do not want in a relationship. Teens are actually unaware about the types and degrees of violence that exist. Therefore, along with raising awareness about physical and verbal abuse that can come about during teen dating, we must also teach them how to report it. Along with this, parents also need to realise that puberty is a fragile time when children want to conceal their relationships because they are afraid to disclose it when they face abuse.

When a relationship is harmonious and involving no sorts of abuse, then, research says it can improve lifespan by helping general health. Adolescents must be aware of what makes a good relationship and how to recognise the initial signs of abuse. An ideal relationship requires healthy sexual and reproductive behaviour that involves communication and consent. By initiating a teen dating violence awareness month, it helps to educate teens on various aspects of a healthy relationship.

CERVICAL CANCER: AN OVERVIEW

Worldwide, cervical cancer is the fourth most frequent cancer in women with an estimated 570 000 new cases in 2018. Of the estimated more than 311 000 deaths from cervical cancer every year, more than 85% of these occur in low and middle-income countries. Women living with HIV are six times more likely to get cervical cancer compared to women without HIV.

Fifty years ago, carcinoma of the cervix was the leading cause of cancer deaths in the United States, but the death rate has declined by two thirds. No other form of cancer documents the benefits of effective screening, early diagnosis, and curative therapy than cervical cancer. Much credit of this dramatic gain is contributed to the effectiveness of the pap smear test in detecting early low stage precursor lesions. The slow progression from precursor lesion to invasive carcinoma also contributes to it. When diagnosed, cervical cancer is one of the most successfully treatable forms of cancer, as long as it is detected early and managed effectively. Cancers diagnosed in late stages can also be controlled with appropriate treatment and palliative care.

Almost all cervical cancer cases are linked to infection with high-risk human papillomaviruses (HPV), a widespread virus transmitted through sexual contact. Most sexually active women and men will be infected at some point in their lives, and some may be repeatedly infected. The peak time for acquiring infection for both women and men is shortly after becoming sexually active. HPV is sexually transmitted, but penetrative sex is not required for transmission. Skin-to-skin genital contact is a well-recognised mode of transmission. There are many types of HPV, and many do not cause problems. HPV infections usually clear up without any intervention within a few months after the acquisition, and about 90% clear within two years. A small proportion of infections with certain types of HPV can persist and progress to cervical cancer. It takes 15 to 20 years for cervical cancer to develop in women with normal immune systems. It can take only 5 to 10 years in women with weakened immune systems, such as those with untreated HIV infection. HPV are DNA viruses and grouped into high and low oncogenic risk. Non-cancer-causing types of HPV (especially types 6 and 11) can cause genital warts and respiratory papillomatosis. There are 15 high-risk HPV identified, but HPV 16 alone accounts 60% cervical cancer cases and HPV 18 accounts another 10%. HPV types also cause a proportion of cancers of the anus, vulva, vagina, penis, and oropharynx, which are preventable using similar primary prevention strategies as those for cervical cancer.

HPV infects immature basal cells of the squamous epithelium in areas of epithelial breaks or immature metaplastic squamous cells at the squamo-columnar junction (transformation zone). The ability of HPV is that they are able to interfere the activity of tumour suppressor genes: RB and Tp53.

Risk factors for HPV persistence and development of cervical cancer

1. HPV type – its oncogenicity or cancer-causing strength;
2. Immune status – people who are immunocompromised, such as those living with HIV, are more likely to have persistent HPV infections and a more rapid progression to pre-cancer and cancer;
3. Coinfection with other sexually transmitted agents, such as those that cause herpes simplex, chlamydia and gonorrhoea;
4. Parity (number of babies born) and young age at first birth;
5. Tobacco smoking;
6. Multiple sexual partners;
7. Not using barrier contraception.

Awareness about cervical health and cancer and its prevention is highly important because it is an easily preventable and curable cancer. Awareness can be generated through various means of mass communication.

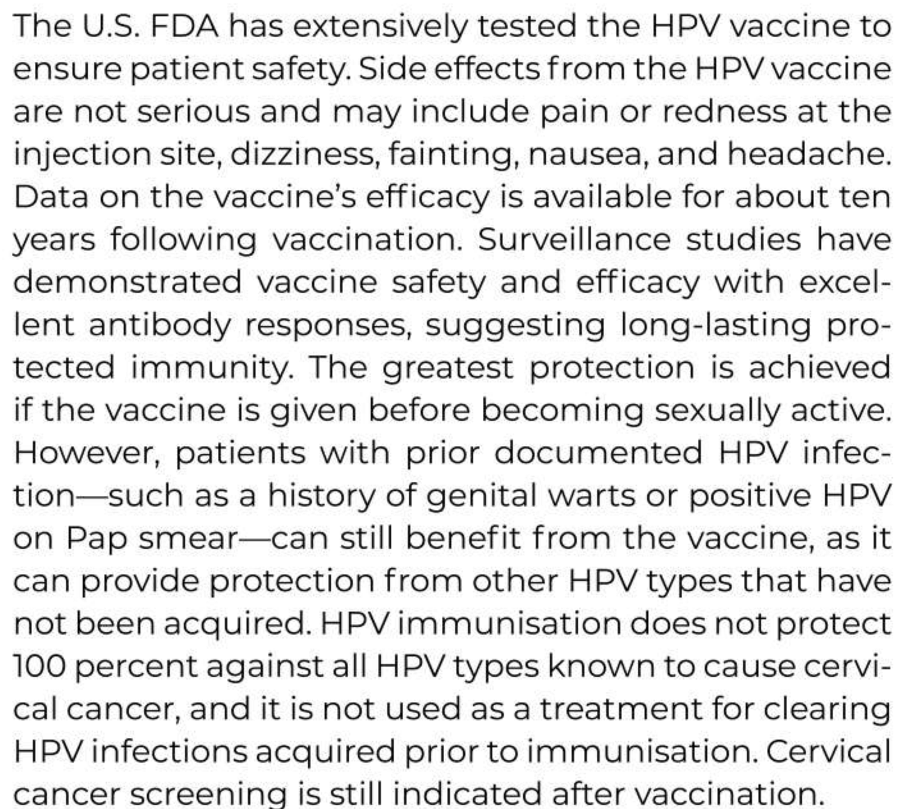
Comprehensive cervical cancer control includes primary prevention (vaccination against HPV), secondary prevention (screening and treatment of precancerous lesions), tertiary prevention (diagnosis and treatment of invasive cervical cancer), and palliative care. Of utmost importance is primary prevention (preventing the occurrence of disease). It includes the following:

- Health information and warning about tobacco use
- Sex education tailored according to age and culture
- Condom promotion and provision
- Male circumcision
- HPV vaccination

HPV vaccination, which requires multiple doses, was first recommended for girls in 2006 and for boys in 2011. Vaccination is routinely recommended at 11–12 years and can be started at age 9. For those not vaccinated at 11–12 years, vaccination is recommended for all persons through age 26 years. Two HPV vaccine doses, given 6 to 12 months apart, are recommended if the series is started before age 15. Three doses, to be completed within six months, are recommended for those who started vaccination at age 15 or over. Catch-up HPV vaccination is recommended for all persons through age 26 years who are not adequately vaccinated. Providers should inform individuals aged 22 to 26 years who have not been previously vaccinated or who have not completed the series that vaccination at older ages is less effective in lowering cancer risk. Catch-up HPV vaccination is not recommended for adults aged older than 26 years.

Three HPV vaccines—9-valent HPV vaccine (Gardasil® 9, 9vHPV), quadrivalent HPV vaccine (Gardasil®, 4vHPV), and bivalent HPV vaccine (Cervarix®, 2vHPV)—have been licensed by the U.S. Food and Drug Administration (FDA). All three HPV vaccines protect against HPV types 16 and 18 that cause most HPV cancers.

- Gardasil – targets HPV types 6, 11, 16 and 18
- Cervarix – targets HPV types 16 and 18
- Gardasil 9 – targets HPV types 6, 11, 16, 18, 31, 33, 45, 52 and 58



The U.S. FDA has extensively tested the HPV vaccine to ensure patient safety. Side effects from the HPV vaccine are not serious and may include pain or redness at the injection site, dizziness, fainting, nausea, and headache. Data on the vaccine's efficacy is available for about ten years following vaccination. Surveillance studies have demonstrated vaccine safety and efficacy with excellent antibody responses, suggesting long-lasting protected immunity. The greatest protection is achieved if the vaccine is given before becoming sexually active. However, patients with prior documented HPV infection—such as a history of genital warts or positive HPV on Pap smear—can still benefit from the vaccine, as it can provide protection from other HPV types that have not been acquired. HPV immunisation does not protect 100 percent against all HPV types known to cause cervical cancer, and it is not used as a treatment for clearing HPV infections acquired prior to immunisation. Cervical cancer screening is still indicated after vaccination.

Among adults aged 18–26, the percentage who ever received one or more doses of human papillomavirus (HPV) vaccine increased from 22.1% in 2013 to 39.9% in 2018. The rate of adults aged 18–26 who received the recommended number of doses of HPV vaccine increased from 13.8% in 2013 to 21.5% in 2018.

Most practice- and community-based interventions significantly increased HPV vaccination rates using varied approaches across diverse populations. To address the current suboptimal rates of HPV vaccination, future efforts should focus on programmes that can be implemented within healthcare settings, such as reminder and recall strategies and physician-focused measures, as well as the use of alternative community-based locations, such as schools.

Screening is an important secondary prevention strategy. Cervical cancer screening involves testing for pre-cancer and cancer; more and more testing for HPV infection is performed. Testing is done among women who have no symptoms and may feel perfectly healthy. When screening detects an HPV infection or precancerous lesions, these can easily be treated, and cancer can be avoided. Screening can also detect cancer at an early stage, and treatment has a high potential for cure.

Because precancerous lesions take many years to develop, screening is recommended for every woman from aged 30 and regularly afterwards (frequency depends on the screening test used). For women living with HIV who are sexually active, screening should be done earlier: as soon as they know their HIV status.
Screening has to be linked to the treatment and management of positive screening tests. Screening without proper management in place is not ethical.

There are three different types of screening tests that WHO currently recommends:
- HPV DNA testing for high-risk HPV types
- Visual inspection with Acetic Acid (VIA)
- Conventional (Pap) test and liquid-based cytology (LBC)

Cervical cancer screening mainly includes the Pap test and, for some women, an HPV test. Both tests use cells taken from the cervix. The screening process is simple and fast. You lie on an exam table, and a speculum is used to open the vagina. The speculum gives a clear view of the cervix and upper vagina.

Cells are removed from the cervix with a brush or other sampling instrument. The cells usually are put into a special liquid and sent to a laboratory for testing:
- For a Pap test, the sample is examined to see if abnormal cells are present.
- For an HPV test, the sample is tested for the presence of 13–14 of the most common high-risk HPV types.
- Women aged 21–29 years should have a Pap test alone every three years. HPV testing is not recommended.
- Women aged 30–65 years should have a Pap test and an HPV test (co-testing) every five years (preferred). It also is acceptable to have a Pap test alone every three years.

You should stop having cervical cancer screening after age 65 years if:
– You do not have a history of moderate or severe abnormal cervical cells or cervical cancer, and
– You have had either three negative Pap test results in a row or two negative co-test results in a row within the past ten years, with the most recent test performed within the past five years.
– Women who have a history of cervical cancer, are infected with human immunodeficiency virus (HIV), have a weakened immune system, or who were exposed to diethylstilbesterol (DES) before birth may require more frequent screening and should not follow these routine guidelines.
– For the treatment of precancerous lesions, WHO recommends the use of cryotherapy or thermal ablation and Loop Electrosurgical Excision Procedure (LEEP) when available. For advanced lesions, women should be referred for further investigations and adequate management.

When a woman presents symptoms of suspicion for cervical cancer, she must be referred to an appropriate facility for further evaluation, diagnosis, and treatment.
Symptoms of the early stage of cervical cancer may include:
– Irregular blood spotting or light bleeding between periods in women of reproductive age;
– Post-menopausal spotting or bleeding;
– Bleeding after sexual intercourse; and
– Increased vaginal discharge, sometimes foul-smelling.

As cervical cancer advances, more severe symptoms may appear, including:
– Persistent back, leg and pelvic pain;
– Weight loss, fatigue, loss of appetite;
– Foul-smell discharge and vaginal discomfort; and
– Swelling of a leg or both lower extremities.

Diagnosis of cervical cancer must be made by histopatho
spread of the disease within the pelvis and to distant organs.
clude surgery, radiotherapy, and chemotherapy. Palliative ca
unnecessary pain and suffering due to the disease.

Awareness about cervical health and cancer and its preven
curable cancer. In today's time, the focus needs to shift tow
reproductive age group are not aware of the existence of v
educating individuals about vaccination and screening of ce

logic examination. Staging is done based on tumour size and . Treatment depends on the stage of the disease, and options in- re is also an essential element of cancer management to relieve

tion is highly important because it is an easily preventable and ards increasing vaccination rates as not many individuals in the accination or apprehensive about it. Physicians must thrive on ervical cancer.

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Tackling Cervical Cancer

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The NCI Dictionary of Cancer Terms defines the cervix as the 'lower, narrow end of the uterus that forms a canal between the uterus and vagina.' This seemingly innocuous definition fails to capture the sheer statistics of the invasive nature of cancer affecting the cervix which has led to an estimated 570 000 new cases and 311 000 deaths in 2018. (1) The human cervix is anatomically divided into an endocervix continuing upwards until the uterine cavity, lined by simple columnar epithelium, and an ectocervix which leads downwards to the vagina and is covered by stratified, squamous non-keratinised cells. According to American Cancer Society, most of the cancers (9 out of 10) affect the ectocervix, i.e. squamous cell carcinoma while adenocarcinomas primarily target the endocervix and are specially associated with HPV 18 infections with greater incidence among younger women. It has a bimodal peak of incidence, occurring with equal vigour among women in the age groups of 30-40 and 50-60 years, with the women falling in the age group of 55-65 years being at the highest risk. Worldwide cervical cancer is the 4th most common cancer in terms of mortality and incidence with India accounting for nearly one-third of the global cervical cancer deaths with an estimated death of more than 200 Indian women on a daily basis. (2) With such dire numbers confronting us, it is of utmost importance that cervical health is stressed upon, especially since 91% of all the cases are caused due to infection by human papillomavirus (HPV) and early detection and treatment vastly improves the chances of survival to more than 85%. (3)

The most common presentation of cervical cancer involves irregular vaginal bleeding, post-coital bleeding coupled with unusual vaginal discharge. Apparently harmless symptoms of unusual bleeding, swelling of legs, bone pain and/or changes in bowel habits especially in post-menopausal women should not be ignored and prompt medical consultation is advised. The greatest risk factor for developing cervical cancer is getting infected by HPV, an icosahedral non-enveloped virus containing double-stranded DNA. Around 660 million people globally get infected with HPV each year. Even though over 100 varieties of HPV exist, more than 40 are transmitted by sexual contact while vertical transmission from mother to child either during pregnancy or during labour is a rare, yet probable, occurrence. HPV most commonly causes warts which are small, benign growths on the skin caused due to hypertrophy of all the layers of the dermis followed by hyperkeratosis of the horny layer. HPV is further sub-classified into the low-risk types, namely types 6 and 11, causing warts which spontaneously regress without any further complications. The high-risk types like types 16 and 18 are strongly linked to the incidence of cervical, vaginal and vulval cancer following infection in more than 99.7% of all the cases. Strong correlation exists between cervical cancer and HPV as DNA of HPV have been detected in pre-malignant lesions of the male and female genital tract and HPV types 16, 18 and 31 have been detected in 60 to 100% cases of cervical cancer. It takes around 20 years to develop invasive carcinoma following HPV infection so with proper screening, detection, and management we can succeed in saving millions of women from the clutches of an untimely demise.

Other risk factors include r
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In accordance with the WHO's comprehensive approach to cervical cancer prevention and control, there should be a development of a multi-pronged approach at the primary, secondary, and tertiary levels. Currently there are 2 HPV vaccines commercially available - Cervarix, which develops immunity against HPV types 16 and 18, and Gardasil which protects against types 6, 11, 16 and 18. For both boys and girls in the age group of 9-14 years, 2 doses are recommended at 0 months and 6 months, respectively. For women in the age-group of 15-45 years, 3 doses are required at 0, 2, and 6 months. Rigorous implementation of vaccination coupled with proper health information and warnings targeting the adolescent population regarding tobacco use and unprotected sexual practises can play major roles in combating this lethal yet treatable form of cancer. Common barriers to early detection involve lack of awareness and knowledge, fears regarding screening, cancer stigma and sociocultural barriers. These must be overcome by the education and training of community health workers and caregivers, health promotion, and organisation of cancer screening camps in collaboration with the government. Secondary prevention entails screening, especially in women above 30 years of age, followed by immediate treatment as quickly as possible for precancerous lesions. Routine gynaecological examinations like Pap smears, biopsy, endocervical curettage, USG along with immediate histopathological studies of any suspicious findings are recommended. Tertiary care level involves complex diagnosis involving MRI and CT scans to determine the extent of spread of cancer, specialised treatment appropriate for the respective stage of cervical cancer, along with supportive and palliative care. Improvement of healthcare services with the introduction of a well-defined clinical referral pathway of diagnosis and staging, quicker delivery of pathology reports along with prompt set-up of a treatment

plan, public awareness programmes harping on the importance of safe sexual practises, usage of condoms and greater prioritisation of the nutritional requirements of women are some of the initiatives which can be taken up by different governments to effectively curb the incidence of cervical cancer. To end cervical cancer however, 7 out of 10 women should be screened by 35 years of age. Screening remains the first line of defence with ACS (American Cancer Society) recommending that women in the age group of 21-29 years have a Pap test performed every 3 years while those above 30 years of age should get a Pap test done along with an HPV test until 65 years of age after which a normal Pap test every 3 years is sufficient.

The WHO aims to accelerate action to achieve Goal 3.4 of the Sustainable Development Goals (SDGs) in order to reduce premature mortality from non-communicable diseases, including cancer, by one-third by 2030 and thus has established the 90-70-90 goals for 2030. If by the year of 2030, 90% of girls are vaccinated by 15 years, 70% of women are screened and 90% are treated, then we can end up saving over 62 million lives by 2120. So as the future healthcare providers of tomorrow, let's join hands and pledge for eradicating HPV and changing the lives of countless women all around the world.

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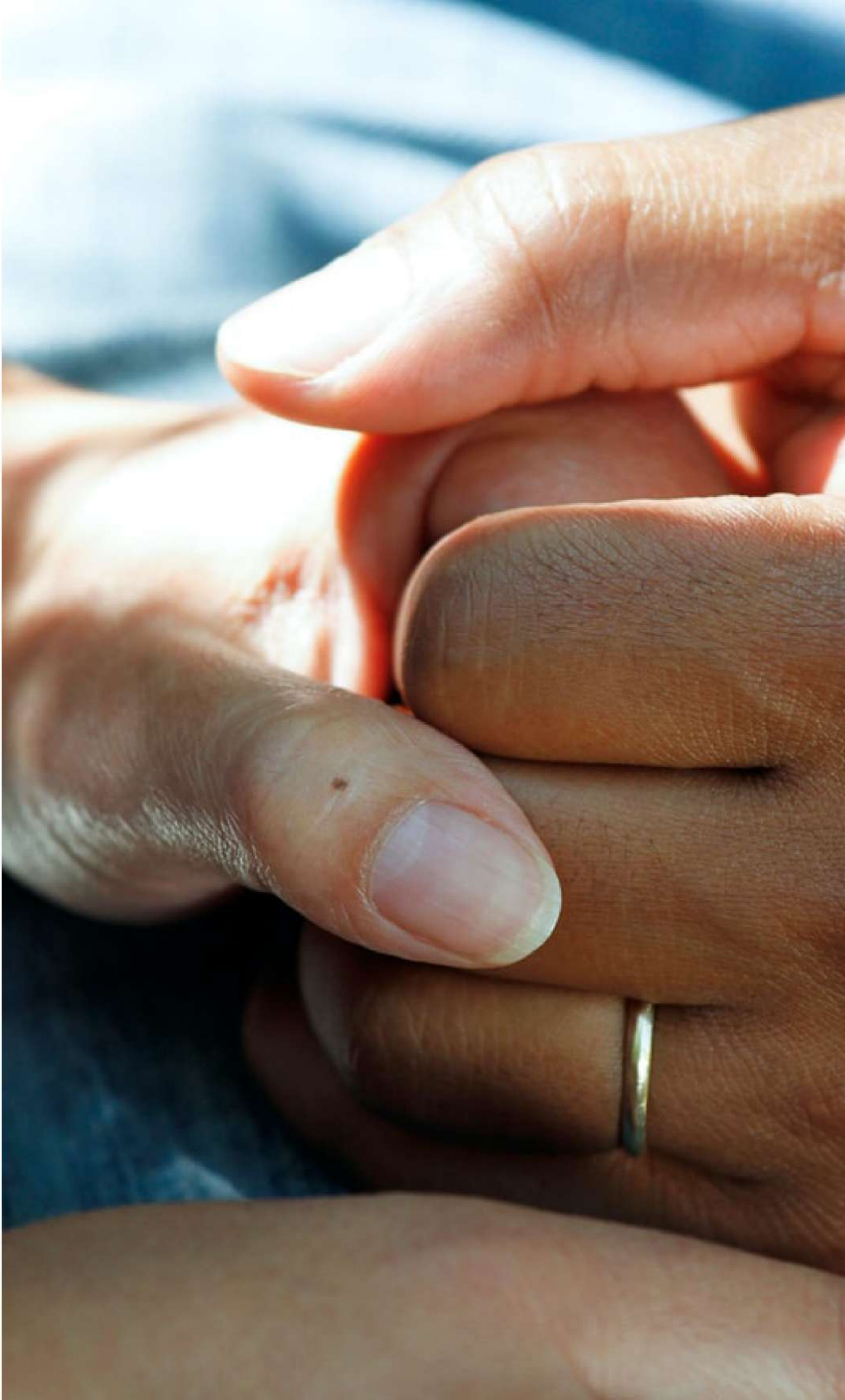

CERVICAL CANCER – AN UNSPOKEN AFFLICTIO

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Cervical cancer is known to be the 4th most common cancer among women worldwide; its presence remains palpable - as it afflicts nearly 570 000 women and accounts for 311 000 deaths globally in 2018 alone. Its causative agent and risk factors are well-founded in journals and scholarly articles, which reckon this gynaecologic cancer to become growingly exigent over the years as it becomes increasingly prevalent among women internationally. Fortunately, Professor Harald zur Hausen, a German virologist and Nobel laureate (2008), managed to pinpoint the role of Human Papilloma Viruses (HPV) as the viral aetiology in developing cervical cancer. His discovery remains seminal in the history of medicine, where his work led to the introduction of an HPV vaccine in 2006 to tackle HPV and cervical cancer on a global scale.

In women residing in developing nations such as Malaysia, cervical cancer is the third leading cause of female cancer among women aged 25-59 years old after breast cancer and colorectal cancer (Malaysian Cancer National Registry, 2012-2016). Cervical cancer is also the second most common cancer diagnosed annually (2018) in women aged 15-44 (HPV Information Centre). HPV incontrovertibly lies central to cervical neoplasia development as it is detected in 99.7% of all cervical cancers (WHO). This dismays policy makers when they table and debate vaccine budget allocation since the ongoing COVID-19 pandemic is yet to be over. On the ground, hospitals throughout Malaysia reported an average of 2000-3000 admissions of cervical cancer per year, where most patients present during the late stages of the disease. This underscores the importance of screening programs for cervical cancer and HPV vaccination, as it will march on to rob innocent lives.

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is its long latency pe
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ts DNA with the host
roteins E6 & E7 being
product of HPV).

E6 oncoprotein stimulates the degradation of p53 tumour suppressor protein and cannot activate p21 (a cell cycle progression inhibitor/tumour suppressor, naturally stopping cell cycle from G1-S phase), preventing immature squamous cells from undergoing apoptosis. On the other hand, E7 oncoprotein inhibits tumour suppressors p21 & p27 (naturally inhibit cyclin/cyclin-dependent kinase from progressing cell cycle), thus yielding uncontrolled replication of immature squamous epithelium without apoptosis (programmed cell death) known as dysplasia. Among 100 HPV genotypes, oncogenic HPV-causing cervical cancer are HPV 16 (squamous cell carcinoma) & 18 (adenocarcinoma), which are the most prevalent (70% of cases), genital warts (condyloma) are caused by HPV 6 & 11.

With regards to this, the Malaysian Government
1998 to all women age 20-65 years old for the fir
by the Ministry of Health (MOH) Malaysia since
are those who live in the lower rungs of the soci
nomic group to an increase in smoking, combi
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Some were coerced by environmental pressure
symptoms, such as irregular blood loss per vag
and post-menopausal bleeding. Dyspareunia m
which initially bound them together. Vaginal c
with cervical cancer lose their self-esteem at th
a higher risk of being isolated by the commun
late stages upon arriving at the hospital, and in
advanced diseases may infect the bladder (obs
via the pelvic wall. Cancer also spread through

initiated cervical smear screening in 1969 and the National Pap Smear Screening Program in st two years and once in every three years if presented normal. This measure was undertaken there is a 20% risk of developing cervical cancer following dysplasia. What remains unclear o-economic ladder. Numerous studies have attributed a positive correlation of low socio-eco- ned oral contraceptive pill (COCP) abuse, early parity, and sexual intercourse (before age 17), ipped off the rights of countless lives to live free from the chains and shackles of the disease.

s, while some were uneducated in risk factors and disease processes, resulting in developing ginam (PV) patterns, including intermenstrual postcoital bleeding (after sexual intercourse) nay also lead to fights emerging among couples or parents, eroding their bond's foundation, lischarge due to cervical growth infection may produce an offensive smell, making women heir workplace, puzzling their co-workers with being absent at times, and patients may have ity. It is crucial to establish the stages of cervical cancer since most patients present in their nvasive cervical cancer may spread towards the uterus & vaginal epithelium. Simultaneously, struct the ureter and cause kidney failure via hydronephrosis) & rectum (rectovaginal fistula) hematogenous and lymphatic routes to the liver and lungs. Cervical cancer may also cause death due to bilateral ureteral obstruction after uraemia.

To conclude, cervical cancer has wielded its power to inflict those who are unfortunate – whether educationally, socio-economically, and the like – and still to this day sees itself as one of the most typical gynaecological cancers among women throughout the world. Educating women is a must as an initial preventative measure, but we are still far from eradicating this disease from Mother Earth since most cervical cancer cases stem from those who are unaware of such a disease in the first place. It remains paramount for healthcare workers, community leaders, policy makers, parents, and the public to play a role in spreading awareness about cervical cancer and its potential complications lest more of the younger generation might have to suffer from such a disease due to our nescience and ignorance.

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JANUARY: THE ESSENTIALS OF STALKING AWARENESS

January is a month when stalking awareness is held. So, what is stalking and why is stalking awareness essential to be held?

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Stalking is a pattern of conduct, unlike other crimes that include a single event. It is also composed of individual acts that may seem harmless or non-criminal on their own but could constitute criminal actions if taken in the sense of a stalking situation. Stalking can cause you to feel fear or emotional distress due to usually persistent, unwelcome attempts to communicate with, monitor, threaten or harass you, according to the attempts to communicate with, monitor, threaten or harass you, according to the Rape, Assault & Incest National Network (RAINN). Between current or past romantic partners, colleagues, acquaintances, or strangers, stalking may take place. Such behaviours may occur in-person, online, or through a combination of both media.

Based on the statistics, people aged 18-24 have the highest rate of victimisation by stalking, and over 1 in 4 victims of stalking revealed that even some sort of technology was used. A stalker may or may not be someone you know well at all. However, the majority of stalking victims are stalked by someone they know, often by a current or former intimate partner. Stalking can occur through several things, such as technology or media. The media is also an essential factor that can influence someone to stalk. According to a study conducted by Julia Lippman, a postdoctoral fellow at the University of Michigan, exposure to media portrayals of romanticised stalking behaviours can lead to stalking-supportive beliefs. In her research, women who watched a romantic depiction of stalking were more inclined to agree with stalking-supporting myths such as "An individual who goes to the extremes of stalking must really deeply care for his/her love interest." Those who watched a terrifying portrayal of stalking were less likely to accept stalking myths than the romantic group or the control group.

Of course, This kind of condition is worrisome due to the effects it can cause on mental health. Yes, stalking can have several impacts such as post-traumatic stress symptoms, anxiety, insomnia, social dysfunction, personality change, and depression symptoms.

So, what are the signs of stalking?

- Calling and texting you repeatedly
- Following you wherever you are
- Giving undesired packages, letters, cards, or emails
- Harming your building, car, or other properties
- Tracking your phone calls, device use, or account for social media
- Hacking into your email or social media accounts
- Using technology to watch where you go, such as hidden cameras or global positioning systems (GPS),

Of course, if something like this happens in our lives, then there are a number of things we can do, such as:
1) Notifying the police. This is the first thing victims of events involving stalking can do.
2) Recording the stalking activity. The victim should maintain a detailed record of each encounter with the stalker. Included in this record of incidents should be dates, times, locations, a complete description of the offender, words spoken, actions taken during the incident.

Stalking is like terror. It can make people worry and not feel comfortable. As a result, we have to know it, name it, and stop it.

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The Importance of Healthy Sexual and Reproductive Behaviour

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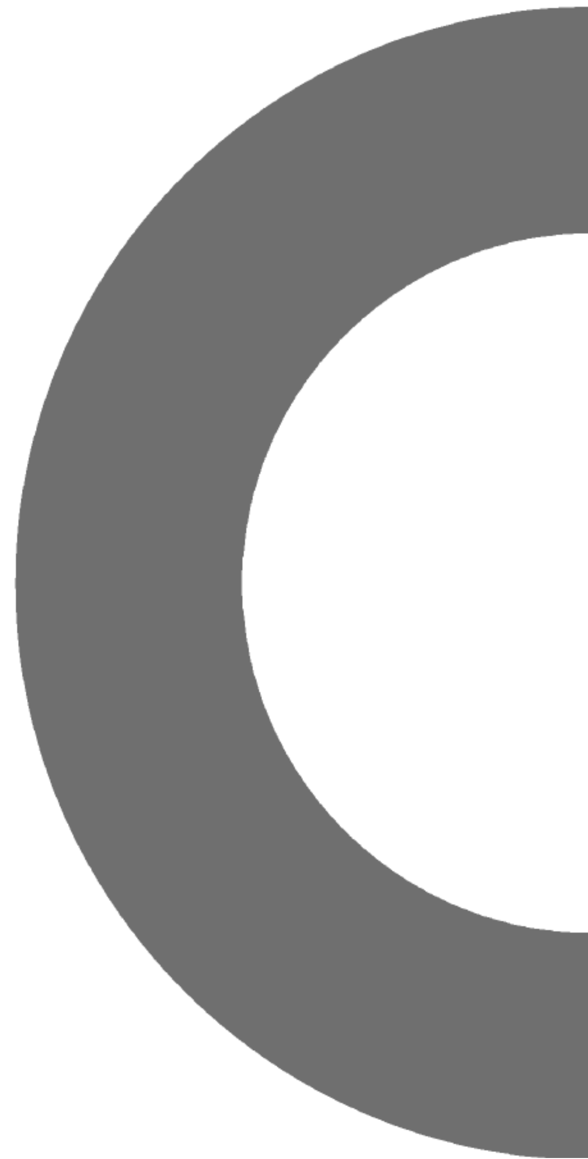
The importance of women's health, especially sexual and reproductive health, has become a growing issue that remains a concern to the healthcare industry. One of the major health problems is the prevalence rate of cervical cancer found amongst middle-aged women especially in developing countries. What people might not realise is that cervical cancer accounts for at least 300 000 deaths worldwide and is considered the fourth most common type of cancer found in women. Luckily, with emerging technology and medical advancement, this allows researchers to discover the causal relationship between human papillomavirus (HPV) and cervical cancer. This is essential as this knowledge led to a more efficient screening method and the development of HPV vaccines which have dramatically decreased the incidence of cervical cancer. Nevertheless, it is not enough seeing as a large population that has yet to realise the hidden danger of this disease. With a lack of understanding and protection, raising awareness of the importance of cervical health has become an increasingly important issue each day.

The basis of a good public healthcare campaign is to educate the community about the disease as well as the signs and symptoms one may notice in a woman with cervical cancer. The typical symptoms include any of the following: bleeding spots between periods, heavier menstrual bleeding, bleeding and pain after intercourse, bleeding after menopause, and sometimes back and pelvic pain. In addition to that, it is necessary to inform what actions need to be taken after observing these symptoms. The reason why public health care workers stress the importance of spreading awareness is that the earlier precancerous cells are found, the higher the chances of preventing and treating cervical cancer. As a result, the mortality rate of cervical cancer can be reduced quickly within a community, because of better public health care awareness.

Other than educating and acting in one's community, it is also crucial to acknowledge the two types of preventive measures that have been proven useful in reducing the incidence and mortality rate of cervical cancer, which are Papanicolaou tests and HPV vaccinations. The Papanicolaou test, also commonly called Pap smear, is considered the best example of a successful cancer screening test. By studying cervical cells, it is used to screen and detect premalignant and malignant cells. Pap smear is highly recommended as it is quite inexpensive and can quickly diagnose and detect cancer. Therefore, women aged 21 to 65 are strongly encouraged to do a Pap smear, especially women with high-risk factors such as those with previous HPV infection, have multiple sex partners, are sexually active before 18, and have previous history with abnormal Pap tests. The second preventive measure is getting HPV vaccinations before being sexually active. Those with HPV infections have a very high risk of developing cervical cancer in the future. As a result, many



countries have a legislation that requires all girls to receive HPV vaccinations before they become sexually active. The reason why this vaccine is effective is that if HPV infection can be prevented, the risk of developing cervical cancer can be reduced to nearly 90% amongst middle-aged women.

Overall, healthcare workers around the world continue to stress the importance of acknowledging and spreading awareness about cervical cancer and women's health issues until today. This is because, despite developing effective awareness campaigns and preventive measures, the prevalence rate of cervical cancer has not yet diminished. This fact can be clearly observed seeing as although many people have been screened or vaccinated, cervical cancer remains the first or second most common carcinoma developed in women worldwide. With this knowledge in mind, I believe that we should not stop the ongoing effort of spreading awareness and continue to strive for better ways to emphasise and promote this issue in today's modern society. With our long-term effort, I remain hopeful that one day, the problem of cervical cancer can be significantly reduced and will no longer be a concern in a woman's future.

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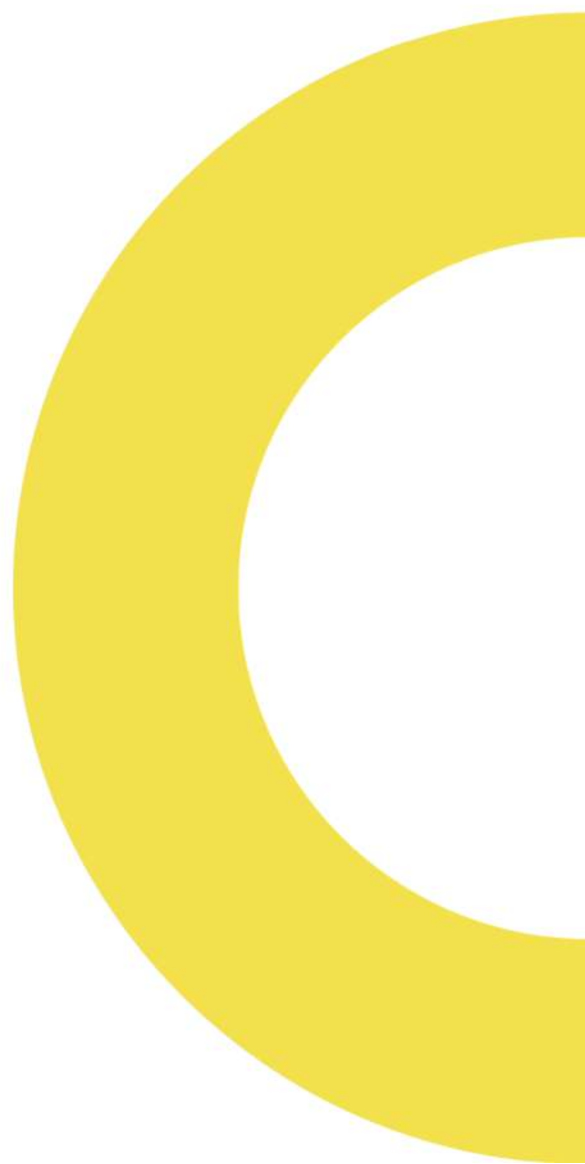

Teen Dating Violence:
Fluorescent Adolescent Goes Wrong

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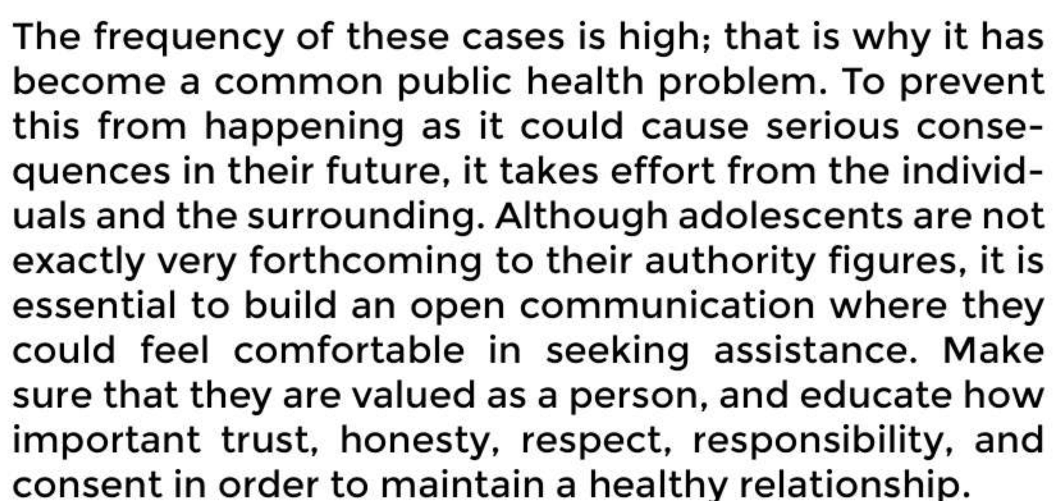
Throughout the history of humanity, there have been some benchmarks of maturity: puberty, being one of the milestones in reaching adulthood. But a point that is rather essential is whether the brain is developed enough for people to be making crucial mature decisions. In reality, to analogue puberty as a gate to adulthood is debatable. There are far too many contradictory points, seeing that the average age to begin puberty is 11-12 years old. For example, the adolescent brain immaturity has been utilised to form the case that teenagers ought to be considered less punishable for violations they commit. Paralleling to that, a logic has been used to argue that these adolescents are insufficient to create independent choices regarding their reproductive health. From that point, it is safe to say that the capability of one adolescent to be responsible is still in the grey area.

Teen dating violence is frequently found in society these days; unhealthy relationships being the foundation of it, and that includes physical, emotional, psychological, and sexual abuse. As time passes by, with modernisation and globalisation, the parameter of dating that once belonged to high schoolers or even people in the older age range seems to have shifted. Romantic relationships have seemed to be tolerated to bloom in earlier teens' lives now. On the other hand, these adolescents are still developing themselves. They are still learning how to control their feelings, recognising rights and responsibilities, or even differentiating between what is right or wrong. In that case, teens are often not mature enough to maintain a healthy relationship.

As a teen, or pre-teen in some cases, there are many experiences yet to be encountered. Curiosities; newfound desires; exposure to television, music, movies, and pop culture play a great role in shaping one's mind. Although it would be unfair to say that the world we now live in is not ideal, it is somehow true. Violence is displayed everywhere: in movies, television series and many more. The fact that the lack of supervision is often present as a factor does not help the sponge-like manner these adolescents possessed in terms of growing up. They have the tendency to absorb the things they see, and without their guardian's supervision, they might think violence is allowed to be acted on someone else.

In terms of teen dating violence, it might be caused by the mental immaturity of these adolescents. They are not mature enough to communicate their feelings to their partners. This also happens because they do not understand how to communicate effectively in general. Not to mention, the mental state of adolescents these days is concerning. Some of them suffer from depression, anxiety and many more psychological problems. In some cases, drugs, and alcohol are involved too. Romantic relationships are not all sunshine and flowers: when there is a problem in their relationship, violence can occur as a response of their mental immaturity. Physical abuse, such as hitting, biting, shoving, and hair pulling, as well as emotional abuse, such as bullying, shaming, intentionally embarrassing are included as teen dating violence. Sexual violence often occurs in the form of forcing their partner to engage in sexual acts without their consent. This includes blackmailing, harassment, and other things. Again, their mental immaturity is causing these things. It is very important to highlight consent in initiating sexual activity and these adolescents might be missing the nuances of consent.



The frequency of these cases is high; that is why it has become a common public health problem. To prevent this from happening as it could cause serious consequences in their future, it takes effort from the individuals and the surrounding. Although adolescents are not exactly very forthcoming to their authority figures, it is essential to build an open communication where they could feel comfortable in seeking assistance. Make sure that they are valued as a person, and educate how important trust, honesty, respect, responsibility, and consent in order to maintain a healthy relationship.

Adolescent Dating Violence among LGBT Youth

Decades of empirical literature demonstrate that lesbian, gay, bisexual, and transgender (LGBT) individuals are disproportionally affected by a variety of physical and mental health issues. Data demonstrated that adolescents who endorsed same-sex attraction were at higher risk for internalising disorders and showed greater deficits in emotional regulation compared to their heterosexual counterparts. Given that the health disparities experienced by LGBT persons are prevalent across an array of physical and psychological issues, it is not surprising that this population also experiences higher rates of dating violence (DV). [1]

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Prevalence of Dating Violence Among LGBT Youth

A recent review (Messinger, 2014) found that 20% of LGBT adults have experienced psychological DV, around 33% have experienced physical DV, and 5% have experienced sexual victimisation by a romantic or sexual partner during their lifetime. With respect to DV, a minority stress framework suggests that LGBT youth are at increased risk for victimisation at least partly because of the multitude of stigma-related stressors they face. Because of their disadvantaged social status, they may be more likely than heterosexual youth to experience some common risk factors for dating violence, as well as additional unique risks (e.g. a history of victimisation due to their sexual orientation or gender identity, internalised homophobia, concealment of partnerships from unaccepting adults who might otherwise serve as protective resources), which together heighten their risk for dating violence. [1]

Addressing Intimate Partner Violence in LGBT Patients

Although the LGBT population is heterogeneous, encompassing a wide range of behaviours and identities, many groups within this population experience IPV at least as frequently as heterosexual women, the focus of most organised screening and intervention efforts. Many aspects of domestic violence in LGBT groups, such as the role of power dynamics, the cyclical nature of abuse, and the escalation of abuse over time, are similar between LGBT and heterosexual relationships. However, there are some aspects of IPV that are unique to the LGBT experience. In particular, the outing may constitute both a tool of abuse and a barrier to seeking help. LGBT individuals often hide outward expression of their sexual orientation or gender identity for fear of stigma and discrimination; abusive partners may exploit this fear through the threat of forced outing. Even if batterers do not employ outing as an abuse tactic, victims' reluctance to out themselves may hinder them from turning to family, friends, or the police for support, further isolating them in abusive relationships. Although not unique to the LGBT experience, another salient aspect of domestic abuse in the LGBT community is the background of stigma and discrimination upon which it occurs. Many LGBT individuals have experienced prior psychological or physical trauma, whether in the form of rejection by their families of origin, hate speech or hate crimes in their communities, or bullying at school; these experiences are particularly common among transgender individuals. [2]

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Recommendations in Preventing The Cervical Cancer and Providing The Best Care for Women

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Nowadays, cancer is a leading cause of death worldwide. The World Health Organization (WHO) estimated that about 570 000 cases of cervical cancer and about 300 000 deaths occur each year. Cervical cancer is the fourth most common type of cancer in women, ranking after breast cancer, colorectal cancer, and lung cancer.

Cervical cancer occurs in the cervix which is the lowest part of the uterus. The cause of cervical cancer is the human papillomavirus (HPV), the most common viral infection transmitted through sexual contact. It has several risk factors: for example, having multiple sexual partners, having weakened immune systems, starting to have sexual intercourse at an early age, having other sexual transmitted infections (gonorrhoea, syphilis, and HIV), and smoking. Cervical cancer continues to be a major public health problem affecting middle-aged women, particularly in low- and middle-income countries. In my opinion, cervical cancer will be curable if we detect it early and treat it adequately. Awareness of cervical cancer is the most important issue in women's health.

Cervical cancer screening including the Pap test and HPV test is also an important undertaking among women. On the other hand, the rate of cervical cancer screening is inclined to decrease because many women feel embarrassed about getting a Pap test regularly. Consequently, it reduces the chance to be monitored and treated for cervical cancer in early stages. We should ensure low-cost approaches to good screening and treating cervical cancer are available for women who are living in remote areas. There is a need to decentralise cervical cancer screening through mobile clinics and establish screening centres in rural areas. We could encourage donations for free HPV vaccination campaigns to convince women to get vaccinated. Furthermore, the school should initiate educational discussion about cervical cancer and provide school vaccine programmes to persuade parents to get HPV vaccine for 11- to 12-year-old children.

Moreover, practising safe sex by limiting the number of sexual partners and using condoms can help to protect against HPV infection. According to most sexually transmitted diseases, men are implicated in the epidemiology chain of the infection by sexual contacts with women who are prostitutes. This can play an important role in HPV transmission. Therefore, male partners may markedly contribute to develop cervical cancer in their female partners and penile cancer in themselves.

In conclusion, cervical cancer can be prevented if everyone cooperates in awareness. Not only should this be the role of women to be concerned about this disease, men can also take part to diminish the prevalence, morbidity, and mortality. HPV vaccine, cervical cancer screening test, and safe sexual behaviours remain the mainstay for cervical cancer prevention and control in order to improve the quality of women's lives.

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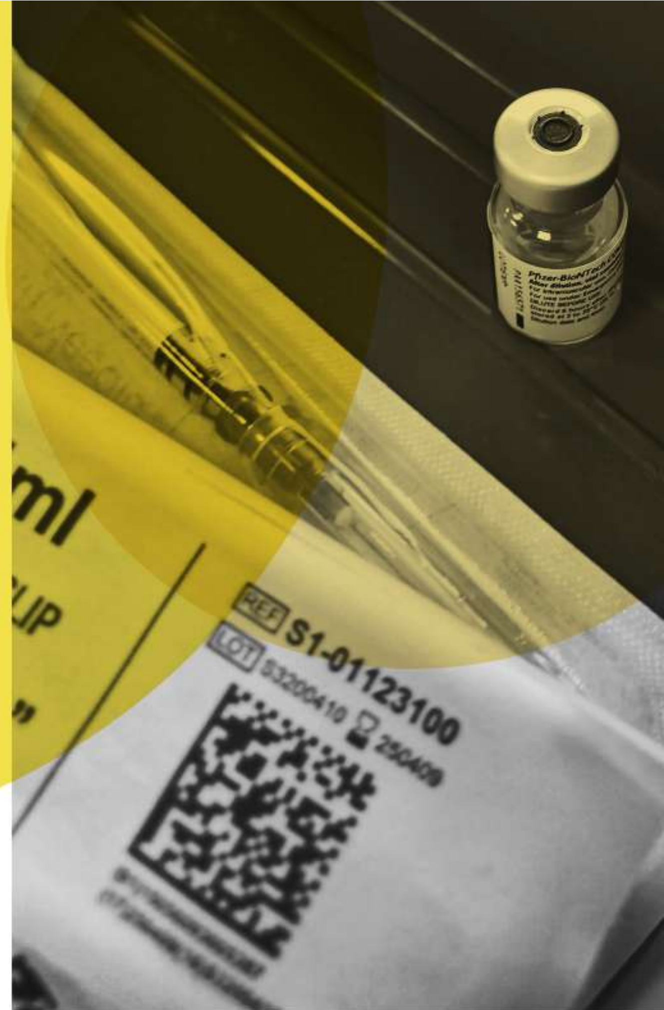
Cervical Cancer and HPV Vaccine Hesitancy in Japan



"How many more uteri do we have to dig up?"

asked a young Obstetrics and Gynaecology Doctor.

Dig up here means hysterectomy, or the surgical removal of the uterus.

The answer is "100 000".

Above is an excerpt from the book "A hundred thousand wombs" (10万個の子宮 in Japanese) by 2017 John Maddox prize winner, Dr. Riko Muranaka.[1]

Cervical cancer is the fourth most common cancer in women, and a major public health problem both in developing and developed countries. In 2018, 570 000 women were newly diagnosed with cervical cancer and more than 310 000 lost their lives to this disease.[2]

In the near future, however, women might no longer have to suffer from this terrible cancer, owing to the development of a remarkable vaccine.

The Human Papillomavirus (HPV) vaccine was first introduced in 2006, and after 14 years with millions of doses administered globally, it has been shown to be extremely safe and effective against cervical cancer. In Australia, where HPV vaccination and cervical screening program have been the most successful, new cases of cervical cancer are simulated to be below an elimination threshold of fewer than four new cases per 100 000 women in 2028.[3] Globally, WHO released a document in November 2020 on "cervical cancer elimination," calling for an action to make cervical cancer a disease of the past.[4]

Japan, a developed country with many advances in healthcare, is supposed to lead the way. However, contrary to expectations, the situation there is not promising. Only two months after the introduction of HPV vaccine into the National Immunisation Program (NIP) in April 2013, several reports of adverse events following vaccination caused the government to suspend the active recommendation for HPV vaccine, despite no evident linkage between the vaccine and the reported adverse events.[5]

Soon after that, sensational stories of "vaccine's victims" were widely reported by some of the most authoritative newspapers. Videos of girls who suffered from chronic pain and walking abnormalities appeared extensively on television and the Internet, and vaccines were said to cause those symptoms. Doctors who support the vaccine were condemned by the media and were accused of receiving money from pharmaceutical companies.

To make the situation worse, some medical professors have come forward to publicly support the claim that the HPV vaccine may cause the reported adverse events. A research group proposed a novel disease titled "HPV Vaccination Associated with Neuropathic Syndrome (HANS)" for the set of diverse physical and psychological symptoms appearing after HPV vaccination.[6] Even though their paper was later retracted due to an inappropriate experiment approach, the impact of the study was devastating. It was mentioned in many newspapers and was used as scientific evidence by "vaccine's victims' groups" to raise a lawsuit against pharmaceutical companies and the government.

All those events resulted in a very negative public's perception toward the HPV vaccine. A survey showed that Japanese mothers overestimate the frequency of the severe adverse events 10-1000 times, while underestimating the burden of cervical cancer.[7] According to a recent study, only about 10% of Japanese mothers allow their daughter to get the vaccine under the current situation.[8]

On the other hand, the government, so far, has been very passive in addressing the issue. Authoritative information about vaccines and their adverse events was not released timely, resulting in an information void that was filled by misinformation and fake news. The HPV vaccine leaflet published by the government was not made aware to the public; 86.3% answered that they have never seen the leaflet before.[9] The temporary suspension of the vaccine's active recommendation remained unchanged for seven years and lasted until now, despite robust evidence of vaccine's safety and efficacy both globally and nationally.

HPV vaccine coverage has stagnated at below 1% for the past seven years. If the crisis continues, 100 000 uteri will have to be dug up. 100 000 Japanese women will lose their uteri, some will never have the privilege of being a mother, some will live in worry of cancer recurrence, and some may eventually lose their lives. Actions have to be taken promptly to protect the lives of girls who are and will be affected by the vaccine hesitancy. The message is simple, "HPV vaccine saves life. Get the vaccine and protect our future."

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Surviving Cervical Cancer:

3 Pieces of the Puzzle

Cancer!

Few words in the dictionary can send shivers through your spine, and "cancer" comes at the top.

Not every commoner understands the pathophysiology behind this dreaded phenomenon of uncontrolled cellular replication, but they sure know that they want nothing to do with it, and rightfully so.

We have advanced leaps and bounds in the medical field, but when it comes to cancer- it still does not have the best prognosis, owing to multiple factors like drug resistance, late diagnosis, and multifactorial pathogenesis.

Most cancers in the lung and kidneys are still the ones that most times come out victorious when they are at war with our bodies.

But there is one, with a beautiful history in the favour of mankind, owing only to human interventions; an example that reflects a ray of hope, cervical cancer.
From a time when cervical cancer used to pride itself on taking most female lives in developed and developing nations alike, due to its sheer high prevalence relatively and high probabilistic exposure to its risk factors (the HPV strains 16,18,31, and 33), today we have entered an era where there is unshakable proof that mankind can defeat this cancer of the female genital tract.

"The same path that paves way for life, on no earth should mean the end of a woman's life herself".

In developed nations like the USA, cervical cancer has not only declined in incidence, but the detected cases are also cured permanently. This incredible revolution was made possible only because of conscious human efforts, a better understanding of what was going wrong, and a subsequent change in behaviour of the general population, regulated by updated medical guidelines.

Coming to the question; what can we do?

1. The key is screening!
Screening for cervical cancer involves periodic visualisation of the histological appearance at the cervicocolumnar junction of the cervix (mostly using a Pap smear) to detect early dysplastic changes; scientifically better known as CIN (Cervical Intraepithelial Neoplasia). Early detection helps to identify the lesion at a stage when it can be excised, leaving most of the normal tissue intact while simultaneously ensuring there is no residual risk of malignancy.

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What is most important to understand here is that screening happens when one is healthy, not diseased. Otherwise, the very purpose of screening is defeated; and the change must begin from within each of our homes.

So, the next time our mothers and sisters convey they are doubtful regarding a relevant symptom they are experiencing, do not tell them "Oh! It is probably nothing". Ask them to go get screened and be a part of this teal-coloured revolution against cervical cancer.

2. The next big piece of the puzzle is vaccination.
Cervical cancer is one of the few cancers which is significantly preventable by vaccination. As of now, the basket of vaccines available comprises a tetravalent and a divalent option sold under the brand names; Gardasil and Cervarix in India, respectively. Both can be voluntarily opted for. The vaccine is made using recombinant viral particles, hence, risk of infection by the vaccine is out of question. The combination of vaccination and periodic screening has proven to be no less than magic in imagining a cervical cancer free world.

3. The last part of the puzzle and not the least is protection!
However lucky you might be, if you play with the odds long enough- you shall land on the side that loses someday. What could be better than to avoid contacting the dreaded HPV in the first place?

Barrier protection does exactly that. So, condoms are not just to avoid any unwanted pregnancy, it is as much beneficial for your health. Although cervix only exists in females, that does not mean HPV does not infect males. Emphasise on vaccination and barrier protection is equally crucial for both the sexes to end this cancerous battle.

We read about cervical cancer in our books, but does that mean we understand it only to pass our exams?

In the end, it all comes down to realising that we, as healthcare professionals and considerate human beings towards our bodies, have much greater responsibility to practically apply these three simple yet effective measures to fight off the real menace, that even today costs millions of lives.

And the fact that we have proof that we can win this war, makes it only more worthwhile.

FIGHTING THE STALKING EVIL WITH MIGHT,

BUILDING A SAFER PATHWAY FOR TOMORROW

Protection and safety have always been at the centre of humanity. In the present century, there are several ways in which the basic safety means are not ensured and at times are exploited. This would include stalking, which is a bigger evil behaviour to fight for compared to the others.

The month of January itself is seen as the National Stalking Awareness Month. Hence, it is important to understand the specific need to eradicate this issue and educate our younger generation on the ways of stalking and the ways to cope with it. Proper and timely education principles will help in building a better foundation in terms of constructing safety in our community. The National Stalking Awareness Month itself places a need to make people move with proper insights and knowledge towards this area.

Stalking happens in several forms. It is a series of actions that would serve to threaten, make someone feel in danger, and nervous. At this current timeline, it occurs through unwanted calls, gifts, letters, and unwanted use of social media platforms, which is also quite common these days. Damaging, threats, repeated troubles, spying, interruptions into personal life, unwanted follow-ups, and other actions that put someone in control are all means of stalking. This evil behaviour has brought about a lot of harm, especially to the people of age 18 until 24 years old, and it is more focused on the students at the high school or college level. On a comparison between boys and girls, it is further understood that girls are more affected in this case than the boys. With all these, in an in-depth view, it is seen as a crime as it affects the basic social life, mental status, and stability of the people involved. It can heavily affect the students' flow of education and can also become the reason for students to discontinue their studies. The victims also might lose their self-integrity, self-respect, and confidence within themselves. The consequences of this evil behaviour might have deleterious effects on the overall personality of the victim. This might include but not limited to depression, social dysfunction, anxiety, insomnia, and other related issues.

Stalkers might attack not just people who are previous acquaintances but would also attack strangers. Though stalking is mainly focused on the student community, it can also occur in the working-age population. This -evil behaviour is continuing everywhere as there are not enough measures taken in place to stand against this behaviour. Several initiatives have taken place in some countries and the series of actions have improved than in the previous years, but since this evil behaviour is not completely eradicated and still exists in several countries, it brings sense to create adequate awareness about stalking behaviour.

At times, actions are not getting reported due to the lack of strength of the victims to bring this issue due to shame and as a matter of social stigma. But it must be seen that the only choice to fight this evil behaviour is to properly address this with

the necessary steps, which the first step is to come forth with a report. This would be a great initiative to counter the stalker and keep track of the events that have been encountered. The awareness month should serve as a higher initiative project that would consist of educators, volunteers, and staff who would be in their best interest to serve as a dedicated tool to educate the public and help the victims to come out from their darker world to seek help and assistance.

The support measures would include campus and workplace support, security and police force, national centres, and governmental or non-governmental organisations that dedicated to helping the victims. To prevent further attacks from stalking, it is time to help ourselves and our community to get educated about safety tips, that would include stopping unnecessary use of social media, avoidance of strangers when needed, reporting any stalking issues to friends, parents, and guardians who could take a step forward to investigate and act on the issue. Above all, learn to protect our privacy.

It is now the time to act, keep on initiating and acting to prevent the precious lives of our community from getting pulled into the vicious circle of stalkers. Feel the need and thirst to fight the stalkers for a better and safer tomorrow. May the spirit and confidence move this awareness with might!

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CERVICAL CANCER: MYTHS VS FACTS

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Cervical cancer is commonly caused by human papillomavirus (HPV). Despite being preventable with proper screening, this disease is the 4th most common cancer in women; in 2018, about 570,000 women have been diagnosed and about 311,000 have died, worldwide[1]. This widespread prevalence is due to the many misconceptions regarding the disease.

Thus, January was designated as Cervical Cancer Awareness Month, to increase awareness about cervical cancer, including screening and testing, prevention, and treatment.

Here are some common myths, debunked:

MYTH: Cervical cancer cannot be prevented.
FACT: There is a highly effective vaccine available to prevent most high-risk HPV infections; combined with regular screening tests (Pap smear and hrHPV testing), cervical cancer can easily be prevented.

MYTH: If you have HPV, you will get cervical cancer.
FACT: HPV isn't the sole cause of cervical cancer; there are many other risk factors, such as smoking, Chlamydia infection, and HIV infections[2]. Also, getting an HPV infection does not automatically mean you will get cervical cancer- there are more than 100 strains of the HPV virus, of which persistent infections with high-risk types can damage cells, causing cancer[3].

MYTH: Getting the vaccine is enough to prevent the disease, there is no need for screening.
FACT: Even if you received the HPV vaccine, you still need to be screened routinely; according to Dr. Douglas Owens, Vice Chair of The U.S. Preventive Services Task Force, most cases of cervical cancer that occur now are in women who haven't been regularly screened or appropriately treated[3].

MYTH: Only women with multiple sexual partners are prone to the disease.
FACT: A common misconception, cervical cancer can develop even in women with only one sexual partner.

MYTH: Lesbians and women who have sex with women (WSW) are not at risk for the disease.
FACT: This is another common misconception; HPV is transmissible via skin-to-skin genital contact, as well as through oral-vaginal and digital-vaginal contact. Therefore, women who exclusively have sex with women are at risk for HPV and cervical cancer[4].

MYTH: Transgender men cannot get cervical cancer.
FACT: Transgender men who have not had their cervix removed are still at risk for cervical cancer, and should be screened[4].

MYTH: One must get a Pap smear every year.
FACT: Annual screening is not recommended, as screening too often can result in more false-positives which can cause undue stress/anxiety and unnecessary follow-up procedures[5]. Rather, the new guidelines recommend:
- For women aged 21-29, a Pap smear every 3 years.
- For women aged 35-69, a Pap smear every three years, HPV testing every five years, or a combination of Pap smear and HPV testing every five years.

MYTH: Cervical cancer screening tests for all cancers.
FACT: Cervical cancer screening does not test for all gynaecological cancers, such as ovarian cancer and fallopian cancer; they only screen for cervical cancer[5].

MYTH: A woman cannot have a baby if she has cervical cancer.
FACT: While cervical cancer treatment does include hysterectomy, chemotherapy, and radiation therapy to the pelvic area, there are a lot of new treatment options that enable the doctor to spare patients' fertility. Doctors can use assisted reproductive technologies to freeze eggs, and they can surgically move the ovaries out of the radiation field to save them from any harm[6].

The cervix is an important part of the female anatomy, playing an essential role in a woman's sexual and reproductive health. However, the misconception about cervical screening being for "promiscuous women", and the numerous disparities in LGBTQ+ healthcare, have served as barriers to the testing process, leading to numerous fatalities.

As future doctors, we must do our part to raise awareness and ensure that all women receive this vital health service.

As the adage goes:
"Prevention is better than cure".

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Pandemic and Procreant

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"Every human being is the author of his own health or disease"- Gautama Buddha.

The thing we learnt from the outbreak of the deadly coronavirus was that we can live happily with a limited amount of space, work, food, people, and maybe even medical knowledge like what to eat, how to boost immunity, etc. But sometimes, we needed a bit more than what was offered.

The lockdowns all over the world in the wake of pandemic did put barriers on sexual and reproductive health of women. Not many women were able to reach out to a gynaecologist in time when ill. A few might have also gone through a huge loss due to this. Although, some might say medical emergencies were not ceased in case of need, the means to reach were ceased nonetheless.

Sexual health can be tough to maintain but is definitely everyone's cup of tea. It is important because it enables people to take charge of their reproductive health, and their emotional wellbeing surrounding their intimate relationships. Mantras for good sexual health may include:

1. Eating healthy - as healthy food nourishes the body and allows it to be at its best in many situations. Plus, a healthy diet will also fight certain illnesses like arterial hypertension and hypercholesterolemia which can be associated with erectile dysfunction.
2. Avoiding smoking - smoking reduces vitality. Tobacco leads to a phenomenon causing blood vessels to constrict everywhere in the body, including genitals.
3. Maintaining a healthy weight - solution for half of the problems in the universe, maybe!
4. Limiting your alcohol consumption.
5. Protecting yourself - if not ready to plan a future, use contraceptives. And if they are not available (as in lockdown), then consider opting for the natural withdrawal methods.

And most importantly, you do not even need to consult a doctor to start following these mantras! We all know that if left untreated, the health of a pregnant woman can degrade which may also affect the health of the unborn child.

A healthy mother equals to a healthy baby. Eat right, take vitamins, stay hydrated, get proper prenatal care, avoid alcohol, avoid smoking, exercise daily, get plenty of sleep, reduce stress, and stay away from a person suffering from viral diseases, even just a minor flu.

It is not that doctor visits are not important; surely they are, but when the situation is not favourable enough, these alternatives need to be taken into consideration.

So instead of getting downhearted, let's drive to discover ourselves and figure out ways to make life easier and happier together, even in difficult times!

Stalking is a Crime – PERIOD!

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Stalking is defined as "a pattern of behaviour directed at a specific person that would cause a reasonable person to feel fear" by the Stalking Prevention, Awareness, and Resource Center (SPARC). Stalking is not normal behaviour. They show a person who has a lack of boundaries, a shaky grasp on reality, and sociopathic tendencies.

It is like unwanted attention that is so extreme it causes you to fear for your safety. As for stalking, the victim's perception of what is happening is huge. "Cause a reasonable person to feel fear" is the key part of the definition, along with "pattern of behaviour".

Often an underreported crime, stalking can involve a range of threatening behaviours exhibited in person and through email, social media, and other technologies. Victims do not want to make a big deal about it, so they just ignore the behaviour, their own feelings and hope it stops. That is wrong!

Such harassment can have significant adverse effects on the victim's academic or job performance as well as on his or her physical and mental health. Stalking can also escalate to violence. There are many cases where femicide victims reported stalking to the police before being killed.

Do not ever ignore the negative feelings you get when someone is giving you too much unwanted attention. The legal threshold for stalking usually entails both a "course of conduct" by the perpetrator and a "standard of fear" for the victim.

There are four warning signs of stalking behaviour:

Fixated
Obsessive
Unwanted
Repeated

If this happens, then it is time to take action because if your voice holds no power, then they would try to silence you. Stalking is not a joke, it is not romantic, it is not acceptable, and it is a crime!

Here are some practical suggestions about how to stay safe from stalking:

- Think of your safety first. Be aware of potential dangers.
- Keep a cell phone with you and check it with your spouse or a friend.
- Document each incident and form of contact.
- Filing an official police report is an important step in building a legal case against a stalker.
- Cultivate a support network. Talk to friends, family members, neighbours, and perhaps a mental health professional to make your case known.

If someone you know is worried about stalking, speak up, provide whatever support you can, and follow up over time.

Let's work together to STOP STALKING by supporting and speaking up.

CULTURE CORNER

the best the state

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We all are craving food, in one way or another. Everyone loves food—there is no human existing without the desire for food. By this, I would like to exhibit some of the best food combinations within my state of Kerala, India.

in

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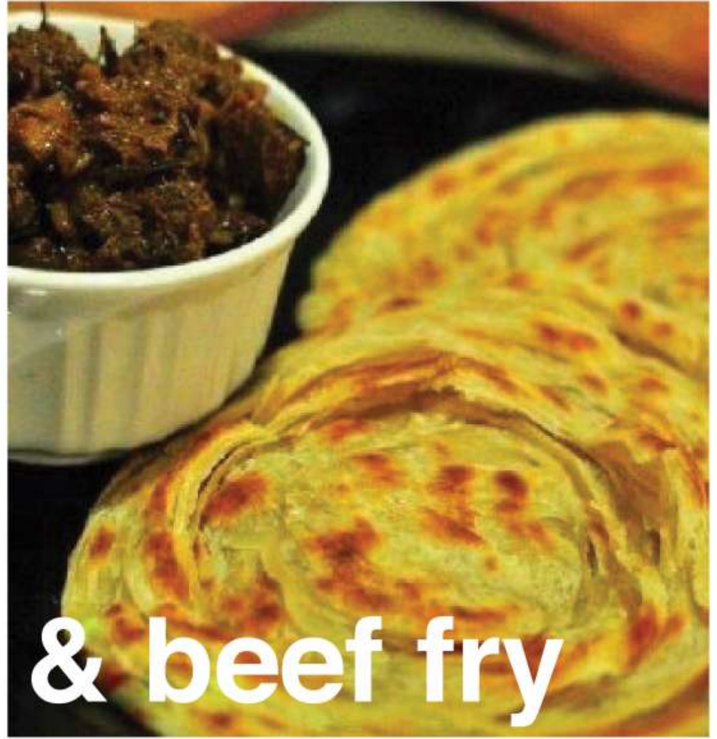


porotta & beef fry

This is one of the best hot selling combos made in the state. Porotta is our native bread, prepared from flour with oil and eggs. The beef fry is made with freshly grounded spices, onions, and green chillies to make it rich, consistent, and heavy in its aromatic flavour. Both of these are served together, which make it a perfect combination that every Keralite would love to have. I highly believe that this would also be a perfect dish for anyone around the different cultures in the globe.

milk tea

The Kerala milk tea is something that is good enough to kickstart the morning with a good feeling. It is made with water, tea leaves, sugar and milk. The tea leaves indeed bring the perfect blend with its uniqueness. People coming to Kerala, should definitely not miss this!

This is a very well-known breakfast recipe. Puttu is a cylindrical white steamed dish with grated coconuts shown in the photo above. The kadala can be seen as a Keralite version of the actual chana in India. Both dishes will be perfect when paired with a banana.

puttu with kadala

appam with stew

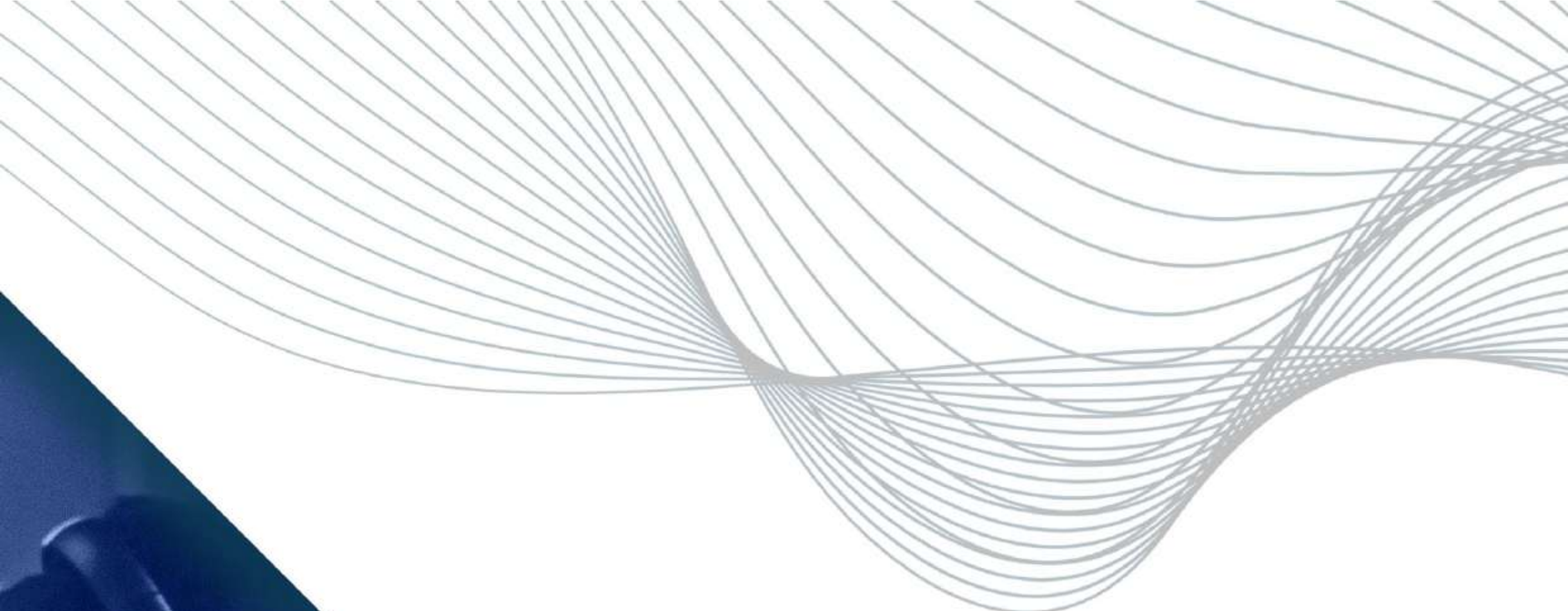
This is also an ideal breakfast recipe. Appam can be described as pancakes with crispy edges made with fermented rice flour, coconut milk, coconut water, and a teensy bit of sugar. The stew is the dip to be eaten with the appam, which is made with coconut milk, cinnamon, cloves, and shallots. Sometimes, mango pieces and vegetables are added.

ela sadhya

This is probably a fine lunch setting. It is a combination of dishes like pachadi, kichadi, pulissery, olan, sambar, varavu, thoran, avival, and payasam. These are all served with a hot steaming rice on a banana leaf. This dish is served as a highlight dish for weddings and occasional ceremonies.

idiyappam

The idiyappam is another breakfast item prepared with rice flour, water, and salt.



HOBBIES

WINNER WINNER, CHICKEN DINNER!

Having my spare time filled by playing PlayerUnknown's Battlegrounds Mobile (PUBGM) is such a wonderful way to chill. PUBGM is an online game that can be played together with your friend or played solo. It is one example of a battle royal and shooter game. PUGBM can be played in solo, duo, squad (four players per group) and other modes. The concept of this game is surviving on the battleground. You should be the last man standing, with or without your teammates. You can kill another player, hide inside a room, wait for the enemy to find you, whatever it takes to survive. Every player has their own strategy. You can be rushed, you can be slow, but the most important thing is good teamwork.

Playing PUBGM will make your senses work better because we should truly hear and feel if there are enemies that threaten us. It also trains your skill for aiming. Your accuracy is important. You should be tactical.

You should learn how to lead your team, respect your teammates, take a risk to shoot, hide from your enemy, hold your steps, and try to be a careful one. At first, it might seem weird for a girl to play this game. But I think it's not a big deal. Everyone can enjoy this game, even if you are a girl! I love playing PUBGM, too, but for now I do not have much time to push my rank anymore. Anyway, it is so much fun! Trust me. It will be more fun if you play it with your buddies or even your crush! I remember my crush and I used to play that game for hours, every single day. Sometimes we forget that we are medical students and have a lot of work to do.

I came to know about this game from my high school mates, but I did not start playing because my gadget could not run the game. When I got an iPad from my Mom, my cousin asked me to download that and play together. For your information, in Indonesia we have a slang for playing a game together, that is called "MaBar", that stands for Main Bareng (playing together). And I used to get so addicted and sometimes get notifications from PUBGM, reminding me that I had been playing for six hours in a day and I should stop. But I did not really care and kept playing. Sounds crazy, I can't even believe it, and it’s a “wow” for me.

Yep, that’s it. Even though PUBGM is a game, and some people call that an e-sport, whatever it is, we as a player should only take positive things from that. Some people have a negative opinion about that game because they see there are so many people that play that game unwisely. People think about the rank too much. People forget about their works, their school, and their time. I do not want to end up like that. I just want to enjoy the game and make it as a therapy after a long day in college. Overall, PUBGM is a good game, if we can filter the good and the bad aspects of the game.

If you ask me, “Are you good at playing PUBGM?”
I’ll say, “It’s a big no!”. But I enjoy it a lot.
Winner winner, chicken dinner!

Name: Meitri Diyah Indriasih
University: The Faculty of Medicine and Health Science, Jambi University
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CREATIVE CORNER

Thus, Fall Means Stand. As Seek the Will Beneath

Luminescence engrave the locale

Enkindle those incarnation or embodiment

In between, catastrophe engaged the ghastly instant

Breaching then ignite gloomy in disgrace

Cessation of life-circuits transpire universally

Wealth whirling up, sliding unconstrained

Impoverishment rebels also escalate

Diminishing the mortal ones steadily

Shallow boredom ensue sense of perceive

Hinder sincerity in empathy, prognosing the self-need more

The order-to-ignore license ramping up massively

Ill-using the rights and obligations of humanity

Reinstitute the logics of affection

Forcing fellowship, friendship vigorously

Existence shall remain in peace and calm

Within its cautious, we surrender

Created by:
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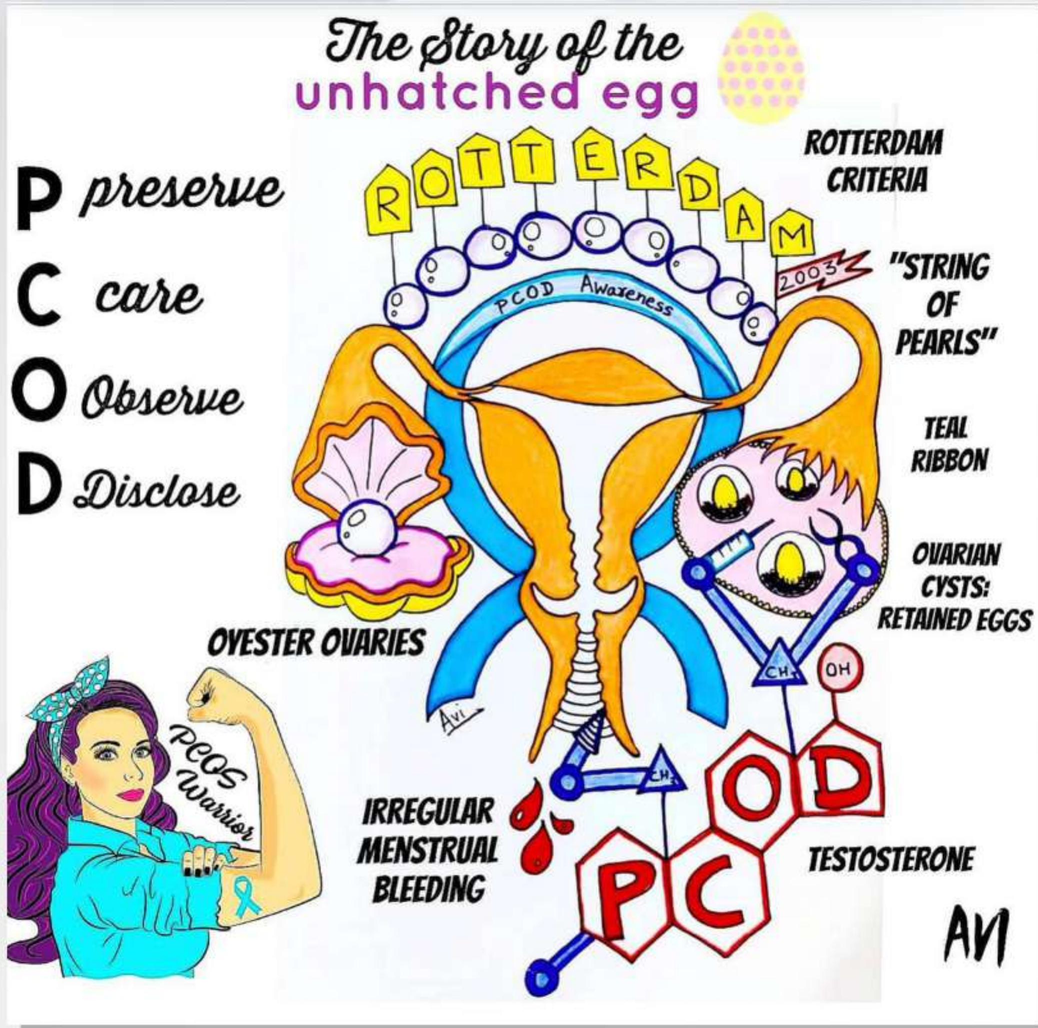


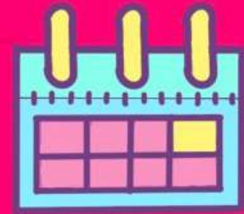
About every fourth young female bravely faces this syndrome, and yet most of our society chooses to remain ignorant.

Here's an original pictorial story, with a little message for the warriors:

P - Preserve the egg
C - Care for yourself
O - Observe the effects
D - Disclose the problem

Easter eggs with hidden meanings:

1. **Rotterdam Criteria, 2003**: Diagnosis of PCOD
2. **String of Pearls:** Appearance on USG
3. **Teal Ribbon:** PCOD awareness symbol
4. Nature of cysts: **Retained eggs**
5. Cause: **Increased testosterone levels**
6. **Oyster Ovaries:** Appearance on laproscopy
7. Symptoms: **Irregular menstrual bleeding, hirsutism, insulin resistance**



Breast cancer is the most common cancer diagnosed in women in India. The treatment and survival rates for this cancer, like most, depends on the stage it is detected in. Luckily, we can detect it in earlier stages with screening methods, making it almost completely curable.

SELF BREAST EXAMINATION (SBE) AND MAMMOGRAPHY are the most important primary screening methods. Unfortunately, many are unaware of this screening method. Some don't make SBE a habit., while others ignore the symptoms. Well, it's time to change that! Start today and try to make it a routine. Do it on the same day every month (after your period) so the breasts are least tender and hormonal variations are excluded.

Created by:
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POSITIONS

LOOK IN THE MIRROR

SWELLING IN ARMPIT OR AROUND COLLARBONE

ORANGE PEEL APPEARANCE

CHANGE IN THE TEXTURE OR COLOUR OF SKIN (dimpling/puckering)

LEVEL OF THE NIPPLES

CHANGE IN THE SIZE OR SHAPE OF BREAST

NIPPLE INVERSION

NIPPLE DISCHARGE

RASH OR CRUSTING OF NIPPLE OR SKIN SURROUND IT

@KIYATRA

USE THE 3 MIDDLE FINGER PADS (NOT TIPS) TO FEEL THE BREAST TISSUE - MOVE THEM IN CIRCULAR MOTION USING VARYING PRESSURE LEVELS

STANDING

- IN SHOWER - LATHER FINGERS & BREASTS WITH SOAP
- OR USE OIL/MOISTURIZER

LYING DOWN

- ON A BED OR OTHER FLAT SURFACE

FOLLOW ONE OF THESE PATTERNS

+ AROUND THE COLLARBONE & IN ARMPIT

AGE 40+: MAMMOGRAPHY ANNUALLY

LOOK FOR:

- LUMPS
- DISCHARGING NIPPLES
- PAIN

@KIYATRA

NO EXCUSE!!!

FOR DATING ABUSE!

Never forget that walking away from something unhealthy is brave even if you stumble a little on your way out the door."
— Unknown

Dating violence is when someone you are seeing romantically harms you in some way, whether it is physically, sexually, emotionally, or all three. It can happen on a first date, or once you've fallen deeply in love. Dating violence is never your fault! Never let someone who contributes so little to a relationship control so much of it.

Created by:
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Hemchandracharya North Gujarat University
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Love is an intense feeling of deep affection. When in love you will find a way to care, respect, honour, listen, understand, acknowledge and help the person you love in any possible way. Whereas in teen dating violence, in addition to physical abuse, using threats, insults, obsessive monitoring, continuous texting, humiliation, intimidation, isolation or stalking to try to exert power and control are present. So you see, the definitions are themselves enough to make you realise that **'if it hurts, it can never be love'.**

Fictional writing

Written by:
Fata Imadudda'wah
Universitas Padjadjaran
AMSA Indonesia

The Love Anniversary

Putri, a young woman in a smart casual outfit, was stranded in the largest mall in Bandung. Her good friend Tio had left in the middle of their lunch when a police officer requested his cooperation for a case. She, not privy to the details, was left alone without a companion.

She sipped her tepid coffee, tapping mindlessly on the black screen of her phone. It was dead, much to her chagrin. She could not rely on Tio and his fancy compact car to return home. A dead phone removed car-sharing services from her options and left her with the city bus and angkot, the public transportation minivans.

Both alternatives left her sighing and wavering. The bus was comfortable, yet left her needing to walk a fair distance home. The angkot stopped closer to home, but she wasn't sure the slowness was worth the cheap fare.

"Putri?" Then, she heard it. An oh-so-familiar voice uttered her name.

Putri closed her eyes. She hoped so badly for it not to be him. The man she saw with her brown eyes open shattered said hope.

"Raja." Her best friend who loved her. Worse, her best friend she rejected just yesterday.

The charming man smiled and sat across from her. "I thought you had a date tonight."

"Not with you."

"I doubt you had one, to begin with." He tapped the table, clean but for one cup of coffee and a half-eaten sandwich with a toothpick flag.

"It's none of your business." Putri pushed her chair back.

"What if I want it to be?"

"No means no, Raja," she sighed. "There are others interested in you."

"You're the only princess for my king." Raja's smile widened. "We are meant to be."

Putri frowned. "Stop."

Raja chuckled, which only brought her further headache. Raja. Her well-spoken, fashionable, considerate friend. A person who shone like the moon in a starry sky. However, the scope of her opinion stopped at just that. A great person. A good friend. There it stopped.

When Putri tried to pay, the cashier gave her a knowing wink. "Your boyfriend already paid."

Raja, still seated, waved the toothpick flag and smiled when their eyes met. Putri's response was arctic-cold. She left the café without so much as a word or a glance to the red flag.

"Not even a 'thank you' for the favour?" His voice came grating from behind.

Putri quickened her steps, but his long strides passed hers effortlessly. Raja blocked her path. Left, right, his body followed her movement.

"Move away." She pushed him aside, but Raja persistently followed.

"Don't be hasty." he flashed the same knowing smile. "Let me drive you home. Your grandfather will be worried if you are late."

The words caused Putri to halt. Something felt off. Something she was not sure of, but which was waiting there like a dead log. She turned to face him. The handsome man never failed to beam whenever their eyes met. They liked the same bands. They both loved making scrapbooks. Raja was fashionable, friendly, and warm all the time. He was her ideal man.

He was a crystallisation of everything she liked. He was perfect. Too perfect.

"Why?" she asked. "Why are you so persistent?"

He quirked his eyebrows. “We are perfect for each other.” Putri crossed her arms. She stared back, clenching her jaw. Raja broke into a smile.

“I knew it from our very first meeting. A rainy Tuesday evening, 20th of October three years ago- “

“Hold on. Three years ago?” Something buzzed in Putri’s head. The log.

“Yes. You dozed off on my shoulder in that angkot, still in your school uniform. You woke up with an apology and got off in front of the station.”

Raja sighed, dreamy and longing. “Your soft breath, your gentle expression, your embarrassed apology, they haunted my nights for days... I just knew. No one could make me feel like that but you.”

Her surroundings blurred into the void. The log was moving; she was sure of it. There was only her, Raja, and the log floating with the current of her mind. Raja’s words boomed like a waterfall. They drowned the café’s music in the distance. Chatters of a group of friends going around them. The trickle of a fountain on the floor below.

Nothing was there but his voice, laced with yearning and nostalgia.

“Finding you was a journey. I only knew your face and voice. Not a name to call or a school to visit. I waited in front of the station for a whole week. You only came on Tuesday, when I started to lose hope. The surge of warmth I felt from that second meeting was like no other.

“I guarded you home that evening; everything was easier from there.” Raja chuckled.

“Your friends gave me your social media accounts. I’ve been watching you from afar since. I know your daily activities. The music you listen to. Your hobby. The styles you like. Your celebrity crushes. I remember every single detail just for you.

“Do you remember? Every Tuesday, your desk always had a red rose on it before you arrived. Like in your favourite novel, Love Will Tell.”

Yes, she remembered. How could she not? It brought attention to the whole class. It even started a trend of confessing with roses throughout the school. Even then, she never received a confession; not even a letter. Eventually, she no longer paid it any attention. Still, the rose always came. Every Tuesday morning, without fail, throughout her 11th and 12th year.

Raja’s eyes remained on her. The log was no longer half-submerged in the water. It showed its true nature, brimming with infatuation, desire... and justified obsession. Putri involuntarily shuddered. She was wrong. It had never been a log, but a crocodile laying still. And now, the beast had opened its maw.

“I stayed behind one year to wait for you. Then we chose the same major. And we started spending time together.” The smile on Raja’s face grew. “I purposefully turned in a sick letter on the first day of orientation so I can ask for your help to catch up with work. It was easy to make an excuse when I rented the apartment next to yours.”

“Stop.”

Raja stepped forward. “We had the same classes. We worked on so many projects and assignments together as a result. Every moment only reminded me how much I love you, my princess. And I know you love it, too.”

“Stop it.” Her eyes inadvertently were drawn to the pen in his breast pocket. A sleek black pen with a silver P on its body. It looked exactly like the pen she

Her plea fell on deaf ears. “You love the way I dress, the way I speak, the way Imake you laugh. You feel safe and comfortable around me. You feel loved.”

Putri staggered back. The closer Raja got, the more she wanted to run away. Eventually, her back hit a wall. She could no longer see the attraction in his warm smile. Her whole body recoiled inside out. She was a deer screaming when the crocodile bit its neck. His voice, pleasant like sunshine, continued to beam.

“Three years had passed since our first meeting. And today is the 27th of October, the day of our second meeting.” Raja went down on one knee, revealing something in his palm. “Happy third anniversary, my princess!”

In his hand was a yellow gold ring embedded with a marquise diamond. Putri recognised that ring. It was the ring described in Love Will Tell. The same gold ring she said she wanted to wear to her wedding in the 11th grade.

Putri reacted in the only way she could.

"No!" She slapped his hand away. The ring flew off his hand, sinking into a fountain below.

Raja attempted to hold her hand, but Putri slapped him viciously on the face and ran off. The scene caused quite a disturbance, with a small crowd watching discreetly from the side.

A sympathetic man approached Raja, who was bleeding profusely from his nose. “You okay, man?”

Raja laughed brightly. “Oh, nothing worthy of concern.” He nonchalantly wiped the blood off and shook his head, smiling.

“Just an endearing quarrel between lovers.”.

My First Time

Trigger warning: physical and sexual abuse, mention of suicide.

It was the first time I saw him. He was almost ten years older than me, and he worked at the café in front of my school. He was tall and tanned, he was also smart and very friendly. He smelled like pine and fresh laundry, and his laugh was always pleasant to hear. All my friends teased me because I always blushed so hard and fumbled my words in front of him. It had never happened to me before... I wonder, was this what people call a crush?

It had been a few weeks since our first meeting, and he asked me out. I was on cloud nine—my very first crush became my very first boyfriend! Some of my friends said that he was a little suspicious, and our relationship moved a little too fast, but I didn't have to listen to them, right? It was my relationship—I would be the one experiencing it, not them. Besides, there were more people who were genuinely happy for me. I should be happy too.

It was our first date when I had my first kiss. We went to an amusement park, and we were inside the Ferris wheel when it happened. He cupped my cheeks with both of his hands, and I remembered feeling his mint breath on my nose before it happened. The kiss was gentle and warm, and it felt like fireworks erupted inside my head. My mind was a little fuzzy, but I knew one of his hands went down to my chest. I was surprised and slightly uncomfortable—but it was a normal thing for couples, right?

—

It was supposed to be our fifth date that day after school, but it was raining hard. We were both soaked because we forgot to bring umbrellas. We went to my house since it was closer from school than his apartment. We were alone. I gave him my brother's old t-shirt to wear after he showered, but he didn't want to wear it. He insisted that I took my t-shirt off too, then he started touching me. It felt weird. I tried to tell him, but he told me it was normal to feel weird because it was my first time. He told me I would feel better in no time. But I didn't. It hurt. But I trusted him. He was my boyfriend. He wouldn't let anything bad happen to me, would he?

—

Our first argument was probably a month after that. I had lost count of how many times he asked me to sleep together, and I was tired. He asked me again that day, and I finally had the courage to say no. He was angry. He pulled my hair and hit me. I cried because it hurt, but I knew I deserved that. He was my boyfriend, and I had to make him happy. When I was calmer, I called a taxi to his apartment and we made up. I did what he wanted. He was happy and told me I was the best girlfriend ever. Hearing that made me happy too.

—

It was my first time going to the doctor alone. I hadn't had my period for months and my stomach felt weird. The doctor told me I was pregnant. I thought my boyfriend would be happy to hear the news, but he wasn't. He was mad. He told me to get rid of the baby. I cried because I didn't want to kill my baby, but he threatened to hit me until the baby came out. So, I did what he wanted. He was happy and relieved. I was not.

—

This was my first relationship, and I had hoped that it would end happily ever after. But I was tired. I told him I wanted to break up, and he cried. It was my first time seeing him so miserable. He told me he couldn't live without me, and he would be better off dead than not having me beside him. I couldn't let him do that. I felt guilty, and I told him I didn't want to break up anymore. He hugged me. I smiled. Despite everything that had happened, he still loved me. He is a human, he could make mistakes. The important thing was that he still loved me. It was all that mattered.

—

He was my first boyfriend, and I experienced many firsts with him. He still hit me sometimes, but only if I made mistakes. I loved him, and I knew he loved me too. We were not perfect, but I wouldn't change a thing. We had love—and for me that was enough.

Written by:
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Indonesian fishing boats are sailing in deep waters to catch fish in the hot sun.

Captured by:
Muhammad Farhan Sabiq Hussain
Jambi University
AMSA Indonesia

Dear Stalker,

We don't need the extra attention. We don't want to live our lives in constant surveillance. Let us live our lives in peace, away from your prying eyes. Imagine our worries, our stress, our fear.

STALKING: KNOW IT, NAME IT, STOP IT!

Captured by:
Precia Widyatomo
Faculty of Medicine and Health Sciences
Atma Jaya Catholic University of Indonesia
AMSA Indonesia

Acrylic Painting on Acrylic Sheet

Painting on acrylic sheets is a little different with regular painting on canvas because we have to do it backflip and we have to paint the detail first and the bigger area afterwards.

Created by:
Adelia Nisa Putri Gusna
Jambi University
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FREEBIES

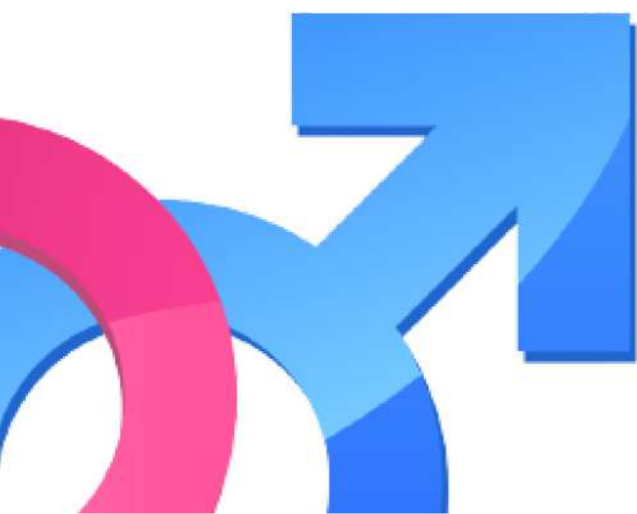
Free wallpaper for AMSA International members to use!

Available for PC, tablet, and phone.

SCAN HERE

preview

Importance of Healthy Sexual & Reproductive Behaviour



After reading ASPIRE #33, do you now understand the importance of healthy sexual and reproductive behaviour?

Take this challenge by **scanning the QR code or go through bit.ly/aspire33quiz** to answer the question!

The three fastest and most correct answers will be selected as the winners and will be announced in ASPIRE #34.

Are you able to reach the top?

WE ARE SORRY!

Due to technical issues, we are unable to retrieve the winners from the Clinical Challenge: Wellbeing During the Pandemic. **Please kindly resubmit all answers by scanning this QR code or go through bit.ly/aspire32quiz**

We deeply apologise for the inconvenience. We will ensure that the same mistakes won't happen again in the future.

Your opinion is important to us! Scan the QR code below to share your feedback about this issue.

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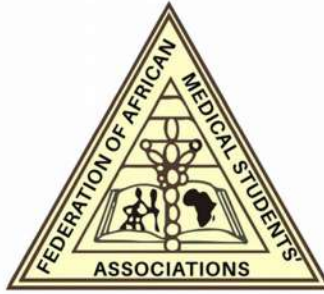

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