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AGE, GENDER-AGE AND ETHNO-GENDER-AGE TYPOLOGICAL ASPECTS CONTRIBUTION IN MALARIA STUDY

Tkachenko Elena Viktorovna
Candidate of medical sciences, Physiology chair assistant
Poltava State Medical University

Jha Sahil Kumar
Student, International faculty, General Medicine
Poltava State Medical University

Rauth Upasona
Student, International faculty, General Medicine
Poltava State Medical University

There was an approval of placental pathway for malaria transmission in rural Burkina Faso with discovering the age-modified factors and while describing this disease' ethno-gender-age typological aspect taking the rural area into consideration [1]. Congenital malaria was and is studied in rural areas for example in rural Burundi [2]. As a whole there is an actuality of the question about severe malaria evidence in pregnancy as well as effective antimalarial agents, their direct and side effects, pharmacokinetics (ethno-gender-age typological aspect of the research is explained by the investigations performance in various countries with the WHO guiding and further treatment protocols changes) [3]. Under physiological conditions maternal antibodies block malaria [4]. HIV was demonstrated as an increasing factor of malaria development in women of all gravidities (pregnancies) in part in Kenya (ethno-gender-age typological aspect) [5].

Evaluation and implementation of intermittent screening and treatment for control of malaria in pregnancy was and is performed in India separate parts, districts, cities, for example, in Jharkhand (ethno-gender-age typological aspect; age aspect is added because pregnancy lasts exact time period in 9 months) [6], malaria prevalence among pregnant women was assessed and compared in two districts with differing endemicity in Indian Chattisgharh [7]. Sub-Saharan Africa was found to have P.falciparum malaria at pregnancy (ethno-gender-age typological aspect) and the diagnostic methods were assessed at it [8]. Malaria pathogenesis and immunity are assessed separately, treatment and prevention at pregnancy is considered to be the task of the doctors and the pregnant themselves in a whole India and in its Eastern part as an example (ethno-gender-age typological aspect of malaria study) [9].

Malaria can accompany by anemia development; there is a research about these diseases concomitance and pregnancy risk factors assessment at anemia in semiurban community of Hazaribag, Jharkhand while emphasizing the ethno-gender-age typological aspect together with urbanization taking into consideration [10].

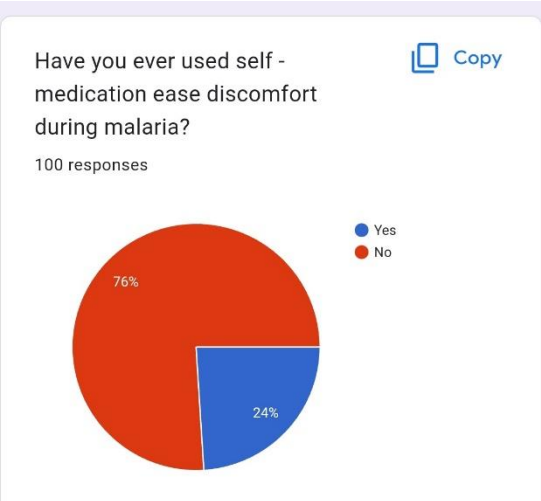
Ethno-age typological aspect illustration represents the research about congenital malaria in the inborn babies in Lagos [11], in Tanzania (separate Muheza distcrict) [12]. Neonatal malaria was described also in another African country - Nigeria while emphasizing ethno-age typological aspect in malaria study additional time as well as hyperendemic areas presence on it [13; 14]. P. falciparum congenital transmission was described in Burkina Faso [15]. Gender-age typological aspect can be described also by the works about maternal placental blood collection various methods taken for immonological studies as well as the methods evaluation [16]; impairment of humoral immunity to Plasmodium falciparum malaria in pregnancy by HIV infection [17]; human immunodeficiency virus type 1 perinatal transmission concerning to placental malaria [18]. HIV-positive and negative pregnant are compared in relation to malaria preventive treatment in part in various countries in ethno-gender-age typological aspect, for example in Malawi [19]. HIV-1 antiretroviral therapy is performed and assessed at malaria without pregnancy [20]. Epidemiologically malaria can be categorized into uncomplicated and complicated (mostly occurs in children up to five years of age) while emphasizing about ethno-age typological aspect in the disease study excessive time [21]. In adults with severe malaria hypovolemia cannot be treated with fluid resuscitation and can cause pulmonary edema (age typological aspect) [22], although it can be useful in treatment of patients with shock syndrome and bacterial sepsis.

It can become difficult in diagnosis of immigrant malaria in part due to the reason that it can be asymptomatic [23], can be so due to development of immunity (semi- or complete in endemic population) as well as could be more prevalent in young people caused by more commonly by Plasmodium falciparum [24].

National programs were and are distributed concerning to malaria at pregnancy in various countries.

In our own experimental sets, analysis showed more males affected than females (sex-bias in malaria plus ethnic aspect because all of the examined were the Indians), which is consistent with earlier studies.

Most common method of treatment for malaria used by people were: mosquito repellents, nets, full-length clothes; discarding of accumulated water from water coolers, tire applying, any container which could cause collection of water; Chloroquine; 24% of the 100 people surveyed used self- medication (analgetics, anti-pyretics) without consulting the medical practitioners. We did not determine ethno-gender-age peculiarities (age typological aspect is added in part because the students belong to separate age category and the age of all the examined was 15-60 years approximately; all the experiments were performed in the Indians) in treatment and preventive methods of malaria in the examined population of PSMU Indian students, Indian students (both medical and non-medical in India, other people). Some of the results received by us are presented on the diagram.



Literary review performed demonstrates the necessity to take age, gender-age and ethno-gender-age typological aspects into consideration while malaria multi-facetated studying. Ethno-gender typological aspect in our own researches was proven by the data about bigger morbidity on malaria in males than females but no differences were determined on therapy and prevention methods applied by the people from the asked. This article emphasizes excessive time that typological aspects assessment has not only theoretical but big applied significance.

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