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OF THE ASSOCIATION OF PUBLIC HEALTH PHYSICIANS
OF NIGERIA (APHPN)

Held at

Mohammed Indimi Conference Centre,
Maiduguri, Borno State.
From 9th - 13th February, 2026.

THEME
HEALING IN THE CROSSFIRE;
DELIVERING HEALTH SERVICES IN
CONFLICT AND CRISIS



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Prof. Kikelomo Ololade Wright

*Department of Community Health and Primary Health
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1-5 Oba Akinjobi Road, Ikeja GRA
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Email: editorjcmphc@gmail.com, editor@jcmphc.org*

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Adesanya CA, Parry EHO, Larbi EB. The Heart and Circulation. In: Parry EHO (Ed) Principles of Medicine in Africa. 2nd Edition, Oxford ELBS/Oxford University Press; 1984; 645-704.

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Respiratory Medicine. In: Tasker RC, McClure RJ, Acerini CL. (Eds). Oxford Handbook of Paediatrics, Oxford; 2010. 262-305

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Editor-in-Chief

Journal of Community Medicine and Primary Health Care (JCMPHC)

Department of Community Health and Primary Health Care

Lagos State University College of Medicine (LASUCOM)

1-5 Oba Akinjobi Road, Ikeja GRA

Lagos State, Nigeria

Email: editorjcmphc@gmail.com



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PRESS BRIEFING BY THE PRESIDENT

Distinguished members of the press, ladies and gentlemen, I appreciate your presence today and your ongoing interest in public health issues that are pivotal to Nigeria's development, stability, and human security. I am Dr. Kene Terfa, President of the Association of Public Health Physicians of Nigeria (APHPN), the premier professional organization representing public health physicians in Nigeria. APHPN remains dedicated to advancing evidence-based policy, enhancing health systems, and fostering equity in healthcare delivery throughout the nation.

On behalf of the Board of Trustees, the National Executive Council (NEC), and all members of the Association of Public Health Physicians of Nigeria (APHPN), I am pleased to welcome you all to the 42nd APHPN Annual General Meeting and Scientific Conference, taking place here in Maiduguri, Borno State, from February 9th to 13th, 2026. The theme of this year's conference is: "Healing in the Crossfire: Delivering Health Services in Conflict and Crisis."

This theme is both timely and urgent, highlighting the realities faced by millions of Nigerians in conflict-affected and fragile settings. It emphasizes a crucial truth: sustainable development cannot occur without peace, and resilience depends on functional health systems. The conference will examine various sub-themes, such as climate change amid conflict and strategies for adaptation and mitigation, as well as the establishment of resilient healthcare in crisis zones. These issues are no longer theoretical policy debates, but real challenges faced daily by communities and health workers on the front lines. Featuring plenaries, breakout discussions, abstracts, and expert-led technical sessions, the event aims to be scientific, forward-thinking, and grounded in current public health practices. It will serve as a platform for meaningful dialogue on emerging health policy trends, humanitarian efforts, climate-health connections, and health system resilience. A vital message is that protecting health workers in conflict zones is essential for effective health service delivery—doctors, nurses, community health workers, and volunteers are the backbone of survival and recovery in fragile environmental contexts. This historic conference is also the first time APHPN is hosting its flagship scientific gathering in the North-East of Nigeria. By convening in Maiduguri, APHPN deliberately centres the conversation where the challenges and solutions are most visible.

Beyond the scientific programme, the conference will serve as a critical opportunity for networking and professional development for public health physicians across Nigeria. Delegates will actively engage in discussions of contemporary issues and in shaping the future of public health policy and practice in our country. I would also like to highlight that the current APHPN Executive Committee continues to operate on the wheels of innovation for the common good. Since the 2025 Scientific Conference and AGM, the Association has recorded several milestones. We have secured and established a befitting Secretariat for APHPN in Abuja; undertaken strategic public health advocacy with key stakeholders across several states and the Federal Capital Territory; and supported community health campaigns and outreach activities through various state chapters.

In addition, APHPN has established key standing committees, including the Task Force on Primary Health Care (PHC) Adoption and the Committee on Climate Change and Health, reflecting our commitment to forward-thinking, systems-level interventions. We have also signed a strategic partnership with ADRAP to host a studio space for the APHPN Virtual School in Abuja, an initiative aimed at expanding continuous professional development and capacity building. Central to our reform agenda is the ICSR Framework: Innovation, Capacity Building, Service Delivery Support, and Research, which underpin APHPN's PHC adoption strategy. Through this framework, the Association seeks to make measurable and sustainable contributions to strengthening primary health care delivery across Nigeria.

In closing, this conference is not merely an academic event; it is a national call to action. APHPN remains committed to translating knowledge into policy, dialogue into action, and partnerships into impact, especially for communities affected by conflict and crisis. We appreciate the continued support of the government, development partners, the private sector, and the media, and we look forward to a successful and impactful conference in Maiduguri.

Thank you.

Dr. Kene Terfa

**WELCOME ADDRESS BY THE CHAIRMAN, LOC OF THE 42ND ANNUAL GENERAL
MEETING/SCIENTIFIC CONFERENCE OF AHPN.**

Distinguished delegates, esteemed colleagues, respected partners, and invited guests, it is with great pleasure and a deep sense of honor that I welcome you, on behalf of the Borno State Branch and the Local Organizing Committee, to Maiduguri, Borno State, for this important Annual General Meeting and Scientific Conference of the Association of Public Health Physicians of Nigeria (AHPN). Your presence here today reflects your commitment to advancing public health practice and strengthening health systems, particularly in challenging and complex environments.

We are truly honored to host you in the North-East of Nigeria—a region that has come to symbolize both profound adversity and extraordinary resilience. Maiduguri, as the epicenter of humanitarian coordination and public health response within the Lake Chad Basin, presents a unique and practical learning environment for public health physicians and practitioners dedicated to serving populations affected by conflict, displacement, and humanitarian crises. Hosting this conference here is not only symbolic but intentional, as it allows us to ground our discussions in real-life experiences and field realities.

The theme of this conference, **“Healing in the Crossfire: Delivering Health Services in Conflict and Crisis,”** is both timely and highly relevant. It speaks directly to the lived realities of communities in fragile and conflict-affected settings, as well as the daily experiences of health workers who continue to provide essential services despite insecurity, limited resources, and operational constraints. The carefully selected sub-themes will further enrich our deliberations, addressing critical issues such as maternal, newborn, and child health in emergencies; violence against health workers; mental health and psychosocial support; sexual and gender-based violence; the intersection of climate change and conflict; and strategies for building resilient and adaptive health systems in crisis contexts.

This conference is expected to bring together public health physicians, researchers, policymakers, development partners, and humanitarian actors from across Nigeria and beyond. Through keynote addresses, panel discussions, workshops, and scientific paper presentations, participants will share field experiences, innovations, lessons learned, and evidence-based strategies to improve health service delivery in conflict and fragile settings. We are confident that the knowledge exchanged here will inform policy, strengthen practice, and inspire collaborative action.

We sincerely appreciate the Borno State Government for providing an enabling environment for hosting this conference, particularly the unwavering support of the Ministry of Health and other relevant agencies. We also extend our profound gratitude to our development partners, sponsors, and stakeholders whose generous support has contributed immensely to the success of this event.

I wish to specially commend the members of the Local Organizing Committee and all AHPN members in Borno State for their dedication, sacrifices, and tireless efforts in making this conference a reality. As you engage in the scientific sessions, we encourage you to also experience the warmth, hospitality, and resilience of the people of Maiduguri. Your comfort and safety remain our top priority, and all necessary arrangements have been made to ensure a seamless and rewarding stay.

Once again, welcome to Maiduguri, Borno State—the heart of humanitarian response in North-Eastern Nigeria. I wish you a productive, enlightening, and truly memorable conference.

Thank you, and God bless.

Prof. Yahya Shuaibu

WELCOME ADDRESS BY THE CHAIRMAN, AHPN BORNO STATE.

Your Excellencies, Honorable Ministers, Royal Highnesses, Distinguished Delegates, Ladies and Gentlemen,

On behalf of the Borno State Chapter of the Association of Public Health Physicians of Nigeria (AHPN), it is both an honor and a profound privilege to welcome you all to Maiduguri, the historic, culturally rich, and remarkably resilient capital of Borno State.

Borno is more than just a geographic entity. It is a living testament to endurance and hope. Over the past 15 years, this region and indeed the broader North-East of Nigeria has borne the brunt of a protracted humanitarian crisis, marked by violent insurgency, mass displacement, infrastructural devastation, and fragile health systems. Yet, amidst these challenges, the people of Borno have demonstrated unwavering resilience. Health workers have continued to serve under immense risk; mothers have traversed long distances for lifesaving vaccines; and young people have returned to rebuild schools and futures. This is the enduring spirit of Borno, a story of courage that refuses to be eclipsed by crisis.

It is in this context that we gather under the theme: **“Healing in the Crossfire: Delivering Health Services in Conflict and Crisis.”** This theme is not merely conceptual; it reflects realities. Today, we are here not just to recount the traumas but to showcase innovative models of recovery, adaptation, and perseverance that have emerged from our region. These are lessons that deserve global recognition, support, and replication.

For decades, the Association of Public Health Physicians of Nigeria has been a central force in confronting the country's public health challenges. This year marks a historic milestone: for the very first time, our Annual General Meeting and Scientific Conference is being hosted in the North-East. This decision is deliberate, not symbolic. It affirms our collective commitment to inclusion, equity, and recognition of a region that has experienced both acute vulnerability and extraordinary resilience.

This conference is a convergence of expertise and experience, bringing together public health professionals, academics, humanitarian actors, traditional leaders, development partners, and policymakers. Together, we aim to engage in meaningful discourse on how to ensure equitable and sustainable health service delivery in fragile and crisis-affected settings. Our discussions will also spotlight innovative community-led initiatives and state-level interventions that are making a difference on the ground. The association is particularly grateful for the support of the governments of Borno, Yobe, Bauchi, Adamawa, and Gombe states, as well as both tertiary and secondary health institutions. We also extend our appreciation to our partners, including the North-East Development Commission, APIN Public Health Initiatives, Lafiya UK, Action Against Hunger, IRC, UNFPA, and all other collaborators.

We also gather to honor a distinguished son of Borno, the late **Professor Umaru Shehu** a towering figure in African public health, former WHO Regional Director, and the founding Chairman of the AHPN Board of Trustees. His legacy of excellence, integrity, and vision continues to guide our association. This conference, held in his homeland, is a fitting tribute to his lifelong dedication to community health and global service.

Beyond the plenaries and scientific sessions, I encourage you to immerse yourselves in the unique sights and sounds of Borno. Explore the storied palace of the Shehu of Borno, hear the hypnotic rhythm of the Kanuri drums at dusk, and savour our traditional delicacies—*Brabisko* and *miyan kuka*, and the famous *Margi Special*. These are more than cultural symbols; they are threads in the rich tapestry of a people whose identity has remained unshaken through centuries of change and challenge.

Distinguished delegates, Borno is not defined by conflict alone. It is defined by courage, compassion, and community. As we begin this important dialogue, may we root our reflections not only in theory and policy but in the lived realities of communities striving daily to survive, recover, and thrive.

Welcome to Maiduguri. Welcome to Borno—the Home of Peace. Welcome to history in the making.

Thank you.

Dr Zara Wudiri

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49. Prevalence and Sociocultural Factors of Gender-Based Violence in Karu Community, Federal Capital Territory (FCT), Abuja, Nigeria

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TRANSITION FROM MEDICAL STUDENTS TO INTERNS: THE NIGERIAN INTERNS' PERSPECTIVE

Mato C,^{1,3} Ogbonna VI,^{2,3} Opara C.^{3,4}

¹Department of Anaesthesia, University of Port Harcourt & University of Port Harcourt Teaching Hospital, Port Harcourt, Rivers State, Nigeria.

²Department of Community Medicine, University of Port Harcourt Teaching Hospital, Rivers State, Nigeria

³Department of Community Medicine, PAMO University of Medical Sciences, Port Harcourt, Nigeria

⁴Department of Community Medicine, PAMO Teaching Hospital, Rivers State, Nigeria

Corresponding Author: Vivian Ifeoma Ogbonna; viogbonna@gmail.com

ABSTRACT

Background: Medical education is a multifaceted process encompassing both theoretical and practical components; it is often considered an apprenticeship. While medical schools strive to provide a comprehensive foundation, the transition to internship introduces new challenges and opportunities. We deemed it necessary to assess the transition from medical students to interns from the interns' perspective, which can inform the development of targeted interventions and mentorship programs.

Methods: A cross-sectional study design was used to survey ninety-eight (98) medical interns educated in the tertiary institutions in Rivers State, using a semi-structured self-administered questionnaire. The questionnaire was built using Google Forms, and data were collected by sending the link to the interns' WhatsApp group after obtaining ethical approval (PUMS/REC/2024/005). Data were analysed using IBM SPSS version 27 and presented as frequencies and percentages. Qualitative data analysis of open-ended responses was conducted using inductive and deductive content analysis and thematic analysis.

Result: Most of the respondents were in the 25-29 age group (59, 60.2%); 50 (51.0%) were female, and 9 (9.2%) were married. The study found that 87 (88.8%) had good preparedness for hospital practice, 43 (43.9%) had orientation before the commencement of the internship, and wished for more training before the internship. Additionally, 53 (54.1%) experienced emotional challenges, while 29 (29.6%) had experienced psychological challenges, and only 13 (13.3%) found it easy/very easy to manage emotional well-being. From the open-ended analysis, 57 (58.1%) interns described their overall experience as amazing, good, best, or exciting. Another 10 (10.2%) described their experience as overwhelming at first, but it improved over time; others said it was bad and stressful.

Conclusion: The study revealed good preparedness for hospital practice among interns; gaps remain in pre-internship orientation, emotional readiness, and psychological support. The majority felt they received no emotional support. Advice, mentorship, and emotional encouragement were the most appreciated forms of support among those who received any.

Recommendation: Training institutions and healthcare facilities should continuously organize structured pre-internship orientation, provide supervisory support, and provide accessible mental health resources for new interns.

Keywords: Interns, Perspectives, Transition, Medical Students, Nigeria

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KNOWLEDGE AND PERCEPTION OF SICKLE CELL DISEASE AMONG YOUNG WOMEN ATTENDING URBAN PRIMARY HEALTH CARE CENTRE IN NORTHEAST NIGERIA

Musa A,^{1,4} Abba U,² Abila P,³ Ibrahim MU,^{1,4}

¹Department of Community Medicine, Abubakar Tafawa Balewa University Bauchi, Nigeria

² Ministry of Health Damaturu, Yobe State, Nigeria

³Niger State Primary Health Care Development Agency, Niger State, Nigeria

⁴Abubakar Tafawa Balewa University Teaching Hospital, Bauchi, Nigeria

Corresponding Author: Dr. Abubakar Musa; habusari81@gmail.com

ABSTRACT

Background: Sickle Cell Disease (SCD) is a hereditary blood disorder characterized by the presence of abnormal hemoglobin, leading to distortion (sickled) in the shape of red blood cells. Nigeria has the highest burden of SCD globally, accounting for nearly 150,000 new births annually. Despite its high prevalence, awareness, understanding, and perception of SCD remain suboptimal among young women—those most likely to engage in reproductive decisions. Misconceptions, stigma, and inadequate knowledge often contribute to the continued transmission of the disease. This study aimed to assess the level of knowledge and perception of SCD among young women attending the Primary Health Care Centre, State Low-Cost, Bauchi.

Methods: A descriptive cross-sectional study design was adopted. The study population comprised 300 young women aged 15–29 years; systematic sampling was employed, and data were collected using pre-tested semi-structured, interviewer-administered questionnaires. SPSS version 21.0 was used for data analysis.

Results: The mean age of the respondents was 15.4±6.2-24 years, about 34.7% had secondary level of education, for marital status 65% were single and majority 78% of the respondents were urban dwellers. Good knowledge and perception of SCD were 40.3% and 62.0%, respectively, while good screening behavior was 61% among the respondents.

Conclusion: There is good knowledge, perception and screening behavior of SCD among young women attending PHC State Low-Cost Bauchi. Screening for sickle cell diseases should be strengthened in our health facilities and communities, which will invariably reduce the prevalence of the disease and its consequences.

Key words: Knowledge, Perception, Sickle Cell Disease, Young Women, Bauchi.

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GENDER BASED VIOLENCE AMONG ATTENDEES OF URBAN PHC, KOFARRAN, BAUCHI STATE, NIGERIA

Muhammad AS,^{1,2} Abdulkareem S,^{1,2} Mohammed A,^{1,2} Bulus NG,^{1,2} Muhammad YY,³ Malik YO,^{1,2}

¹Department of Community Medicine, Abubakar Tafawa Balewa University, Bauchi

²Department of Community Medicine, Abubakar Tafawa Balewa University Teaching Hospital, Bauchi

³Georgetown Global Health Nigeria GTE, Bauchi

Corresponding Author: Muhammad AS; masadiq2@atbu.edu.ng

ABSTRACT

Background: Sexual and Gender-based Violence (SGBV) is a major public health and human rights concern with physical, psychological, and social implications for survivors. Although under-reported, health facility records can provide data on the burden of this problem. This study aimed to determine the prevalence and determinants of SGBV among attendees at the urban PHCC in Kofar Ran, Bauchi State.

Method: This was a cross-sectional study using secondary data extracted from the SGBV register at Kofar Ran PHCC over two years (January 2023–2025). The data obtained were reviewed and analyzed using SPSS version 26. Descriptive statistics summarized the data, with a significant P-value (< 0.05).

Results: Out of 298 recorded SGBV cases, 266 (89.3%) were females and resided in urban areas. Average number of days before reporting ranged from 0 to 31, with a median of 2 (IQR: 1- 3). Most of them, 138 (63.5%), were physically assaulted (harmful traditional practices, FGM, IPV, and beating/battering). Sexual violence (rape, sexual exploitation and incest) was reported among 82 (27.5%) of the respondents. The most given reason for violence was substance use (135; 45.3%). Most survivors (126; 42.3%) were aged 24–34 years, and 50.7% of the perpetrators were known HIV positive patients. About 172 (57.7%) of the victims turned out positive for HIV. Most cases (64.9%) occurred within residential or community settings. Younger age ($p = 0.001$) and substance abuse ($p = 0.03$) were significant determinants of SGBV.

Conclusion: There is a high prevalence of SGBV in Bauchi, with a very low reporting rate. Notably, most perpetrators are HIV positive. Strengthening community awareness, improving surveillance systems, and ensuring prompt medical and psychosocial support for survivors are essential to curtail the menace.

Keywords: Intimate partner violence, Physical Violence, Rape, SGBV, Sexual Violence.

PREVALENCE AND PERPETRATORS OF WORKPLACE VIOLENCE AMONG HEALTH WORKERS AT THE UNIVERSITY OF NIGERIA TEACHING HOSPITAL, ENUGU STATE

Nwobi EA,¹ Ezenwosu IL,¹ Obi IE,¹ Ndionuka AC,² Ndiwe-Ogu CU,² Ndoh EE,² Ndu CC.²

¹Department of Community Medicine, University of Nigeria Teaching Hospital, Ituku-Ozalla, Enugu, Nigeria

²Faculty of Clinical Sciences, University of Nigeria, Ituku-Ozalla Campus, Enugu, Nigeria.

Corresponding Author: Ezenwosu Ifeyinwa; ifeyinwaezenwosu32@gmail.com

ABSTRACT

Background: Workplace violence is widely recognised as a major public health challenge, with substantial impacts reported in both high-income and low- to middle-income settings. It poses a critical threat to the safety, mental well-being, and performance of healthcare workers. This study aims to ascertain the prevalence, forms, and perpetrators of workplace violence among health workers at the University of Nigeria Teaching Hospital (UNTH), Enugu State.

Methods: A descriptive cross-sectional study was conducted among 284 healthcare workers from 15 randomly selected departments among the 52 departments at UNTH. Purposive sampling was used to select eligible health workers within these departments. Ethical approval was obtained from the Health Research Ethics Committee of UNTH. Data were collected using a pre-tested, semi-structured, self-administered questionnaire. Analysis was performed using IBM® SPSS version 23, and findings were summarised using frequencies and proportions presented in tables and charts

Results: Overall, 57.4% of respondents reported experiencing at least one form of workplace violence during their employment. Psychological violence was the most frequently reported (44%), followed by physical violence (18.3%) and sexual harassment (8.0%). Key factors contributing to workplace violence included inadequate staffing, poor communication, and aggressive behaviour from patients and their relatives. The primary perpetrators were patients and their relatives, although colleagues and supervisors were also identified as perpetrators.

Conclusion: Workplace violence was highly prevalent among health workers, with psychological violence being the most experienced form.

Recommendation: Strengthening staffing levels, enhancing communication, and establishing effective reporting and follow-up systems are essential to protecting healthcare workers and promoting safe, high-quality patient care.

Keywords: Workplace violence, Healthcare workers, Perpetrators

BIOMARKER EVIDENCE OF HAZARDOUS PESTICIDE EXPOSURE AMONG SMALLHOLDER FARMERS IN ABUJA, NIGERIA: IMPLICATIONS FOR SAFETY, POLICY, AND SUSTAINABLE AGRICULTURE

Cegbeyi M.A.E,¹ Egenti N,¹ Abubakar MJ,¹ Ibirongbe D,² Isara A,³ Abah OS.⁴

¹University of Abuja Teaching Hospital, FCT-Abuja, Nigeria

²University of Medical Sciences, Ondo State Nigeria

³University of Benin, Edo State, Nigeria

⁴Federal University of Health Sciences, Otukpo, Benue State, Nigeria

Corresponding Author: Cegbeyi M.A.E; cegbeviagma95@gmail.com

ABSTRACT

Background: Pesticide use is widespread in smallholder farming, yet exposure remains a major public health concern, particularly in developing countries where regulatory enforcement and safety practices are limited. Pesticide poisoning affects approximately 41 million people globally and results in a minimum of 300,000 deaths annually. This study assessed pesticide exposure among smallholder farmers in Abuja using urinary biomarkers of organophosphate pesticide exposure and examined their knowledge, safety practices, and contextual factors influencing exposure.

Methods: A mixed-methods design was employed, comprising a cross-sectional quantitative survey of 308 farmers, 8 focus group discussions, and laboratory analysis of 54 urine samples for six Dialkylphosphate (DAP) metabolites. Participants were selected through multistage sampling from three area councils of Abuja. Data were analyzed to determine associations between knowledge, safety practices, and exposure levels.

Results: Most farmers (62.1%) obtained pesticide information from fellow farmers, while 90.0% prioritized pesticide effectiveness over safety. Only 47.7% correctly defined personal protective equipment (PPE); proper storage (3.9%) and safe disposal of pesticide containers (37.0%) were low. Additionally, 86% reported pesticide spillage leading to direct contact. Knowledge of safe pesticide use ($\chi^2 = 8.286$, $p = 0.004$) and safe farming practices ($\chi^2 = 10.933$, $p = 0.001$) were associated with exposure. Biomarker analysis revealed of the six urinary Dialkylphosphate (DAP) biomarkers assessed, five were detected in the urine samples of smallholder farmers. DEP and DETP were present in all participants (100%), while DMP, DMTP, and DMDTP were detected in 94.4%, 87.0%, and 85.0% of samples, respectively. A weak negative correlation existed between knowledge and biomarker concentrations, with DMTP showing a significant association ($p < 0.05$). Qualitative findings highlighted financial constraints, cultural norms, and limited access to PPE as major barriers to safe use.

Conclusion: Smallholder farmers in Abuja experience significant exposure to organophosphate pesticides, driven by inadequate knowledge, unsafe practices, and limited protective resources. Targeted interventions, including structured training, improved access to PPE, strengthened regulations, and promotion of integrated pest management, are critical to reducing exposure and enhancing agricultural health and safety.

Keywords: Pesticides. Biomarkers. Smallholder farmers, Dialkylphosphate.

OCULAR AND AUDITORY SYMPTOMS AND ASSOCIATED RISK FACTORS AMONG SAWMILL WORKERS IN GUSAU, ZAMFARA STATE, NORTHWEST NIGERIA

Shehu A,^{1,2} Yakubu M,^{1,2} Nuru SM,³ Abdullahi U.^{4,5}

¹Department of Community Medicine, Federal University Gusau, Zamfara State, Nigeria

²Department of Community Medicine, Federal Medical Centre Gusau, Zamfara State, Nigeria

³Department of Community Medicine, Yobe State University Damaturu, Yobe State, Nigeria

⁴Department of Internal Medicine, Federal University Gusau, Zamfara State, Nigeria

⁵Department of Internal Medicine, Federal Medical Centre Gusau, Zamfara State, Nigeria

Corresponding Author: Shehu Abdullahi; abdulshehu78@gmail.com

ABSTRACT

Background: Sawmill workers are exposed to physical (noise) and chemical (dust) hazards daily in their occupation. These hazards predispose them to auditory (ear) and ocular (eye) symptoms in the sawmill workplaces. This study assessed the prevalence and factors associated with ocular and auditory symptoms among sawmill workers in Zamfara State, Northwest Nigeria, to inform workers about their ocular and auditory morbidities and preventive measures.

Methods: This cross-sectional study was conducted among 304 sawmill workers in Gusau, Zamfara State, between September and November 2025. Respondents were selected by a systematic sampling technique. Data was collected using an interviewer-administered questionnaire, processed using IBM SPSS version 25 and analyzed using descriptive and inferential statistics. The chi-square test was used to assess associations between socio-demographic characteristics and ocular and auditory symptoms, and the data were presented in tables and charts.

Results: The prevalence of eye and ear symptoms was 30.0% and 6.5%, respectively. The most common and least common eye symptoms were Itchiness (24.8%) and soreness (5.5%), while the most common and least common noise-related symptoms were tinnitus (6.2%) and difficulty in hearing (3.6%). The risk factors associated with eye morbidity were smoking ($\chi^2 = 7.03$, $p = 0.008$) and duration of work ($\chi^2 = 8.44$, $p = 0.004$), while those of noise-related morbidity were job specification (Fisher's exact, $P = 0.008$) and duration of work ($\chi^2 = 1.57$, $p = 0.210$). Almost all the standard ocular and auditory personal protective equipment (PPE) were not available in the sawmill.

Conclusions: The study found a high prevalence of eye and a lower prevalence of ear symptoms among the workers. Smoking, job specification and duration of work were the factors associated with eye and ear symptoms. Sawmill employers should ensure that workers are adequately trained in safety practices and that eye and ear safety measures are available and in compliance.

Keywords: Auditory, Ocular, Sawmill, Symptoms.

EVALUATING ONE HEALTH WORKFORCE CAPACITY AND IMPLEMENTATION CHALLENGES IN ZAMFARA STATE: A PILOT STUDY FOR NORTH-WESTERN NIGERIA

Shehu A,^{1,2} Magaji BA,^{3,4} Anka MS,⁵ Galadima AN.⁶

¹ Department of Community Medicine, Federal University Gusau, Zamfara State, Nigeria

² Department of Community Medicine, Federal Medical Centre Gusau, Zamfara State, Nigeria

³ Department of Community Health, Usmanu Danfodiyo University, Sokoto, Nigeria

⁴ Institute of One Health, Usmanu Danfodiyo University, Sokoto, Nigeria

⁵ Public Health Department, Faculty of Allied Health sciences, Huda University Gusau, Zamfara State, Nigeria

⁶ Department of Public Health, Faculty of Basic Medical Sciences, Zamfara State University, Talata Mafara, Nigeria

Corresponding Author: Shehu Abdullahi; abdulshehu78@gmail.com

ABSTRACT

Background: The One Health (OH) approach provides a collaborative framework for addressing health threats at the human-animal-environment interface. Despite national commitments to OH implementation in Nigeria, there is limited evidence on the composition, competencies, and integration challenges of the OH workforce at sub-national levels. This pilot study assessed the OH workforce landscape in Zamfara State as part of a broader evaluation across northwestern Nigeria.

Methods: A cross-sectional mixed-method pilot survey was conducted among 40 professionals from the human, animal, and environmental health sectors. Data were collected using a structured, interviewer-administered questionnaire covering demographics, OH knowledge, competencies, and level of OH implementation. Knowledge and competency were assessed using 5-point Likert scales and converted to percentage scores; $\geq 70\%$ was classified as good knowledge or adequate competency. Electronic data capture was done using ODK. Additionally, six Key Informant Interviews (KIIs) were conducted with sectoral representatives to explore workforce gaps, intersectoral collaboration, OH governance, and barriers to implementation. Qualitative data were analyzed using thematic analysis.

Results: Findings showed that the OH workforce in Zamfara State consists primarily of 52.5% (n=21) human, 32.5% (n=13) animal, and 15.0% (n=6) environmental health professionals. Less than two-thirds (60.0%) had received OH-related training (e.g., disease surveillance, anthrax response, rabies control). Overall, 72.5% (n=29) had good knowledge, while 27.5% (n=11) had poor knowledge. Competency levels, 60% (n=24) demonstrated adequate competency, 40% (n=16) exhibited inadequate competency. Competency strengths were observed in outbreak response, collaboration, and leadership, whereas gaps were prominent in multisectoral collaboration, data analysis, policy advocacy, and information systems. KIIs reinforced these findings, identifying inadequate funding, weak intersectoral coordination, poor data-sharing structures, limited training opportunities, and policy constraints as major barriers to OH implementation.

Conclusion:

The pilot results highlight a functional but under-resourced OH workforce in Zamfara State, with notable gaps in technical capacity, coordination, and institutional support. Strengthening OH integration in north-western Nigeria will require targeted capacity building, improved multisectoral collaboration, clear policy frameworks, and sustainable funding mechanisms. Lessons from this pilot will guide the full-scale assessment across the region.

Keywords: One-Health, workforce capacity, Zamfara State.

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**EFFECTS OF HOSTEL SANITATION PRACTICES ON THE HEALTH OF MEDICAL STUDENTS
AT PAMO UNIVERSITY OF MEDICAL SCIENCES, RIVERS STATE, NIGERIA**

Owhoeli CJ,¹ Ozekhome-Mike I,¹ Pepple AD,¹ Epelle PC,¹ Joseph CB,^{1,2}

¹Pamo University of Medical Sciences, Port Harcourt, Rivers State, Nigeria.

²Rivers State Primary Health Care Management Board, Port Harcourt, Nigeria.

Corresponding Author: Carol Beregha Joseph; josecarol460@gmail.com

ABSTRACT

Background: Sanitation within student hostels plays a vital role in maintaining health and supporting academic success, particularly in medical schools where the academic workload is intense. This study aims to assess the effects of hostel sanitation practices on the health of medical students in PAMO University.

Methods: A cross-sectional design was employed, and a sample size of 428 students was selected by a multistage sampling method. Data were collected using a semi-structured, self-administered questionnaire and analyzed with IBM SPSS version 27.

Results: Findings revealed that 60% of students demonstrated good sanitation practices. However, 67.1% reported experiencing sanitation-related health issues, with malaria (54.7%) and skin infections (47.4%) being most prevalent. Challenges identified included a lack of cleaning personnel (61.4%), an inadequate water supply (50.7%), a lack of cleaning materials (56.1%), and poor facility maintenance. Statistical analysis using the Chi-square test revealed significant associations between sanitation challenges and health issues, particularly for inadequate water supply ($\chi^2 = 6.588$, $p = 0.010$), lack of student awareness ($\chi^2 = 5.683$, $p = 0.017$), and poor facility maintenance ($\chi^2 = 4.290$, $p = 0.038$). Associations between sanitation challenges and health issues, particularly for inadequate water supply, were also noted. Challenges identified included a lack of cleaning staff (61.4%), an inadequate water supply (50.7%), a lack of cleaning materials (56.1%), and poor facility maintenance.

Conclusion: The study concludes that inadequate hostel sanitation has a measurable negative impact on students' health.

Recommendation: Addressing these issues through policy reform and infrastructural improvement will enhance student well-being and academic performance.

Keywords: Hostel, Sanitation, Hygiene Practices, WHO guidelines.

ASSESSMENT OF NUTRITIONAL STATUS OF UNDER-FIVE CHILDREN IN INTERNALLY DISPLACED PERSONS (IDP) CAMPS IN ABUJA, NIGERIA

Okafor KC¹, Bimba JS¹, Ocheola VA¹, Isah HO¹, Odiari OA²

¹Department of Community Medicine & Primary Health Care, Bingham University, Karu, Nasarawa State, Nigeria

²Department of Community Medicine & Primary Health Care, Babcock University Teaching Hospital, Ogun State, Nigeria

Corresponding Author: Dr. Kingsley Chinedu Okafor; okafor.chinedu@binghamuni.edu.ng

ABSTRACT

Background: Malnutrition remains a major public health challenge among children under five, particularly in conflict-affected and displaced populations. Internally displaced persons (IDPs) in Abuja, Nigeria, are predominantly from insurgency-ravaged Borno State, where prolonged conflict has disrupted food security, healthcare services, and livelihoods. This study assessed the nutritional status of children under five living in selected IDP camps in Abuja and identified the burden of malnutrition in this vulnerable population.

Methods: A cross-sectional study was conducted among 425 under-five children (0–59 months) residing in selected IDP camps within Abuja Municipal Area Council. A two-stage sampling technique was employed. Data were collected using an interviewer-administered questionnaire covering socio-demographic characteristics, dietary practices, breastfeeding patterns, and anthropometric measurements. Nutritional status was assessed using WHO growth standards for weight-for-height (wasting), height-for-age (stunting), weight-for-age (underweight), and mid-upper arm circumference (MUAC). Data were analyzed using SPSS version 24, with statistical significance set at $p \leq 0.05$.

Results: The prevalence of stunting, underweight, and wasting among under-five children was 51.9%, 34.9%, and 8.2%, respectively. Moderate wasting was observed in 7.6% of children, while 2.3% were severely wasted. MUAC assessment showed that 8.7% had moderate acute malnutrition and 4.9% had severe acute malnutrition. Overall, the burden of malnutrition in the IDP camps was higher than reported in many other regions of Nigeria and comparable African settings.

Conclusion: There is a high prevalence of malnutrition among under-five children in IDP camps in Abuja, Nigeria, despite ongoing governmental and humanitarian interventions. Stunting and underweight were particularly prevalent, indicating chronic nutritional deprivation.

Recommendation: Strengthened, context-specific nutritional interventions, improved food security, and regular nutritional surveillance are urgently needed in IDP camps to reduce childhood malnutrition and its long-term consequences.

Keywords: Malnutrition; Under-five children; Internally displaced persons; Nutritional status; Abuja.

CAUGHT BETWEEN BULLETS AND BACILLI: DIAGNOSTIC GAPS AND LOW DRTB DETECTION IN CONFLICT-AFFECTED BORNO STATE, NIGERIA

Babayi A,¹ Shuaib N,² Ali G,³ Aneke C,¹ Bimba J.¹

¹Zankli Research Center, Bingham University, Karu, Nasarawa State, Nigeria

²World Health Organization, FCT, Abuja, Nigeria

³Borno State Ministry of Health and Human Services, Maiduguri, Borno state, Nigeria.

Corresponding Author: Dr. Aminu Babayi; aminubabayi@gmail.com

ABSTRACT

Background: Drug-resistant tuberculosis (DRTB) remains a major public health challenge in Nigeria, where fragile health systems and insecurity complicate case detection and treatment. Timely diagnosis depends on access to molecular testing for MTB/RIF resistance, yet coverage is uneven across regions. In Borno State, conflict-related disruptions and limited diagnostic infrastructure have contributed to persistently low DRTB notification rates. Understanding how diagnostic capacity influences case detection is critical to strengthening surveillance and improving outcomes.

Methods: A cross-sectional analytic study was conducted to assess the relationship between DRTB case detection and access to molecular diagnostic testing with MTB-RIF resistance capability in Borno State and the North-East region (NER) of Nigeria. Routine TB control surveillance data from June 2024 to September 2025 were collected from Borno state and the northeast zonal TB reports (secondary sources) and analysed using MS Excel & R. Quarterly averages were computed with equal weighting across reporting periods to ensure comparability and highlight systemic gaps in MTB-RIF testing capacity.

Results: TB notifications were gradually increasing in both Borno state and the NER, while DRTB case notifications were declining steeply in Borno, in contrast to the NER, which was almost plateauing. Correlation analysis demonstrated that declining access to MTB-RIF molecular testing was strongly associated with reduced DRTB case notifications, with Pearson's $r \approx 0.90$ in the NER and $r \approx 0.70$ in Borno State, reflecting stronger associations in higher-volume settings.

Conclusion: Reduced access to MTB-RIF testing was consistently linked to lower DRTB notifications across five consecutive quarters, not an untrue reflection of reduced burden. These findings underscore the critical role of diagnostic capacity in sustaining detection and highlight the urgent need to strengthen molecular testing infrastructure and coverage, particularly in conflict-affected regions where fragile health systems exacerbate surveillance and treatment gaps, such as Borno State.

Recommendation: On presumption of TB disease, it is recommended to prioritize the use of molecular TB testing capable of detecting resistance, to ensure earlier DRTB diagnosis, treatment and prevention, especially among contacts of previously diagnosed TB patients.

Keywords: Drug-resistant tuberculosis, MTB-RIF, Diagnostic capacity, Conflict-affected regions, Nigeria.

ASSESSMENT OF HOUSEHOLD FOOD SECURITY AMONG MARKET TRADERS IN JOS NORTH, PLATEAU STATE, NIGERIA

Okafor KC¹, Bimba JS¹, Ojo NB¹, Mercy NB¹, Nnorom CC¹, Nwosu VC¹, Odiari OA²

¹Department of Community Medicine & Primary Health Care, Bingham University, Karu, Nasarawa State, Nigeria

²Department of Community Medicine & Primary Health Care, Babcock University Teaching Hospital, Ogun State, Nigeria

Corresponding Author: Dr. Kingsley Chinedu Okafor; okafor.chinedu@binghamuni.edu.ng

ABSTRACT

Background: Household food security remains a critical public health concern in Nigeria, particularly among economically vulnerable groups such as market traders. Food insecurity affects food availability, access, utilization, and stability, and is worsened by poverty, inflation, insecurity, and public health emergencies. This study assessed household food security and associated factors among market traders in Jos North Local Government Area, Plateau State.

Methods: A cross-sectional study was conducted among 263 market traders, selected using a multistage sampling technique, from four major markets in Jos North. Data were collected using interviewer-administered questionnaires adapted from the Household Food Insecurity Access Scale (HFIAS) and Household Dietary Diversity Score (HDDS). Food security status was categorized as food secure, mildly food insecure, moderately food insecure, or severely food insecure. Data were analyzed using SPSS version 20, with associations tested at a 95% confidence level and < 0.05 .

Results: Less than half of the respondents (48.7%) were food secure. Mild and severe food insecurity affected 2.6% and 11.2% of households, respectively. A high proportion of respondents reported anxiety about food availability (64.0%) and inability to consume preferred foods due to financial constraints (62.5%). Most households (98.9%) had moderate food availability. Carbohydrate utilization was adequate in 87.3% of households, while protein utilization was adequate in only 42.7%. Household food security was significantly associated with occupation, educational level, monthly income, and type of accommodation ($p < 0.05$).

Conclusion: Household food insecurity remains prevalent among market traders in Jos North, with income, education, and occupation playing significant roles. Although food availability was largely moderate, access and dietary quality were suboptimal.

Recommendation: Economic empowerment initiatives, improved income opportunities, nutrition education, and intersectoral collaboration are recommended to enhance household food security among market traders.

Keywords: Household food security; Market traders; Food access; Dietary diversity; Jos North

COVID-19 VACCINE ACCEPTANCE AMONG HEADS OF HOUSEHOLD IN TUNDUNWADA RURAL COMMUNITY OF KARU LOCAL GOVERNMENT AREA, NASARAWA STATE, NIGERIA

Okafor KC,¹ Bimba JS,¹ Ikpenwa EM,¹ Odiari OA.²

¹Department of Community Medicine & Primary Health Care, Bingham University, Karu, Nasarawa State, Nigeria.

²Department of Community Medicine & Primary Health Care, Babcock University Teaching Hospital, Ogun State, Nigeria.

Corresponding Author: Dr. Kingsley C. Okafor; okafor.chinedu@binghamuni.edu.ng

ABSTRACT

Background: The COVID-19 pandemic has significantly disrupted global health systems, economies, and social structures. Despite the availability of effective vaccines, vaccine hesitancy remains a major public health challenge in Nigeria. Concerns about vaccine safety and efficacy, misinformation, and mistrust of government institutions have influenced public acceptance. This study assessed COVID-19 vaccine acceptance among heads of households in Tundunwada rural community, Karu Local Government Area, Nasarawa State, Nigeria.

Methods: A descriptive cross-sectional study was conducted among 399 heads of households selected using a multi-stage sampling technique. Data were collected using a pre-tested, interviewer-administered structured questionnaire. Data were analyzed using SPSS version 20. Ethical clearance was obtained from the Bingham University Ethical Committee, and informed consent was secured from participants.

Results: Majority of respondents (87.0%) had knowledge of the COVID-19 vaccine. The main sources of information were social media (41.5%) and friends (21.4%). However, only 15.8% were willing to accept the vaccine, while 84.2% were unwilling. A positive perception of vaccine effectiveness was observed among 39.6% of respondents, whereas 60.4% doubted its effectiveness. Willingness to take the vaccine if offered for free was 11.1%, and only 4.4% were willing to take it if made compulsory. Regarding payment, 4.4% were willing to pay for the vaccine, and 9.5% would pay if subsidized.

Conclusion: Although knowledge of COVID-19 vaccines was high among respondents, acceptance and willingness to take or pay for the vaccine were markedly low. Negative perceptions and mistrust significantly influenced vaccine hesitancy.

Recommendation: Targeted community-based health education campaigns addressing misinformation and vaccine safety concerns are recommended. Government and stakeholders should strengthen community engagement strategies to improve vaccine uptake in rural settings.

Keywords: COVID-19; Vaccine Acceptance; Vaccine Hesitancy; Rural Community; Nigeria

APHPN/ B026/ OR/ 022

A CROSS-SECTIONAL ASSESSMENT OF HOME-BASED KNOWLEDGE AND PRACTICE OF HAND WASHING AMONG CAREGIVERS OF UNDER-FIVE CHILDREN IN A PERI-URBAN COMMUNITY, NORTHWEST NIGERIA

Adiri F,¹ Joshua IA,^{1,2} Ezekiel A,¹ Joshua JC.¹

¹Department of Community Medicine, College of Medicine, Kaduna State University, Kaduna, Nigeria

²Department of Community Medicine, College of Health Sciences, Federal University Wukari, Taraba State, Nigeria

Corresponding Author: Dr. Farouk Adiri; adirifarouk@gmail.com

ABSTRACT

Background: Sustainable Development Goal (SDG) 3.2 aims to reduce morbidity and mortality of children under five years by 10 million between 2017 and 2030. However, improving the hand hygiene of mothers and children through simple handwashing with soap and water is a locally available, cost-effective measure essential for daily living that helps reduce hand contamination during cooking and eating and reduces the risk of communicable diseases. **Aim:** To assess the home-based knowledge and practice of hand washing among caregivers of children under five in Nissi-Village Community, Chikun Local Government Area of Kaduna State, Northwest Nigeria.

Methods: A descriptive cross-sectional study was conducted among 250 caregivers of children under five using a pre-coded, semi-structured, interviewer-administered questionnaire. The study employed a multi-stage sampling technique. The data collected were analyzed using SPSS version 23.0, and the results were presented in tables, univariate, bivariate, and multivariate analyses. A p-value was set at ≤ 0.05 .

Results: The mean age of the respondents was 36.18 ± 10.01 years. Most respondents demonstrated good knowledge (249, 99.6%) and good practice (67, 26.8%). A significant association was found between knowledge and level of education ($p=0.016$) and caregiver occupation ($p=0.052$). Also, practice and marital status ($p=0.046$), level of education ($p=0.049$), and occupation ($p=0.003$) were significantly associated, respectively.

Conclusion: Knowledge of hand washing was high, but the practice was poor, largely due to basic facilities and resource limitations.

Recommendation: Further awareness and sensitization, supported by relevant stakeholders and community-based health facilities, are needed to improve practice.

Keywords: Caregivers, Handwashing, Knowledge, Practice, Under-Five Children.

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KNOWLEDGE, ATTITUDES, AND UPTAKE OF THE HUMAN PAPILLOMAVIRUS (HPV) VACCINE AMONG WOMEN OF REPRODUCTIVE AGE IN SABON LAYI KURMIN MASHI, KADUNA STATE, NIGERIA: A CROSS-SECTIONAL STUDY

Oyefabi AM, Ibrahim MJ, Sani H, Tahir BL, Joshua JC, Sani UI

Department of Community Medicine, Faculty of Clinical Sciences, College of Medicine, Kaduna State University, Nigeria.

Corresponding Author: Oyefabi AM; adegboyega.oyefabi@kasu.edu.ng

ABSTRACT

Background: Cervical cancer, primarily caused by persistent infection with high-risk Human Papillomavirus (HPV), remains a leading cause of cancer-related morbidity and mortality among Nigerian women. The introduction of the HPV vaccine into Nigeria's routine immunization program in October 2023 represents a critical preventive opportunity, yet its success depends on community-level awareness, acceptance, and uptake. This study assessed the knowledge, attitudes, and uptake of the HPV vaccine among women of reproductive age in Sabon Layi Kurmin Mashi, Kaduna South Local Government Area, Kaduna State in November 2025.

Methods: A community-based cross-sectional study was conducted among 1,119 women of reproductive age using total sampling of all eligible women of reproductive age group from all the 665 households in the community. Data were collected using structured interviewer administered questionnaires. Descriptive statistics were used to summarize findings using SPSS version 25. Statistical significance level was $p < 0.05$.

Results: Overall awareness of HPV infection was low 167(14.9%). Among those aware, health workers were the primary source of information 81(36.7%). Knowledge of sexual transmission was high (82.6%), though a significant proportion 118(70.7%) incorrectly believed HPV affects only women. Awareness of the HPV vaccine was 42(25.1%). Most vaccine-aware respondents knew its purpose was cervical cancer prevention 47(82.5%) and identified girls aged 9–14 years as the target group (52.4%). Attitudinally, 59.5% were willing to vaccinate their daughters, but actual uptake was 0%. The predominant barrier to uptake was lack of information (78.6%). Common negative perceptions included fears of unknown side effects (11.9%), promiscuity (5.3%), and infertility /concerns about western conspiracies (3.7%).

Conclusion: Despite relatively positive attitudes toward HPV vaccination, knowledge gaps, misconceptions, and severe informational deficits persist in Sabon Layi Kurmin Mashi, resulting in zero HPV vaccine uptake. Enhanced community-based health education is recommended.

Recommendation: There is a need for enhanced community-based health education and campaigns, targeted messaging to correct misconceptions, and engagements of health workers as key information disseminators on cervical cancer prevention and control.

Keywords: Knowledge, Attitude, Uptake, HPV Vaccine, Kurmin Mashi

ESTIMATION OF MATERNAL MORTALITY USING THE INDIRECT SISTERHOOD METHOD IN AN URBAN SLUM IN KADUNA, NIGERIA

Sani H, Oyefabi AM, Usman NO, Tahir BL, Aminu AA, Mormoni K, Ezekiel A.
Department of Community Medicine, College of Medicine, Kaduna State University, Kaduna, Nigeria

Corresponding Author: Sani Hammad; hammadszm@gmail.com

ABSTRACT

Background: Maternal mortality remains a major public health challenge in sub-Saharan Africa, with Nigeria experiencing a disproportionately high number of global deaths. Significant subnational disparities highlight the need for accurate, community-level data to inform targeted interventions, especially in underserved urban slums. This study estimates maternal mortality using the indirect sisterhood method in an urban slum in Kaduna, Nigeria.

Methods: A community-based cross-sectional survey was conducted in November 2025 in Sabon Layi Kurmin Mashi, an urban slum in Kaduna State, Nigeria. Using the indirect sisterhood method, data were collected from 1,119 women of reproductive age (15–49 years). Information on the survival status of adult sisters and maternal deaths was gathered. The Maternal Mortality Ratio (MMR) and lifetime risk of maternal death were calculated using standard demographic formulas, incorporating the Total Fertility Rate (TFR).

Results: The largest proportion of the respondents (25.02%) was aged 15–19 years. A total of 178 sister deaths were reported, of which 34 (19.1%) were identified as maternal deaths. The estimated MMR was 800 per 100,000 live births. The lifetime risk of maternal death was calculated as 1 in 44 women. The highest burden of maternal deaths (58.3%) was observed among sisters aged 15–19 years.

Conclusion: The estimated MMR of 800 per 100,000 live births in this urban slum is alarmingly high and significantly exceeds national averages. Adolescent girls aged 15–19 years bear a disproportionately high burden of maternal deaths.

Recommendation: High incidence and prevalence of maternal mortality equal to the high incidence of single parents and orphaned children, which is a threat to sustainable development. There is an urgent need for context-specific adolescent maternal health programs, improved access to quality antenatal and emergency obstetric care, and interventions addressing the underlying socioeconomic determinants of health in this community in line with the target of SDG 3.1 to reduce the global MMR to less than 70 per 100,000 live births by 2030.

Keywords: Maternal Mortality; Sisterhood Method; Urban Slum; Adolescents; Nigeria

OCCUPATIONAL SAFETY PRACTICES AMONG AUTOMOBILE MECHANICS IN GOMBE METROPOLIS

Danimoh MA,^{1, 2} Ibrahim AD,² Abubakar MB,² Sulaiman AU,² David RM.²

¹ Department of Community Medicine and Public Health, Gombe State University Gombe State, Nigeria.

² Department of Community Medicine and Public Health, Federal Teaching Hospital Gombe State, Nigeria.

Corresponding Author: Ibrahim, Agom Dauda; ibrahimdauda.di@gmail.com

ABSTRACT

Background: Automobile mechanics constitute a major segment of the informal workforce in Nigeria and are routinely exposed to occupational hazards. With over 200 industrial accidents recorded daily in the country, occupational safety remains an important public health concern. In Gombe State, however, evidence regarding safety knowledge and practices among auto mechanics is limited. This study assessed the knowledge of occupational hazards, safety practices, and associated determinants among auto mechanics in Gombe.

Methods: A cross-sectional study was conducted among 327 mechanics aged 18 years and above who had been practising for at least two years in Gombe metropolis. The cluster sampling technique was used to select respondents. Data were collected using an interviewer-administered questionnaire. Scores above the average were categorised as good knowledge (>5) and good safety practice (>6). Data were analysed using IBM SPSS Version 28. The chi-square test was used for bivariate analysis and logistic regression for multivariate analysis. Results were presented in tables and charts. The significance level was set at 0.05.

Results: Most respondents (79.0%) demonstrated good knowledge of occupational hazards; however, this did not translate into good safety practices (30.6%). Limited access to, and the high cost of, personal protective equipment (PPE) were the most frequently cited barriers to safety compliance. Higher age, longer duration of practice, and higher educational level were significant predictors of both good knowledge and good safety practices, whereas good knowledge was strongly associated with safety practices ($p = 0.001$).

Conclusion: The gap identified between hazard awareness and safe work practices suggests that knowledge alone does not translate into adequate safety behaviour among mechanics in Gombe. To reduce these risks, collaboration between the Gombe State Government and NATA is recommended to establish enforceable safety guidelines, provide structured safety training, and ensure affordable access to PPE.

Keywords: Occupational hazards, knowledge, Safety practice, Gombe

ESSENTIAL NEWBORN CARE PRACTICES IN A COMMUNITY IN KADUNA METROPOLIS, NORTH-WESTERN NIGERIA

Joshua* JC, Oyefabi AM, Ibrahim MJ, Usman NO, Nwankwo B, Nmadu AG, Ibrahim US, Mukhtar MS, Yumna HU, Muhammed FL

¹Department of Community Medicine, Faculty of Clinical Sciences, College of Medicine, Kaduna State University, Nigeria.

Corresponding Author: Joshua, Jonah Chawai; jonahsantosjoshua@gmail.com

ABSTRACT

Background: Essential New-born Care (ENC) is a national initiative program that incorporates the continuum of maternal and child health care through enhancing community participation to reduce child morbidity and mortality and encourage healthy growth and development. This study assessed the essential newborn care practice in Sabon-Layi, Kurmin Mashi Kaduna North Local Government Area of Kaduna State.

Methods: A community-based cross-sectional study was conducted among 355 women who delivered within 12 months preceding the survey. Data were collected and analysed using IBM SPSS (Version 27). Descriptive statistics provided a summary of the data, while inferential statistics allowed for hypothesis testing. Statistical significance was set at a p-value < 0.05.

Results: Almost all 327 (92.1%) of the respondents wiped dry their babies immediately after delivery. About two-thirds 234 (69.9%) of newborns were placed in immediate skin-to-skin contact with their mothers. Less than half, 150 (42.3%), bathed their babies 24 hours post-delivery, and only about two-thirds, 236 (66.5%), initiated breastfeeding within 60 minutes post-delivery. Less than one-third 109 (30.7%) used chlorhexidine for cord care. Almost two-thirds (222, 62.5%) had hospital deliveries. There is a statistically significant association between place of delivery and skin-to-skin contact with mother ($p=0.001$, $\chi^2=27.72$), initiating breastfeeding within 60 minutes post-delivery ($p=0.034$, $\chi^2=29.07$), and use of chlorhexidine for cord care ($p=0.001$, $\chi^2=48.44$)

Conclusion: Place of delivery demonstrated a strong association with adherence to standard practices, underscoring the critical role of skilled birth attendance in improving newborn outcomes

Recommendations: Health providers should strengthen health education on ENC during antenatal, delivery, and immediate postpartum periods. Promote facility-based deliveries by improving access, affordability, and community awareness of the importance of skilled birth attendance. Improved communication in delivery rooms, developed community outreach programs to address misconceptions of ENC, enhanced training and supervision of healthcare providers to ensure consistent implementation of WHO-recommended newborn care practices.

Keywords: Essential Newborn Care, Facility-based delivery, Skilled birth attendant, Kaduna

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FACTORS AND HELP-SEEKING BEHAVIOR TOWARDS POSTPARTUM DEPRESSION AMONG WOMEN ATTENDING IMMUNIZATION CLINICS IN FCT, NIGERIA

Adeniji T,^{1,2} Isa H,¹ Egwakhide A,¹ Adeniji YR.³

¹Department of Community Medicine, University of Abuja Teaching Hospital, Gwagwalada, FCT, Nigeria.

²Department of Community Medicine, Faculty of Clinical Sciences, College of Health Sciences, University of Abuja, Abuja, FCT, Nigeria.

³Department of Paediatrics, Federal Teaching Hospital Gombe, Gombe State, Nigeria

Corresponding Author: Dr Tolu Adeniji; tadeniji120@gmail.com

ABSTRACT

Background: Postpartum depression (PPD) is a common mental health condition that negatively affects maternal well-being, infant care, and family functioning. In low- and middle-income settings, PPD is often poorly recognized, with limited awareness, stigma, and weak health-seeking behaviour contributing to delayed diagnosis and treatment. Understanding women's knowledge, attitudes, and willingness to seek help is essential for improving maternal mental health services. This study assessed knowledge and attitudes towards postpartum depression and identified factors associated with willingness to seek professional help among women of reproductive age attending an immunization clinic at a tertiary health facility in the Federal Capital Territory (FCT), Nigeria.

Methods: A descriptive cross-sectional study was conducted among 250 women aged 15–49 years selected using systematic random sampling. Data were collected using a structured interviewer-administered questionnaire adapted from validated tools. Information on socio-demographic characteristics, knowledge of PPD, attitudes, and willingness to seek help was obtained. Data were analysed using SPSS version 25. Binary logistic regression was performed to identify predictors of key outcomes, with results presented as odds ratios (ORs) and 95% confidence intervals (CIs). Statistical significance was set at $p < 0.05$.

Results: Although 89.6% of respondents had heard of postpartum depression, 85.6% demonstrated poor knowledge of its causes, symptoms, and management. Positive attitudes towards PPD were observed in 62.8% of respondents, while 85.6% showed weak willingness to seek professional help. Women with higher educational attainment were significantly more likely to have good knowledge of PPD (OR = 3.26; 95% CI: 1.53–6.92). Respondents with good knowledge were also more willing to seek professional care compared with those with poor knowledge (OR = 2.45; 95% CI: 1.22–4.91). Financial constraints, fear of stigma, and limited awareness of treatment options were common barriers to help-seeking.

Conclusion: Despite high awareness of postpartum depression, substantial gaps in knowledge and willingness to seek care persist. Educational level and knowledge significantly influence help-seeking behaviour. Integrating targeted mental health education, stigma reduction strategies, and routine screening for PPD into maternal and child health services is critical for improving maternal mental health outcomes.

Keywords: Postpartum Depression; Maternal Mental Health; Knowledge and Attitudes; Help-Seeking Behaviour; Immunization Clinics; Nigeria.

HIGH AWARENESS, RISKY CHOICES: PREVENTION PRACTICES OF MULTIPLE SEXUAL PARTNERSHIPS AMONG UNDERGRADUATE STUDENTS IN NIGERIA'S CAPITAL

Adeniji T,^{1,2} Ojochide PD,² Adeniji YR,³ Adetayo OA,¹ Sam-Fagade T,¹ Msheliza SB.⁴

¹Department of Community Medicine, University of Abuja Teaching Hospital, Gwagwalada, FCT, Nigeria.

²Faculty of Clinical Sciences, College of Health Sciences, University of Abuja, Abuja, FCT, Nigeria.

³Department of Paediatrics, Federal Teaching Hospital Gombe, Gombe State, Nigeria

⁴Leprosy Mission Nigeria, Country Office, Abuja, FCT, Nigeria

Corresponding Author: Dr Tolu Adeniji; tadeniji120@gmail.com

ABSTRACT

Background: Multiple sexual partnerships (MSPs) are a significant public health issue because they are closely linked to sexually transmitted infections (STIs), including HIV. Undergraduate students are especially at risk due to greater independence, peer pressure, and exposure to risky sexual behaviors. While many students are aware of STIs, their preventive actions are often insufficient. There is limited data on MSPs among undergraduates in Nigeria's Federal Capital Territory (FCT). This study aims to assess how common MSPs are and to identify the associated risk factors. factors and preventive practices among undergraduate students in the FCT, Nigeria.

Methods: A descriptive cross-sectional study was conducted among 331 undergraduate students selected using a multistage sampling technique. Data were collected using a structured, anonymous, self-administered questionnaire assessing socio-demographic characteristics, sexual behaviour, STI awareness, risk perception and preventive practices. Data were analysed using SPSS. Associations were tested using chi-square analysis and logistic regression, with results presented as odds ratios (ORs) and 95% confidence intervals (CIs). Statistical significance was set at $p \leq 0.05$.

Results: The prevalence of multiple sexual partnerships was 8.5%. Awareness of STIs was high (96.4%); however, only 20.5% of respondents had ever undergone STI testing and consistent condom use was reported by 8.2%. Male students were significantly more likely to engage in MSPs **than** female students (OR = 2.84; 95% CI: 1.31–6.14). Students in higher academic levels had increased odds of MSPs (OR = 2.47; 95% CI: 1.12–5.46). Substance use during sexual activity was strongly associated with MSPs (OR = 3.96; 95% CI: 1.78–8.82). Respondents with a history of STI symptoms were more likely to report MSPs (OR = 6.37; 95% CI: 2.41–16.84), as were those who had previously received STI treatment (OR = 8.92; 95% CI: 2.95–26.94).

Conclusion: Although the prevalence of MSPs among undergraduates in the FCT was relatively low, the behaviour was concentrated among identifiable high-risk groups. High STI awareness did not translate into safe sexual practices. Targeted, university-based sexual health interventions focusing on behaviour change, substance use reduction, and routine STI screening are urgently needed.

Keywords: Multiple Sexual Partnerships; Undergraduate Students; Sexual Risky Behaviour; Sexually Transmitted Infections.

HEALTH IMPACT EVIDENCE FOR THE PREVENTION OF GENDER-BASED VIOLENCE AND HARMFUL TRADITIONAL PRACTICES: A QUALITATIVE STUDY IN FOUR COMMUNITIES IN RIVERS STATE

Maduka O,^{1,2,3} Ogbonna VI,^{2,3} Agala V,^{2,3} Adebiyi O,³ Nwibubasa C,³ Lawson O,³ Ogu R.^{3,4}

¹Department of Preventive and Social Medicine, College of Health Sciences, University of Port Harcourt, Rivers State, Nigeria

²Department of Community Medicine, University of Port Harcourt Teaching Hospital, Rivers State, Nigeria

³Medical Women's Association of Nigeria

⁴Department of Obstetrics and Gynaecology, University of Port Harcourt, Rivers State, Nigeria

Corresponding Author: Vivian Ifeoma Ogbonna; viogbonna@gmail.com

ABSTRACT

Background: Gender-Based Violence (GBV) is the most persistent human rights violation in the world, cutting across age, gender, religion, and social and economic boundaries. GBV is characterized by the use and abuse of physical, emotional, or financial power and control, worsened by sociocultural norms. The Medical Women's Association of Nigeria (MWAN), with funding from the Ford Foundation, recognizes the need to produce concrete evidence of the health consequences of GBV and harmful practices as an advocacy tool to challenge these social norms.

Methods: The study was conducted in four selected communities from two Local Government Areas of Rivers State, using a narrative design in a pre-intervention study. Fifteen (15) focused group discussions (FGDs), five (5) key informants' interviews (KIIs) and Eleven (11) in-depth interviews (IDIs) were conducted with participants purposively selected. Data were transcribed verbatim, and analysis was conducted using Nvivo software version 12.

Results: Insights from the qualitative interviews showed that while economic abuse, physical violence, and emotional neglect were common to all four communities, sexual violence was reported predominantly in Rumuekini, and female genital cutting (FGC) was commonly reported in the two communities in Abua Odual LGA. It also revealed an intergenerational pattern of GBV. The health consequences were in the domain of physical (*"Sometimes after circumcision... the baby dies."*, *"Some women bleed heavily... some to the point of death."*), economic, (*"For something as small as food, a child can be taken advantage of."*), psychological and emotional stress, social isolation, (*"Emotionally she feels inferior... withdrawn from society."*), educational disruption (*"I was supposed to write my WAEC exams... I got pregnant at 17."*) and community burden, as well as sexual and marital consequences.

Conclusion: The lived experience of respondents reflects a continuum of GBV/ harmful practices and their diverse consequences. This study provides evidence for an intervention to establish survivor-centred support systems, integrate male engagement initiatives, promote education retention programs for vulnerable girls and strengthen justice mechanisms to prevent GBV in selected communities in Rivers State.

Recommendation: Government and non-governmental organisations should advocate for and implement targeted interventions to challenge social norms, GBV, and harmful traditional practices.

Keywords: Health consequences, Gender-Based Violence, Harmful Practices, Qualitative Study Communities, Rivers State

PREVALENCE, PATTERNS AND HEALTH CONSEQUENCES OF GENDER BASED VIOLENCE IN RIVERS STATE: FINDINGS FROM A REVIEW OF HEALTH FACILITY DATA

Obuah P,¹ Maduka O,^{1,2,3,4} Agala V,^{3,4} Adebisi O,⁴ Nwibubasa C,⁴ Lawson O,⁴ Ogu R.^{4,5}

¹School of Public Health, University of Port Harcourt, Rivers State, Nigeria

²Department of Preventive and Social Medicine, University of Port Harcourt, Rivers State, Nigeria

³Department of Community Medicine, University of Port Harcourt Teaching Hospital, Rivers State, Nigeria

⁴Medical Women's Association of Nigeria

⁵Department of Obstetrics and Gynaecology, University of Port Harcourt, Rivers State, Nigeria

Correspondence: Precious Obuah; obuahprecious.u@gmail.com

ABSTRACT

Background: Health facilities play a critical role in identifying, documenting, and responding to cases of gender-based violence (GBV). However, facility-based evidence on the prevalence, patterns, and health consequences of GBV in Rivers State is limited. A review of facility data is essential for understanding service utilisation, informing health system responses, and strengthening GBV prevention and care strategies.

Methods: A facility-based survey was conducted through a retrospective review of health records from nine selected primary, secondary, and tertiary health facilities in Rivers State. Records covering a five-year period (2020–2024) were reviewed using a structured data extraction tool. Data included patient demographics, type of GBV, perpetrators, and documented health consequences. Descriptive analyses were performed using SPSS version 27. Ethical approval was obtained from the Research Ethics Committee of the University of Port Harcourt Teaching Hospital.

Results: Out of 3,432 facility records reviewed, 826 (24.0%) GBV cases were identified. Females accounted for 718 (87.0%) of reported cases. The highest proportion of cases occurred among individuals aged 25–34 years (279/826; 33.8%), followed by those aged 18–24 years (151/826; 18.3%). Sexual (367/826; 44.5%) and physical (259/826; 31.4%) violence were the most frequently reported forms of GBV. Intimate partners (140/826; 18.6%) and relatives (162/826; 21.5%) were the leading perpetrators. Documented consequences included physical injuries (261/826; 39.4%), psychological trauma (454/826; 68.5%), sexually transmitted infections (147/826; 22.2%), and unintended pregnancies (55/826; 8.3%).

Conclusion: Facility records reveal a considerable burden of GBV on women and highlight the critical role of health facilities in GBV detection and response. There is a need for strengthened routine documentation, provider training, and integrated GBV services within the health system.

Recommendation: Health facilities should be equipped to manage GBV and HTP cases by establishing a dedicated desk; law enforcement agencies should liaise with hospitals to identify and prosecute perpetrators.

Keywords: Gender-based Violence; Health Facility Records, Women and girls.

HEALTH WORKERS' KNOWLEDGE, PRACTICES AND CHALLENGES OF THE REFERRAL SYSTEM IN GOMBE STATE, NORTHEAST NIGERIA

Sikiru NA,^{1,2} Danimoh MA,² Peleg Y,² Muhammad NS,³ Odunze PA,² Nicholas AH.⁴

¹Health Services Dept. Federal University of Kashere Gombe State, Nigeria

²Dept. of Community Medicine and Public Health, Gombe State University/ Federal Teaching Hospital, Gombe State Nigeria.

³Department of Community Medicine, Yobe State University, Yobe State, Nigeria

⁴Snakebite Treatment and Research Hospital, Kaltungo, Nigeria.

Corresponding Author: Sikiru NA; nafisahayinde@gmail.com

ABSTRACT

Background: An effective healthcare referral system is critical for ensuring continuity of care, timely access to appropriate services and optimal utilization of limited health resources. In many low-resource settings, weaknesses in referral processes contribute to delays and poor health outcomes. This study assessed the knowledge, practices, and challenges associated with the referral system among healthcare workers (HCWs) in selected primary and secondary health facilities in Gombe State.

Methods: A descriptive cross-sectional study was conducted among 177 HCWs, selected using a multistage sampling technique, from five healthcare facilities across three local government areas (LGAs). Data were collected using a semi-structured electronic questionnaire capturing socio-demographics, knowledge, practices, and challenges related to the referral process. Data were analyzed using SPSS version 23 and summarized using descriptive statistics and Chi-square tests with statistical significance set at $p < 0.05$.

Results: A majority (48.0%) of the respondents were aged 20-29 years, with a mean age of 36.41 ± 7.74 years. Nurses (50.5%) constituted the largest cadre. Overall, 83.1% demonstrated good knowledge of the referral system, while 80.2% exhibited good referral practice. Knowledge was significantly associated with the professional cadre. Referral practice was significantly associated with cadre and facility type. Key challenges included poor communication with receiving facilities, unavailability of ambulances, inadequate documentation, and lack of follow-up or feedback mechanisms.

Conclusion: Although health workers in Gombe State demonstrated high levels of knowledge and generally good referral practice, the referral processes are constrained by gaps in communication, logistics, and documentation. Strengthening referral tools, improving inter-facility communication and building workforce capacity are essential to improving the effectiveness of referral systems and ensuring continuity and quality of care.

Recommendation: For improved referral systems through better government support and hospital management practices. The State should provide functional ambulances, improve road access, and recruit more doctors, while hospital management should enforce standardized referral procedures, ensure mandatory feedback, and improve communication through a facility contact directory.

Keywords: Gombe State, Health Workers, Knowledge, Practices, Referral system

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ARMED CONFLICT AND THE BURDEN OF NON-COMMUNICABLE DISEASES IN NORTHEASTERN NIGERIA: A RETROSPECTIVE STUDY

Stephen RI,¹ Tyndall JA,² Reyes J,³ Olumoh JS.⁴

¹Department of Public Health, Modibbo Adama University Teaching Hospital, Yola, Adamawa, Nigeria.

²Department of Natural and Environmental Sciences, American University of Nigeria, Yola, Adamawa, Nigeria

³Department of Nursing and Public Health, University of Northern Iowa, United States

⁴Department of Mathematics, American University of Nigeria, Yola, Adamawa

Corresponding Author: Dr. Roland I. Stephen; rolandstephen41@yahoo.com

ABSTRACT

Background: Armed conflict undermines health systems, livelihoods, and social structures, increasing vulnerability to non-communicable diseases (NCDs). In Northeastern Nigeria, prolonged insurgency has severely disrupted healthcare delivery, while evidence on the post-conflict burden of NCDs remains limited. This study assessed the patterns and burden of selected NCDs in conflict-exposed and non-conflict populations in Adamawa State, Nigeria.

Methods: A retrospective study was conducted among 973 adult inpatients and outpatients attending general hospitals in Mubi (conflict-exposed) and Jada (non-conflict-exposed). Data on sociodemographic characteristics, lifestyle factors, anthropometry, blood pressure, glycaemic status, and depression were collected using standardized procedures. Multivariate binary logistic regression and complementary log–log regression was used to assess the association between conflict exposure and NCD outcomes, adjusting for relevant covariates.

Results: The overall prevalence of hypertension, diabetes, abdominal obesity, and depression was 22.9%, 5.0%, 44.2%, and 17.9%, respectively. Compared with the non-conflict-exposed population, residents of the conflict-exposed zone had a markedly higher risk of depression (risk ratio [IRR] = 4.78; 95% CI 2.51–9.12). Participants directly affected by insurgency (lost loved ones or suffered bodily injuries) exhibited increased odds of abdominal obesity (AOR = 1.94; 95% CI 1.23–3.08) and a higher risk of depression (IRR = 1.76; 95% CI 1.08–2.88), affirming the directionality between depression and obesity. Advancing age and positive family history consistently predicted multiple NCD outcomes across models. Analysis was performed using Stata Version 13.0.

Conclusion: Conflict exposure in Northeastern Nigeria is strongly associated with adverse mental health outcomes and distinct NCD risk profiles in the post-conflict period. These findings underscore the need for integrated post-conflict health system recovery strategies that prioritize mental health services, lifestyle risk reduction, and social protection to mitigate the growing burden of NCDs in conflict-affected populations.

Recommendation: Federal and state health authorities should integrate mental health and NCD services into post-conflict recovery frameworks, with sustained financing and strengthened primary care delivery in conflict-affected communities of Northeastern Nigeria.

Keywords: Conflict-Exposed Populations, Depression, Non-Communicable Diseases, Northeastern Nigeria, Obesity.

FACTORS ASSOCIATED WITH IPTP-SP UPTAKE AND ADHERENCE AMONG PREGNANT WOMEN ATTENDING ANTENATAL CARE IN TERTIARY HEALTH FACILITIES IN THE FCT

Dogo JM,^{1,2} Samuel S,¹ Okorie CG,^{1,2} Onoja-Alexander MO.³

¹Department of Community Medicine and Primary Healthcare Bingham University Karu Kodape, Nassarawa State, Nigeria.

²Department of Community Medicine and Primary Healthcare Bingham Bingham University Teaching Hospital Jos Plateau State, Nigeria.

³Department of Community Medicine, College of Health Sciences Federal University, Lokoja, Nigeria.

Corresponding Author: Dogo Joy Malle; joymdogo@gmail.com

ABSTRACT

Background: Malaria has remained a critical health challenge in the world, especially among pregnant women. Malaria in pregnancy has been linked to various adverse maternal and neonatal outcomes, including maternal anemia, placental parasitemia, intrauterine growth restriction, pre-term birth, and increased perinatal and neonatal mortality risks. In the FCT, NDHS 2023 indicates a looming gap between the ANC attendance and IPTp-SP coverage. Even though 67% of pregnant women in the FCT had at least 4 ANC visits, only 24.8% received 3 or more doses of SP. This study aimed to assess the factors associated with uptake and adherence of IPTp-SP among pregnant women attending ANC in tertiary health facilities across the FCT.

Methods: The design was a cross-sectional descriptive study. A multistage sampling technique was used to select 300 participants. The data were collected through interviews and analysed using descriptive statistics, Chi-square tests, and logistic regression. Ethical approval was obtained from the Bingham University Research Ethics Committee.

Results: A low proportion of respondents, 130 (45%), had received three doses of IPT, with only 45 (15%) receiving it under DOT. Factors included misconceptions that preventive drugs are unnecessary when asymptomatic (35, 66.0%), fear of side effects (35, 66.0%), and late ANC initiation (9, 17.0%), among others, such as health facility challenges.

Conclusion: The failure of key elements of the system, especially the availability of drugs, waiting times, proper implementation of the DOT, and efficient patient-tracking systems, is a significant obstacle to uptake and adherence. Strengthening DOT implementation, ensuring follow-up of pregnant women for subsequent doses, and guaranteeing free and regular SP supply are recommended.

Keywords: Malaria, Pregnant Women, Antenatal Care, DOT

THE BURDEN OF GENDER BASED VIOLENCE AND HARMFUL TRADITIONAL PRACTICES IN COMMUNITIES OF RIVERS STATE, NIGERIA

Maduka O,^{1,4,5} Ephraim-Emmanuel B,² Obuah P,³ Agala V,^{4,5} Adebiyi O,⁵ Nwibubasa C,⁵ Lawson O,⁵ Ogu R.^{5,6}

¹Department of Preventive and Social Medicine, University of Port Harcourt, Rivers State, Nigeria

²Department of Public Health, Bayelsa Medical University, Yenagoa, Bayelsa State, Nigeria

³School of Public Health, University of Port Harcourt, Rivers State, Nigeria

⁴Department of Community Medicine, University of Port Harcourt Teaching Hospital, Rivers State, Nigeria

⁵Medical Women's Association of Nigeria

⁶Department of Obstetrics and Gynaecology, University of Port Harcourt, Rivers State, Nigeria

Corresponding Author: Benson Ephraim-Emmanuel; benson.ephraimemmanuel@bmu.edu.ng

ABSTRACT

Background: Gender-based violence (GBV) and harmful traditional practices (HTPs) remain public health and human rights concerns in Nigeria, among women and girls. These practices are sustained by socio-cultural norms and are associated with physical, psychological, and socio-economic consequences. Baseline community-level evidence is required to inform prevention and response interventions in Rivers State.

Methods: A quantitative baseline survey was conducted across four communities in Rivers State as part of baseline investigations prior to the implementation of community-based interventions to prevent GBV and HTPs. The two intervention communities (Aminigboko and Amalem) and two control communities (Omuoko and Rumuekini) were purposively selected. All eligible households with at least one female resident were included. Data was collected using a standardised interviewer-administered questionnaire deployed via Open Data Kit (ODK). Descriptive statistics were generated, and comparisons between intervention and control communities were assessed using chi-square tests at a 95% confidence level. Ethical approval was obtained from the research ethics committee of the University of Port Harcourt Teaching Hospital.

Results: A total of 1,753 females participated. Self-reported lifetime experience of GBV was 252 (30.1%) in intervention communities and 257 (28.0%) in control communities. Harmful traditional practices were more prevalent in intervention communities (279/836; 33.4%) than in control communities (83/917; 9.1%). Physical violence (192; 76.2%) and emotional/psychological (122; 48.4%) abuse were the most reported forms of GBV, predominantly perpetrated by intimate partners (105; 41.7%). Female genital mutilation was the prevalent HTP in intervention communities (264/278; 95.0%). Consequences of GBV and HTP included emotional trauma (133; 54.5%), physical injury (121; 49.6%), and financial instability (67; 27.5%).

Conclusion: The findings demonstrate a substantial burden of GBV and HTPs at the community level. These results underscore the need for culturally responsive, community-driven interventions and advocacy to address harmful social norms and mitigate their adverse health consequences.

Recommendation: Community leaders should be made drivers of intervention targeted at the abolition of harmful traditional practices and gender-based violence against women and girls. Enforcement of gender violation laws and fair justice system will deter perpetrators of GBV.

Keywords: Gender-Based Violence; Harmful Traditional Practices; Community Survey

KNOWLEDGE, ATTITUDE AND UPTAKE OF CERVICAL CANCER SCREENING AMONG MARKET WOMEN IN SABON GARI MARKET, KANO STATE, NIGERIA.

Bulus VZ, Gajida AU, Jalo MI, Jitandutse AM, Maizare HI, Ibrahim I, Rasheed GF, Mahmood HM, Ahmed Z.

Department of Community Medicine, Bayero University/Aminu Kano Teaching Hospital. Kano State. Nigeria.

Corresponding author: Jalo Muhammad I; muhammadibrahimjalo@gmail.com

ABSTRACT

Background: Cervical cancer is one of the major gynaecological problems of public health concern globally, associated with morbidity, mortality, and economic burden. It has an estimated incidence of 660,000 new cases and 350,000 deaths annually.¹ It disproportionately affects low and middle-income countries (LMICs), particularly in Africa, Central America, and Southeast Asia.¹ In Nigeria, it has an estimated incidence rate of 33 per 100,000 women.² Cervical cancers can be cured if diagnosed and treated early using the screening tools. Despite the availability of screening tools, uptake remains low in Kano State, likely due to poor awareness, and only a few studies have examined uptake of these tools. The study therefore assessed the knowledge, attitudes, and uptake of cervical cancer screening among market women in Sabon Gari Market, Kano.

Methods: It's a Quantitative method, a descriptive cross-sectional study conducted among 246 market women using an interviewer-administered questionnaire. Data on socio-demographics, knowledge, attitude, and screening uptake were collected and analyzed using SPSS version 23. A chi-square test was used to assess associations between variables at the 5% significance level. Ethical clearance, reference number NHREC/17/03/2018, was obtained from the Health Research Ethics Committee of the Kano State Ministry of Health.

Results: The response rate was 94%. The study found that 33.8% of respondents demonstrated good knowledge, while nearly two-thirds (61.8%) showed a positive attitude toward cervical cancer screening. Despite this attitude, screening uptake remained low, with only 6.9% of respondents having ever been screened. Significant associations were observed between knowledge level and parity ($p=0.009$) and educational attainment ($p<0.025$). The uptake of screening was significantly associated with age ($\chi^2=10.332$, $p=0.016$), education ($\chi^2=13.802$, $p=0.003$), and parity ($\chi^2=6.361$, $p=0.041$).

Conclusion: Despite positive attitudes, screening uptake remains low, largely due to insufficient knowledge, low level of education, and parity.

Recommendation: A coordinated and multi-level strategy aimed at improving community education, early detection, subsidized screening, and optimizing laboratory systems is recommended to have a better outcome.

Keywords: Screening, Cervical Cancer, Knowledge, Attitude, Uptake

PREVALENCE AND RISK FACTORS FOR ANAEMIA AMONG PREGNANT WOMEN ATTENDING ANTENATAL CARE AT MURTALA MUHAMMAD SPECIALIST HOSPITAL, KANO STATE

Kawu AS,¹ Abubakar IS,¹ Mahmoud HM,¹ Abarshi SA,¹ Daiyab HM,¹ Jitandutse AM,¹ Abdulmalik HA,² Rasheed GF,¹ Abdullahi RS.¹

¹Department of Community Medicine, Bayero University/Aminu Kano Teaching Hospital. Kano State, Nigeria

²Katsina State Hospital Management Board, Katsina State, Nigeria.

Corresponding author: Dr Sadika Ali Abarshi ; abarshi.sadika@gmail.com

ABSTRACT

Background: Anaemia in pregnancy remains a major public health challenge in developing countries, contributing significantly to maternal and perinatal morbidity and mortality. Understanding its prevalence, severity, and associated risk factors is essential for targeted preventive interventions. This study aimed to determine the prevalence and risk factors of anaemia among pregnant women attending antenatal care at Murtala Muhammad Specialist Hospital in Kano State.

Methods: A descriptive cross-sectional study was conducted among 367 pregnant women attending antenatal clinics. Data on socio-demographics, obstetric history, dietary practices, and preventive measures were collected using a structured interviewer-administered questionnaire. Haemoglobin concentration was measured to assess anaemia. Data were analysed using SPSS version 23, and associations between anaemia and selected risk factors were evaluated using Chi-square tests with $p < 0.05$. Ethical approval was obtained from the Kano State Ministry of Health Research Ethics Committee (NHREC/17/03/ 2018; SHREC/2025/6425).

Results: Anaemia was observed in 65.9% of participants, with mild, moderate, and severe anaemia accounting for 31.9%, 29.7%, and 4.4%, respectively. Significant risk factors included inadequate intake of iron-rich foods, poor adherence to iron and folate supplementation, non-use of insecticide-treated nets, advanced gestational age, and grand multiparity. Lower educational attainment and socio-economic status were also associated with higher anaemia prevalence.

Conclusion: Anaemia is highly prevalent among pregnant women attending antenatal care at Murtala Muhammad Specialist Hospital. Nutritional deficiencies and poor preventive practices were major contributors.

Keywords: Anaemia in pregnancy; Prevalence; Risk factors; Iron-folate supplementation; Antenatal care; Nigeria.

FACTORS AFFECTING NUTRITIONAL STATUS OF UNDER-FIVE CHILDREN IN UNGUWA UKU, TARAUNI LGA, KANO STATE

Tijjani SA,¹ Adamu KA,¹ Lawan AU,¹ Muhammad SY,¹ Aliyu Z,¹ Garba ZK,¹ Gajiram U,² Amina A,¹ Sufi RA,¹ El-yakub FA,³ Abubakar IS.¹

¹Department of Community Medicine, Bayero University/Aminu Kano Teaching Hospital. Kano State. Nigeria.

²Department of Community Medicine, University of Maiduguri Teaching Hospital, Borno State.

³Department of Paediatrics, Bayero University/Aminu Kano Teaching Hospital

Corresponding Author: Adamu Kabiru Ahmad; tudunqayah@gmail.com

ABSTRACT

Background: Malnutrition remains a major cause of morbidity and mortality among children under five globally, with Nigeria and other Sub-Saharan African countries carrying a disproportionate share of the burden. In Kano State, persistent poverty, food insecurity, and inadequate feeding practices continue to undermine progress despite existing nutrition interventions. This study assessed the factors affecting the nutritional status of children under five in Unguwa Uku, Tarauni Local Government Area, Kano State, Nigeria.

Methods: A community-based cross-sectional study was conducted among 360 caregiver–child pairs selected using a multi-stage sampling technique in Unguwa Uku. Data were collected using a pretested, interviewer-administered questionnaire and anthropometric measurements, and nutritional status was determined using WHO z-scores. Data analysis was conducted in SPSS version 26, using descriptive statistics and chi-square tests to determine associations at the 5% level of significance. Ethical clearance was obtained from Kano State Ministry of Health (SHREC/2025/6349, NHREC Approval Number: NHREC/17/03/2018).

Results: The prevalence of malnutrition among children under five in the study area was 36.9%. Low maternal education, unemployment, low household income, large family size, use of unimproved water sources, and poor caregiver knowledge of infant and young child feeding were all significantly associated with malnutrition ($p < 0.05$). Poverty 355 (95.6%) and poor hygiene 298 (82.8%) were perceived by caregivers as the leading causes of malnutrition, while the high cost of food 356 (98.9%) was identified as the main barrier to accessing nutritious meals.

Conclusion: Malnutrition among children under five in Unguwa Uku constitutes a significant public health problem driven largely by socioeconomic deprivation, low maternal education, poor hygiene, and suboptimal feeding practices. Addressing these challenges requires a multi-sectoral response that combines poverty alleviation, women's economic empowerment, expanded nutrition education, and strengthened water, sanitation, and hygiene services.

Keywords: Malnutrition; Under-Five Children; Nutritional Status; Caregiver Knowledge; Socioeconomic Factors

FACTORS ASSOCIATED WITH SLEEP HYGIENE AMONG MEDICAL STUDENTS IN BAYERO UNIVERSITY, KANO

Mika'il FM,¹ Ibrahim RJ,^{1,2} Lawan AU,¹ Ibrahim MS,¹ Umar HS,³ Aminu A,¹ Muhammad SY,¹ Bello M,¹ Tijjani A,⁴ Gurama K,⁵ Abdullahi AI.⁴

¹Department of Community Medicine, Aminu Kano Teaching Hospital, Kano State, Nigeria

²Department of Community Medicine, Bayero University, Kano, Kano State, Nigeria

³Department of Internal Medicine, Aminu Kano Teaching Hospital, Kano State, Nigeria

⁴Department of ENT, Aminu Kano Teaching Hospital, Kano State, Nigeria

⁵Department of Pediatrics, Aminu Kano Teaching Hospital, Kano State, Nigeria

Corresponding Author: Ibrahim Musa Saulawa; musaibrahim995@gmail.com

ABSTRACT

Background: Sleep hygiene is an important determinant of physical and mental well-being, especially among medical students, who face high academic demands, stress, and irregular schedules that predispose them to poor sleep patterns and related health problems. Poor sleep practices can impair cognitive performance, mood, academic achievement, and long-term health, making it essential to understand sleep behaviours in this population. This study assessed the knowledge, attitudes, practices, and associated factors of sleep hygiene among medical students at Bayero University, Kano.

Methods: A descriptive cross-sectional study was conducted among 348 medical students at Bayero University, Kano, across all study levels (100–600). Participants were selected using stratified sampling, and data were collected via a structured, self-administered online questionnaire incorporating the Sleep Hygiene Index to assess behaviours. Data were analysed using SPSS version 26, with descriptive statistics and chi-square tests used to assess associations at the 5% level of significance.

Results: Overall, 66.7% of respondents demonstrated good knowledge of sleep hygiene, while 33.3% had poor knowledge. Positive attitudes towards sleep hygiene were observed in 55.5% of students, but 55.87% exhibited poor sleep hygiene practices despite this favourable orientation. Gender, age, year of study, and attitude were significantly associated with knowledge, whereas age, year of study, and screen time were major determinants of sleep hygiene practices, with higher screen time associated with poorer practices.

Conclusion: Medical students at Bayero University, Kano, showed fair-to-good knowledge and generally positive attitudes towards sleep hygiene, yet a substantial gap remains between awareness and actual practice. Targeted interventions, including integration of sleep medicine teaching into the curriculum, structured wellness and counselling services, and programmes to reduce excessive screen time and promote healthier routines, are needed to improve sleep hygiene and support academic performance and well-being.

Keywords: Sleep hygiene; Medical students; Knowledge; Attitudes; Practices

KNOWLEDGE, ATTITUDE, AND UTILIZATION OF MENTAL HEALTH SERVICES AMONG STUDENTS IN TERTIARY INSTITUTIONS IN KANO STATE

Khalil UA,¹ Sunusi S¹, Falalu FS,¹ Ibrahim MS,¹ Danhassan JU,¹ Hassan HF,¹ Shuaibu U,¹ Daiyab HM,¹ Umaru SJ.²

¹Department of Community Medicine, Bayero University/Aminu Kano Teaching Hospital, Kano State, Nigeria.

²Department of Community Medicine, University of Maiduguri Teaching Hospital, Borno State, Nigeria.

Corresponding Author: Ibrahim Musa Saulawa; musaibrahim995@gmail.com

ABSTRACT

Background: Mental health problems among tertiary students are increasingly recognized as a major public health concern, particularly in low- and middle-income countries. Students are exposed to academic pressure, social stressors, and transitional life challenges that increase vulnerability to mental health problems. In Nigeria, despite growing awareness of mental health, utilization of available services among young adults remains low. This study assessed the knowledge, attitude, and utilization of mental health services among students in tertiary institutions in Kano State, Nigeria.

Methods: A descriptive cross-sectional design was employed. A total of 184 students were selected from Bayero University Kano, Kano State Polytechnic, and Rimi College of Education using a multistage sampling technique. Data were collected through a structured, self-administered online questionnaire and analyzed using SPSS version 25, with descriptive statistics and chi-square tests applied to determine association at a significance level of $p < 0.05$. Ethical approval was obtained from the Kano State Ministry of Health Research Ethics Committee (NHREC/17/03/2018; SHREC/2025/6394).

Results: Overall, 60.3% of respondents demonstrated good knowledge of mental health, 29.9% had fair knowledge, while 9.8% had poor knowledge. A majority (70.7%) exhibited positive attitudes toward mental health and professional help-seeking. Although 80.4% reported experiencing emotional distress, only 63.6% had utilized formal mental health services. The most reported barriers to service utilization were perceiving symptoms as not serious (37.0%), preference for self-help or religious intervention (9.8%), and stigma (7.1%). Knowledge level and attitude toward mental health were significantly associated with service utilization, whereas socio-demographic variables were not.

Conclusion: Tertiary students in Kano State demonstrate satisfactory knowledge and positive attitudes towards mental health, but actual utilization of services remains suboptimal.

Recommendations: Enhancing mental health literacy, reducing stigma, and strengthening institutional counseling services are essential to improving help-seeking behaviors among tertiary students.

Keywords: Mental Health, Knowledge, Attitude, Utilization, Tertiary Institutions, Kano State.

PSYCHOSOCIAL & ECONOMIC BURDEN OF CEREBRAL PALSY AMONG CAREGIVERS OF CHILDREN ATTENDING THE NEUROLOGY CLINIC AT AMINU KANO TEACHING HOSPITAL, KANO, NIGERIA

Muhammad MN,¹ Tsiga-Ahmed F,¹ Muaz AS,¹ Sunusi RA,¹ Abdulmalik HA,² Sodangi Y,¹ Abubakar J,¹ Aliyu Z,¹ Shuaibu U,¹ Idris S.³

¹Department of Community Medicine, Bayero University/Aminu Kano Teaching Hospital, Kano State, Nigeria

²Katsina State Hospital Management Board, Katsina State, Nigeria.

³Department of Internal Medicine, Aminu Kano Teaching Hospital, Kano State, Nigeria

Corresponding Author: Muaz Abdurrashid Salisu; asmuaz10@gmail.com

ABSTRACT

Background: Cerebral palsy (CP) is a non-progressive neurodevelopmental disorder and a leading cause of childhood physical disability. Beyond motor impairments, CP imposes substantial psychosocial and economic strain on families, which remains underexplored in low- and middle-income settings. This study assessed the psychosocial and economic burden among primary caregivers of children with CP attending the pediatric neurology clinic of Aminu Kano Teaching Hospital (AKTH), Kano State, Nigeria.

Methods: A hospital-based descriptive cross-sectional study was conducted among 271 primary caregivers of children diagnosed with CP. Data were collected using a semi-structured, interviewer-administered questionnaire and analyzed with SPSS version 27. Descriptive statistics summarized caregiver characteristics and burden domains, while Chi-square tests assessed associations between CP severity and caregiver burden, with statistical significance set at $p < 0.05$. Ethical approval was obtained from the Bayero University Kano Health Research Ethics Committee (NHREC/BUK-HREC/637/10/2311).

Results: Caregivers had a mean age of 30.1 ± 8.78 years. The respondents were predominantly Muslims (82.9%) and of Hausa ethnicity (64.2%). Employment opportunities were limited, with 43.6% self-employed and 31.9% unemployed. Psychological distress was prevalent, including high stress levels (44.8%), depression (27.4%) and anxiety (26.2%). Care demands restricted caregivers' personal and social lives (52.1%). Educational exclusion was notable, with 58.4% of CP children not enrolled in school. Medical care costs consumed a significant share of household income, forcing 52.5% of caregivers into debt. Severe CP was strongly associated with greater burden: caregivers of children with severe CP were more likely to incur debt (75.0%) and experience emotional exhaustion (80.0%) than those with milder cases ($p < 0.05$).

Conclusion: Primary caregivers of children with CP, predominantly mothers, experience considerable psycho-social and economic burden, strongly linked to disease severity. Strengthening caregiver support services, expanding psycho-social interventions, and incorporating CP care into the National Health Insurance Authority (NHIA) scheme are critical to mitigating this burden.

Keywords: Cerebral Palsy; Primary Caregiver; Psychosocial Burden; Economic Burden; Nigeria

KNOWLEDGE AND PERCEPTION OF PREGNANCY-INDUCED HYPERTENSION AMONG ANTENATAL CARE ATTENDEES IN PRIMARY HEALTH CARE CENTRES OF TARAUNI, KANO STATE

Adamu UA,¹ Hassan, HF,^{1,2} Atiku KJ,³ Abdullahi AI,^{2,4} Zubairu SS,^{2,4} Nuhu UA,⁵ Tijjani A,^{2,4} Hassan A,⁶ Lawan AU,¹ Umar M.¹

¹Department of Community Medicine, Aminu Kano Teaching Hospital, Kano State, Nigeria

²Department of Community Medicine, Federal University of Health Sciences, Azare, Bauchi State, Nigeria

³Department of Community Medicine, Modibbo Adama University Teaching Hospital, Adamawa State, Nigeria

⁴Department of Otorhinolaryngology, Aminu Kano Teaching Hospital, Kano State, Nigeria

⁵Department of Internal Medicine, Abubakar Tafawa Balewa University Teaching Hospital, Bauchi State, Nigeria

⁶Department of Pharmacy, Abubakar Tafawa Balewa University Teaching Hospital, Bauchi State, Nigeria

Correspondence: Hassan Hassan Farouk, hassan.farouk@fuhhsa.edu.ng

ABSTRACT

Background: Pregnancy-Induced Hypertension (PIH) is one of the direct causes of maternal death and significantly jeopardizes perinatal outcome. Early recognition and timely care-seeking depend largely on pregnant women's knowledge and perception of PIH. This study assessed the knowledge and perception of PIH among pregnant women attending antenatal care (ANC) clinics in Tarauni Local Government Area (LGA), Kano State.

Methods: It was a descriptive cross-sectional study. A multistage sampling technique was used. Data were collected using a structured, interviewer-administered questionnaire and analyzed using descriptive statistics and chi-square tests at the 5% significance level in SPSS version 27.

Ethical approval was obtained from the Kano State Ministry of Health Research Ethics Committee.

Results: The respondents' awareness of PIH was high (92.5%). About 41.5% of respondents had good knowledge, 50.0% fair knowledge, and 8.5% poor knowledge. The Knowledge of risk factors was low. A notable 11.5% attributed PIH to supernatural causes; otherwise, perceptions of PIH were largely positive. Educational level and previous experience with PIH were significantly associated with knowledge and perception ($p < 0.001$).

Conclusion: Despite high awareness, knowledge of PIH remains moderate among pregnant women in Tarauni LGA. It is advised to dispel myths and advance ANC-based, culturally sensitive health education to enhance early detection and reduce avoidable PIH-related consequences.

Keywords: Antenatal Care, Knowledge, Maternal Health, Perception, Pregnancy-Induced Hypertension.

FINANCIAL BURDEN AND ITS EFFECTS ON THE ACADEMIC PERFORMANCE OF UNDERGRADUATE MEDICAL STUDENTS OF BAYERO UNIVERSITY KANO

Muazu MI, Chiroma AK,¹ Abubakar J,¹ Muaz AS,¹ Gajiram UM,² Aliyu Z,¹ Ibrahim I, Muhammad AA,¹ Garba ZK,¹ Inuwa SM.¹

¹Department of Community Medicine, Bayero University/Aminu Kano Teaching Hospital. Kano State. Nigeria

²Department of Community Medicine, University of Maiduguri Teaching Hospital, Borno State.

Correspondence: Muaz Abdurrashid Salisu asmuaz10@gmail.com

ABSTRACT

Background: Financial hardship among medical students is an emerging concern with potential implications for academic performance and well-being. This study investigated the prevalence of financial burden, its association with academic outcomes, and coping strategies among undergraduate medical students at Bayero University Kano (BUK).

Methods: A descriptive cross-sectional study was used. The sampling method used was simple random sampling. Data were collected using a structured, self-administered questionnaire, analyzed using descriptive statistics, Chi-square tests, and logistic regression. Ethical approval was obtained from the Aminu Kano Teaching Hospital Research Ethics Committee.

Results: A high prevalence of financial strain was observed: 68.5% of students reported educational debt, and 73.4% engaged in part-time employment. Frequent financial stress was reported by 82.7% of respondents and was significantly associated with poor academic performance, reduced study time, and perceived negative examination outcomes ($p < 0.001$). In addition, over 80% of students reported psychological distress, including stress, anxiety, and burnout, attributable to financial difficulties. The most reported coping strategies were family support (93.1%), part-time work (77.3%), and reducing personal expenses (93.1%).

Conclusion: Financial hardship among medical students is widespread and significantly undermines academic performance and psychological well-being. Targeted institutional and governmental interventions should be considered to reduce financial stress and ensure a sustainable healthcare workforce in Nigeria.

Keywords: Financial Burden; Academic Performance; Medical Students; Nigeria; Coping Mechanisms.

APHPN/B026/OR/054

BIRTH PREPAREDNESS AND COMPLICATION READINESS AMONG PREGNANT WOMEN ATTENDING ANTENATAL CLINIC IN PRIMARY HEALTH CENTERS IN TARAUNI LGA

Tukur SJ,¹ Abubakar IS,¹ Abarshi SA,¹ Jalo MI,¹ Atiku KJ,² Falalu FS,¹ Maizare HI,¹ Sodangi Y,¹ Muhammad AT,³ Abdullahi AI.⁴

¹Department of Community Medicine, Bayero University/ Aminu Kano Teaching Hospital, Kano State Nigeria

²Department of Community Medicine, Modibbo Adama University Teaching Hospital Yola, Adamawa State Nigeria

³Hospital Management Board Yobe, Yobe State, Nigeria.

⁴Department of Otorhynolaryngology, Aminu Kano Teaching Hospital, Kano State, Nigeria.

Corresponding Author: Dr. Sadika Ali Abarshi abarshi.sadika@gmail.com

ABSTRACT

Background: Birth preparedness and complication readiness (BP/CR) is a key strategy for promoting timely use of skilled birth attendants and reducing maternal and neonatal morbidity and mortality. Globally, over half a million women die annually from pregnancy-related complications, with delays in seeking and receiving care contributing significantly, especially in developing countries. This study assessed the knowledge and level of BP/CR among pregnant women attending antenatal clinics at Primary Health Care (PHC) facilities in Tarauni Local Government Area (LGA), Kano State.

Methods: A descriptive cross-sectional study was conducted among 265 pregnant women attending the ANC clinic. Data were collected using a structured, interviewer-administered questionnaire and analyzed with SPSS version 23. Descriptive statistics summarized women's socio-demographic characteristics and knowledge levels, while chi-square tests assessed associations between factors associated with BP/CR and level of preparedness, with statistical significance set at $p < 0.05$. Ethical approval was obtained from the Kano State Ministry of Health Research Ethics Committee (NHREC/17/03/2018).

Results: Approximately half (45.7%) of the respondents were aged 23–28 years, predominantly Hausa-Fulani and Muslim, with at least secondary education. Awareness of BP/CR was high, with 75.1% demonstrating adequate awareness of the concept and understanding its key components. However, knowledge of obstetric danger signs was generally low, with vaginal bleeding being the most frequently identified sign (15.2%). There was a statistically significant association between women engaged in a formal job ($p=0.044$) and having an income ($p=0.001$) with the level of preparedness. Also, women whose husbands earned more ($p<0.001$) and had a tertiary education ($p<0.001$) were more likely to be prepared for pregnancy-related complications.

Conclusion: While knowledge of BP/CR among pregnant women in Tarauni LGA is relatively high, gaps remain in translating knowledge into comprehensive practice. Economic limitations, reduced autonomy, and sociocultural factors hinder adequate preparedness. Strengthening antenatal health education and promoting male involvement are recommended to improve BP/CR practices.

Keywords: Birth Preparedness, Complication Readiness, Danger Signs, Pregnancy, Maternal Health

BARRIERS AND FACILITATORS TO MALE PARTNER INVOLVEMENT IN POSTNATAL CARE SERVICES IN NASSARAWA LOCAL GOVERNMENT AREA KANO STATE

Abubakar AA,¹ Adamu KA,¹ Sunusi RA,¹ Bello M,¹ Muhammad AA,¹ Inuwa SM,¹ Abdullahi AI, Zubairu SS, El-yakub FA,² Abdullahi HM.¹

¹Department of Community Medicine, Aminu Kano Teaching Hospital. Kano State. Nigeria

²Paediatrics Department, Aminu Kano Teaching Hospital. Kano State. Nigeria

Corresponding Authors: Adamu Kabiru Ahmad; tudunqayah@gmail.com

ABSTRACT

Background: Male involvement in postnatal care (PNC) plays a key role in maternal and newborn health outcomes. In northern Nigeria, men's participation in PNC is influenced by sociocultural norms, health system barriers, and limited awareness. However, evidence on context-specific factors affecting male involvement in urban Kano remains limited. This study assessed the level of male involvement in PNC services, their knowledge and awareness of PNC and the associated factors influencing their participation in Nassarawa Local Government Area (LGA), Kano State.

Methods: A descriptive cross-sectional study was conducted among married men whose partners delivered within the previous 12 months in Nassarawa LGA. Data were collected using an interviewer-administered questionnaire on sociodemographic characteristics, knowledge of postnatal care, attitudes toward male involvement, and health system factors. Male involvement was assessed using composite indicators. Data were analysed using SPSS version 26 software, with $p < 0.05$ considered significant. Ethical approval was obtained from Kano State Health Research Ethics Committee (NHREC/17/03/2018; SHREC/2025/6736).

Results: Respondents were predominantly young adults (mean age 29.5 ± 3.7 years), mostly aged 26–32 years 138(72%). Awareness of postnatal care (PNC) services was high, 162(85%), with health workers as the main information source 124(65%) but correct knowledge of first PNC timing was low, 90(47%) while support for male involvement in PNC was strong 170(89%), actual participation was limited 71 (37%). Male involvement was largely financial 166(87%) and logistical 145(76%), whereas joint decision-making 76(40%) remained suboptimal. Major barriers were cultural/religious 141 (73.8%), stigma/criticism 126 (66.0%), work commitments 117 (61.3%), non–male-friendly facilities 109 (57.1%) and health worker attitude 54 (28.3%). Key facilitators were secondary level of education ($p = 0.000$), prior exposure to maternal health information ($p = 0.034$), belief that male involvement improves maternal and newborn outcomes ($p = 0.000$), and positive attitudes of health care workers towards male partners ($p = 0.003$).

Conclusion: Male involvement in postnatal care remains low in urban Kano, constrained by norms, knowledge gaps, and unfriendly services; education, male-focused outreach, and supportive facilities can drive meaningful participation.

Keywords: Male-Partner-Involvement; Postnatal Care; Barriers; Facilitators; Kano State; North-west, Nigeria.

DISTRIBUTION AND CORRELATES OF INTIMATE PARTNER VIOLENCE: A MULTIFACTORIAL ANALYSIS ACROSS POPULATION GROUPS IN NORTH-WESTERN NIGERIA

Umar M,¹ Ibrahim HA,² Hassan HF,¹ Umar R,² Umar T,² Usmar AM.²

¹Department of Community Medicine, Aminu Kano Teaching Hospital, Kano State, Nigeria

²Department of Public Health, Ahmadu Bello University, Zaria, Kaduna State, Nigeria

Corresponding Author: Mustapha Umar; mm.umar25@gmail.com

ABSTRACT

Background: Intimate partner violence (IPV) is a critical public health and human rights issue, particularly in North-West Nigeria, where socio-cultural and economic factors influence its prevalence. The study examines the prevalence, patterns, predictors, and lived experiences of IPV victims, exploring the sociodemographic correlates and associated risk factors. The findings aim to provide evidence for policy interventions and community-based solutions to mitigate IPV in the region.

Methods: A mixed-methods cross-sectional study was conducted among women in Kano, Sokoto, and Jigawa states. A structured questionnaire was administered to 1,248 respondents, and in-depth interviews (IDIs) were conducted with selected participants. Quantitative data were analyzed using descriptive statistics, chi-square tests, logistic regression, and Spearman's correlation, while qualitative responses were subjected to thematic analysis to capture survivors' lived experiences.

Results: The study found an IPV prevalence of 549 (44%), with Sokoto at 126 (60.6%) and Jigawa at 396 (50.9%) recording the highest rates, while Kano at 27 (10.3%) had the lowest. Psychological abuse 449(36.0%) was the most common form, followed by financial 328(26.3%), sexual 311(24.9%), and physical violence 56(4.5%) among the respondents. The mean age of the respondents is 33.6 ± 11.3 SD. Key predictors included low education, financial dependence, polygamous marriages, and partner's alcohol use. Qualitative findings highlighted coercive control, social isolation, emotional trauma, and financial abuse as dominant IPV experiences.

Conclusion: IPV remains prevalent in North-West Nigeria due to economic vulnerability, patriarchal norms, and weak institutional support systems. Women with lower education, unstable income, and larger families are at higher risk. Interventions include stronger legal frameworks, financial empowerment programs, gender-sensitive education, community engagement, and improved reporting mechanisms.

Keywords: Intimate Partner Violence, Sociodemographic Factors, Prevalence, Predictors, North-West Nigeria

A RETROSPECTIVE STUDY OF THE ASSOCIATION BETWEEN MODE OF DELIVERY AND NEONATAL OUTCOMES AT ATBUTH, BAUCHI

Abdulkareem S,^{1,2} Mohammed A,^{1,2} Bulus NG,^{1,2} Musa A,^{1,2} Muhammad AS,^{1,2} Jaafaru UH.^{3,4}

¹Department of Community Medicine, Abubakar Tafawa Balewa University Teaching Hospital, Bauchi

²Department of Community Medicine, Abubakar Tafawa Balewa University, Bauchi

³Department of Obstetrics and Gynaecology, Abubakar Tafawa Balewa University Teaching Hospital, Bauchi

⁴Department of Obstetrics and Gynaecology, Abubakar Tafawa Balewa University, Bauchi

Corresponding author: Abdulkareem Sani; saniabdulkareem44@gmail.com

ABSTRACT

Background: Neonatal outcomes and survival are strongly influenced by the mode of delivery. Caesarean section and vaginal delivery remain the two major childbirth methods; each is associated with specific maternal and neonatal risks. Understanding how these modes of delivery relate to neonatal outcomes is essential for optimizing obstetric practices and improving newborn survival, particularly in resource-limited settings such as Nigeria.

Methodology: A retrospective cross-sectional study was conducted among women who delivered at Abubakar Tafawa Balewa University Teaching Hospital (ATBUTH), Bauchi, between January 2023 and December 2024. Secondary data were obtained from the delivery register. Data were analyzed using IBM SPSS version 25, and statistical significance was set at < 0.05 .

Results: A total of 7,834 deliveries were reviewed. Of these, 3,761 (48.1%) were booked, while 4,072 (51.9%) were un-booked. Vaginal deliveries accounted for 5,272 (67.3%) of births, whereas 2,562 (32.7%) were caesarean sections. Among the caesarean sections, 1,722 (67.2%) were emergency procedures and 840 (32.8%) were elective procedures. Overall, 6,441 (82.2%) newborn babies had good neonatal outcomes, defined as a 5-minute Apgar score ≥ 7 without major complications. In contrast, 1,393 (17.8%) had poor neonatal outcomes. The leading causes of poor outcomes were birth asphyxia 553, 39.7%), prematurity 352, 25.3%), and neonatal sepsis (128; 9.2%). Other conditions accounted for 360 (25.8%) and included low birth weight, neonatal jaundice, congenital anomalies, birth trauma, and admissions for observation due to maternal risk factors such as prolonged rupture of membranes. There was a statistically significant association between mode of delivery and neonatal outcome ($\chi^2 = 16.58$, $p < 0.001$). Emergency caesarean section was associated with a higher proportion of poor neonatal outcomes compared with vaginal delivery.

Conclusion: Most neonates had favourable immediate outcomes. However, poor outcomes were relatively common and were mainly due to birth asphyxia and prematurity. Emergency caesarean section was significantly associated with poorer neonatal outcomes compared with vaginal delivery, highlighting the need to strengthen antenatal care, ensure timely referrals, and improve neonatal resuscitation and supportive services to reduce neonatal risk.

Recommendations: Strengthen antenatal care and early risk detection to reduce un-booked cases and prevent avoidable emergency caesarean sections. Improve intrapartum monitoring, referral systems, and the timeliness of obstetric intervention. Enhance neonatal resuscitation and preterm care capacity, supported by continuous perinatal audit and quality improvement to reduce neonatal morbidity and mortality.

Keywords: Mode of Delivery, Neonatal Outcomes, Caesarean Section, Vaginal Delivery, Retrospective Study, ATBUTH Bauchi.

APHPN/B026/OR/061

BLEEDING BEHIND BARS: A PARTICIPATORY STUDY ON ADVANCING EQUITABLE MENSTRUAL HYGIENE RIGHTS IN NIGERIAN CORRECTIONAL FACILITY

Okeke IM,^{1,2,3} Agbatutu E,^{2,3} Oko-Out FK,⁴ Aya HO.⁵

¹Department of Community Medicine, Alex-Ekwueme Federal University Teaching Hospital, Abakaliki, Nigeria.

²Medical Women's Association of Nigeria (MWAN)

³Maden Healthcare Foundation

⁴National Obstetrics Fistula Centre, Abakaliki, Ebonyi State, Nigeria

⁵Zobam Healthcare and Empowerment Foundation, Abakaliki. Ebonyi State.

Corresponding Author: Ifeyinwa Maureen Okeke; ifeyinwaokeke2022@gmail.com

ABSTRACT

Background: Menstruation is a natural part of life, but for women in Nigerian correctional facilities, it is a monthly struggle. Menstrual Health is an essential yet overlooked component of Sexual and Reproductive Health and Rights (SRHR), particularly in carceral settings. In Nigeria, where correctional Health Systems lack gender-responsive frameworks, menstruating individuals often experience severe menstrual injustice—marked by stigma, deprivation, and systemic neglect. Incarcerated women are rarely included in SRHR policy conversations, and their unique needs remain undocumented and unaddressed. This study explored the lived experiences of menstruation in a correctional context to shed light on the structural inequities that compromise the dignity, health, and rights of incarcerated menstruating individuals.

Methods: It was a qualitative study that utilized a single Focus Group Discussion (FGD) to explore menstrual health realities within a Nigerian correctional facility. The FGD was conducted with twenty incarcerated women aged 18 to 55 years in a medium-security custodial facility in Abakaliki, Ebonyi State using thematic analysis.

Results: Participants represented a diversity of marital statuses (single, married, and separated) and varied in educational background, from no formal education to completion of secondary school. Their stories revealed harsh realities: lack of sanitary products, dirty facilities, and emotional distress. These women face unimaginable challenges, relying on NGOs and donors just to thrive.

Conclusion: The findings contribute to a growing body of knowledge advocating for menstrual justice as a critical element of SRHR and prison reform and highlight the urgent need for institutional accountability and gender-sensitive correctional healthcare in Nigeria. It is time to recognize menstrual health as a basic human right, even in prisons. We need policy changes, better facilities, and a shift in mindset and collaboration to ensure dignity for all women, regardless of their circumstances.

Recommendation: Collaborative partnership is pivotal to ensure a comprehensive and inclusive approach to ensure improvement in availability and access to menstrual hygiene products, including infrastructural upgrades (comprehensive WASH facilities). There is an urgent need for policy reforms on menstrual hygiene in correctional facilities, as this is a basic human right. More awareness and educational campaigns are also necessary.

Keywords: Menstrual Health, Correctional Facilities, Incarceration, SRHR, Nigeria

APHPN/B026/OR/065

**KNOWLEDGE, ATTITUDE AND WILLINGNESS TO PROVIDE MENTAL HEALTH SERVICES
AMONG PRIMARY HEALTH CARE WORKERS IN MAIDUGURI METROPOLITAN COUNCIL,
BORNO STATE.**

Abulfathi AA, Wudiri ZW, Bukar FL, Umaru SJ, Monguno AT, Adam FB, Kashuku FK, Saleh HS, Nggada SD, Damaramma A, James A, Bruno CO, Usman HA, Onoja MA

¹University of Maiduguri

Corresponding Author: Sakinatu Jama Umaru; umarusakinatu@gmail.com

ABSTRACT

Background: Mental health refers to a state of well-being in which an individual can recognize and utilize their abilities, cope effectively with the normal stresses of life, work productively and fruitfully, and contribute meaningfully to their community. This study was conducted to assess the knowledge and attitudes of primary healthcare workers regarding mental health illnesses, as well as their willingness to provide mental health services within primary healthcare centres. The goal was to identify both the opportunities and challenges of integrating mental health care services within the Maiduguri Metropolitan Council.

Method: A descriptive cross-sectional study was conducted across 11 primary healthcare centres (PHCs), with 322 PHC workers participating as respondents, all within the Maiduguri Metropolitan Council (MMC) region.

Results: The findings revealed that most respondents (95.3%) were aware of mental health services. However, only 42.7% had received mental health training within the past 12 months. Most participants (93.1%) strongly agreed that mental health care is an essential component of primary health care. Additionally, a significant proportion (97.1%) expressed willingness to provide mental health services. Marital status and work experience emerged as significant factors associated with the willingness to provide and adopt mental health services.

Conclusion and recommendation: The willingness of primary health care workers to adopt mental health services was significantly related to their work experience and marital status. There is a need for continuous training and sensitization of primary health care workers to facilitate the integration of mental health services.

Keywords: Mental Health, Mental Health Services, Primary Health Care

GROWTH MONITORING IN FRAGILE HEALTH SYSTEMS: EVIDENCE FROM PRIMARY HEALTH CARE CENTRES IN NORTH-EAST NIGERIA

Wudiri ZW,^{1,2} Lawan FB,^{1,2} Abulfathi A,^{1,2} Bello U,^{1,2} Umar SJ,^{1,2} Maina J,² Mungono T,² Micheal BA,¹ Joseph A,¹ Muhammed U,¹ Bashir K,¹ Samari AV,¹ Usman BZ.¹

¹ Department of Community Medicine, University of Maiduguri, Maiduguri, Borno State

² Department of Community Medicine, University of Maiduguri Teaching Hospital, Maiduguri, Borno State

Corresponding Author: Wudiri Zara; zarawudiri2@gmail.com

ABSTRACT

Background: Prolonged armed conflict in North-East Nigeria has severely disrupted health systems, displaced populations, and increased the vulnerability of children to malnutrition and preventable diseases, with Borno State serving as the epicenter of the humanitarian crisis. Displacement, food insecurity, and overstretched Primary Health Care services have contributed to rising levels of under-five malnutrition. Growth Monitoring and Promotion (GMP) is a key child survival intervention designed to detect early growth faltering and to initiate timely counselling and interventions to prevent malnutrition. However, the effectiveness of GMP depends largely on the knowledge, skills, and practices of frontline health workers who implement these services. In fragile and conflict-affected settings, gaps in training, supervision, and health system capacity may compromise GMP delivery. This study assessed the knowledge, attitudes, and practices of healthcare workers regarding Growth Monitoring and Promotion in selected PHC centres in Maiduguri

Methods: A hospital-based cross-sectional descriptive study was conducted among 422 healthcare workers in selected PHC centres between March and April 2023. A multistage sampling technique was employed. Data were collected using a pretested, structured, interviewer-administered questionnaire assessing knowledge of GMP procedures and growth chart interpretation, attitudes toward GMP, and GMP practices. Data was analyzed using SPSS version 23, with descriptive statistics and chi-square tests applied to determine factors associated with GMP knowledge and practice.

Results: Growth monitoring activities were conducted in 73.6% of facilities. Knowledge of GMP among healthcare workers was moderate (52.6%); a third had poor knowledge (36.4%), and only 11.0% demonstrated good knowledge. Attitudes toward GMP were positive (82.6%). However, GMP practices only 6.7% of respondents demonstrated good practice, 52.6% moderate practices, while 40.7 % practiced GMP poorly. Knowledge of GMP was significantly associated with age, marital status, level of education, and years of work experience. Practice was significantly associated with marital status, years of work experience only. (P<0.05)

Conclusion: The study identified moderate levels of knowledge and practice, alongside a positive attitude toward GMP among PHC workers. GMP practices were found to be below optimal standards. The Borno State Primary Health Care Development Agency should enhance ongoing training and provide supportive supervision to improve GMP implementation among PHC workers in the state.

Keywords: Growth Monitoring and Promotion; Health care workers; Child malnutrition; Primary Health Care; Conflict

APHPN_B025_OR_010 - Poster Presentation

KNOWLEDGE IS NOT POWER: WHY EDUCATION ALONE FAILS TO PROTECT FARMERS FROM PESTICIDE POISONING

Abah OS,¹ Cegbeyi M.A.E, ² Egenti N, ² Abubakar MJ,² Isara A³

¹Federal University of Health Sciences, Otukpo, Benue State, Nigeria

²University of Abuja Teaching Hospital, FCT-Abuja, Nigeria

³University of Benin, Edo State, Nigeria

Corresponding Author: Prof. Abah O.S; profsteveabah@gmail.com

ABSTRACT

Background: Pesticide exposure remains a significant yet poorly recognised global public health problem. Approximately 41 million people suffer from pesticide poisoning annually worldwide and Low- and middle-income countries account for almost all these cases. Conventional public health interventions for pesticide safety often focus on knowledge transfer. Approximately 41 million people suffer from pesticide poisoning annually worldwide. This study investigates the complex relationship between knowledge, practice, and actual biomarker-confirmed exposure, questioning the sufficiency of education-centric approaches in resource-poor settings.

Methods: We conducted a mixed-methods study among smallholder farmers in Abuja, Nigeria (survey: n=308; FGDs: 8; biomonitoring: n=54). Urinary levels of six DAP metabolites were correlated with knowledge scores and qualitative data on barriers.

Results: Despite general awareness of pesticides, critical knowledge gaps were identified: only 47.7% correctly defined PPE. More importantly, a weak, often non-significant correlation was found between knowledge scores and urinary biomarker concentrations. Practice data revealed a dramatic “implementation gap” although some farmers knew risks, only 3.9% practiced proper storage and 37% safe container disposal. Qualitative findings powerfully explained this disconnect. Farmers consistently cited poverty, lack of access to affordable PPE, and dependence on informal networks for information as primary barriers to safe behavior.

Conclusion: Knowledge is a necessary but insufficient condition for safe pesticide use. The weak relationship between knowledge exposure and farmers' knowledge demonstrates that farmers are trapped by circumstances beyond their control, primarily economic and systemic. To effect change, we must stop blaming the farmers and start fixing the system. Effective interventions must be multidimensional, integrating practical training with tangible support, such as improving access to affordable protective gear and strengthening regulatory enforcement.

Keywords: Pesticide Poisoning. Smallholder farmers. Knowledge.

APHPN/B026/OR/016 - Poster Presentation
KNOWLEDGE, ATTITUDE, AND PRACTICE OF CAFFEINE USE AND ITS EFFECT ON
STUDENTS IN PAMO UNIVERSITY OF MEDICAL SCIENCES, RIVERS STATE,
NIGERIA

Princewill TO,¹ Priye-Cosmas DD,¹ Renner IE,¹ Shedrack PU,¹ Joseph CB.^{1,2}

¹Pamo University of Medical Sciences, Port Harcourt, Rivers State, Nigeria.

²Rivers State Primary Health Care Management Board, Port Harcourt, Nigeria.

Corresponding Author: Carol Beregha Joseph, josecarol460@gmail.com

ABSTRACT

Background: Caffeine is a common psychoactive substance, especially among university students, for various reasons, with demanding academic scopes. This study aimed to assess the knowledge, attitudes, and practices regarding caffeine use and its effects on students at the PAMO University of Medical Students, Rivers State, Nigeria.

Methodology: A cross-sectional study was conducted using a structured, self-administered questionnaire administered to 351 undergraduate students selected through multi-stage sampling. Data were analyzed using SPSS version 27.

Results: The outcomes were presented in frequency tables with percentages. The predominant proportion of participants was female, 290 (82.6%), and primarily from the faculty of clinical sciences, department of medicine and surgery, 287 (81.8%). Knowledge was moderate, at 267 (76.1%), but only 18.5% possessed a substantial understanding of caffeine's effects and consumption. Attitude was moderate (54.1%). Daily caffeine consumption was minimal (6.8%). Half ingested caffeine regularly, citing academic pressures as the main reason. Notable correlations were identified for age ($p = 0.002$), field of study ($p = 0.050$) and present academic year ($p = 0.011$). while gender ($p = 0.821$), Faculty of study ($p = 0.072$) and religion ($p = 0.374$) showed no statistically significant correlations with Knowledge. For Attitude, field of study ($p = 0.015$) and faculty of study ($p = 0.013$) showed significant correlations, while gender ($p = 0.505$), present academic year ($p = 0.905$), and age ($p = 0.519$) showed no statistically significant correlations. For Practice, gender ($p = 0.022$), present academic year ($p = 0.054$), and age ($p = 0.006$) showed positive correlations, whereas field of study ($p = 0.698$) and faculty of study ($p = 0.664$) showed no statistically significant correlations.

Conclusion: There should be increased awareness of the effects and the recommended safe amount of caffeine.

Recommendation: The institution should cultivate more enlightened viewpoints through classes and provide guidance services to help curb academic stress and the strict regulation of caffeine-containing products to the Public.

Keywords: Caffeine, PAMO, Knowledge, Attitude, Practice

CHRONIC KIDNEY DISEASE RESEARCH CAPACITY ASSESSMENT AND STRENGTHENING IN NIGERIA: A SCOPING REVIEW OF PUBLISHED LITERATURE

Abdulhamid SB,¹ Pulford J,² Wudiri ZW,¹ Bukar FL,¹ Abulfathi AA,¹ Umaru SJ¹

¹University of Maiduguri Teaching Hospital

²Liverpool School of Tropical Medicine

Corresponding Author: Salmah Abdulhamid Buba; salmahabdulhamid@gmail.com

ABSTRACT

Background: Chronic kidney disease (CKD) is defined as the dysfunction of the kidney for more than three months, regardless of the underlying cause. It has a high death rate, and people with long-term kidney failure are five to ten times more likely to have a reduced health-related quality of life and die prematurely. CKD is a growing challenge in Nigeria, and despite the surge in health research in the country, the scope and impact of the disease, as well as the depth and breadth (capacity) of research, remain unknown. The purpose of this review is to assess the existing CKD research capacity in Nigeria, based on a review of the published literature, identify research capacity gaps, and make recommendations for capacity building.

Methods: A scoping review of peer-reviewed CKD publications in Nigeria between 2000 and 2021 was conducted. Relevant literature was searched for in four databases (LSTM library, Medline, CINAHL, and Cochrane). Then, a manual search of the reference lists of the included studies was conducted for additional studies. The quantity, focus, methodology, and quality of studies on CKD conducted by different authors and institutions within and across Nigeria were assessed.

Result: A total of 119 publications were retrieved over 21 years, out of which 111 were led by authors affiliated with a Nigerian institution. No commentary was retrieved, and 97.5% (116) of the studies were original research, with only 3 reviews. The southern regions of the country accounted for 71% of publications and 76% of institutions, leaving the North with only 29% and 24%, respectively. Most of the papers had a research focus on the epidemiology of CKD, with 88.9% using a cross-sectional approach. The studies were published in 66 different journals; 53 (44.5%) were published in the ten most frequently chosen journals, all of which had **low** JCI scores and major gaps in research focus and quality.

Conclusion: A large proportion of Nigerian CKD research is published in lower-quality journals that are mostly limited in their geographical scope. It is necessary to build the capacity of CKD researchers and institutions in Nigeria to produce high-value evidence.

Keywords: Chronic Kidney disease, Research capacity assessment, Research capacity strengthening, Nigeria, Health system strengthening.

APHPN_B026_OR_059: Poster Presentation
KNOWLEDGE, PERCEPTIONS AND UPTAKE OF CERVICAL CANCER SCREENING AMONG FEMALE MEDIA PRACTITIONERS IN ABUJA, NIGERIA: A BASELINE STUDY

Bai DT, ¹ Isara AR, ^{1,2}

¹Department of Public Health and Community Medicine, School of Medicine, University of Benin, Benin City, Edo State.

² University of Benin Teaching Hospital (UBTH), Benin City, Edo State.

Corresponding Author: Damian Tavershima Bai; damianbai@yahoo.co.uk

ABSTRACT

Background: Cervical cancer constitutes a major public health threat to women in many low- and medium-income countries, including Nigeria. Although cervical cancer can be prevented through screening, screening uptake remains suboptimal. Female media practitioners (FMPs), who influence public health messaging, represent an understudied group whose screening behaviours could amplify advocacy efforts. This baseline study assessed their cervical cancer screening (CCS) knowledge, perceptions and uptake before a peer health promotion intervention.

Methods: A cross-sectional descriptive study was carried out among 252 FMPs aged 25-59 years from July to October 2025. Participants were recruited from government-owned media outlets in Abuja using a multistage sampling approach. Data were gathered using a structured, pretested questionnaire incorporating Health Belief Model (HBM) constructs and analysed in SPSS version 27, with $p < 0.05$ considered statistically significant. Ethical clearance was obtained from the Health Research Ethics Committee of the Federal Capital Territory.

Results: The mean age of the respondents was 43.4 ± 7.0 years. Of the 252 participants, 61 (24.2%) had adequate CCS knowledge, 86 (34.1%) had positive perceptions, and 97 (38.5%) had ever undergone screening. Multivariable logistic regression identified uptake predictors as: older age (AOR = 1.08, 95% CI: 1.04 – 1.12, $p < 0.001$), positive perception (AOR = 2.8, 95% CI: 1.63 – 4.79, $p < 0.001$), perceived benefits (AOR = 2.5, 95% CI: 1.19 – 5.08, $p = 0.016$) and cues to action (AOR = 2.28, 95% CI: 1.18 – 4.40, $p = 0.014$). Knowledge (AOR 0.58 95% CI: 0.32 – 1.06, $p = 0.075$), perceived susceptibility (AOR = 1.16, 95% CI: 0.61 – 2.20, $p = 0.66$), perceived severity (AOR = 1.40, 95% CI: 0.71 – 2.75, $p = 0.33$), perceived barriers (AOR = 1.65, 95% CI: 0.70 – 3.93, $p = 0.25$), and self-efficacy (AOR = 0.85, 95% CI: 0.47 – 1.55, $p = 0.60$) were not statistically significant.

Conclusion: CCS knowledge, perceptions, and uptake were sub-optimal among FMPs in Abuja. Targeted interventions are needed to enhance knowledge, improve perceptions and increase CCS uptake in this influential group.

Recommendations: The Federal Ministry of Health and Social Welfare, and researchers, should undertake targeted interventions to improve the knowledge, perceptions, and uptake of CCS amongst FMPs.

Keywords: Cervical Cancer, Screening Uptake, Knowledge, Perceptions, Media Practitioners.

MATERNAL HEALTH AND IMMUNIZATION CONTINUITY IN CONFLICT-AFFECTED HUMANITARIAN SETTINGS: A SYSTEMATIC REVIEW

Kafle B,¹ Ali A,² Oduoye MO,³ Iloke CV,⁴ Madubueze UC,⁴ Okeke IM,⁴ Abdullahi Z,⁵ Akhtar Z,² Ibrahim M,⁶ Ali A.²

¹School of Public Administration, The University of New Mexico, Albuquerque, United States of America.

²Department of Medicine, King Edward Medical University, Lahore, Pakistan.

³Department of Research, the Medical Research Circle, Goma, Congo.

⁴Department of Community Medicine, Alex-Ekwueme Federal University Teaching Hospital, Abakaliki, Nigeria.

⁵Nursing Department, Ahmadu Bello University, Zaria, Kaduna State, Nigeria,

⁶Department of Health, LONIBU Health Development Foundation, Zamfara, Nigeria.

Corresponding author: Ifeyinwa Maureen Okeke; ifeyinwaokeke2022@gmail.com

ABSTRACT

Background: Armed conflict and protracted humanitarian crises severely disrupt maternal health services and routine immunization, increasing the risk of preventable maternal and neonatal morbidity and mortality. This systematic review synthesizes evidence on the intersection of maternal health and immunization continuity during humanitarian crises in conflict zones.

Methods: A systematic review was conducted following PRISMA 2020 guidelines. Electronic databases, including PubMed/MEDLINE, Scopus, Web of Science, EMBASE, CINAHL, Global Health, and the Cochrane Library, as well as grey literature sources and humanitarian agencies, were searched for studies published between January 2000 and November 2025.

Results: This study found that conflict-affected countries experienced marked declines in maternal care and immunization coverage. Armed conflict was associated with average reductions of 4.9% in DTP3 and 7.3% in measles vaccination, with effects persisting for up to three years. In 2023, over half of global zero-dose children lived in fragile and conflict-affected settings, and full vaccination coverage among forcibly displaced populations was as low as 21%. Maternal outcomes were similarly compromised, with conflict zones accounting for approximately 70% of global maternal deaths and sharp declines in skilled birth attendance during crises. Integrated service delivery models, including mobile clinics, outreach campaigns, and linkage of Expanded Programme on Immunization services with antenatal care, were associated with improved utilization, increasing antenatal care attendance by up to 15% and immunization coverage by 7–50%.

Conclusion: Maternal health and immunization continuity are deeply interdependent in humanitarian crises. Integrated, flexible, and community-centered service delivery models are essential to sustaining care for women and children in conflict settings and reducing preventable maternal and neonatal deaths.

Recommendation: Strengthening coordinated, resilient and community-centered health systems is essential for sustaining maternal and immunization services during crises. Prioritizing integrated approaches, supported by robust governance, data systems, and long-term investment, is critical to reducing preventable maternal and neonatal morbidity and mortality in conflict-affected populations.

Keywords: Maternal Health; Humanitarian Crises; Conflict Zones; Antenatal Care; Vaccination Programs, Maternal Mortality

ASSESSMENT OF NATURAL/TRADITIONAL METHODS OF FAMILY PLANNING AMONG WOMEN OF REPRODUCTIVE AGE GROUP IN MAIDUGURI, BORNO STATE

Bukar FL,¹Abulfathi AA,¹ Bello U,¹ Maina JY,¹ Umaru H,² Simon A,² Blessing I,² Muhammad M,² Musa O,² Jeremiah D,² Yahaya S.²

¹Department of Community Medicine, University of Maiduguri /University of Maiduguri Teaching Hospital, Maiduguri, Borno State, Nigeria

²University of Maiduguri Teaching Hospital, Maiduguri, Borno State, Nigeria

Corresponding Author: Bello Umar; belloumar1003@gmail.com

ABSTRACT

Background: Nigeria is Africa's most populous country, with a population of approximately 237.5 million, equivalent to 2.9% of the world's population. The current total fertility rate is estimated at 5.46 births per woman. Family planning (FP) is essential in reducing maternal and infant morbidity and mortality, improving birth spacing, and supporting women's autonomy, education, and economic opportunities. Access to voluntary FP also contributes to broader development goals, including gender equity and poverty reduction. Despite these benefits and ongoing programmatic efforts, many women in low- and middle-income countries continue to rely on natural and traditional family planning (TFP) methods. This study aimed to assess the knowledge, attitudes, and practices regarding TFP methods among women of reproductive age in Maiduguri, Borno State.

Methods: A descriptive cross-sectional study was conducted among women of reproductive age (15-49 years). A multistage sampling technique was used to select respondents and data were collected using a well-structured questionnaire and analyzed using SPSS version 30. Statistical significance was set at a p-value of ≤ 0.05 .

Results: Most of the respondents (68.5%) had never heard of TFP methods. However, 75.8% of those aware of the TFP method had a positive attitude. Overall, 63.6% reported good practice of TFP methods. Age and monthly income were statistically significantly associated with knowledge (p-values = 0.002 and 0.006, respectively). Age was also significantly associated with the use of traditional family planning methods (p=0.0039).

Conclusion: Although awareness of TFP was generally low, many women showed positive attitudes and good practice towards these methods. Socio-demographic factors such as age and income influenced knowledge and practice. Strengthening health education and awareness programs is essential to improve informed decision-making about family planning options.

Keywords: Traditional Family Planning, Reproductive Age Women, Maiduguri, Knowledge and Attitude, Contraceptive Practice.

PSYCHOSOCIAL PROBLEMS AMONG STREET CHILDREN IN MAIDUGURI, BORNO STATE, NIGERIA

Maina JY,¹Bukar FL,¹ Abulfathi AA,¹ Umeh FC,² Isa MA,² Saidu H,² Nggada EJ,² Lawan MA,² Ayuba KI²

¹Department of Community Medicine, University of Maiduguri Teaching Hospital, Maiduguri, Borno State, Nigeria

²University of Maiduguri Teaching Hospital, Maiduguri, Borno State, Nigeria

Corresponding Author: Maina Jeremiah Yaga; jeremymainayaga@gmail.com

ABSTRACT

Background: Street children constitute one of the most vulnerable populations in low- and middle-income countries, including Nigeria. Evidence suggests that between 30% and 70% of street children experience significant emotional and behavioural problems. In Borno State, the epicentre of the Boko Haram insurgency, prolonged insecurity has resulted in displacement, loss of livelihoods, and disruption of family structures, contributing to an increase in the number of children living and working on the streets. Despite this, data on their psychosocial well-being remain limited, creating a gap for programme planning and policy formulation. This study assessed psychosocial problems among street children in Maiduguri, Borno State.

Methods: A descriptive cross-sectional study was conducted among 400 street children selected using a multistage sampling technique. Data were collected using an adapted version of the Child Depression Inventory and the Paediatric Symptom Checklist to assess psychological and emotional well-being. Data were analysed using appropriate descriptive and inferential statistics, with significance set at $p < 0.05$. Ethical approval was obtained from the Ethics Committee of the Borno State Ministry of Health.

Results: The mean age of respondents was 12.66 ± 2.01 years. The majority were male (86.0%) and aged 10–13 years (69.0%). More than half (57.5%) were classified as “children on the street,” and 71.8% were not attending school. Major reasons for street involvement included poverty (26.9%) and religious factors (8.1%). Depression was identified in 50.2% of respondents, anxiety in 53.8%, and 86.3% demonstrated negative behavioural and emotional functioning. The overall prevalence of psychosocial problems was 36.0%. Common coping strategies included sleeping (30.5%), praying (29.8%), and substance use (21.7%). A majority (69.3%) were unaware of available psychosocial support services. Psychosocial problems were significantly associated with age ($p = 0.001$), sex ($p = 0.003$), and school attendance ($p = 0.004$).

Conclusion: Street children in Maiduguri bear a substantial burden of psychosocial problems influenced by demographic and educational factors.

Recommendation: There is an urgent need for targeted mental health screening, school reintegration programmes, community-based psychosocial support services, and policy-driven social protection interventions to address the vulnerabilities of street children in conflict-affected settings.

Keywords: Street children, Psychosocial problems, Mental health, Maiduguri, Nigeria

DETERMINANTS OF CONFLICT AMONG HEALTHCARE WORKERS IN UNIVERSITY OF MAIDUGURI TEACHING HOSPITAL IN MAIDUGURI, BORNO STATE

Abulfathi AA, Bukar FL, Umaru SJ, Monguno AT, Barma F, Abdulhamid SB, Aji RM, Kadai MM, Tagboroso LJ, Tumba CS, Geidam GD, Shu'aibu MS, Muhammad IJ

University of Maiduguri

Corresponding Author: Sakinatu Jama Umaru; umarusakinatu@gmail.com

ABSTRACT

Background: The provision of effective healthcare services encompasses the knowledge of personnel, the availability of adequate infrastructure, and the coordination of all involved parties. Conflict is known to destabilize and impair the quality of healthcare services provided. This is because people tend to be stressed when faced with conflict, ultimately leading to poor productivity and service outcomes. In the context of this study, conflict refers to the clash of interests, opinions, or principles among healthcare workers. In healthcare, it can arise at several levels among personnel and cadres and has been identified as a global problem.

Method: This study assessed the prevalence and determinants of conflict in the healthcare setting at the University of Maiduguri Teaching Hospital using a cross-sectional survey with a self-administered questionnaire, yielding 413 responses from participants across various hospital departments.

Result: The survey revealed that over half of the respondents (58.8%) have experienced conflict in their workplace, with females (70.3%) experiencing it most frequently. The major determinants identified as causing conflict among healthcare workers were communication gaps (22%), lack of role clarity (17.1%), and poor leadership (14.2%). Age group ($= 22.544, p = 0.002$), marital status ($= 10.772, p = 0.011$), and the educational level of the healthcare workers showed a significant association with witnessing conflict.

Conclusion: Establishing clear communication protocols, conflict-resolution techniques, clear job descriptions, and effective leadership will substantially reduce conflicts among healthcare workers, thereby ensuring efficient healthcare delivery.

Keywords: Conflict, Healthcare, Healthcare in Danger

Prevalence and Sociocultural Factors of Gender-Based Violence in Karu Community, Federal Capital Territory (FCT), Abuja, Nigeria

Okafor KC,¹ Egwuonwu JN,² Bimba JS,¹ Odiari OA³

¹ Department of Community Medicine & Primary Health Care, Bingham University, Karu, Nasarawa State, Nigeria

² Research Monitoring and Evaluation Department, National Agency for the Control of AIDS (NACA), Abuja, Nigeria

³ Department of Community Medicine, Babcock University Teaching Hospital, Ogun State, Nigeria

Corresponding Author: Okafor, K.C.

Email: okafor.chinedu@binghamuni.edu.ng

Abstract

Introduction:

Gender-based violence (GBV), in its emotional, physical, sexual, and economic forms, poses severe social, psychological, and developmental challenges to victims. In Nigeria, formal reports indicate a high incidence but low conviction rates, suggesting systemic failure in prevention and justice mechanisms. This study examined the prevalence and sociocultural determinants of Gender-Based Violence (GBV) in the Karu community, Federal Capital Territory, Abuja, Nigeria

Methods: A cross-sectional study design was used, involving a community survey (N=135) and a Multistage sampling method. Data was collected using an interviewer-administered structured questionnaire.

Results: Findings showed that 86.7% of respondents perceived GBV as highly prevalent, while 40.7% reported experiencing GBV directly or indirectly. Physical violence (47.4%) was the most reported, followed by sexual (44.4%), emotional (43.7%), and economic violence (40.7%). Despite high awareness of GBV, the willingness to report remained low, with 57.0% unsure about reporting and 47.4% unaware of available support services. Chi-square analysis demonstrated significant associations between gender and GBV perception ($p<0.001$), education and reporting intention ($p<0.05$), and marital status and perception of community attitudes ($p<0.05$).

Conclusion: GBV in Karu was widespread and reinforced by cultural norms, weak institutional response, and socio-economic vulnerability. Findings underscore the need for strengthened legal enforcement, community sensitization, survivor-centred services, and economic empowerment interventions.

Recommendation: There is a need for strengthened community-based education, improved access to survivor-centered support services, enhanced enforcement of GBV-related laws, and active engagement of community, traditional, and religious leaders in prevention efforts.

Keywords: Prevalence, Sociocultural Factors, Gender-Based Violence (GBV), Karu Community.

Knowledge, Attitude, and Practice of Harmful Cultural Practices (HCP) Among Market Women in Karu L.G.A, Nasarawa State, Nigeria

Okafor KC,¹ Bimba JS,¹ Daramola AY,¹ Odiari OA²

¹ Department of Community Medicine & Primary Health Care, Bingham University, Karu, Nasarawa State, Nigeria

² Department of Community Medicine, Babcock University Teaching Hospital, Ogun State, Nigeria

Corresponding Author: Okafor, K.C.

Email: okafor.chinedu@binghamuni.edu.ng

Abstract

Background: Harmful cultural practices are persistent practices and behaviours based on discrimination based on sex, gender, age, and other factors, as well as numerous and/or intersecting types of discrimination that frequently entail violence and cause bodily and/or psychological pain or suffering. It has been identified as a significant cause of disability and deaths, particularly among women of reproductive age in developing countries. Globally, there is a significant frequency and generational patterns of Harmful cultural practices.

Methods: This is a descriptive cross-sectional study that used a multistage sampling technique to select respondents. An interviewer-administered, structured questionnaire was utilized, and a total of 307 questionnaires were administered.

Result: Most respondents, 100(32.6%), were aged 18-25 years. 157 (51.1%) of the respondents were traders, the largest proportion. Amongst the 307 respondents, 171 (55.7%) recorded having poor knowledge and 135(44.3%) had good knowledge. In terms of attitude, most respondents (141; 45.9%) had a positive attitude towards HCPs, while a smaller proportion (14; 4.6%) had a negative attitude. A significant number of participants, 145(47.2%), remained unsure about whether such practices should continue. Most of the respondents, 140 (45.6%) recorded practicing FGM (68; 22.1%), Polygamy 50 (16.3%), and Early marriage 34 (11.1%), being the most practiced HCPs, 132 (43.0%) recorded not practicing it, while 35(11.4%) remained unsure as to whether they practiced any form of HCP.

Conclusion: Market women were cognizant of harmful cultural practices, but a significant proportion rated their knowledge as poor. This highlights the necessity for targeted educational initiatives to enhance awareness and comprehension of HCPs. The varied attitudes of market women towards HCPs underscore the deeply ingrained nature of these customs. The findings concerning the prevalence of HCPs are deeply concerning. It accentuates the exigency for robust legal frameworks& social support systems to safeguard women's rights and well-being.

Recommendation: There is a need for intensified community-based health education, strengthened policy enforcement, and culturally sensitive interventions to reduce harmful cultural practices among women.

Keywords: Harmful Cultural Practices (HCP), Market Women, Knowledge, Practice.