

Commentary

Preventable diseases: seminar focus on health complications of early marriage, respiratory distress and vaccinations

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INTRODUCTION

It is a known fact that preventable diseases are illnesses, or deaths that could be stopped from occurring. As a part of the ongoing Ph.D. program undertaken by the current and pioneer students in the Novena University, Ogume, different research topics were chosen by individual students which were presented as seminar being part of the requirement for the update of their research adventures. The topics were categorized under 3 different groups and one was preventable diseases such as complications of early marriage amongst women, respiratory distress among pregnant women/children and knowledge, attitude and practice of immunization against childhood vaccine preventable diseases among mothers. Complications of early marriage amongst women results in maternal mortality, vesico-vaginal fistula and psychological distress. Gas flaring being environmental pollution exposes women and children to respiratory diseases, hence culminating in maternal and child morbidity and mortality. Furthermore, vaccine preventable diseases are major threats to the health and well-being of children under five years of age, contributing a great deal to childhood illnesses, disabilities, and high percentage of childhood mortality worldwide.

Consequences of early/forced marriage on women amongst the Urhobo women in central senatorial district of Delta State, Nigeria

Forced marriage is the marriage of a child, usually defined internationally as an individual under the age of 18.¹ There

is dearth of contextualized epidemiological information about forced/early marriage in Delta State. However, available data in Nigeria shows as high as 88% prevalence rate of child/forced marriage in Nigeria, with unexpected pregnancy at 23%, maternal mortality at 90%, vesico vagina fistula (VVF) over 500,000–1,000,000 reported annually in developing countries as the major health consequences which has been grouped into psychological, pathophysiological, malaria (ante and postnatal); and socio- cultural injustices.²

To determine the knowledge on causes of forced/early marriage amongst the Urhobos in Delta State, assess the public health burden and consequences of forced/early marriage, identify the existing practices that could worsen the problems of forced/early marriage, identify the appropriate strategies towards preventing forced/early marriage and identify the most effective health promotion measures that may be impactful on the victims while dealing with forced/early marriage.

A narrative/systematic structured survey questionnaire was used to obtain data from respondents which were young girls and boys of secondary school age, married women, community leaders, and policy makers in the 8 local government areas predominantly Urhobos, with a projected population of 2,164,026 in 2020 according to 2006 population census. Using Raosoft a validated online sample size calculator; the sample size was 384.

The data obtain from respondents revealed that 216 (56.7%) were only lucky to acquire their first school

leaving certificate and painfully, 11 respondents got married within the age 0-14, a supposed developmental stage of their lives. Another 51.7% were not aware of the hazards associated with marriage especially forced marriage before they ventured into it while 44.6% strongly agreed that forced marriage comes with great health and social consequences. A total of 75% respondents supported abolishing those customs and traditions that aid, but negate the rights of the girl-child's early marriage and/or violators sanctioned to protect the future of the girl-child.

All the respondents in irrespective of their educational background agreed on the definitions of early marriage and its grave consequences that needs to be tackled. They affirmed that parents ignorantly forced the girl child into early marriage just to protect the family's image, obey religion, as well as customs and tradition. Finally, that mitigating measures need to be put in place and enforced by both the government and other related authorities, if early marriage must be prevented.

Since the majority of the respondents were uneducated, emphases should be that made all institutions of learning embark on the need to fight the menace of early marriage and the effects of it; by making sex education a subject to be undertaken irrespective of courses being offered, and should be handled by subject matter experts to educate them on the dastard health consequences of forced/early marriage and to discourage the choices of marriage against education or personal development which can guarantee them place in the development of their communities.

Impact of gas flaring on pregnant women and newborn in central senatorial district of Delta State, Nigeria

Gas flaring as we all know is one of the major environmental problems which poses major source of adverse health outcome to communities hosting oil well and natural gas.³ Any form of unhealthy exposure to environmental pollutants can lead to increased risk of adverse fetal and maternal outcome (on pregnant women and newborn babies which are one of the vulnerable groups that are usually affected from gas flare) and these environmental pollutants that are released when gas is flared have the potential to affect both mother and growing fetus through maternal exposure before conception, during pregnancy and after delivery.⁴

This study was aimed at examining the impact of gas flaring on the risk factors, the prevalence, morbidity and mortality rate of acute respiratory distress in pregnant women and newborn babies, and as well as their gender differences and nutritional imbalance in the incidence of pregnant women and newborn babies. This study was aimed at examining the impact of gas flaring in eight (8) local government areas (LGAs) of Delta State, on the risk factors, the prevalence of effects of gas flaring. The LGAs are: Ethiope East, Ethiope West, Sapele, Okpe, Ughelli North, Ughelli South, Udu and Uvwie). The headquarters (collation centre) of Delta central senatorial district is Udu.

A cross-sectional descriptive study with post-intervention survey evaluation to assess participants' agreement regarding their experience as well as educational enlightenment activities of companies and government to advance health promotion. Data were obtained from 385 pregnant women, healthcare professionals and antenatal care givers at the health facilities. A systematic designed and structured survey questionnaire was the instrument used to obtain responses from the respondents as stated above.

The descriptive statistic on prevalence shows that N equals to 134 of children that experience respiratory distress while N equals to 192 did not suffer it giving the prevalence of 42%. For women the highest percentage was 259 (53.62%) that suffered respiratory disease, while 103 (21.33%) were children that suffered from respiratory distress syndrome and 160 (33.13%) were on admission for respiratory distress on weekly basis. Also, a prevalence of 42% of respiratory distress syndrome in the newborn. Respiratory distress syndrome contributes more to cardiovascular disease and diabetes.

Findings showed that respiratory distress syndrome contributes significantly to morbidity and mortality affirming the fact that living close to gas flaring area is very dangerous to pregnant women's health especially the unborn and newborn child. Also from the findings, Ethiope East, Ughelli North and Uvwie suffer more from the flare of gas in their areas.

In order to prevent respiratory distress syndrome among pregnant women, newborn and unborn children and to further reduce the prevalence of morbidity and mortality, government policies should be established and passed into law to regulate locating gas flaring companies at a great kilometer distance from residential.

Knowledge, attitude and practice of immunization against childhood vaccine preventable diseases among mothers in Bauchi State

Vaccine preventable diseases are major threats to the health and well-being of children under five years of age. They contribute a great deal to childhood illnesses and disabilities, and are accountable for a high percentage of childhood mortality worldwide.⁵

The main purpose of the study was to determine the knowledge, attitude and practice regarding immunization against childhood vaccine preventable diseases among mothers in Bauchi State, Nigeria.

Quantitative data were collected from 420 respondents using and knowledge, attitude and practice as study parameters regarding immunization against childhood vaccine preventable diseases among mothers in Bauchi State. The data collected were analyzed using frequency distribution percentages and means to answer the research questions while Chi-square, and t-test was used to test the

hypotheses. The findings of the study showed that the mothers had very high knowledge of immunization against childhood vaccine preventable diseases but possessed negative attitude regarding immunization against childhood vaccine preventable diseases. The findings further indicated that the mothers had correct practices regarding immunization against childhood vaccine preventable diseases. Mother's knowledge of immunization against childhood vaccine preventable diseases was not dependent on their level of education.

There was significant difference in the responses of mothers' knowledge of immunization against childhood vaccine preventable diseases according to age (t -cal=3.830, $p=0.000$), there was no significant difference in the responses of mothers' knowledge of immunization against childhood vaccine preventable diseases based on location and there was no statistically significant difference in the mean responses of mothers' knowledge of immunization against childhood vaccine preventable diseases based on religion. Age had no significant difference in the mean responses of mothers' attitude towards immunization against childhood vaccine preventable diseases according to age. Mothers' attitude towards immunization against childhood vaccine preventable diseases was dependent on their level of education. There was no significant difference in the mean responses of mothers' attitude towards immunization against childhood vaccine preventable diseases based on location and there was statistically significant difference in the mean responses of mothers' attitude towards immunization against childhood vaccine preventable diseases based on religion (t -cal=2.648, $p=0.008$). Mothers' practices of immunization against childhood vaccine preventable diseases according to age (χ^2 cal=14.587, $p=0.000$), has significant difference. There was significant difference in the mean responses of mothers' practices of immunization against childhood vaccine preventable diseases based on level of education (χ^2 cal=16.741, $p=0.000$), There was also significant difference in the mean responses of mothers' practices of immunization against childhood vaccine preventable diseases based on location (χ^2 cal=3.103, $p=0.040$), and there was statistically significant difference in the mean responses of mothers' practices of immunization against childhood vaccine preventable diseases based on religion (χ^2 cal=6.054, $p=0.014$) in Bauchi State.

Mothers had very high knowledge of immunization against childhood vaccine preventable diseases but possessed negative attitude regarding immunization against childhood vaccine preventable diseases. Level of education, location of residence and religion have influence on the knowledge of immunization against childhood vaccine preventable diseases.

CONCLUSION

There is need to develop a more effective means of imparting social mobilization, sensitization to mothers and entire community on the needs and advantage of immunization against childhood vaccine preventable diseases.

REFERENCES

1. End Slavery Now. Forced Marriage. End Slavery Now. Published online. 2021. Available at: <http://www.endslaverynow.org/learn/slavery-today/forced-marriage>. Accessed on 14 March 2022.
2. Agege EA, Nwose EU, Nwajei SD, Odoko JE, Moyegbone JE, Igumbor EO. Epidemiology and health consequences of early marriage: focus on Delta State Nigeria. *Int J Community Med Public Health*. 2020;7(9):3705-10.
3. Adelana S, Adeosun T, Adesina A, Ojuroye M. Environmental Pollution and Remediation: Challenges and Management of Oil Spillage in the Nigerian Coastal Areas. *Am J Sci Ind Res*. 2011;2:834-45.
4. Dugandzic R, Dodds L, Stieb D, Smith-Doiron M. The Association between Low-Level Exposures to Ambient Air Pollution and Term Low Birth Weight: A Retrospective Cohort Study. *Environ Heal A Glob Access Sci Source*. 2006;5(3).
5. Adedire E, Ajayi I, Fawole O, Ajumobi O, Kasasa S, Wasswa P. Immunisation coverage and its determinants among children aged 12–23 months in Atakumosa-west district, Osun State Nigeria: a cross-sectional study. *BMC Public Health*. 2016;16:905.

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