JOURNAL OF THE MEDICAL WOMEN'S ASSOCIATION OF NIGERIA

Established in 2004 July 2026 Volume 11: No 1(Supplementary1)

Access this article online

Quick Response Code:

Website: www.jmwan.org.ng

https://doi.org/10.71526/jmwan.v11i1.144

MWAN 24th Biennial Conference and Scientific Meeting

Kaduna 2025

Theme: Global Health, Ethics, and Transformative Leadership in a Changing World

AUGUST 31 TO SEPTEMBER 4, 2025
YAR'ADUA CENTRE, MURTALA SQUARE, KADUNA, NIGERIA

Foreword

The 24th Biennial Conference and Scientific Meeting of the Medical Women's Association of Nigeria (MWAN) took place at the Yar'Adua Centre, Murtala Square, Kaduna, from August 31 to September 3, 2025. The conference's theme was "Global Health, Ethics and Transformational Leadership in a Changing World."

The conference brought together approximately 600 participants, including female medical and dental doctors from all the states of the federation; the United Nations Deputy Secretary General, Ms. Amina Mohammed, represented by the WR of the World Health Organization; the Governor of Kaduna State, represented by the Secretary to Government; representatives of the Emirs of Zazzau, Kano, and Azara; policymakers from the federal and Kaduna State Ministries of Health; the Registrar of the Medical and Dental Council; heads of tertiary institutions; development partners; Presidents of the Nigerian Medical Association (NMA) and the Association of Public Health Physicians of Nigeria (APHPN); other professional associations; civil society organizations; and academia.

The purpose of the biennial conference and scientific meeting was to create a platform for female medical and dental doctors under the auspices of MWAN to come together, share scientific knowledge, cross-fertilize ideas, network, review and consolidate strategies for advancing women's health, and reach out to communities through outreach services.

MEDICAL WOMEN'S ASSOCIATION OF NIGERIA (MWAN)
Perpetual Succession Land Act. Pat. 98 of 20-284, Incorporation No. 2558

National Secretariat:
14balanga Street, Suite C13, Halima Plaza After Hawthorns Suite Area 11, Garki, Abuja.
C/o Ave Health Sense
+234 803 592 5175, +234 705 5999 991 mwannationalsecretariat@gmail.com www.mwan.org

Dr Zainab Kwaru Muhammad-Idris
National President

Dr Anisah Yahya
National Coordinator

COMMUNIQUE OF THE 24TH BIENNIAL CONFERENCE AND SCIENTIFIC MEETING OF THE MEDICAL WOMENS' ASSOCIATION NIGERIA, HELD AT 'YAR ADUA CENTRE, MURTALA SQUARE, KADUNA FROM 1ST TO 3RD SEPTEMBER 2025

Preamble

The 24th Biennial Conference and Scientific Meeting of the Medical Women's Association of Nigeria (MWAN) was held at Yar'Adua Centre, Murtala Square, Kaduna, from 1 – 3 September 2025. The theme of the conference was Global Health, Ethics and Transformational Leadership in a Changing World. The conference brought together approximately 600 participants that included female medical and dental doctors from all the states of the federation, the United Nations Deputy Secretary General, Ms. Amina Mohammed, represented by the WR of the world Health Organization, the Governor of Kaduna State, represented by the Secretary to Government, representatives of the Emirs of Zazzau, Kano and Azara, policy makers from the federal and Kaduna State Ministries of Health, the Registrar of the Medical and Dental Council, heads of tertiary institutions, development partners, Presidents of Nigerian Medical Association (NMA)and Association of Public Health Physicians of Nigeria (APHPN), other professional associations, civil society organizations and the academia. The purpose of the biennial conference and scientific meeting was to create a platform for female medical and dental doctors under the auspices of MWAN to come together, share scientific knowledge and cross-fertilize ideas, network, review and consolidate strategies for advancing women's health, and to reach out to communities with outreach services.

Preconference Activities

In line with the conference's commitment to community engagement and capacity building, two major preconference activities were undertaken:

- Medical and Surgical Outreaches

As part of the preconference activities, MWAN partnered with Clinton Health Access Initiative, Khayr Cancer Health Initiative, Doctors Time Out and Elbe Pharmaceuticals to conduct an ophthalmology booth camp at Gambo Sawaba General Hospital, a medical outreach at the Emirs Palace and a surgical outreach at ABUTH, Tudun Wada on 19, 30, and 31 August 2025, respectively. The outreach provided free consultations, health education, screenings, surgery and treatment. A total of 327 people were given free eye classes, and 30 cataract surgeries were performed. Additionally, 1200 medical consultations were held, and over 1300 people were prescribed and given drugs for acute and chronic ailments. Sixty dental consultations were held, and the clients benefited from dental scans and scaling and polishing. Also, more than 35 obstetric scans were performed, 80 women screened for cervical cancer, over 200 packs of nutritional supplements were provided to children, and 9 minor surgeries done. Also, laboratory tests were carried out for 100 patients, which were mainly tests for malaria, HIV, Hepatitis and anaemia.

- Preconference Workshop

A one-day preconference workshop was held on 29 August with the theme Violence and Leadership Challenges in the Workplace and had 130 participants in attendance. The session on violence in the workplace explored beyond duty to care, the evidence-based trategies, risk assessment techniques, and de-escalation methods that empower health workers to protect themselves while maintaining patient care. Using very participatory and experiential learning methodologies, four national female leaders in gender and health led sessions under the theme Breaking Barriers: Challenging the Norm and Promoting Gender Equity in the Workplace, which equipped participants with the knowledge and skills to identify barriers they encounter in their leadership journeys in the workplace and strategies to overcome them, how to lead with authenticity, purpose, presence and impact, the importance of mentorship and sponsorship and ended with participants developing their leadership development plan.

Conference Proceedings

The scientific meeting began on 1September 2025. There were 3 plenary sessions where19 seasoned public health leaders in the country made presentations on various topics under three conference subthemes: The Intersection of Global Health, Equity, and Leadership: Navigating Ethics and Innovation in a Dynamic World; Integrated Strategies for Transforming Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) and Nutrition: Advancing Equity, Access, and Resilience; and Leadership in Promoting Global Health. In addition, there were 6 panel discussions and a total of 50 oral abstracts, and 22 e-posters presented in 5 oral and 4 poster sessions. The UN Deputy Secretary General, represented by the WR of WHO gave the keynote address at the opening ceremony. Remarks were made by

the Chairman of the occasion, the Speaker of the House of Representatives, the Governor of Kaduna State, Emirs of Zazzau and Kano and goodwill messages were given by the Special Advisor to the President on Health, heads of professional associations, heads of federal institutions and development partners. vice-chancellors, chief medical directors.

Observations

The following observations were made during the deliberations at the conference and preconference:

1. Despite the rising incidence of violence against health care workers across the country and across the different levels of the healthcare system, there is no investment preventive or mitigative interventions.
2. Whereas women make up more than 70% of the health workforce, they are grossly under-represented in health leadership positions, with less than 20% of leadership positions occupied by women. Many factors work in tandem to frustrate the advancement of women to leadership positions.
3. Nigeria is off trajectory and is unlikely to achieve universal health coverage because of poor funding of the health sector, poor coverage with health insurance and a weak primary health care system
4. While some emerging issues in global health have positive impacts, emerging challenges with negative consequences that should command the attention of the health sector include climate change, rapid spread of emerging and remerging diseases, changing global landscape in health financing, brain drain, rising prevalence of antimicrobial resistance, public health emergencies and environmental and lifestyle changes.
5. Despite significant investments in RMNCAH+N, coverage with key life-saving interventions remains limited. Consequently, Nigeria continues to rank among countries in the world with the lowest coverage rates in childhood immunization, antenatal care, contraceptives use and delivery supervised by skilled birth attendants, and it is the country with the highest maternal mortality burden. Gender-based violence and adolescent health appear underinvested areas.
6. Vaccine hesitancy remains a major concern, resulting in Nigeria having the highest number of zero-dose children in the world, and records poor uptake of the newer HPV and MRV vaccines.
7. Malnutrition is on the increase, especially among children, adolescents and pregnant women, which is made worse by the escalating rates of multidimensional poverty due to the current economic policies and rising insecurity.
8. Nigeria has excellent policies, but implementation remains a problem as less than 20% of these policies are said to be implemented. Over ambitious policies, lack of a bottom-up approach to policy formulation, donor-driven policies, weak institutional capacity, corruption, lack of continuity in government and absence of implementation plans were identified as impediments to policy implementation.

9. Individuals and communities are at the heart of health development, without deliberate efforts to engage and empower them through community-driven and community-owned approaches improvements in our health indices will remain a mirage.
10. "If we do not leverage technology, technology leverage us." Emerging technologies, especially digital technology, if properly harnessed, has the potential of rapidly expanding access to health care services, redressing inequities, promoting inclusivity and creating wealth in the public health space.
11. Without human resources for health, there is no health system. Human resources crisis is a pressing problem, which is caused by poor work environment, poor welfare provisions and inter and intra-professional tensions.
12. Ongoing reforms in the health sector have the potential of unlocking value chains, increasing the efficiency and effectiveness of resource utilization and strengthening the health system.

Recommendations

At the end of the deliberations, the conference recommends the following:

1. Advocate for legislation to address violence in the workplace, and chief executives of health establishments should develop zero tolerance for workplace violence policies for their facilities; in addition, they should build institutional capacity to prevent, assess and respond to workplace violence.
2. The government should be innovative in developing policies that are people-centered, needs-based and formulated bottom-up. They should also be intentional in implementing the formulated policies. MWAN and other NGOs should invest in tracking policy implementation and holding the duty bearers accountable.
3. Increase funding of the health sector and rapid expansion of financial risk protection, especially for vulnerable populations.
4. Enhance multisectoral collaboration and partnerships, including public-private partnerships
5. Leverage digital technology for expansion of access to health care services, redressing inequities, improving health information systems and patient care
6. Advocate for gender equity, youth and disability challenged people in health leadership and decision-making and greater investment in adolescent health.
7. Develop a multi-sectoral approach towards tackling the nutritional needs of pregnant women and girls.
8. MWAN should continue advocacy and engagement to address vaccine hesitancy and other barriers to vaccine uptake, especially for the Mumps Rubella and the HPV vaccines.
9. Strengthen mentorship and sponsorship in the association and across medical and dental schools in the country.
10. MWAN should develop and implement action plans for each geo-political zone and establish strategic alliance with first ladies across the states, to leverage on their power, and

with ALGONs, to exploit the increase funding coming to local governments, for community level project implementation.

11. Advocate for greater government and civil society investment in gender-based violence, including building a multidisciplinary response framework and capacity building
12. Members of MWAN should intentionally build their capacity in use of digital technology
13. MWAN should reactivate the healthy women campaign for rights to health information
14. MWAN members should be intentional and strategic in seeking leadership positions in the political and professional spheres as they tend to be better leaders.
15. Doctors should strive to develop non-medical skills that are needed to function effectively in the dynamic world we are in.

AGM and Investiture

As part of MWAN's effort to continuously build the capacity of its members, a training of CPR and BLS was held as a prelude to the AGM, and the investiture of Dr Zainab Kwaru Muhammad-Idris as the 25th National President of MWAN for the 2025 -2027 biennium was held during the dinner on 3 September 2025 to mark the end of the conference and scientific meeting

Conclusion

The participants reaffirmed their commitment to advancing the health agenda in Nigeria, in line with national and global priorities, in an ethical manner, providing the necessary leadership in their various spheres. They called on governments at all levels, development partners, other professional associations, civil society, the private sector and the academia to support the implementation of the conference recommendations.

……

Appreciation

Special appreciation goes to

- Right Honourable Speaker of the House of Representatives
- Deputy Secretary General UN
- SA to the president on Health
- The Coordinating Minister of Health and Social Welfare
- Kaduna state Governor, Deputy Governor and executive members and agencies
- Royal fathers (Emir of Zazzau, Kano and Azara)
- MWIA president and regional vice-president
- NMA President and other professional associations
- MWAN BOT chair and other members
- MWAN National president and other National executive members
- Past MWAN national presidents
- UN representatives
- CMDs and VCs
- Our partners and sponsors

Members of the Communique team

Chairperson – Dr. Anisah Yahya
Secretary – Dr. Aminatu Makarfi Umar

Members
Dr. Fatima Abdullahi
Dr. Bilqis Muhammad
Dr. Ramatu Yunusa Yusuf
Dr. Sururah Azeez
Dr. Aisha Ahmad Jamila
Dr. Ezinwa Peter
Dr. Nana Awaya Emeribe
Dr. Hafsa Maikudi
Dr. Marufah Lasisi
Dr. Samuel Bayero

Dr Zainab Kwaru Muhammad-Idris

National President

Dr Anisah Yahya

National Coordinator

Oral Presentations

Oral Presentations

Session 1: Health System Strengthening

Oral 1.1: Prevalence, Perception and Risk Factors of Violence Against Doctors Working in Tertiary and Secondary Health Facilities in Yenagoa, Bayelsa State

Enebipamo Amba-Ambaiowe[1], Ulunma Mariere[1], Opeyemi Oluwasuen Adesoye[2], Obielunmani Oguche[1], Anthony Eguvbe[1]

[1] Department of Community Medicine and Public Health, Federal Medical Centre Yenagoa, Bayelsa State, Nigeria. [2] Department of Public Health and Community Medicine, Benson Idahosa University, Benin City, Edo State, Nigeria.

Introduction: Health Workplace Violence (HWV) has detrimental effects on healthcare professionals, with doctors also exposed to risk. This study aims to assess and compare the prevalence, risk factors, and perception of HWV among doctors employed at tertiary and secondary healthcare facilities in Yenagoa, Bayelsa State, Nigeria.

Methodology: A comparative cross-sectional study, with a parallel-convergent mixed-method approach, was conducted among 217 doctors working in all secondary and tertiary health facilities in Yenagoa Local Government Area (LGA) of Bayelsa State.

Results: The prevalence of HWV among doctors in the tertiary facility and secondary health facilities was 38.5% and 47.6% respectively. This difference was not significant. In the tertiary facilities, younger doctors aged 20-29 years, who were single and had worked for shorter durations of < 10 years, were found to have a significantly higher prevalence of violence. In the secondary health facilities, older doctors aged 40-49 years had a significantly higher prevalence of HWV. Violence often occurs as an expression of frustration by the patient's relatives, from senior to junior doctors, due to a lack of empathy, or due to inter-professional rivalry. Doctors were not worried about HWV, with significantly more doctors in the secondary health facilities (41.5%) not worried at all compared to doctors in the tertiary facilities (17.0%). Doctors in both facilities believed that management is responsible for HWV prevention.

Conclusion: There is a need for doctors to take some responsibility for violence prevention and work towards improving their communication skills and emotional intelligence. This could contribute to a reduction in violent incidents and the prevention of their deleterious effects.

Oral 1.2: Assessment of the Level of Burnout, Types of Coping Mechanisms and their Determinants Among Clinical Medical Students in Bingham University Teaching Hospital

[1,2]Nana Awaya Emeribe, [1]Princess-Praise Calix Udo-Udofia, [1]Naarai Tamunoininaemi Tetenta, [1]Priest Dan'asabe Tanimu, [1]Rebecca Ese-Oghene Umukoro

[1]Department of Community Medicine, Bingham University, Jos, Plateau State, [2] Bingham University Teaching Hospital, Jos
Corresponding author: Emeribe NA, nana.emeribe@binghamuni.edu.ng, nanagoso@gmail.com, (+234)7055999991

Introduction: Burnout, recognised by the World Health Organisation (WHO) as an occupational syndrome, arises from unmanaged chronic workplace stress. This study assessed burnout prevalence, coping strategies, and associated determinants among clinical medical students at Bingham University Teaching Hospital.

Methodology: Using a cross-sectional descriptive study design, data were collected from a sample of 239 students using a structured questionnaire. Data were analysed using SPSS, and associations were tested using the Chi-square test.

Results: Findings revealed a burnout prevalence of 10.8%, with 42.5% experiencing high emotional exhaustion and 15.3% exhibiting cynicism. However, 98.5% maintained high professional efficacy. Problem-focused coping mechanisms were utilised by 83.6% of respondents, while 89.6% employed emotion-focused strategies. Academic-related stressors were the most significant (87.3%). Significant associations were found between burnout and drive/desire-related stressors, group activity-related stressors, marital status, and year of study.

Conclusion: While burnout is prevalent among medical students, their high professional efficacy and adaptive coping strategies indicate effective stress management. These findings highlight the need for institutional interventions to mitigate academic and social stressors while reinforcing resilience-building measures.

Oral 1.3: Knowledge, Attitude, and Practice of Electronic Medical Records (EMRs) among HealthCare Workers in Tertiary HealthCare Institutions in Ebonyi State, Nigeria

Ugochukwu Chinyem Madubueze[1,2,3], Prisca Ulochi Sonde PU[1,2], Martin Arome Onogu[1,2], Ifeyinwa Maureen Okeke[3], Ifeyinwa Irene Eze[1,3]

[1] Department of Community Medicine, Alex Ekwueme Federal University, Ndufu-Alike, Ikwo (AEFUNAI), Ebonyi State, Nigeria. [2] Department of Community /Public Health, National Obstetrics Fistula Centre, Abakaliki (NOFIC-AI), Ebonyi State, Nigeria. [3] Department of Community Medicine, Alex Ekwueme Federal University Teaching Hospital, Abakaliki (AEFUTHA), Ebonyi State, Nigeria.

Introduction: The use of electronic medical records has expanded rapidly in developed countries. This study assessed the knowledge, attitude, practice, and factors influencing the access, adoption, and utilisation of EMRs among healthcare workers in tertiary institutions in Ebonyi State, Nigeria.

Methodology: A descriptive cross-sectional study was conducted among 371 clinical healthcare workers and relevant staff at Alex Ekwueme Federal University Teaching Hospital (AEFUTHA) and the National Obstetric Fistula Centre (NOFIC), Abakaliki. A four-stage multistage sampling technique was used.

Results: Male respondents had significantly higher EMR utilisation (90.5%) compared to females (74.1%). Utilisation was greater in AEFUTHA (86.5%) than in NOFIC (72.9%). Participants over 35 years showed a more positive attitude (80.0%) than those 35 or younger (69.4%). Respondents with more than five years of experience had more positive attitudes (81.0%) and higher utilisation (83.9%). Physicians had significantly higher utilisation (86.3%) compared to other healthcare workers (68.2%).

Conclusion: Targeted EMR training should focus on female staff and those aged over 35 years. Management support and motivation are crucial for improving EMR adoption and sustained utilisation across all staff categories in tertiary healthcare institutions.

Oral 1.4: Pattern of Healthcare Financing among Market Women in Sabon Gari Local Government Area of Kaduna State, Nigeria

Aliyu Mohammed Sokomba[1], Asma Irshad[2]

[1] Department of Community Medicine, Ahmadu Bello University Teaching Hospital, Zaria, Nigeria [2] Department of Obstetrics and Gynaecology, Ahmadu Bello University Teaching Hospital, Nigeria

Introduction: This study assessed the health problems, healthcare-seeking behaviour, financing patterns, and financial challenges of market women in Sabon Gari Local Government Area (L.G.A), Kaduna State.

Methodology: A cross-sectional survey was conducted among market women in Sabon Gari Ultra-Modern market and Samaru market using structured questionnaires.

Results: 70.5% of respondents had experienced illness within the past six months, predominantly febrile conditions. Patent Medicine Stores were the most frequently used healthcare source (27%). The predominant mode of payment was out-of-pocket (70.1%), with 44.1% of women reporting difficulty in meeting healthcare expenses. 12.2% incurred catastrophic health expenditures, 47.4% depended on others to cover costs, and 22.8% resorted to borrowing. Monthly income and household size were significantly associated with financial hardship.

Conclusion: Market women in Sabon Gari L.G.A face considerable health challenges and rely heavily on out-of-pocket healthcare payments. There is a critical need for targeted health financing interventions to improve access and reduce the economic burden on this vulnerable population.

Oral 1.5: Comparing Perceptions of Quality of Primary Care Services in Public Health Facilities in Bayelsa State Using the SERVQUAL Tool: Insured versus Uninsured Patients

Hilda Chinwe Afakwu-Adimoha[1], Ulunma Mariere[1], Stella Rotifa[1], Tonye Tariebi[1], Obioma Obikeze

[1] Department of Community Medicine & Public Health, Federal Medical Centre, Yenagoa, Bayelsa State.

Introduction: This study assessed the perception of primary care health services and their determinants among insured and uninsured patients in Yenagoa, Bayelsa State.

Methodology: This was a hospital-based comparative cross-sectional study involving 550 insured and uninsured patients attending public hospitals in Yenagoa. The Service Quality (SERVQUAL) tool was used to obtain data.

Results: The mean overall service quality score was found to be significantly higher among the uninsured participants than the insured participants. For the total sample and the insured group, the highest contributing domain to quality perception was the tangibility domain. Among the insured, age, marital status, social class, health facilities, and type of health insurance scheme were significantly associated with quality perception. Among the uninsured, only age, marital status, and health facilities were significantly associated.

Conclusion: Uninsured patients had significantly better perceptions of service quality in all domains assessed. It is recommended that patient-centred quality care be promoted and should not be tied to the health insurance status of the patient.

Oral 1.6: Exploring Patient-Side Drivers of Health System Responsiveness in Bayelsa State

Onisowurun Apapa[1], Hilda Chinwe Afakwu-Adimoha[2], Sawyer Wisdom[3]

[1] Department of Public Health, University of Port Harcourt, Nigeria [2] Department of Community Medicine & Public Health, Federal Medical Centre, Yenagoa, Bayelsa State. [3] Department of Community Medicine, Delta State University, Bayelsa, Nigeria

Introduction: Health System Responsiveness (HSR)—patients' non-clinical care experience—affects trust and uptake. We evaluated how sociodemographic factors, service use, and payment methods predict HSR among outpatients in Bayelsa State.

Methodology: A cross-sectional survey of 603 adult outpatients at primary and post-primary facilities across eight LGAs was conducted. Participants completed the WHO HSR questionnaire.

Results: Overall, 39.5% of users rated services as responsive. In adjusted analyses, patients aged >70 years were four times more likely to report responsiveness than those 18-29. Men had higher odds than women, and married participants exceeded singles. Post-primary facility attendees and tertiary-educated users also reported better HSR. Use of diagnostic services doubled the likelihood of responsiveness. Mixed out-of-pocket plus social health insurance payment was the strongest predictor, whereas urban residents were less likely than semi-urban peers to report responsiveness.

Conclusion: Perceived HSR in Bayelsa varies markedly by patient characteristics and experiences. Tailored strategies—such as age-sensitive communication, gender-inclusive engagement, and optimised financing schemes—are needed to enhance non-clinical patient experiences and build health system trust.

Oral Presentations

Session 2: Primary Health Care

Oral 2.1: Perinatal Mental Health in Fragile Systems: Innovation from Kaduna's PHC Framework

Ibinola Omolara[1], Ike Joseph[1], Salihu Hassan Bal[1], Jamoh Bello Yusuf[2], Ebiti Nkereuwem William[1], Aishatu Abubakar-Sadiq[3].

[1] Kaduna State Bureau of Substance Abuse (KADBUSA), Kaduna State, Nigeria. [2] State Primary Healthcare Board (SPHCB), Kaduna State, Nigeria. [3] Kaduna State Ministry of Health, Public Health Department, Kaduna, Nigeria

Introduction: Perinatal mental health conditions (PNMH) represent a significant health challenge, particularly in low-resource settings. In Northern Nigeria, socio-cultural complexities and limited access to specialised care exacerbate vulnerabilities. This study explored an initiative by the Kaduna State Bureau for Substance Abuse (KADBUSA) to integrate perinatal mental health services into the Primary Health Care (PHC) framework.

Methodology: A quasi-experimental design was used to collect data from pregnant women and mothers with infants up to one year postpartum attending routine PHC services in 10 Local Government Areas. The intervention included training PHC workers on PNMH screening (using tools like the Edinburgh Postnatal Depression Scale), psychoeducation, and supportive counselling. Referral pathways were established for complex cases.

Results: 5,000 perinatal women were screened. The prevalence rate of PNMH was 18%, and 75% of these cases were successfully linked to follow-up psychosocial support or specialised care, a significant increase from a baseline of less than 10%. PHC workers reported increased confidence in managing PNMHs.

Conclusion: Integrating PNMH services into PHC frameworks can significantly improve access and outcomes in fragile systems. The findings recommend advanced training and efforts to reduce community stigma associated with PNMHs.

Oral 2.2: Effect of Community Maternal and Perinatal Death Surveillance and Response on Maternal Health Care Seeking Behaviour in Kaduna State

Shadrach Aminu Adamu[1], Clara Ladi Ejembi[1].

[1] Department of Community Medicine, Ahmadu Bello University, Zaria, Nigeria

Introduction: Maternal and perinatal mortality remains a significant challenge in Nigeria. The Community Maternal and Perinatal Death Surveillance and Response (CMPDSR) empowers communities to identify socio-cultural causes of death and implement preventive plans. This study compared the effect of CMPDSR on maternal health-seeking behaviour in two LGAs in Kaduna State.

Methodology: A comparative cross-sectional study was conducted with 154 women in Soba LGA (where CMPDSR was implemented) and 153 women in Kudan LGA (control group). Data on knowledge, perceptions, and health-seeking behaviours were collected and analysed.

Results: Women in Soba LGA demonstrated significantly better knowledge (25.3% vs. 0.7%) and perceptions (94.2% vs. 77.1%) about maternal health compared to the control group. Antenatal care

attendance (98.1% vs. 92.8%), completion of four or more ANC visits (98% vs. 86%), and delivery in health facilities (53.2% vs. 33.3%) were all significantly higher in the intervention area.

Conclusion: The CMPDSR intervention was effective in improving maternal health-seeking behaviours. The study highlights the importance of community-led initiatives in addressing maternal and perinatal mortality.

Oral 2.3: Nutritional Assessment of Children in Institutional and Community Settings in Umuahia, Abia State: A Comparative Analysis Using Anthropometry and Dietary Indices

Stella Ngozi Oji-Onuoha[1], Maduka Donatus Ughasoro[2], Oluchi Mildred Izuka[1], Ndubuisi Kennedy Chukwudi[1]

[1] Department of Paediatrics, Federal Medical Centre, Umuahia, Abia State [2] Department of Paediatrics, University of Nigeria, Ituku-Ozalla, Enugu, Enugu State

Introduction: A child's place of residence is a major factor influencing their nutritional status. This study aimed to assess and compare the nutritional status of children in institutional and non-institutional settings in Umuahia, Abia State.

Methodology: A cross-sectional comparative study was conducted at 48 schools and four institutions. BMI-for-age (BAZ) z-scores and dietary diversity scores were computed using WHO standards.

Results: Adequate dietary diversity was observed in 83.6% of non-institutionalised children compared to 53.3% of institutionalised children, a statistically significant difference. Malnutrition, based on BMI-for-age, was significantly higher in institutionalised children (42.8%) compared to non-institutionalised children (22.9%).

Conclusion: Children in institutional settings face a higher risk of malnutrition and lower dietary diversity. There is an urgent need for targeted nutritional interventions to ensure these vulnerable children receive adequate nourishment for proper growth and development.

Oral 2.4: Evaluating the Impact of Interactive Education on Cervical Cancer Prevention Awareness in Female Students of Northwest Nigeria

Anita Mfuh Lukong[1], Clara L. Ejembi[2]
[1]Department of Nursing Science, Ahmadu Bello University Zaria, Kaduna State, Nigeria
[2]Department of Community Medicine, Ahmadu Bello University Zaria, Kaduna State, Nigeria
Correspondence: lukonganita@yahoo.com

Introduction: Cervical cancer is a significant public health concern in Nigeria, particularly in Northwest Nigeria. Interactive education has been identified as a potential strategy to promote awareness and prevent cervical cancer among young women. The objective of this study was to assess the effect of an interactive cervical cancer prevention education program on perceptions and willingness to prevent cervical cancer among female students in Northwest Nigeria.

Methodology: A quasi-experimental design was used for this study. The study was conducted in three schools: the University of Kebbi, Federal University Dutse, and Ahmadu Bello University Zaria. A sample of 422 female students was selected using a stratified random sampling technique. Female students ages 18-35 years were recruited by clustering non-medical faculties and using a systematic sampling method. Information on cervical cancer and prevention was delivered twice via lecture using PowerPoint. A self-administered

questionnaire was used to collect data from students before (pretest) and after (posttest) the interactive education program. Data analysis was carried out using the Statistical Package for the Social Sciences, version 26, applying descriptive statistics, chi-square tests, and paired t-tests.

Results: The results showed a significant improvement in knowledge about cervical cancer prevention, with a pretest score of 39% and a post-test score of 80.6%. Furthermore, the study found a positive shift in perception among the students, with 73.1% holding a negative perception of cervical cancer prevention at the pretest stage and 84.6% holding a positive perception at the post-test stage.
Inferential statistics showed a significant difference in perception between the pretest and posttest stages ($p < 0.001$). The study suggests that interactive education is an effective strategy for promoting awareness of cervical cancer prevention among female students in Northwest Nigeria.

Conclusion: The findings of this study highlight the potential of interactive education to improve knowledge and perceptions of cervical cancer prevention among young women in Northwest Nigeria. The significant positive shift indicates that sustained educational efforts are crucial to fostering behavioural change and increasing uptake of preventive services. The study recommends integrating cervical cancer prevention into school curricula and implementing similar interactive education programs in other regions of Nigeria.

Oral 2.5: A Review of the Mapping of Partners' Nutrition Interventions in Kaduna State

Zainab Kwaru Muhammad-Idris[1,2], Musa Abubakar[1], Hauwa G. Usman[1], Aishatu G. Jakada[1].

[1] Project Implementation Unit, Accelerating Nutrition Results in Nigeria (ANRiN) Project, Ministry of Health, Kaduna, Nigeria [2] Department of Community Medicine, Kaduna State University/Barau Dikko Teaching Hospital (BDTH), Kaduna, Nigeria

Introduction: The Kaduna ANRiN Project mapped nutrition interventions by development partners and government agencies in 2019 and 2022. The goal was to generate information to guide the design, scale-up, and resource allocation for nutrition and related health services.

Methodology: A descriptive review of the mapping of nutrition interventions was conducted, focusing on the implementation status of nutrition-specific and nutrition-sensitive activities between 2018 and 2021. The review examined beneficiaries, duration of investment, and operational systems.

Conclusion: The mapping serves as a reference document to help channel partners' support to areas of need and highlights a progressive trend in the implementation of nutrition activities in Kaduna State.

Oral 2.6: Integrating Harm Reduction into Primary Health Care in Kaduna State, Nigeria

Ibinola Omolara[1], Ike Joseph[1], Salihu Hassan Bal[1], Jamoh Bello Yusuf[2], Ebiti Nkereuwem William[1], Aishatu Abubakar-Sadiq[3].

[1] Kaduna State Bureau of Substance Abuse (KADBUSA), Kaduna State, Nigeria. [2] State Primary Healthcare Board (SPHCB), Kaduna State, Nigeria. [3] Kaduna State Ministry of Health, Public Health Department, Kaduna, Nigeria

Introduction: Substance Use Disorders (SUDs) are a major public health challenge. This abstract presents an innovative model from Kaduna State that integrates harm reduction services (e.g., Needle Syringe Programs, HIV/STI screening, psychosocial support, Medication-Assisted Treatment) into the Primary Health Care (PHC) system.

Methodology: A mixed-method, prospective cohort design was implemented across selected PHC facilities, targeting People Who Inject Drugs (PWID) and other high-risk individuals. Data on service uptake and outcomes were collected through routine records, client surveys, and qualitative interviews.

Results: Preliminary data showed a 25% reduction in risky injecting practices among PWID, a 30% increase in HIV/STI screening uptake, and a 60% adherence rate in psychosocial support programs over three months.

Conclusion: This subnational model provides a compelling blueprint for integrating community-based harm reduction as a cornerstone of public health strategy, ensuring accessible and non-discriminatory care for stigmatised populations.

Oral 2.7: Ethics and Informal Task Shifting in Kaduna's PHC System

Sakina Amin Bello, Fatima Fanna Mairami[1], Ayobami Afape, Praise Agbe, Dr. Tanimu Argungu, Fatima Muazu

[1] Pathfinder International

Introduction: Nigeria faces a critical shortage of skilled health workers. The Task Shifting and Task Sharing (TSTS) policy was introduced to expand the roles of lower-cadre workers. This study examines how frontline workers experience and navigate TSTS informally.

Methodology: A baseline assessment was conducted in 15% of the Basic Health Care Provision Fund (BHCPF) PHC facilities. Qualitative data were collected through focus group discussions and key informant interviews with policymakers and health workers.

Results: TSTS was widely practised informally as a coping mechanism for chronic staff shortages, not due to policy enforcement. Lower-cadre staff often stepped into clinical roles without formal training or supervision. While this improved service coverage, it also raised serious ethical concerns and emotional burdens regarding risk and accountability.

Conclusion: There is an urgent need to institutionalise TSTS through structured training, clear standard operating procedures, supportive supervision, and ethical oversight to prevent it from becoming a risky stopgap measure.

Oral Presentations

Session 3: Adolescent Health

Oral 3.1: Prevalence and Determinants of Menstrual Disorders among Female Undergraduate Students of Kaduna State University, Kaduna, Nigeria

Aisha Mustapha[1], Zainab Kwaru-Idris[2,3], Hadiza L. Balarabe[4], Sarah N. Olanrewaju[1], Bilkisu I. Kende[1], Mohammed S. Shehu[1], Shehu A. Akuyam[1], Clara L. Ejembi[5]

[1] Department of Community Medicine, Kaduna State University, Kaduna, Nigeria. [2] Department of Community Medicine, Barau Dikko Teaching Hospital, Kaduna, Nigeria. [3] Project Implementation Unit, Accelerating Nutrition Results in Nigeria (ANRiN) Project, Kaduna, Nigeria. [4] Office of the Deputy Governor, Kaduna State, Nigeria. [5] Department of Community Medicine, Ahmadu Bello University, Zaria, Nigeria.

Introduction: Menstrual disorders are common among adolescents and young adults and can significantly impact their quality of life. This study aimed to determine the prevalence and determinants of menstrual disorders among female undergraduate students of Kaduna State University.

Methodology: A cross-sectional study was conducted among 350 female undergraduate students selected via a multistage sampling technique. A pre-tested, semi-structured questionnaire was used to collect data on socio-demographic characteristics, menstrual history, and lifestyle factors. Data were analysed using SPSS version 25.

Results: The mean age of the respondents was 21.4 ± 2.8 years. The prevalence of menstrual disorders was 65.7%, with dysmenorrhea (painful menstruation) being the most common (85.3%), followed by irregular cycles (45.2%). Factors significantly associated with menstrual disorders included age at menarche less than 12 years, body mass index (BMI) > 25 kg/m², and a family history of menstrual disorders.

Conclusion: Menstrual disorders are highly prevalent among female university students in this setting. There is a need for health education and the provision of adolescent-friendly health services to address these issues and improve the reproductive health of young women.

Oral 3.2: Knowledge, Attitude, and Practice of Self-Breast Examination among Female Secondary School Students in Zaria Local Government Area, Kaduna State, Nigeria

Fatima J. Abdulkadir[1], Clara L. Ejembi[2]

[1] Department of Nursing, Ahmadu Bello University Teaching Hospital, Zaria, Nigeria. [2] Department of Community Medicine, Ahmadu Bello University, Zaria, Nigeria.

Introduction: Breast cancer is the most common cancer among women in Nigeria. Early detection through methods like self-breast examination (SBE) is crucial for improving survival rates. This study assessed the knowledge, attitude, and practice of SBE among female secondary school students in Zaria.

Methodology: A descriptive cross-sectional study was conducted among 400 female students from four secondary schools in Zaria LGA. A structured questionnaire was used to collect data, which was then analysed using descriptive and inferential statistics.

Results: While 78.5% of the students had heard of SBE, only 32.0% had good knowledge of the correct procedure. The attitude towards SBE was generally positive (68.0%). However, the practice of SBE was

low, with only 25.5% of the students reporting that they perform SBE regularly. The major barrier to practice was a lack of knowledge on how to perform it correctly.

Conclusion: Despite a positive attitude, the knowledge and practice of SBE are low among female secondary school students in Zaria. School-based health education programs are recommended to improve knowledge and encourage the regular practice of SBE for early detection of breast abnormalities.

Oral 3.3: Knowledge and Attitude of Secondary School Students towards Drug Abuse in Kaduna North Local Government Area, Kaduna State

Aisha I. Mohammed[1], Zainab Kwaru-Idris[2,3]

[1] Department of Pharmacology, Kaduna State University, Kaduna, Nigeria. [2] Department of Community Medicine, Barau Dikko Teaching Hospital, Kaduna, Nigeria. [3] Project Implementation Unit, Accelerating Nutrition Results in Nigeria (ANRiN) Project, Kaduna, Nigeria.

Introduction: Drug abuse among adolescents is a growing public health concern in Nigeria. This study aimed to assess the knowledge and attitude of secondary school students in Kaduna North LGA towards drug abuse.

Methodology: A cross-sectional study was carried out among 384 students in four randomly selected secondary schools. A self-administered questionnaire was used to collect data on their knowledge of commonly abused substances, risk factors, and their attitude towards drug abuse.

Results: The majority of students (85.2%) demonstrated good knowledge of the dangers of drug abuse. However, a significant proportion (35.4%) displayed a permissive attitude towards experimental drug use. Peer pressure and curiosity were the most cited reasons for initiating drug use. The most commonly known abused substances were cannabis, codeine-containing syrups, and tramadol.

Conclusion: While knowledge of the dangers of drug abuse is high, a permissive attitude among a substantial number of students is concerning. Interventions should focus on building resilience and life skills to resist peer pressure and address the underlying reasons for substance use.

Oral 3.4: The Impact of Social Media on the Mental Health of Adolescents in Urban Nigeria

B. C. Eze, N. C. Okoro

Background: The increasing use of social media among adolescents has raised concerns about its impact on their mental health. This study aimed to investigate the relationship between social media use and mental health outcomes (depression, anxiety, and low self-esteem) among adolescents in an urban area of Nigeria.

Methods: A cross-sectional survey was conducted among 500 adolescents aged 13-19 years in Lagos, Nigeria. The questionnaire included validated scales to measure social media usage, depression, anxiety, and self-esteem.

Results: The study found a significant positive correlation between the time spent on social media and symptoms of depression and anxiety. Adolescents who spent more than 3 hours per day on social media were more likely to report poor mental health outcomes. Low self-esteem was also associated with higher levels of social media engagement, particularly related to social comparison.

Conclusion: Excessive use of social media is associated with negative mental health outcomes among urban Nigerian adolescents. There is a need for parents, schools, and policymakers to promote digital literacy and healthy social media habits to mitigate these risks.

Oral 3.5: Knowledge and Attitude towards Emergency Contraception among Female Undergraduates in a Nigerian University

O. A. Adeyemi, T. O. Omole, A. T. Olayinka

Background: Unintended pregnancies are a major issue among university students. Emergency contraception (EC) can prevent a significant number of these pregnancies. This study assessed the knowledge and attitude towards EC among female undergraduate students at a university in South-Western Nigeria.

Methods: A descriptive cross-sectional study was conducted among 420 female students. A pre-tested questionnaire was used to collect data on their knowledge of EC methods, indications, and their attitude towards its use.

Results: While 92.4% of the respondents had heard of emergency contraception, only 45.5% had good knowledge regarding the correct timing and types of EC available. The majority (75.0%) had a positive attitude towards the use of EC. However, misconceptions, such as the belief that EC causes infertility, were prevalent.

Conclusion: There are significant gaps in the knowledge of emergency contraception among female university students, despite a generally positive attitude. Educational interventions are needed to provide accurate information and dispel myths surrounding EC to increase its correct and timely use.

Oral Presentations

Session 4: Maternal and Child Health

Oral 4.1: Knowledge, Perceptions and Uptake of Human Papillomavirus (HPV) Vaccination Among Female Healthcare Professionals in a State in Southern Nigeria

Loveday Abuchi Okpara[1], Ulunma Ikwuoma Mariere[2], Perpetual Ogechukwu Nwankwo[3], Joanna Tonebimonyo Wagio[1], Stella Ufuoma Rotifa[2], Artemie Gordon[1], Hilda Chinwe Afakwu Adimoha[1]

[1] Department of Obstetrics & Gynaecology, Federal Medical Centre, Bayelsa, Nigeria. [2] Department of Community Medicine & Public Health, Federal Medical Centre, Bayelsa, Nigeria. [3] School of Public Health, University of Port Harcourt, Port Harcourt, Rivers, Nigeria.

Introduction: Cervical cancer is a leading cause of cancer-related death among women in developing countries. The Human Papillomavirus (HPV) vaccine is a key preventive measure, but uptake is low in low- and middle-income countries. Healthcare professionals play a critical role in vaccine promotion. This study assessed the knowledge, uptake, and barriers to HPV vaccination among female healthcare professionals in Bayelsa State.

Methodology: A cross-sectional study was conducted using semi-structured questionnaires with 178 consenting female healthcare professionals in public hospitals in Yenagoa, Bayelsa. Data were collected on demographics, cervical cancer awareness, and HPV vaccine knowledge, attitudes, uptake, and barriers.

Results: The majority (85%) of respondents were aware of the HPV vaccine, but uptake was poor (5%). The most identified barrier was a lack of information on where to get the vaccine (36%). Most respondents were willing to accept (92.0%) and recommend (90.0%) the vaccine. Awareness was significantly associated with the healthcare profession, with medical doctors having the highest awareness.

Conclusion: Female healthcare professionals, who are vital in influencing public health behaviours, demonstrate poor vaccination uptake themselves despite high knowledge and acceptance. This could potentially undermine public health efforts towards eliminating cervical cancer.

Oral 4.2: Pattern of Deliveries in Barau Dikko Teaching Hospital Using the Robson Classification: A 3 Year Review

Suleiman KR, Mohammed-Durosinlorun AA, Gumbi H.

Obstetrics and Gynaecology Department, Kaduna State University/Barau Dikko Teaching Hospital, Nigeria.

Introduction: The management of deliveries significantly impacts maternal and neonatal health, patient satisfaction, and resource use. The WHO has proposed the Ten Group Robson Classification System as an effective tool for monitoring and analysing caesarean section (CS) rates. This study aimed to document the pattern of deliveries in Barau Dikko Teaching Hospital from 2021 to 2023 using this classification.

Methodology: This was a retrospective study of all eligible women who delivered between January 2021 and December 2023. Records were extracted from the labour ward register and women were allocated into one of the ten Robson groups. The size, CS rate, and contribution of each group to the overall CS rate were determined.

Results: There were 7,299 deliveries during the study period. Of these, 78.81% were vaginal deliveries, 20.93% were by CS, and 0.26% were instrumental deliveries. The majority of parturients were in groups 3 (multiparous, single cephalic, term, spontaneous labour) and 1 (nulliparous, single cephalic, term, spontaneous labour). Groups 6 (all nulliparous breech) and 10 (all single cephalic, preterm) were the largest contributors to the CS rate, at 75% and 68.8%, respectively.

Conclusion: The overall caesarean section rate was high, while the instrumental delivery rate was low. Groups 6 and 10 were the highest contributors to the caesarean section rate, highlighting specific populations for targeted interventions to manage CS rates.

Oral 4.3: The role of Imaging in Advancing Health Equity in Breast Cancer Diagnosis in Sub-Saharan Africa: A Scoping Review

Adaobi C. Ilo[1], Justus U. Onu[2], Amaka O. Nnamani, Nneka I. Iloanusi, Ngozi R. Dim, Dania Cioni[3]

[1] Department of Radiation Medicine, Faculty of Clinical Sciences, University of Nigeria, Ituku-Ozalla Campus, Enugu, Nigeria. [2] Department of Mental Health, Nnamdi Azikiwe University, Awka, Anambra State, Nigeria. [3] University of Pisa School of Medicine, Pisa, Italy.

Introduction: Breast cancer mortality rates are disproportionately high in Sub-Saharan Africa due to late-stage diagnosis and limited access to advanced diagnostic technologies. This scoping review evaluates the utility of imaging modalities in improving diagnostic accuracy for breast malignancies in the region.

Methodology: A literature search was conducted using databases like PubMed, Google Scholar, and African Index Medicus. Peer-reviewed articles in English focusing on the diagnostic accuracy of imaging modalities for breast cancer were included. The review followed PRISMA-ScR guidelines.

Results: The review assessed the utility of mammography, ultrasound, and emerging technologies. It identified gaps in the literature and barriers to access, underscoring the critical role of innovative imaging technologies in bridging disparities in breast cancer outcomes.

Conclusion: The study highlights the need for equitable distribution of diagnostic resources and capacity-building initiatives to ensure women in resource-limited settings benefit from advancements in medical imaging. Addressing these challenges is essential for promoting health equity and reducing the global burden of breast cancer.

Oral 4.4: Determinants of Delayed Presentation for Birth Dose Vaccination Among Mothers/Caregivers in Primary Health Care Kaduna Metropolis, Kaduna State, Nigeria

Adegboyega Oyefabi[1], Adeola Timilehin[1], Kure Shekwonyadu[2], Blessing Oyefabi[3], Sani Hammad[1], Jonah Chawai[1]

[1] Department of Community Medicine, College of Medicine, Kaduna State University, Nigeria. [2] Department of Community Medicine. [3] Department of Ophthalmology, Ahmadu Bello University Teaching Hospital, Zaria, Nigeria.

Introduction: Timely birth dose vaccination (BDV) is crucial, but many infants in developing countries do not receive it. This study examines the determinants of delayed BDV in Kaduna.

Methodology: A cross-sectional descriptive study was conducted among 182 mothers/caregivers of under-five children from six primary health care centres in Kaduna metropolis. An interviewer-administered questionnaire was used, and data were analysed using SPSS version 26.

Results: A high proportion (91.8%) of caregivers had poor knowledge of Vaccine-Preventable Diseases. Only 19.2% of children received their birth dose vaccination within 24 hours. Reasons for delay included fixed vaccination days (29.1%), maternal ill health (13.2%), and lack of awareness (13.2%). Occupation was the only independent predictor of good knowledge of BDV, with civil servants having significantly higher odds.

Conclusion: Delayed vaccination was influenced by poor maternal knowledge and socio-cultural factors. The study recommends daily vaccination services, enhanced health education, and community engagement to improve timeliness and reduce the burden of vaccine-preventable diseases.

Oral 4.5: Transforming Disability Care through Local Leadership: A Case Study from Nigeria's Spina Bifida Health Workforce Initiative

Afolabi Fajemilo[1], Kate Steele[2], Festus Fajemilo[1]

[1] Festus Fajemilo Foundation (FFF), Nigeria. [2] Shine UK.

Introduction: Children with spina bifida in Nigeria face significant barriers to quality continence care. The SLIF (Saving Lives! Improving Futures) project, a collaboration between Shine (UK) and the Festus Fajemilo Foundation (Nigeria), aimed to build a resilient, inclusive health workforce by empowering local nurses as leaders.

Methodology: The project trained 123 healthcare professionals using a hybrid model. Leadership development was integrated into clinical training through workshops, mentorship, and quality assurance. Five lead nurses were selected for advanced leadership roles, and collaborative governance ensured shared decision-making.

Results: The project achieved a 90% improvement in clinical knowledge and skills. Eleven continence clinics have been established, and outreach workers have supported over 250 children. Lead nurses are being trained to deliver step-down training and advocate for service integration, enhancing service delivery and professional motivation.

Conclusion: The project demonstrates that transformative local leadership is critical to advancing equitable healthcare. Embedding leadership within clinical training and fostering collaborative governance empowered nurses to drive systemic change, offering a scalable model for improving disability-inclusive care.

Oral 4.6: Bridging the Gap: Addressing the Unseen Crisis of Substance Misuse in Nigerian Women through Gender-Sensitive Policy and Advocacy

Eseroghene Tamunokuro

Central and North West London NHS Foundation Trust, Ealing RISE.

Introduction: There is a growing but underreported crisis of substance misuse among women in Nigeria, concealed by cultural stigma and gender norms. This abstract examines this hidden issue and advocates for gender-sensitive policies and community-driven advocacy.

Approach: Drawing on clinical insights from UK services and cross-national frameworks, a multi-pronged strategy is outlined. This includes integrating trauma-informed care, destigmatising addiction, building female-only treatment facilities, leveraging community leaders for support, and promoting awareness campaigns that challenge harmful stereotypes.

Discussion: A shift from punitive to compassionate, person-centred responses is needed. Policymakers must understand that women's addiction is often rooted in intersecting vulnerabilities like gender-based violence and poverty. Integrated care models from other countries can inform a culturally appropriate response in Nigeria.

Conclusion: Substance misuse in Nigerian women is a silent epidemic. Through gender-sensitive policy, targeted advocacy, and community engagement, Nigeria can dismantle systemic neglect and provide pathways to healing and recovery for its most marginalised women.

Oral 4.7: Facilitators and Barriers to Uptake of Healthcare Services for Children with Special Care Needs in Bayelsa State, Nigeria

Tarebi T[1], Mariere UI[1], Eguvbe A[1], Afakwu-Adimoha H[1], Oyeyemi A[2].

[1] Department of Community Medicine & Public Health, Federal Medical Centre, Bayelsa State. [2] Department of Community Medicine, Niger Delta University Teaching Hospital, Bayelsa State.

Introduction: Children with Special Health Care Needs (CSHCN) require higher levels of health and social support. This study aimed to identify facilitators and barriers to their uptake of healthcare services in Bayelsa State.

Methodology: A descriptive, cross-sectional study was conducted with 220 caregivers of CSHCN. Bivariate and multivariate logistic regression analysis was used to identify factors influencing the uptake of healthcare services.

Results: The median age of caregivers and CSHCN was 43 years and 11 years, respectively. Facilitators of service uptake included high social class and the presence of a disability. Significant barriers included lack of funds, distance to health facilities, and the unavailability of necessary facilities and equipment.

Conclusion: Lack of funds and unavailability of necessary facilities are significant barriers to accessing health services for CSHCN in Bayelsa state. The study recommends improvements in healthcare infrastructure, increased funding for specialised services, and innovative solutions to mitigate these barriers.

Oral Presentations

Session 5: Environmental Health and Service Delivery

Oral 5.1: Antipsychotic-Induced Hyperprolactinemia and Sexual Dysfunction in Male Psychiatric Patients in Northwestern Nigeria: A Cross-Sectional Study

Bello Yusuf Jamoh[1], Aliyu Muhammad[2], Umar Muhammad Adam[3], Abdullahi Abdulwahab Yakubu[4], Bashir Adam Yakasai[5], Mohammed Manu[6], Audu Ishaq Aveka[4], Bala Salihu Hassan[2], Hassan Idris[7].

[1] Department of Medicine, Ahmadu Bello University, Zaria [2] Federal Neuro-psychiatric Hospital, Kaduna [3] Department of Human Physiology, Ahmadu Bello University, Zaria [4] Department of Psychiatry, Ahmadu Bello University, Zaria [5] Department of Psychiatry, Ahmadu Bello University Teaching Hospital, Shika-Zaria [6] Department of Chemical Pathology, Ahmadu Bello University, Zaria [7] Department of Immunology, Ahmadu Bello University, Zaria

Introduction: Sexual dysfunction is an often underrecognized adverse effect of antipsychotic medications. This study determined the prevalence of sexual dysfunction and its association with hyperprolactinemia among male psychiatric patients on antipsychotics in North-western Nigeria.

Methodology: A cross-sectional study was conducted among 50 male psychiatric patients on antipsychotics for at least six months and 50 healthy controls. Sexual dysfunction was assessed using the International Index of Erectile Function (I.I.E.F), and serum prolactin levels were measured.

Results: Sexual dysfunction was significantly more prevalent among psychiatric patients (66.0%) compared to controls (28.0%). Patients had higher mean prolactin levels, with hyperprolactinemia observed in 46% of patients versus 11% of controls. Sexual dysfunction was significantly associated with hyperprolactinemia, antipsychotic dosage, and the class of antipsychotic used.

Conclusion: Male psychiatric patients on antipsychotics experience a significantly higher prevalence of sexual dysfunction, strongly associated with hyperprolactinemia. The findings underscore the need for regular prolactin monitoring and consideration of prolactin-sparing antipsychotics.

Oral 5.2: A Characterisation and Cell Toxicity Assessment of Particulate Pollutants from Road Traffic Sites in Kano State, Nigeria

Aishatu Abubakar Sadiq[1,2], Salah Khardi[1,2], Adina-Nicoleta Lazar[1], Imam Wada Bello[3], Samson Polycarp Salam[4], Aisha Faruk[3], Mitchell A. Alao[4], Mickaël Catinon[5], Michel Vincent[5] and Ana-Maria Trunfio-Sfraghiu[1,2]

Introduction: This study investigated the impact of vehicular emissions on air quality and respiratory health in Kano State.

Methodology: Air samples were collected at high and low-density traffic sites. The physicochemical properties of particulate matter were determined, and in-vitro toxicity was assessed. Respiratory examinations and digital spirometry were conducted on 180 respondents.

Results: Analysis revealed 51.7% of particles were PM 2.5. Living less than 50 meters from a highway and non-use of protective devices showed significant associations with health impacts. Twenty-two spirometry results were within the obstructive index, with the majority of abnormalities as stage 2.

Conclusion: The study recommended improved public awareness on air pollution, better urban planning, intensification of emissions control, and the use of greener energy sources.

Oral 5.3: The Importance of Entomological Studies on Mosquitoes to Malaria Vector Control Programs, Kaduna State, Nigeria

Danga Sule Emmanuel[1], Marshal Aweh[1], Abbass Jibrin Bello[1], Bilkisu Hassan[1], Aishatu Abubakar Sadiq[2,3]

[1] State Malaria Control Program, Kaduna State. [2] Geneva Foundation for Medical Education and Research (GFMER), Geneva, Switzerland. [3] Ministry of Health, Kaduna State, Nigeria.

Introduction: Malaria remains a disease of public health importance, with Nigeria accounting for 25% of cases and 31% of deaths in 2024. This entomological study was conducted to improve malaria control in Kaduna State.

Methodology: Immature stages of Anopheles mosquitoes were collected from breeding sites in six preselected LGAs. Insecticide susceptibility tests were conducted using Deltamethrin, Permethrin, and Pirimiphos methyl.

Results: Anopheles gambiae populations showed varying levels of resistance to the tested insecticides. Resistance to Deltamethrin and Pirimiphos methyl was widespread. However, the population in Lere LGA was susceptible to Permethrin.

Conclusion: The study revealed the effectiveness of using permethrin-containing substances with a synergistic agent for Insecticide Treated Nets and Indoor Residual Sprays. The findings will help achieve key indicators in the state and national malaria strategic plans.

Oral 5.4: The Role of Public-Private Mix (PPM) Interventions in Tuberculosis Case Notification, Kaduna State, Nigeria

Sani Aminu[1], Habiba Abubakar[1], Abubakar Sadiq Idris[1], Aishatu Abubakar Sadiq[1,2], Umma Kaltume Ahmed[1]

[1] Kaduna State Ministry of Health, Public Health Department, Kaduna, Nigeria [2] Geneva Foundation for Medical Education and Research (GFMER), Geneva, Switzerland.

Introduction: Engaging all healthcare providers through the Public-Private Mix (PPM) model is critical for addressing gaps in Tuberculosis (TB) case detection. This study assessed the contribution of PPM interventions to TB case notification in Kaduna State.

Methodology: A cross-sectional review of routine program data from the state TB database was conducted. Between 2023 and 2024, 253 private health facilities were engaged in the PPM initiative.

Results: In 2024, private facilities diagnosed 12,205 TB cases, contributing 45% of the total cases reported in Kaduna State. This was a substantial improvement from 2020, when the private sector contributed only 28% of total cases.

Conclusion: The PPM intervention significantly enhanced TB case notification in Kaduna State. Engaging diverse private sector stakeholders through targeted strategies can bridge TB case detection gaps and should be scaled up.

Oral 5.5: Healthcare-Associated Infections in Nasarawa State: A Point Prevalence Survey of Public Secondary and Tertiary Health Facilities

Esther Solomon Audu[1]; Dr. Surajuddeen O. Bello[2]; Aleruchi Chuku[3]; Godwin A. Obande[3]; Olukayode O. Orole[3]; Ishaku A. Bako[4]; Mary Mathew[4].

[1] Department of Medical Microbiology and Parasitology, Federal University Teaching Hospital, Lafia, Nasarawa State and Federal University of Lafia. [2] Department of Paediatrics, Federal University Teaching Hospital, and Federal University of Lafia, Nasarawa State. [3] Department of Microbiology, Faculty of Science, Federal University of Lafia, Nasarawa State. [4] Department of Epidemiology and Community Medicine, Federal University Teaching Hospital and Federal University of Lafia, Nasarawa State.

Introduction: Healthcare-associated infections (HAIs) are a significant burden on patients and healthcare systems. This study aimed to determine the prevalence and types of HAIs and their contributory factors in Nasarawa State.

Methodology: A cross-sectional study was conducted using the WHO Point Prevalence Survey protocol for Low- and Middle-Income Countries in selected public hospitals.

Results: The prevalence of HAIs among hospitalised patients was 8.6%. The majority of patients were female (59.6%), and most were from tertiary health facilities (73.1%). Risk factors included surgery speciality, nature of surgery, and the presence of invasive devices. A high percentage of patients (87.5%) were on antibiotics.

Conclusion: The findings highlight the need for improved infection prevention and control measures and antimicrobial stewardship programs in Nasarawa State. Further research is needed to develop effective interventions to prevent HAIs.

Poster Presentations

Poster Presentations

Session 1: Maternal and Child Health

Poster 1.1: Knowledge and Perception of Birth Preparedness and Complication Readiness among Pregnant Women Attending Antenatal Clinic in a Tertiary Health Institution in North-Western Nigeria

Omole, T. O., L. O. Omole, A. T. Olayinka, I. S. Abubakar, and H. O. Raji

Background: Birth Preparedness and Complication Readiness (BP/CR) is a strategy to promote the timely use of skilled maternal and neonatal care. This study assessed the knowledge and perception of BP/CR among pregnant women in a tertiary hospital in North-Western Nigeria.

Methods: A cross-sectional study was conducted among 384 pregnant women attending the antenatal clinic. A pre-tested, semi-structured questionnaire was used to collect data on socio-demographic characteristics, knowledge, and perception of BP/CR.

Results: The mean age of the respondents was 29.8 ± 5.2 years. While 85.4% had heard of BP/CR, only 40.1% had good knowledge of its components. The perception of BP/CR was positive among 78.6% of the women. Factors significantly associated with good knowledge were higher educational status and multiparity.

Conclusion: Knowledge of the key components of BP/CR is low among pregnant women in this setting. Antenatal care providers should intensify education on all elements of BP/CR.

Poster 1.2: Prevalence and Pattern of Congenital Anomalies in a Tertiary Hospital in South-South Nigeria: A 5-Year Review

Adebayo, F. O., S. K. Olayemi, and A. A. Adewole

Background: Congenital anomalies are a significant cause of neonatal morbidity and mortality. This study aimed to determine the prevalence and pattern of congenital anomalies among newborns in a tertiary hospital in South-South Nigeria.

Methods: A retrospective review of delivery records from January 2020 to December 2024 was conducted.

Results: The prevalence of congenital anomalies was 12.5 per 1,000 births. The most common system affected was the central nervous system (35.2%), with neural tube defects being the most frequent anomaly. The prevalence was higher among babies born to mothers of advanced maternal age and those who did not receive antenatal care.

Conclusion: Neural tube defects are the most common anomaly, highlighting the need for improved periconceptional folic acid supplementation and antenatal screening.

Poster 1.3: Maternal and Neonatal Outcomes of Teenage Pregnancies in a Rural Nigerian Community

Ibrahim, M. A., A. B. Mohammed, and R. A. Adewole

Background: Teenage pregnancy is associated with adverse maternal and neonatal outcomes. This study compared the maternal and neonatal outcomes of teenage pregnancies with those of adult mothers in a rural community in Northern Nigeria.

Methods: A retrospective cohort study was conducted using data from a primary health centre's delivery register, including 250 teenage mothers and 250 adult mothers.

Results: Teenage mothers had a significantly higher risk of pre-eclampsia/eclampsia, obstructed labour, and postpartum haemorrhage. Their babies were more likely to be low birth weight, premature, and have a lower Apgar score. Perinatal mortality was also significantly higher.

Conclusion: Teenage pregnancy in this rural setting is associated with significant adverse outcomes. Targeted interventions are needed to prevent teenage pregnancy and improve care for adolescent mothers.

Poster 1.4: Assessment of Knowledge and Practice of Exclusive Breastfeeding among Mothers of Infants in an Urban Community in Lagos, Nigeria

Mohammed, A. B., A. A. Adewole, and F. O. Adebayo

Background: This study assessed the knowledge and practice of exclusive breastfeeding (EBF) among mothers in an urban community in Lagos.

Methods: A community-based cross-sectional study was conducted among 300 mothers of infants aged 0-6 months.

Results: While 95.0% of mothers had good knowledge of EBF benefits, the practice was only 45.3%. Main barriers were the perception that breast milk is insufficient and the need to return to work. Counselling during antenatal care was linked to higher practice rates.

Conclusion: A significant gap exists between EBF knowledge and practice. Interventions should focus on workplace support and strengthening counselling.

Poster 1.5: Factors Influencing the Choice of Delivery Place among Women of Reproductive Age in a Semi-Urban Community in Oyo State, Nigeria

Adewole, R. A., M. A. Ibrahim, and S. K. Olayemi

Background: This study explored factors influencing women's choice of delivery place in a semi-urban community in Oyo State.

Methods: A qualitative study was conducted using focus group discussions and in-depth interviews with women, community leaders, and health workers.

Results: The choice of delivery place was influenced by perceived quality of care, cost, distance, and health worker attitudes. Traditional birth attendants (TBAs) were sometimes preferred for their accessibility, affordability, and cultural sensitivity.

Conclusion: Improving care quality, ensuring respectful maternity care, and addressing financial barriers are crucial for increasing skilled birth attendance.

Poster 1.6: A Five-Year Review of Ectopic Pregnancy at the Federal Medical Centre, Yenagoa, Bayelsa State, Nigeria

U.I. Mariere, H.C. Afakwu-Adimoha, L.A. Okpara, S.U. Rotifa, A. Gordon, J.T. Wagio, O. Obikeze

Department of Community Medicine & Public Health, Federal Medical Centre, Yenagoa, Bayelsa State

Introduction: Ectopic pregnancy is a life-threatening condition. This study reviewed its incidence, presentation, and management at the Federal Medical Centre, Yenagoa.

Methods: A retrospective analysis of all ectopic pregnancy cases from January 2020 to December 2024 was conducted.

Results: The incidence of ectopic pregnancy was 1 in 85 deliveries. The majority of patients (75%) presented with a ruptured ectopic. The most common features were abdominal pain, amenorrhea, and vaginal bleeding. The case fatality rate was 1.5%.

Conclusion: Ectopic pregnancy remains a major health challenge with a high rate of late presentation. Early diagnosis and prompt intervention are crucial.

Poster 1.7: Awareness and Health Seeking Behaviour of Neonatal Danger Signs Among Mothers in Kagoro, North-West Nigeria (Extended abstract)

Emeribe NA[1,.2], Ephraim PN[1], Emmanuel S[1], Emmanuel E[1], George V[1]

[1] Bingham University, Karu, [2] Bingham University Teaching Hospital, Jos

Corresponding author: Emeribe NA, nana.emeribe@binghamuni.edu.ng, nanagoso@gmail.com, (+234)7055999991

Background: The neonatal period, defined as the first 28 days of life, represents the most vulnerable time for child survival, with a disproportionately high burden of mortality occurring in developing nations. Neonatal danger signs are critical indicators of potentially life-threatening illnesses, and their early recognition by mothers, followed by prompt and appropriate medical intervention, is paramount to reducing neonatal mortality. The World Health Organization (WHO) has identified key danger signs, including inability to feed, convulsions, fast breathing, severe chest indrawing, fever, hypothermia, jaundice (yellow soles), lethargy, and signs of local infection. In 2022, approximately 2.3 million children died within the neonatal period, accounting for 47% of all under-five deaths globally. Sub-Saharan Africa bears the highest burden, with a neonatal mortality rate of 27 deaths per 1,000 live births. In rural communities like Kagoro in North-West Nigeria, access to quality healthcare is often limited, placing a greater onus on maternal awareness and health-seeking behaviour. This study aimed to assess the level of awareness of these danger signs and the corresponding health-seeking practices among mothers in Kagoro, a topic with limited existing data. The investigation also sought to elucidate the influence of sociodemographic factors and traditional practices on these critical behaviours, with the ultimate goal of informing interventions to improve child survival rates.

Methods: A community-based, descriptive cross-sectional study design was employed. The study recruited 401 mothers of children under five years of age who had been residents of Kagoro for at least six months. A multi-stage sampling technique was used, involving the selection of wards, settlements, and finally

households. Data collection was conducted using an interviewer-administered questionnaire, adapted for the study and deployed via Google Forms. The instrument captured information on sociodemographic characteristics, awareness of WHO-defined neonatal danger signs, and health-seeking behaviour. Awareness was categorized into good, moderate, and poor levels based on Bloom's criteria. Data were analysed using the Statistical Package for the Social Sciences (SPSS) version 25.0. Descriptive statistics (frequencies and proportions) were used to summarize sociodemographic variables, awareness levels, and health-seeking behaviour, presented in tables and charts. Bivariate analysis using chi-square tests was performed to identify sociodemographic factors associated with awareness and health-seeking behaviour, with a statistical significance level set at $p \leq 0.05$.

Findings: The study revealed that slightly over half of the respondents 53.6%, (n=215) were aware of neonatal danger signs, while 46.4% (n=186) were unaware. However, among those who were aware, the level of awareness was predominantly poor. A staggering 83.7% (n=180) demonstrated poor awareness, followed by 11.1% (n=24) with good awareness, and only 5.1% (n=11) with moderate awareness. Concerning health-seeking behaviour, the findings were equally alarming. The majority of mothers 73.8%, (n=296) exhibited negative health-seeking behaviour, meaning they did not seek appropriate medical care upon recognizing a danger sign. Only 26.2% (n=105) demonstrated positive health-seeking behaviour. Bivariate analysis identified key sociodemographic factors influencing these outcomes. A mother's level of formal education, occupation, and income were significantly associated with her awareness of neonatal danger signs. Furthermore, health-seeking behaviour was significantly influenced by the mother's level of education and prevailing cultural or traditional practices, which often served as an alternative to formal healthcare.

Conclusion: This study concludes that among mothers in Kagoro, North-West Nigeria, there is a critical gap in both the awareness of neonatal danger signs and the practice of appropriate health-seeking behaviour. While just over half of the mothers had some awareness, the depth and quality of this knowledge were profoundly inadequate, with the vast majority possessing only poor awareness. This knowledge deficit translates directly into negative health-seeking actions, as most mothers do not seek timely medical care. The strong association with education, income, and cultural practices underscores the multifaceted nature of the problem. There is an urgent need for targeted community-based health education programs to systematically improve knowledge of neonatal danger signs. Concurrently, interventions must focus on female empowerment through education and economic opportunities and actively engage community leaders to discourage harmful traditional practices that delay or replace effective healthcare. Implementing these measures is essential to fostering improved recognition of neonatal illness and prompting appropriate healthcare-seeking behaviour, which will ultimately contribute to a significant reduction in the neonatal mortality rate in this and similar underserved communities.

Keywords: Awareness, Knowledge, Health Seeking Behaviour, Newborn, Neonatal Danger Signs, Maternal Health, Nigeria.

Poster Presentations

Session 2: Human Resources for Health and Others

Poster 2.1: The Effect of Hygiene Among Street Food Vendors in Kaduna State University (KASU), Nigeria.

Sakina Maikudi[1], Bilkisu Ibrahim[1], Hajara Hadi Mohammed[1], Abubakar Sadiq Idris[1], Aishatu Abubakar Sadiq[1,2]

[1] Department of Public Health. Ministry of Health, Kaduna State, Nigeria. [2] Geneva Foundation for Medical Education and Research (GFMER), Geneva, Switzerland.

Introduction: Street food vending plays a significant socio-economic role in Nigeria, but concerns about food hygiene persist. This study assessed the hygiene practices of food vendors at Kaduna State University (KASU).

Methodology: A mixed-methods study was conducted with 31 food vendors, 2 Environmental Health Officers, and 300 student consumers. Data were collected through interviews and laboratory analysis of 20 food samples.

Results: Laboratory testing revealed the presence of *Escherichia coli* (45% of samples), *Salmonella spp.* (20%), *Staphylococcus aureus* (35%), and *Shigella spp.* (10%). Total coliforms exceeded WHO/FAO safety limits in 60% of samples. Additionally, 70% of food samples were stored at unsafe temperatures.

Conclusion: Street food vendors at KASU do not meet acceptable food hygiene standards, posing significant public health risks. Policy development, regulatory enforcement, and continuous monitoring are recommended.

Poster 2.2: Akuskura: An Emerging Psychoactive Challenge in Nigeria.

Ike Joseph O.[1], Ebiti Nkereuwem William[2], Ibinola Omolara.[1], Abubakar-Sadiq Aishatu.[3]

[1] Kaduna State Bureau of substance Abuse and Mental health (KADBUSA), Kaduna State. [2] Milestones Rehabilitation Foundation, Kaduna. [3] Kaduna State Ministry of Health, Kaduna State.

Introduction: Akuskura is an emerging psychoactive substance, particularly prevalent in Northern Nigeria. Often marketed as a beneficial herbal product, it is typically a concoction of herbs laced with tobacco, cannabis, or other psychotropic substances.

Methodology: Chemical analysis of Akuskura samples from Kaduna Metropolis was conducted using Gas Chromatography-Mass Spectrometry (GC-MS).

Results: A striking heterogeneity in composition was found. Nicotine was consistently detected. Other compounds included stimulants (Xylopropamine) and, critically, a chemotherapy drug (Topotecan) in one liquid sample. The substance's low price makes it highly accessible.

Conclusion: The lack of standardisation and presence of diverse, potentially toxic compounds raise serious public health concerns. A comprehensive national response is imperative, involving strengthened surveillance, prevention, and treatment services.

Poster 2.3: Institutionalising Integrated Mobile Outreaches (IMO) To Improve Health Service Delivery in Hard-to-Reach Communities in Kaduna State, Nigeria.

Abubakar Sadiq Idris[1], Sani Aminu[1], I Adamu[2], Aishatu Abubakar Sadiq[1,3], Umma Kaltume Ahmed[1], Idris Baba[4]

[1] Department of Public Health, Ministry of Health, Kaduna State, Nigeria. [2] State Primary Healthcare Board, Kaduna State, Nigeria. [3] Geneva Foundation for Medical Education and Research (GFMER), Geneva, Switzerland. [4] United Nations Children's Fund, Kaduna Field Office, Kaduna State, Nigeria.

Introduction: Kaduna State has adopted Integrated Mobile Outreaches (IMO) to provide essential health services in underserved communities using mobile diagnostic clinics.

Methodology: The IMO strategy deploys mobile trucks with diagnostic tools to provide services like immunisation, ANC, nutrition screening, and testing for malaria, HIV, and TB. Data from 13 rounds between January and August 2024 were analysed.

Results: Over 1.5 million individuals were reached across 113 zero-dose settlements. This included 144,839 previously unvaccinated children, 372,373 screened for malnutrition, and 60,785 screened for malaria. Significant numbers also accessed ANC, family planning, and HIV/TB screening.

Conclusion: IMO has proven to be an effective strategy for bridging health service delivery gaps. There is undisputed evidence for institutionalising IMO as a core strategy for reaching underserved populations.

Poster 2.4: Recurrent Outbreaks of Diphtheria in Kaduna State, Nigeria: A Call for Action on Non-Compliance to Immunisation.

Jeremiah Daikwo[1], Abubakar Sadiq Idris[1], Aishatu Abubakar Sadiq[1,2], Umma Kaltume Ahmed[1]

[1] Department of Public Health, Ministry of Health, Kaduna State, Nigeria [2] Geneva Foundation for Medical Education and Research (GFMER), Geneva, Switzerland.

Introduction: Since July 2023, Kaduna State has witnessed recurrent diphtheria outbreaks, particularly in communities with a history of vaccination refusal. This study describes the response and risk factors.

Methodology: A coordinated rapid response team was deployed. Activities included active case searches, contact tracing, sample analysis, and risk communication.

Results: A total of 1,038 suspected cases were reported, with 120 laboratory-confirmed. The outbreak resulted in 88 deaths (Case Fatality Rate: 8.5%). Over 60% of affected individuals were unvaccinated, and most cases were in communities with documented non-compliance with immunisation.

Conclusion: The predominant risk factor was non-compliance with routine and campaign immunisation. There is an urgent need for intensified action targeting vaccine-hesitant caregivers and communities.

Poster 2.5: Assessment and Determinants of Research Practice and Scholarly Publications Among Early Career Doctors Undergoing Residency Training in Bayelsa State, Nigeria.

Ulunma Ikwuoma Mariere[1,2], Stella Ufuoma Rotifa[1], Hilda Chinwe Afakwu-Adimoha[1], Hakeem Babatunde Fawehinmi[2], Andrew Igho Joe[2]

[1] Department of Community Medicine & Public Health, Federal Medical Centre, Bayelsa, Nigeria. [2] Centre of Medical Research and Training, University of Port Harcourt Teaching Hospital, Rivers State, Nigeria

Introduction: This study appraised research participation, publication rate, and their determinants among resident doctors in the Federal Medical Centre, Yenagoa.

Methodology: A cross-sectional study was conducted among 80 resident doctors using a self-administered questionnaire.

Results: The majority (85.0%) had participated in research, most commonly in data collection (92.5%). However, only 30% had published in a peer-reviewed journal, and 17.5% had presented at a conference. Having a research mentor was significantly associated with publishing as a first author and presenting at a conference.

Conclusion: The study showed high research participation but low scholarly publication. Having a research mentor positively impacts the research practice of resident doctors.

Poster 2.6: Knowledge and Perception of Healthcare Providers in Tertiary Health Institutions in Plateau State Towards the Use of Artificial Intelligence in Making Medical Diagnosis (Extended abstract)

Emeribe NA[1,2], Olukayode OO[1], Olatunji OO[1], Olayemi OE[1], Olori AO[1]

[1]Bingham University, Karu, [2]Bingham University Teaching Hospital, Jos

Corresponding author: Emeribe NA, nana.emeribe@binghamuni.edu.ng, nanagoso@gmail.com, (+234)7055999991

INTRODUCTION:

Artificial Intelligence (AI) refers to technology that allows machines to perform tasks in a manner associated with intelligent beings. In our current world, there is a dire need to analyse complex medical data and images at a lesser time but with greater accuracy, which makes AI an important tool for health care providers. Sadly, it seems the utilization of AI is not yet in full gear in our part of the world and we believe this contributes to the inadequate delivery of quality health care services experienced around us.

We aimed to explore the knowledge and perception of tertiary healthcare providers in Plateau State, regarding the application of AI in healthcare diagnostics.

METHODOLOGY:

A descriptive cross-sectional study was conducted among 235 healthcare professionals in all three tertiary institutions in Plateau State via a structured, digital, self-administered online questionnaire, designed in English and adapted from previous literature on knowledge and perception of Artificial Intelligence in

healthcare. The questionnaire was shared with the targeted participants using KoboToolbox. Data was cleaned, coded and analysed using Microsoft Excel and IBM SPSS Version 25 and was presented in tables and charts. Chi square test was used to test statistical significance between respondents' perception scores and their sociodemographic data with level of significance set at ≤0.05.

RESULTS:

This study involved 235 participants. The largest percentage of participants, with 41.7% were those between the ages of 30 to 39 years old, and the group which formed the least percentage of participants, with 12.4%, were from the ages above 50 years. Majority of the participants were males, 63.8%, while 36.2% were females. 68.1% of participants had good knowledge, 21.3% had moderate knowledge and 10.6% had poor knowledge. 98.3% were ready and 97% were willing to integrate Artificial Intelligence tools into their healthcare practice. While 1.7% and 3% were not ready and unwilling, respectively. 67.2% of respondents had good perception while 32.8% had poor perception. Years in practice was statistically significantly correlated with perception ($p = 0.048$) with practitioners who had more than 20 years of practice recording the highest good perception score (27.8%).

CONCLUSION:

Majority of the participants in this study had good knowledge about artificial Intelligence and were also receptive of the idea of integrating AI in making medical diagnosis and in healthcare in general. However there seems to be a paucity of knowledge in the aspect of AI tools that are available for different specialties as most of the AI tools listed by participants in this study were general AI tools, not specific to the healthcare sector. This may be due to the limited availability and training on these AI tools in the country.

A higher percentage of the participants also had good perception of the use of AI tools in healthcare.

To summarize it all, we believe the healthcare providers of Plateau State are ready and willing to adopt the use of AI in their profession if the tools are made available and adequate training is provided on how to best utilise these tools and we highly recommend that Artificial Intelligence-related topics should be added into the medical school and health education curriculum to begin the training process early.

KEYWORDS:

Knowledge, Perception, Artificial Intelligence, Medical diagnosis, Healthcare providers.

Author Index

D

- Daikwo, Jeremiah: Poster - Human Resource for Health and Others
- Dim, Ngozi R.: Oral - Maternal and Child Health

E

- Ebiti, Nkereuwem William: Oral - Primary Health Care; Poster - Human Resource for Health and Others
- Eguvbe, Anthony: Oral - Health System Strengthening; Oral - Maternal and Child Health
- Ejembi, Clara Ladi: Oral - Primary Health Care; Oral - Adolescent Health
- Emmanuel, Danga Sule: Oral - Environmental Health and Service Delivery
- Emeribe, Nana Awaya: Oral - Health System Strengthening
- Eze, B. C.: Oral - Adolescent Health
- Eze, Ifeyinwa Irene: Oral - Health System Strengthening

F

- Fajemilo, Afolabi: Oral - Maternal and Child Health
- Fajemilo, Festus: Oral - Maternal and Child Health
- Faruk, Aisha: Oral - Environmental Health and Service Delivery
- Fawehinmi, Hakeem Babatunde: Poster - Human Resource for Health and Others

G

- Gordon, Artemie: Oral - Maternal and Child Health; Poster - Maternal and Child Health
- Gumbi, H.: Oral - Maternal and Child Health

H

- Hammad, Sani: Oral - Maternal and Child Health
- Hassan, Bilkisu: Oral - Environmental Health and Service Delivery
- Hassan, Bala Salihu: Oral - Environmental Health and Service Delivery

I

- Ibrahim, M. A.: Oral - Health System Strengthening; Poster - Maternal and Child Health
- Ibrahim, Bilkisu: Poster - Human Resource for Health and Others
- Idris, Abubakar Sadiq: Oral - Environmental Health and Service Delivery; Poster - Human Resource for Health and Others
- Idris, Hassan: Oral - Environmental Health and Service Delivery
- Ilo, Adaobi C.: Oral - Maternal and Child Health
- Iloanusi, Nneka I.: Oral - Maternal and Child Health
- Irshad, Asma: Oral - Health System Strengthening
- Izuka, Oluchi Mildred: Oral - Primary Health Care

J

- Jakada, Aishatu G.: Oral - Primary Health Care
- Jamoh, Bello Yusuf: Oral - Primary Health Care; Oral - Environmental Health and Service Delivery
- Joe, Andrew Igho: Poster - Human Resource for Health and Others
- Joseph, Ike: Oral - Primary Health Care; Poster - Human Resource for Health and Others

K

- Kende, Bilkisu I.: Oral - Adolescent Health
- Khardi, Salah: Oral - Environmental Health and Service Delivery
- Kure, Shekwonyadu: Oral - Maternal and Child Health
- Kwaru-Idris, Zainab: Oral - Adolescent Health

L

- Lazar, Adina-Nicoleta: Oral - Environmental Health and Service Delivery
- Lukong, Anita Mfuh: Oral - Primary Health Care

M

- Madubueze, Ugochukwu Chinyem: Oral - Health System Strengthening
- Maikudi, Sakina: Poster - Human Resource for Health and Others
- Mairami, Fatima Fanna: Oral - Primary Health Care
- Manu, Mohammed: Oral - Environmental Health and Service Delivery
- Mariere, Ulunma Ikwuoma: Oral - Health System Strengthening; Oral - Maternal and Child Health; Poster - Maternal and Child Health; Poster - Human Resource for Health and Others
- Mathew, Mary: Oral - Environmental Health and Service Delivery
- Maude, Fatima: Oral - Primary Health Care
- Mohammed, Aisha I.: Oral - Adolescent Health
- Mohammed, A. B.: Oral - Health System Strengthening; Poster - Maternal and Child Health
- Mohammed, Aliyu: Oral - Environmental Health and Service Delivery
- Mohammed, Hajara Hadi: Poster - Human Resource for Health and Others
- Mohammed-Durosinlorun, AA.: Oral - Maternal and Child Health
- Muhammad-Idris, Zainab Kwaru: Oral - Primary Health Care
- Mustapha, Aisha: Oral - Adolescent Health

N

- Nnamani, Amaka O.: Oral - Maternal and Child Health
- Nwankwo, Perpetual Ogechukwu: Oral - Maternal and Child Health

O

- Obande, Godwin A.: Oral - Environmental Health and Service Delivery
- Obikeze, Obioma: Oral - Health System Strengthening; Poster - Maternal and Child Health
- Oguche, Obielunmani: Oral - Health System Strengthening
- Oji-Onuoha, Stella Ngozi: Oral - Primary Health Care
- Okeke, Ifeyinwa Maureen: Oral - Health System Strengthening
- Okoro, N. C.: Oral - Adolescent Health
- Okpara, Loveday Abuchi: Oral - Maternal and Child Health; Poster - Maternal and Child Health
- Olanrewaju, Sarah N.: Oral - Adolescent Health
- Olayemi, S. K.: Oral - Health System Strengthening; Poster - Maternal and Child Health
- Olayinka, A. T.: Oral - Health System Strengthening; Oral - Adolescent Health; Poster - Maternal and Child Health
- Omole, L. O.: Oral - Health System Strengthening; Poster - Maternal and Child Health
- Omole, T. O.: Oral - Health System Strengthening; Oral - Adolescent Health; Poster - Maternal and Child Health
- Omolara, Ibinola: Oral - Primary Health Care; Poster - Human Resource for Health and Others
- Onogu, Martin Arome: Oral - Health System Strengthening
- Onu, Justus U.: Oral - Maternal and Child Health
- Orole, Olukayode O.: Oral - Environmental Health and Service Delivery
- Oyefabi, Blessing: Oral - Maternal and Child Health

- Oyeyemi, A: Oral - Maternal and Child Health

R

- Raji, H. O.: Oral - Health System Strengthening; Poster - Maternal and Child Health
- Rotifa, Stella Ufuoma: Oral - Health System Strengthening; Oral - Maternal and Child Health; Poster - Maternal and Child Health; Poster - Human Resource for Health and Others

S

- Salam, Samson Polycarp: Oral - Environmental Health and Service Delivery
- Shehu, Mohammed S.: Oral - Adolescent Health
- Sokomba, Aliyu Mohammed: Oral - Health System Strengthening
- Sonde, Prisca Ulochi PU: Oral - Health System Strengthening
- Steele, Kate: Oral - Maternal and Child Health
- Suleiman, KR.: Oral - Maternal and Child Health

T

- Tamunokuro, Eseroghene: Oral - Maternal and Child Health
- Tanimu, Priest Dan'asabe: Oral - Health System Strengthening
- Tariebi, Tonye: Oral - Health System Strengthening; Oral - Maternal and Child Health
- Tetenta, Naarai Tamunoininaemi: Oral - Health System Strengthening
- Trunfio-Sfraghiu, Ana-Maria: Oral - Environmental Health and Service Delivery

U

- Udo-Udofia, Princess-Praise Calix: Oral - Health System Strengthening
- Ughasoro, Maduka Donatus: Oral - Primary Health Care
- Umukoro, Rebecca Ese-Oghene: Oral - Health System Strengthening
- Usman, Hauwa G.: Oral - Primary Health Care

V

- Vincent, Michel: Oral - Environmental Health and Service Delivery

W

- Wagio, Joanna Tonebimonyo: Oral - Maternal and Child Health; Poster - Maternal and Child Health
- Wisdom, Sawyer: Oral - Health System Strengthening

Y

- Yakasai, Bashir Adam: Oral - Environmental Health and Service Delivery
- Yakubu, Abdullahi Abdulwahab: Oral - Environmental Health and Service Delivery