BGM 2017 Book of Abstracts

Citation and Biography for BGM Speakers

Robert J. Chiegil, PhD, MPH, MSc, FWACN, FISM, FAIPH, RNT

Dr. Robert Joseph Chiegil is an integrated development and quality management expert. He has more than 20 years' combined experience in teaching, research and management of integrated development programs. He currently serves as Country Director for Family Health International (FHI 360) in Nigeria. Dr. Chiegil holds a doctoral degree in public health, and two master's degrees, in public health and total quality management, respectively. He Adjunct Faculty member at University of South Africa (UNISA) and Texila American University (TAU). His specialty areas include systematic thinking for action, health systems management, integrated development, total quality management, healthcare quality and aid effectiveness studies.

Dr. Emilia Ngozi Iwu PhD, RN, APNC, FWACN

Dr. Emilia Iwu is a Family Nurse Practitioner and Nurse Faculty at Rutgers University, School of Nursing in New Jersey. Since 2006, Dr. Iwu has worked with the Institute of Human Virology, Nigeria as Senior Technical Advisor for Nursing and Community programs (under PEPFAR and Global Fund Projects). As Assistant Professor at the School of Nursing, University of Maryland (2006 – 2013), she helped design a postmaster's global health certificate program which involved clinical and research rotations for US-based students in Nigeria and exchange programs for Nigerian nurse clinicians and educators in Baltimore Maryland. Her areas of expertise include capacity development for nurses and community health workers in HIV care; nursing education, advanced practice nursing and policy advocacy.

Comfort Obi, DNP(c), MBA, MSN, PGDE, B.Sc.(Nursing), RN, NE-BC

Ms Comfort Obi is a board-certified Nurse Executive. Ms. Obi was the director of Mother Baby and Antepartum/GYN Units at Grady Memorial Hospital, a 900-bed Level 1 Trauma and acute care public hospital in Atlanta, Georgia, USA; a position she held for more than 14 years before her retirement in April. This role provided Ms. Obi the opportunity to lead an intergenerational nursing workforce and provide oversight for the care of diverse perinatal patient population. Currently, Ms. Obi is the President/CEO of RANC Ventures LLC, a US-based corporation.

She obtained a MSc in Nursing from Clayton State University, Morrow, Georgia, USA, and is currently in the last stage of her doctoral degree program at Georgia College and State University in Milledgeville, Georgia.

<u>Dr. Chika G. Ugochukwu, RN, RM, B. Sc. Nursing (Hons), RNE, M. Ed, MSN, PhD, Cert. Health Economics and Planning. FWACN</u>

Dr. Chika Ugochukwu is a nurse, midwife, educator, researcher and Fellow of WACN with more than 30 years experience in clinical nursing and nursing education. She retired from the University of Nigeria Teaching Hospital Enugu, as the Deputy Director and Principal, School of Nursing in 2011. Dr. Ugochukwu has held several leadership posts in the WACN including Sub-regional President from 2011 – 2013 during which time she revolutionized the College BGM programme introducing more scientific meetings, with plenary and concurrent sessions and international partnerships. Her research interests include Education and Practice; HIV/AIDS-related issues, Malaria; Health Care Financing, Child Abuse/Neglect and Survival issues. Dr. Ugochukwu is currently Visiting Associate Professor at the University of Maiduguri, Nigeria.

Part A: Oral Presentations

Summary of Abstracts and authors

SN	Sub-theme	S u b - theme Code	Paper title	Paper Type	Author(s) Details *Presenter	Count o Affiliati	f
1	Emerging h e a l t h emergencies a n d population health	1004	Socio- cultural determinants of fertility among the Mandinka tribe in rural Gambia	Essay	*Jainaba Sey- Sawo, RN, CNA, BSc, MSc; sawosey@gmail.com, jsey@utg.edu.gm; lecturer, University of the Gambia, the Gambia, PhD Student, University of Benin, Edo State, Nigeria	T h Gambia	e

2	Protection o f Healthcare Workers during Conflicts a n d Insurgencies	2001	Protection of health care workers in conflict situations; need for enhanced recognition of security risk to local health care providers	Essay	*Mrs: Fagbemi Bosede Dorcas, BNSc,RPN,RN; dajiboye@fudutsinma.edu.ng; University Health Services, Federal University, Dutsinma. Mr: Omoniyi Sunday Oluwafemi. RPN,RN; omonisundaygold@gmail.com; Federal Medical Center, Bida, Niger State. Mrs: Ufomadu Rose Nkiru, BNSC, RN; goodnesslove@yahoo.com; University Health Services, Federal University, Dutsinma, Katsina Stat	Nigeria
3	Health workforce and task shifting	3001	Academic- service partnership an answer to clinical workforce	Essay	Dr. (Mrs.) Patricia Ucheoma Ukaigwe, DNP, RN-BC, CNE, RNM, Carnegie Fellow, pukaigwe@gmail.com, Henry P. Becton School of Nursing & Allied Health, Fairleigh Dickinson University, Teaneck, New Jersey, USA	USA
4		3002	Knowledge, attitude and use of recommende d 2013 clinical guidelines in sedationanalgesia among care providers in intensive care units of teaching hospitals in Nigeria	Research	*Miss Ifeoma Chiegboka, RN/M, RCTN, FPICU, B.Sc, M.Sc (med-Surg); ifychiegboka@gmail.com; Intensive Care Unit, Nursing Services Division, University of Nigeria Teaching Hospital, Enugu Dr (Mrs) A. N Anarado, Ph.D, M.Sc, B.Sc (Med/Surg Nursing): RNE; RM; RN; agnes.anarado@unn.edu.ng; Department of Nursing Sciences, University of Nigeria, Enugu Campus	Nigeria

5	3003	Application of the rapid task analysis methodology for strengthening the competency based curriculum for midwifery pre-service education in Liberia	Research	Mrs Marion Subah,, PNP, CNM, RNC, MSN, PhD; marion.subah@jhpiego.org, Liberian Midwifery Association, Liberian Nursing Association, American Nursing Association Mrs Harriette Mondaye, CM, RN, BSc, MNEd; harriettemondaye@jhpiego.org; Liberia Nurses Association, Liberia Midwifery Association	Liberia
6	3004	The Rapid Assessment Tool (RAT): Strengthenin g Midwifery Pre-service Education in Liberia	Research	*Mrs Harriette Mondaye, CM, RN, BSc, MNEd; harriettemondaye@jhpiego.org; Liberia Nurses Association, Liberia Midwifery Association Mrs Marion Subah, PNP, CNM, RNC, MSN, PhD; marion.subah@jhpiego.org; Liberian Midwifery Association, Liberian Nursing Association, American Nursing Association	Liberia
7	3006	Assessment of impact of burnout on nursing productivity in acute care settings in University College Hospital Ibadan, Nigeria	Research	*Dr Beatrice Mbgoro Ohaeri, RN, RM, B.Sc, M.Sc, PhD Nursing; bmkohaeri@yahoo.co,uk; Dept Of Nursing, University Of Ibadan, Oyo State –Nigeria Mr Justin Agorye Ingwu, RN, R.N.Aaes, RNE, B.Sc, M.Sc Nursing; justin.ingwu@unn.edu.ng; Dept of Nursing Sciences, University of Nigeria, Enugu Campus- Nigeria Dr Okpala Patricia U, RN, RM, B.Sc, M.Sc, PhD; favouredpat4@yahoo.com; Dept of Nursing Sciences, UNEC, Nigeria	Nigeria

	8	3007	Healthcare providers' perceived barriers to effective administratio n of prescribed antibiotics to inpatients in National Orthorpaedic Hospital Enugu	Research	Ujari, Kelechi Vivian, M.Sc Nursing, RNE, RM/RN, vivianujari@yahoo.co.uk; Department, National Orthopaedic Hospital, Enugu Dr Anarado, Agnes Nonyem, PhD. Nursing, RNE, RM/RN; agnes.anarado@unn.edu.ng; Department of Nursing Sciences, University of Nigeria, Enugu Campus	Nigeria
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9		3010	Addressing inequities in health research capacity in Nigeria: Nurses and midwives' perspectives	Research	Prof. Josephine Etowa, PhD RM RN; josephine etowa@uottawa.ca; University of Ottawa, School of Nursing, Canada * Ms Danielle Macdonald, RN, PhD; danielle.macdonald@uottawa.ca; University of Ottawa, School of Nursing, Canada Dr Seye Babatunde, MD, FWACP; ob.babatunde@uniport.edu.ng; University of Port Harcourt * Dr Ekaete Francis Asuquo, PhD RM RN; ekaetefasuquo@yahoo.com; University of Calabar Dr Grace Robinson Bassey, PhD RM RN; gracerobinbassey@yahoo.com; University of Port Harcourt Ms Awoala George, MNSc. RM RN; alanelg@yahoo.com; University of Port Harcourt Dr Adele Vukic, PhD RN, adele.vukic@dal.ca; Dalhousie University,Canada Dr Mrs Comfort Ekanem, PhD RM RN; comieka@yahoo.com; Cross River State Ministry of Health Dr Mrs Victoria Abang, PhD RM RN; vic4favour@yahoo.com; University of Calabar Teaching Hospital Mr Felix Emeka Anyiam, Research Coordinator; chd@uniport.edu.ng; University of Port Harcourt	Nigeria

10		3011	Nursing care of patients during the end of life in sub-Saharan Africa: A systematic review	Research	* Dalhat Sani Khalid, Department of Nursing Sciences, Ahmadu Bello University Zaria, School of Health Sciences, Univ. of Nottingham, UK Prof Gina H, School of Health Sciences, Univ. of Nottingham, UK Prof Karen C, School of Health Sciences, Univ. of Nottingham, UK	Nigeria
11	Emerging impact of n o n - communica ble diseases	4001	Prevalence of non-modifiable risk factors of type 2 diabetes mellitus among adults	Research	*Dr (Mrs) Clementine I. Ilo, PhD, MSc (Nursing), MPH, MSc (Pub Health Educ}, RN, RM, ilomentina@yahoo.com, Dept of Nursing Science, Nnamdi Azikiwe Univ., Nnewi Campus, Dr/(Mrs) Agnes Nonye Anarado, PhD (Nursing), RN, RM, RNT; agnes.anarado@unn.edu.ng; Department of Nursing Sciences, University of Nigeria, Enugu Campus Dr/(Mrs) Anthonia U. Chinweuba; PhD, MSc (Nursing), RN, RN, RHPNE, PMP; anthonia.chinweuba@unn.edu.ng; Department of Nursing Sciences, University of Nigeria, Enugu Campus	Nigeria
12		4002	Health- related quality of life (HRQOL) of diabetes mellitus patients and non-diabetic persons in Port Harcourt, Rivers State, Nigeria	Resea rch	*Mrs. Perpetua O.U. Okpuruka, M.Sc Nursing; RNE/RM/RN; perpetuaokpuruka@yahoo.com; Department of Nursing Services, University of Port Harcourt Teaching Hospital, Port Harcourt Dr/(Mrs) Agnes Nonye Anarado, PhD (Nursing), RN, RM, RNT; agnes.anarado@unn.edu.ng; Department of Nursing Sciences, University of Nigeria, Enugu Campus	Nigeria

13		4003	Emerging impact of non-communicabl e diseases: Health, economic and development challenges	Essay	*Mrs Ekpemiro, Jessie N. MSc, B.sc Nur, PGD (Mgt), RPHN, RNM; ekpemiroj@gmail.com; Federal Medical Centre, Umuahia, Abia State, Nigeria. Mrs Prof. (Mrs) Ukaigwe Patricia, DNP, RN-BC, CNE, RNM, Carnegie Fellow; pukaigwe@gmail.com; Ukigwe Health Empowerment and Learning (UHEAL) Charities, South Orange, New Jersey, USA; Henry P. Becton; School of Nursing & Allied Health, Fairleigh Dickinson University, Teaneck, New Jersey, USA	Nigeria
14		4004	The Menace of Non- Communicab le Diseases in Nigeria: Role of The Nurse	Essay	*Chikeme, Paulina Chigwara, MSc, RNE, RM, RN; roselimachikeme@yahoo.com; Department of Nursing Sciences, University of Nigeria, Enugu Campus Dr/(Mrs) Agnes Nonye Anarado, PhD (Nursing), RN, RM, RNT; agnes.anarado@unn.edu.ng; Department of Nursing Sciences, University of Nigeria, Enugu Campus	Nigeria
15	Emerging h e a l t h emergencies : infant and young child feeding	5002	Socio- cultural factors influencing the choice of infant feeding options among HIV positive mothers in Lagos	Research	*Dooshima Dorothy Gbahabo, RN, RM, B.Sc, M.Sc, MPH; dgbahabo@unilag.edu.ng;: University of Lagos, Open University of Nigeria Dr. Y.A. Kuyinu, MBBS, MPH, FMCPH;, yetunde.kuyinu@lasucom.edu.ng Department of Community Health and Primary Health Care, Lagos State University, Lagos	Nigeria

16	Sexual-abuserelated emergencies: Role of adolescentan d sexuality care providers	6001	Student nurses and health educators' access and utilization of reproductive health information and services in the University of Benin, Nigeria	Research	*Mrs. Jainaba Sey- Sawo, RN, CNA, BSc, MSc, sawosey@gmail.com or jsey@utg.edu.gm; University of the Gambia, the Gambia, University of Benin, Edo State Prof: Elias O. Agwubike, PhD, ellydike@gmail.com; University of Benin Dr. Fidelis Okafor, RN, PhD; ufidelis@yahoo.com; University of Benin, Edo State, Mrs Haddy Tunkara-Bah, RN, BSc, MSc; htbah@utg.edu.gm; University of the Gambia, the Gambia, University of Benin, Edo State Mr. Omar Manjang, RN, MSc; omsmanjang@gmail.com; University of Benin, Edo State, Nigeria	T h e Gambia	e
17		6002	Sexual-abuse related emergencies: role of adolescents and sexuality care providers	Opini o n only	Talatu Abdullahi, RN, RM, BNSc; abdullahi.talatu@yahoo.com; College of Nursing Sciences, School of Midwifery, Minna,	Nigeria	

18		6003	Knowledge of causes and strategies used in prevention of sexual violence among university students in Niger Delta region of Nigeria	Research	*Dr. Joel Adeleke Afolayan, PhD, RN, RNA, RNT, DNE, DIPL In Law; joel.afolayan@gmail.com; Department of Nursing Science, University of Ilorin, Ilorin Mrs Olayinka A. Onasoga-Ayobamibo*, BNSc, MScN, RN,RM,RPHN; yinka_onasoga@yahoo.com; Department of Nursing Science, University of Ilorin, Ilorin Dr. Rejuaro, Falilat M, PhD, M.Ed,, RN, RM, RMT; rejuaro,fm@unilorin.edu.ng; Department of Nursing Science, University of Ilorin, Ilorin Mr Yusuf, Abdur-Rashid Gambari, BScN, RN, RM; yusufgambary@gmail.com; Department of Nursing Science, University of Ilorin, Ilorin Ms. Onwordi, Ozioma, BNSc, RN, RM; onwordiozioma@gemail.com; Faculty of Nursing Science, Niger Delta University, Wilberforce Island, Bayelsa State	Nigeria
19	Community and health workforce response to rape and gender based violence: Challenge	7001	Opinions and perceptions on wife battery among married women in Wellingara, The Gambia	Resea rch	Haddy Tunkara- Bah; University of the Gambia; Department of Nursing, University of Benin;	

20	in conflict situations	7002	Sexual exploitation in Liberia: The challenge for health workers and society	Essay	*Mrs. Elizabeth Sele Mulbah, B.Sc, RN, MA, FSTT, PHF; Past President, WACN; Phone: +231 886 517901; lizmulbah@gmail.com	Liberia
21	Private sector and health system financing for universal health coverage	8001	Influence of the health care financing methods on reducing maternal and infant mortality rates in The Gambia	Research	* Haddy Tunkara- Bah; University of the Gambia; Department of Nursing, University of Benin; htbah@utg.edu.gm Jainaba Sey-Sawo, University of the Gambia; Department of Nursing, University of Benin.	Nigeria
22		8002	Nurse led initiative promote access to care for rural dwellers	Essay	*Dr (Mrs.) Patricia U. kaigwe, DNP, RN-BC, CNE, RNM, Carnegie Fellow, pukaigwe@gmail.com; Ukaigwe Health Empowerment and Learning (UHEAL) Charities South Orange, New Jersey, USA, Henry P. Becton School of Nursing & Allied Health, Fairleigh Dickinson University, Teaneck, New Jersey, USA *Mrs. Jessie N. Ekpemiro, RN/M, BSc, RPHN, PGD (MGT), MSc Nursing, ekpemiroj@gmail.com; Federal Medical Center Umuahia, Abia State Mrs. Nwakaego Okam, RNM, RCT/ICN, BSc (H.Ed), BSc Nursing, M.Ed; egoudokam2002@yahoo.com; Federal Medical Center, Umuahia, Abia State	Nigeria

23	Innovative healthcare approaches: Role of mobile solutions in universal health coverage	9001	Awareness and acceptance of telenursing practice among nurses in tertiary health institutions in Imo State	Research	Ogini, Augustina Nwadi, RN, NOUN Owerri study centre, augustinaogini@gmail.com Nwoye, Chidinma Anthonet, RN; School of Nursing Nkpor, Chukwuemeka Odumegwu Ojukwu University Teaching Hospital Awka, Anambra State; nwoyechidinma@gmail.com Nweje, Ifeyinwa Sussan, RN, Nnamdi Azikiwe University Teaching Hospital, Nnewi, sussyjef@yahoo.com	Nigeria
24		9002	Efficacy of telephone call reminders and recalls in improvement of uptake of routine immunization services by mothers in Taraba state, Nigeria	Research	*Ada Nwaneri, BSc, MED, PhD; Department of Nursing Sciences, University of Nigeria, Enugu Campus; ada.nwaner@unn.edu.ng Ijeoma Okoronkwo, BSc, MBA. MSc, PhD; Department of Nursing Sciences, University of Nigeria, Enugu Campus, ijeoma.okoronkwo@unn.edu.ng Ikpa Ebere. BSc, MSc; Department of Nursing Sciences, University of Nigeria, Enugu Campus	Nigeria
25	PHC, the key to universal health coverage in the sub-region	1101	A model of community engagement to facilitate the prevention of maternal health complication s in the rural areas of Cross River State, Nigeria	Essay	Dr. Alberta David Nsemo, Ph.D, MSc, PGDE, BNSc; albertansemo@yahoo.com; Department of Nursing Science, University of Calabar, Cross River State	Nigeria

26	1102	Determinants of referral practices of clients by traditional birth attendants in Northern Cross River State, Nigeria	Research	Ojong, Idang N, Ph.D, M.Ed, M.Sc, B.Sc, RN, RM; Department Of Nursing Science, University of Calabar, idangojong@yahoo.com +2348059807591 Nwaneri, Ada C, Ph.D, M.Ed, B.Sc, RN, RM; Department of Nursing Science, University of Nigeria, Enugu Mgbekem, Mary A, Ph.D, M.Sc, MSN, B.Sc, RN, RM, Department Of Nursing Science, University of Calabar, Calabar Samson-Akpan, Patience E.Ph.D, MPH, B.Sc, RN, RM; Department Of Nursing Science, University of Calabar, Calabar	Nigeria
27	1103	Nurses involvement in School Health Programme In Ogun State, Nigeria	Research	Dr. Adesola A. Ogunfowokan, RN, PhD; Department of Nursing Science, Obafemi Awolowo University, Ile-Ife Mrs Adenike F. Faremi, RN, MSc; Department of Nursing Science Obafemi Awolowo University, Ile-Ife Mrs Oluwatoyin I. Oluyemi, RN, BNSc; Clinical Nursing Unit, State Hospital, Ijebu Ode, Ogun State toyinibitoye@yahoo.com	Nigeria

28	1104	Self- perception of School Age Children with Nocturnal Enuresis	Research	Hamza R, RN, RM, BNSc, MSc; Department of Nursing Sciences, Bayero University Kano. Soliman R, BScN, MSc, PhD; Department of Pediatric Nursing, Tanta University Egypt Abubakar S, RN, BN, MSc; Department of Nursing Sciences, Bayero University Kano. Idris A, RN, BNSc, MSc; Department of Nursing Sciences, Bayero University Kano. Aliyu A, RN, BNSc, MSc; Department of Nursing Sciences, Bayero University Kano.	Nigeria
19	1105	Substance abuse and its ramification among adolescent females in Sabon Gari Area, Kano State	Research	Hamza R, RN, RM, BNSc, MSc; Department of Nursing Sciences, Bayero University Kano Shata S, RN, RPN; Department of Nursing Services, Dawanau Psychiatric Hospital Kano Yunusa U, RN, BNSc, MSc; Department of Nursing Sciences, Bayero University Kano Dalhatu A, RN, RM, RPON, BNSc, MSc; Department of Nursing Sciences, Bayero University Kano Haddad M, RN, BNSc, MSc; Department of Nursing Sciences, Bayero University Kano Garba, S, RN, RM, RMT, BNSc, MSc; Department of Nursing Sciences, Bayero University Kano	Nigeria

30		1106	Determinants of late booking for antenatal care among pregnant women in some selected hospitals in Enugu. South East Nigeria	Research	Ada Nwaneri, Department of Nursing Sciences, University of Nigeria Enugu Campus Umebuani Nkiruka, Department of Nursing Sciences, University of Nigeria Enugu Campus Ifeoma Ndubuisi, Department of Nursing Sciences, University of Nigeria Enugu Campus; ifeoma.chukwunwendu@unn.edu. ng	Nigeria
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Part B: Poster Presentations

SN	Sub-theme	Sub- theme Code	Paper title/ Type	Paper Type	Author(s) Details *Presenter	Country o f Affiliation
1	Emerging h e a l t h emergencie s a n d population health	1002	Assessment on knowledge and attitude regarding premarital HIV and haemoglobin genotype testing among adolescents in tertiary institution	Researc	Talatu Abdullahi, RN, RM, BNSc, abdullahi.talatu@yahoo.com; College of Nursing Sciences, School of Midwifery, Minna, Aishatu Maikudi, RN, RM, RMT, BSc. (Pol. Sci). BNSc. aishamaikudi2007@yahoo.com; College of Nursing Sciences, School of Midwifery, Minna,	Nigeria

2		1003	Knowledge, attitude and practices towards Ebola virus disease (EVD) among residents of Palladan, Zaria, Kaduna, Northern Nigeria	Research	Dr Ibrahim Dangana, Department of Community Medicine, Ahmadu Bello University Zaria, Kaduna; ibrahimdangana@gmail.com, Dr. Suleman Bashir; Department of Community Medicine, Ahmadu Bello University Zaria, Kaduna Dr. Musa Iko; Department of Community Medicine, Ahmadu Bello University Zaria, Kaduna	Nigeria
3		1005	Incidence of 2014 cholera outbreak recorded at the Cholera Treatment Center (CTC) sited at Abubakar Tafawa Balewa University Teaching Hospital, Bauchi	Research	*Madu Onyinyechi Susan (Nee Odimgbe), RN, RM, PGD, MEHM; Abubakar Tafawa Balewa University Teaching Hospital, Bauchi; successfulsusan2014@gmail.co m	Nigeria
4	Health workforce and task shifting	3005	Mechanical ventilation: An expanded critical care nurses' role	Non-research	*Ifeoma Chiegboka, RN/M, RCTN, FPICU, B.Sc, M.Sc (Nursing); ifychiegboka@gmail.com; Intensive Care Unit, Nursing Services Division, University of Nigeria Teaching Hospital, UNTH, Enugu Ingwu Justin Agorye, RN, RNAs, B.Sc, M.Sc; agoryeingwu@gmail.com; Department of Nursing Sciences, University of Nigeria, Enugu Campus	Nigeria

5	Emerging h e a l t h emergencie s: infant and young c h i l d feeding	5001	Emerging health emergencies: infant and young child feeding	Opinion only	Faith F. Nlumanze, RN, RM, BNSc, PGDE, RNE, M.Ed, University of Calabar Teaching Hospital, Calabae, nfaithferdinand@yahoo.com	Nigeria
6	Innovative healthcare approaches: Role of mobile solutions in universal health coverage	9003	mHealth technology and its application in the health care industry	Essay	Nwoye, Chidinma A, RN; School of Nursing Nkpor, Chukwuemeka Odumegwu Ojukwu University Teaching Hospital Awka, Anambra State; nwoyechidinma@gmail.com Ogini, Augustina Nwadi, RN; NOUN Owerri study centre; augustinaogini@gmail.com Avbuluimen, Mercy. E, RN; Irrua Specialist Hospital, Edo state; mercyavbuluimen@gmail.com Nweje, Ifeyinwa Sussan, RN; Nnamdi Azikiwe University Teaching Hospital, Nnewi, Anambra State; sussyjef@yahoo.com	Nigeria

Summary of abstract submissions

	Oral	Poster	Total
TEL C 1:	2		2
The Gambia	2	-	2
Ghana	-	-	Nil
Nigeria	23	6	29
Sierra Leon	-	-	Nil
Liberia	3	-	3
Benin	-	-	Nil
Others (Canada, USA)	3	-	3
Total	31	6	37

1 Socio-cultural determinants of fertility among the Mandinka tribe in rural Gambia

^{*} Sey- Sawo, J.

Abstract:

Issues: The three components of population change (fertility, mortality and migration) have consequences on one another and the overall size and/or structure. In countries at the second stage of demographic transition, mortality reduction is followed by fertility decline (Caldwell, 1976). The Gambia has experienced a population growth rate of 3.1% from 2003 – 2013, women constitute 51% of the total population and the total fertility rate is 5.8 births per woman (Gambia Bureau of Statistics, 2013). The high fertility level has resulted in a very youthful population structure. Despite the fact that family planning services are offered free of charged in the country, its prevalence is low (9%). Intervention: This paper examines the sociocultural determinant of fertility amongst the rural Mandinka tribe found in the Upper River Region (URR) in the Gambia who are mostly farmers and believes in Islam. It's a highly gender stratified culture that is very supportive of high fertility where children are seen as gifts from God and a blessing for the family. This area has the second highest fertility rate by local government area in the country (7.0) amongst women and percentage of women age 15-49 years pregnant at the time of the survey was also the second highest (10.9) (GDHS, 2013). Lessons Learned: Amongst the socio-cultural determinants are patriarchy, polygamy, low status of women, low educational level of women, early entry into marriage, male preference and women Kaffos, while factors hindering fertility are lactational amenorrhea, migration amongst the male youths and divorce. Conclusion: Government and concern agencies should device more robust strategies to increase the enrollment of girls in secondary education and thus delay the age of first marriage in order to significantly reduce fertility in rural Gambia.

Keywords: Fertility, Socio-cultural, Mandinka, Rural Gambia

2 Protection of health care workers in conflict situations; need for enhanced recognition of security risk to local health care providers

*Dorcas, F..B; Oluwafemi, O.S. Nkiru, U.R;

Abstract

All over the world, the frequency and severity of attack on health care workers has increased in recent times. They are however, often left unprotected in times of conflict and insurgency. Targeted attack on health care has become a critical human right issue and has become a top agenda of Governments and aid organizations. The international human right law (IHRL) and the international humanitarian law (IHL) are legal frame works that provides protection for health care at all times. Majority of the attacks on health care workers that received attention involved international humanitarian workers; while less attention is given to security conditions that threaten local health workers, especially in conflicts that are not recognized internationally. This paper focused on the need for the recognition of the vulnerability of health care providers at the local level, during conflicts and insurgencies, and subsequent enhancement of their protection. Using descriptive method, the paper highlighted the necessity for enhanced monitoring and data collection on security risks of health workers in conflict situations. It can be inferred that local health workers bear a greater burden of violence, coupled with under- reporting and limited documentation of cases. Consequently, little work has been done on the protection of local health service providers. The study concludes that, there should be appropriate domestic legal policy frame works that would enable states to carry out their treaty obligations and meet the minimum standard for the protection of local health workers in their domains as they provide care to conflict affected members of the population and that perpetrators of violence against health workers should be brought to book appropriately.

Keywords: Health Care, Conflict, Protection, Security

3 Academic-service partnership an answer to clinical workforce

Ukaigwe, P.U.

Abstract

Issues: Nursing shortage and the lack of qualified nursing tutors continue to plague the health care systems' ability to deliver care and achieve optimum patient outcome. Nurses' ability to function in a competent manner post-graduation is paramount given higher expectations from employers and consumers of healthcare. The effectiveness of a nursing education program and students' performance are dependent on the curriculum, the students and the faculty. The knowledge and skills students acquire in the nursing programs are the keys to dealing with these phenomena.

Intervention: Engaging qualified faculty to teach the courses in the face of critical nursing shortage call for innovative strategies such as academic-service partnership. Faculty members holding dual appointments provide support to the clinicians as well as teach students essential concepts to function in real life situations while fulfilling the mandate of the regulating agencies. Students on the other hand will put efforts into learning professional activities while receiving necessary support from the faculty. Creating a coordinating unit to oversee the collaboration between education-service-workforce is essential for a robust qualified workforce.

Lessons Learned: A well-articulated partnership will require policy makers to recognize importance of and provide funding for faculty to earn advanced degrees through professional development so as to hold dual positions in academic and service areas.

Conclusion: Policy leaders need to encourage more collaboration and efficiency between nursing education, clinical skills workforce and supportive clinical service initiatives.

Keywords: workforce development, competence, academic-service partnership, collaboration

4 Knowledge, attitude and use of recommended 2013 clinical guidelines in sedationanalgesia among care providers in intensive care units of teaching hospitals in Nigeria

*Chiegboka, I; Anarado A.N;

Abstract

Background: Sedative and analgesic pharmacotherapies are fundamental to the care of critically ill patients in order to facilitate the use of life-supporting therapies, ensure patients' safety and comfort. However, administration of these agents to achieve balanced sedation can be complex with unpredictable side effects. Several guidelines have been published to optimize the use of these high-risk medications such as the Society of Critical Care Medicine (SCCM) practice guidelines published in January 2002 and updated version released in 2013. The guidelines emphasized the use of valid and reliable bedside tools for assessing pain, agitation/sedation and delirium (PAD) in Intensive Care Unit (ICU) patients. Notwithstanding the proven benefits of the recommended clinical guidelines, a substantial incidence of suboptimal analgesia and sedation is documented. There is paucity of data on the knowledge, attitude and use of RCG in sedation-analgesia in ICU in Nigeria. The study assessed the knowledge, attitude and use of SCCM 2013 recommended clinical guidelines (RCG).

Methodology: The study adopted the survey design. The nurses and doctors working in an adult ICU of the fifteen Federal Teaching Hospitals in six geopolitical zones of Nigeria formed the target

population. A researcher-developed questionnaire was used to collect data. Data collected were subjected to descriptive statistics and analyzed. Probability value less than 0.05 was considered statistically significant.

Results: There was inadequate knowledge of SCCM 2013 RCG assessment components (PAD assessment scales) with Glasgow Conscious State (GCS) being elicited by most respondents as sedation (64.2%) and pain (52.7%), assessment scales. A total of 93.8% of nurses and 93.2% of doctors had positive attitude towards the SCCM 2013 RCG. Nurses and doctors do not routinely use SCCM 2013 RCG in the ICUs. There was no significant difference (p > 0.05) in the knowledge, attitude and use of the SCCM 2013 RCG for the nurses when compared with that of doctors in the management of sedation-analgesia across different institutions. Nurses (74.5%) and doctors (55.8%) were satisfied with the six components of SCCM 2013 RCG in sedation-analgesia.

Conclusion: Inclusion of sedation-analgesia management as a core curriculum in the various schools including nursing and medical schools as well as post graduate nursing and medical programmes was recommended.

Keywords: Sedation-analgesia, Recommended Guidelines, Intensive-Care-Unit

5 Application of the rapid task analysis methodology for strengthening the competency based curriculum for midwifery pre-service education in Liberia

Subah, M; Mondaye, H

Abstract

Background: The Ebola virus disease outbreak was a severe blow to the unprepared health system. Inadequate infection prevention and control (IPC) and critical workforce shortages were exacerbated with about 4% affected and 8% reduction in nurses and midwives. Country present focus is IPC and MCH. The USAID funded, Maternal Child Survival Program (MCSP) Human Resources for Health (HRH) Project, supports competencies and positive health outcomes and strengthens capability and resiliency of frontline workers to address second order impacts from Ebola by increasing instructional quality and strengthening midwifery learning environment which critically impacts MCH outcomes. Task analysis, a systematic method of collecting and using data for improving health system strengthening was conducted to inform the curriculum revision for strengthening midwifery education. Jhpiego, has experience conducting task analysis for curriculum strengthening, in many countries, including: Liberia and Ghana.

Methods: Midwifery experts developed and validated 102 key midwifery tasks with four variable for each:

- Frequency often?
- **Criticality** *impact*?
- **Location** *first learn?*
- **Performance** *competent/comfortable?*

After IRB approval, twelve data collectors were recruited, trained and collected data on each variable on each task as ranked from 26 midwives with ½ to five years post education experience using a game: *Task Master Mining for Data*TM *and* tablet-based data entry using CommCare. Informed consent and confidentiality were provided. The Results were analyzed

Results: Key findings: 50% of tasks done daily by 50%particiants with only 37 of 102 task learned in PSE and only seven as low criticality and 50% not comfortable performing 2 tasks.

Conclusion: Rapid task analysis is significantly less costly, conducted quickly and identifies potential issues/gaps for verification with discussions. Curriculum emphasizes content and teaching methods for frequent, critical, low performance or not learned tasks.

Keywords: Pre-service education, midwifery, assessment, health workforce, curriculum, competency-based

6 The Rapid Assessment Tool (RAT): Strengthening Midwifery Pre-service Education in Liberia

*Mondaye, H. Subah, M

Abstract

Background: In Liberia, a primary component of the National Health Workforce Program for strengthening and expanding a fit-for-purpose, productive, and motivated health workforce for reducing the unacceptably high maternal and newborn mortality rates, is midwifery pre-service education The USAID Maternal and Child Survival Program Human Resources for Health Project, supports the Government to promote competence and positive health outcomes by increasing the quality of instruction and strengthen the learning environment at Midwifery pre-service education institutions.

the Rapid Assessment Tool (RAT) developed by Jhpiego to provide a snapshot of the present-day situation/capacity of an institution to provide midwifery education in accordance with UNFPA and global standards set by the International Confederation of Midwives, was used for informing the indepth work planning and implementation based on its five evidence-based educational inputs (Infrastructure & Management, Faculty, Tutors & Preceptors Development, Curriculum, Clinical sites, Students) and influencing factors directly related to student achievement of competence.

Methods A one day orientation workshop was conducted primarily as practice opportunity for using the RAT. A cheat sheet was developed, regarding what to do for the assessment. Teams of five visited each school for assessing training, experience, qualification, equipment/ supplies by conducting record reviews, direct observation and interviews with administrators, directors, students, faculty, and preceptors. Findings were analyzed with recommendations.

Results: Key findings: Schools met about 80% of standards related to curriculum; but only 20% concerning preceptors and faculty, while less than 50% of standards for management and infrastructure were met.

Conclusion: The tool was instrumental in identifying both good educational practices in midwifery schools and several key policy, systems and practice issues to be addressed. The RAT proved to be significant in identifying gaps/needs, like lack of qualified faculty and outlining appropriate interventions.

Keywords: Pre-service education, midwifery, assessment, health workforce

Assessment of impact of burnout on nursing productivity in acute care settings in University College Hospital Ibadan, Nigeria

*Ohaeri, B.M. Ingwu, J.A; Okpala P.U.

Abstract

Burnout is an increasingly important public health problem. It is not clear whether burnout has significant impact on the nurses' health, the quality and costs of health care among nurses working in acute care settings. This study assesses the impact of burnout on nursing productivity in acute care settings in University College Hospital, Ibadan, Nigeria. The objectives of the study was to assess the prevalence of burnout among nurses working in acute care settings in UCH, determine the factors that predispose nurses to burnout and determine perceived effects of burnout on nursing productivity among nurses working in acute care areas of UCH Ibadan. A cross-sectional descriptive design was used. A total population of 50 nurses working in acute care settings who met the inclusion criteria was used for the study. A standardized questionnaire (Maschlac burnout inventory and nurses work index measurement tool) was adapted and used for data collection. Descriptive statistics were used for data analysis and hypotheses were tested with the use of chi-square at a 5% level of significance. Findings revealed that majority (98%) of the nurses had experienced burnout. Nurses' responses to the three domains of burnout dimension revealed emotional exhaustion with mean score of 7±4.7, personal accomplishment 8±8, and depersonalization 10±13. The key factors that predispose nurses to burnout include high standard of nursing care expected by the administration and lack of adequate registered nurses to provide quality patient care with mean score of 1.9 ± 9.6 respectively, irregular promotion at work with mean score of 1.22±5.8. There was no statistically significant ($\chi^2 = 7.646$; p=0.570).association between years of clinical experience and level of burnout among nurses. It was recommended that the hospital management should recruit more staff nurses ensure appropriate coverage and give adequate remuneration to the nurses working in acute care settings

Keywords: Burnout, Nurses productivity, Acute care settings, University College Hospital, Ibadan

8 Healthcare providers' perceived barriers to effective administration of prescribed antibiotics to inpatients in National Orthorpaedic Hospital Enugu

Ujari, K.V; Anarado, A.N.

Abstract

Background: Antibiotics are chemical substances produced by microorganisms which have the capacity, in dilute solutions to inhibit the growth of or to kill other microorganisms. The advent of antibiotics has improved the prognoses of patients with bacterial infections. Unfortunately, the excessive and indiscriminate use of these antibiotics has led to the emergence of resistant organisms. Healthcare providers' perceived barriers to proper administration of prescribed antibiotics to inpatients in hospitals have been under-studied in Nigeria. This study investigated healthcare providers' perceived barriers to effective administration of prescribed antibiotics to inpatients in National Orthopaedic Hospital Enugu (NOHE).

Methods: It was a descriptive cross sectional study. From the target population of 344 doctors and nurses in NOHE, 273 met the inclusion criteria and were involved in the study. Data were collected using pre-tested researchers' developed questionnaire. The reliability of the instrument was done using test re-test method within two weeks interval and computed using Pearson's product moment which yielded a coefficient of 0.82. Data were analyzed in means and proportions with the aid of statistical package for social science (SPSS) version 20.

Results: Financial constraint was the major patients' barrier ($\dot{x}=3.4$), improper timing as the major professional healthcare providers' barrier ($\dot{x}=3.0$) and lack of antibiotics stewardship as the major health system barrier ($\dot{x}=3.2$) to antibiotics administration in NOHE. Hypotheses showed no significant relationship (p>0.05) between the professional status, gender and years of experience of the respondents; and their perceived barriers to effective antibiotics administration.

Conclusion and recommendations: patients should be educated on antibiotics use, healthcare providers should administer antibiotics as prescribed with task-shifting as an option to optimize practice. Hospital should institute a system of monitoring antibiotics administration to prevent resistance and for better healthcare outcome.

Keywords: Antibiotic use; barriers; effective administration; drug resistance; Nigeria

9 Addressing inequities in health research capacity in Nigeria: Nurses and midwives' perspectives

Etowa, J; Macdonald, D. Babatunde, S; Asuquo, E.F; Robinson-Bassey G; Awoala G. Adele, V; Ekanem, C. Abang, Ohaeri; Anviam, F.E.

Abstract

Background: The limited engagement of midwives/nurses in knowledge production and translation in low middle income countries like Nigeria has been documented. However, attention to assessing and developing the required research capacity in these professions remains a problem. Given their limited involvement in knowledge production, midwives/ nurses in LMICs face constraints in contributing significantly to health services research and policy decision-making.

Purpose: This paper will present the preliminary findings of a mixed methods study that explored the current state of midwives and nurses involvement in research production in two states in the South-South region of Nigeria.

Methods: A mixed method approach comprising of a short questionnaire and descriptive qualitative tradition under the guiding tenets of Participatory action research (PAR) was used to examine the multiple dimensions of midwives and nurses engagement in knowledge productivity. Individual interviews and focus group discussion were primary data sources and thematic analysis guided data interpretation. Member-checking and peer-debriefing ensured credibility of the data.

Results: Barriers and facilitators influencing midwives' and nurses' involvement in research production and policy development will be presented. Individual, organizational and system level challenges such as the lack of research funding, and opportunities such as workplace mentoring or professional development programs will be described.

Discussion and Conclusion: As frontline practitioners engaging around-the-clock with patients and their families, midwives and nurses' work provides fertile ground for important clinical research questions. These practitioners' driven research production and uptake will foster high quality and cost-effective clinical practice which may lead to better consumer health outcomes. Active engagement of midwives and nurses in researching critical health services issues is likely to improve health service delivery and policy recommendations that are both pragmatic and evidence-informed.

Keywords: Nurses, Midwives, Research capacity, Healthcare

- 10 Nursing care of patients during the end of life in sub-Saharan Africa: A systematic review
 - * Khalid, D.S; Gina H; Prof Karen C.

Abstract

Background: Evidence based approach to the care of patients during the end of life will decrease the danger placed on traditional and familiar policies over the patient and family's needs (NICE, 2015). Therefore, this study seeks to explore what published research evidence exists about the nursing care of patients during the end of life in hospitals of Sub-Saharan Africa using an approach similar to that of Grant and Booth (2009).

Aim: To identify and synthesise research evidence on the nursing care of patients (adult) during the end of life in hospitals of Sub-Saharan Africa.

Method: The literature search was carried out using 4 electronic databases: Citation Index for Nursing and Allied Health Literature (CINAHL), EMBASE, MEDLINE (OVID) and Web of Science. The search from the data bases yielded 258 articles related to Sub-Saharan Africa. Using other inclusion criteria 183 articles were rejected. Seventy-five articles were further screened based on title and abstract; 44 were excluded, and 14 duplicates removed. Full texts of the remaining 17 articles were finally scrutinized and 12 articles were found relevant for the study. Two articles extracted from Google Scholar were added making it a total of 14 articles.

Findings: Studies were synthesised and six major themes were identified as follows: Nurses' knowledge and perception about palliative and end of life care, Nurses experiences of caring during the end of life, Nurses emotional stress when caring for the dying patients, Barriers to palliative and EOL care provision, Nurses' perception about dying and Family carers experiences of caring for patients during the end of life.

Conclusion: Majority of the nurses in the studies had no prior palliative care education, indicating lack of emphasis on palliative care at pre-registration level and within clinical practice, information needs of patients during the end of life care were commonly not met.

Keywords: Nursing patients end of life sub-Saharan Africa

11 Prevalence of non-modifiable risk factors of type 2 diabetes mellitus among adults

*Ilo, C.I; Anarado, A.N; Chinweuba, A.U.

Abstract

Background: Diabetes Mellitus is a "silent disease," exhibiting no symptoms until it progresses to severe target organ damage.

Objective: The purpose of this study is to assess the non-modifiable risk factors for type 2 diabetes mellitus among adults in Orumba North LGA, Anambra State.

Research Design: Three research questions and one null hypotheses were formulated to assess the associations between the level of the risk factors and age, gender and the family history of the respondents. The descriptive research design was used and a sample size of 440 were drawn from the six selected communities in the LGA through multi-staged technique.

Setting: The study was carried out in Orumba North Local Government Area (LGA), Anambra State, South-East of Nigeria. It is one of the 21 Local Government Areas making up Anambra state of Nigeria.

Method of Data Collection: Diabetes risk assessment checklist adapted from four standardized instruments was used for data collection. Descriptive statistics of range, frequency, percentages and mean scores were used for the research questions. Chi-square was used to test the research hypotheses while logistic regression analysis was used to test the relationship in the level of the risk factors at P<0.05 level of significance.

Results: Result showed that 76.4% had low risk while 23.6% had intermediate risk of T2DM. The prevalence of risk factors of T2DM are influenced by the age of individuals. There is no significant

relationship (p = 0.20) between gender and the level of the risk factors of T2DM. Education of the public on early screening for undiagnosed Type 2 diabetes in high risk individuals should be an integral component of a diabetes prevention programme as this will help to improve the chances of preventing or delaying the onset of type 2 diabetes mellitus.

Keywords: Diabetes mellitus; Risk factor; Screening; Risk assessment

Health-related quality of life (HRQOL) of diabetes mellitus patients and non-diabetic persons in Port Harcourt, Rivers State, Nigeria

*Mrs. Perpetua O.U. Okpuruka, P.O.U; Anarado, A.N.

Abstract

Background: Diabetes mellitus is a chronic devastating metabolic disorder whose complications and management demands could impact negatively on the quality of life of persons living with the disease. Although Nigeria has the highest population of diabetics in sub-Saharan Africa, the disease impact on the patients' quality of life has been understudied.

Objectives: This study assessed and compared the health-related quality of life (HRQOL) of diabetic patients attending the diabetic clinic of a teaching Hospital in Rivers State, with that of matched non-diabetic persons.

Methods: This descriptive cross sectional survey, purposively recruited 200 each of diabetics and age and sex matched non-diabetic comparison group. The World Health Organization Quality of Life–BREF (WHOQOL-BREF) with 12 additional questions soliciting demographic and clinical data of respondents was used for data collection. Data were analyzed using means, proportions; hypotheses tested with Chi-square, student t-test and ANOVA at $P \le 0.05$ level of significance.

Results: There were no significant differences (p > 0.05) between the diabetics and the non-diabetics in their demographic variables. Mean scores for DM patients were lower than those of non-diabetics in the four domains of the WHOQOL-BREF, with significant differences (p < 0.05) in the physical, psychological and social domains. Of the 200 diabetics, 92 reported co-morbidities. There were no significant differences (p > 0.05) between the diabetic patients with and those without co-morbidities in all the four domains of the WHOQOL-BREF. The diabetics with post-secondary education had a significant (p < 0.05) higher mean score (3.93 \pm 0.81), suggesting better quality of life than those with secondary and primary education (3.75 \pm 1.12 and 3.37 \pm 1.06) respectively.

Conclusion: The lower HRQOL of DM patients compared with that of non-diabetic group suggests that DM impacts negatively on the HRQOL of the patients. Diabetics need appropriate support to enhance their HRQOL.

Keywords: Health-Related Quality of Life, Diabetes Mellitus Patients, Non-Diabetics

Emerging impact of non-communicable diseases: Health, economic and development challenges

*Mrs Ekpemiro, J.N., Ukaigwe, P

Abstract

Issues: Non Communicable diseases (NCDs), chronic medical conditions that are not transmissible among people like Cardio-vascular diseases, Cancers, Diabetes, Chronic Pulmonary diseases etc

impact on health, productivity, economic and national development. Addressing NCDs is critical in attaining SDGS by 2030 since poverty links with NCDs and development. Unhealthy lifestyles, unplanned urbanization, poverty and inadequate health system constitute major risk factors. NCDS constitute 43% of the global diseases burden and have large proportion of disability adjusted life years (DALYS) and are projected to increase to 60% and constitute 73% deaths by 2020. NCDs contributed to approximately 38 million deaths in 2015, 28million of which occurred in low income countries, and 16million in those younger than 60years. In Nigeria, NCD disease burden contributed 32.8 million cases, 24 percent global NCD annual death and loss of 8billion dollars from premature death. NCD associated deaths are preventable and the burden of NCDS and catastrophic health care costs impede access to quality healthcare, and pushes millions deeper into poverty. Emerging impacts of NCDS and associated challenges are here discussed.

Intervention: Break link between poverty, NCDS and development through appropriate policies to pool financial risks, "best buy" strategies to reduce poverty and risk factors among the vulnerable. SDGS 1 and 3 (end extreme poverty and ensure healthy lives and promote wellbeing for all ages by 2030) should be impeccably implemented and monitored by people of integrity. Place stringent sanction on diversion of resources. Multinational research to track trend and progress is needful.

Lessons learnt: Strong linkage exist between poverty, NCDS and development. Most of the risk factors to NCDS are environmental and modifiable. No health problem should be minimized to avoid future epidemic. UN SDGS 1&3 achievement could catalyze socioeconomic development and prevent communicable diseases.

Conclusion The emerging impacts of NCDS are enormous challenge to achieving the SDGS because of allies of poverty, double burden of disease, disability and premature death. Thank God, the risk factors are modifiable.

Keywords: Emerging, Impacts, Non-communicable diseases, Health - Economic, Development, Challenges.

14 The Menace of Non- Communicable Diseases in Nigeria: Role of The Nurse

*Chikeme, P.C; Anarado A.N.

Issues: Nigeria, the most populous nation in Africa, has as at 1st July 2014, a population of 178,519,000. Similar to most other countries of the world, Nigeria over the years is experiencing an increasing prevalence of non–communicable diseases (NCDs) such as cardio-vascular diseases, cancers and diabetes. Until recently, NCDs was thought to be a problem afflicting only affluent countries. However, emerging evidence has indicated that the problem affects the developing nations more than the developed ones. Worldwide more than 63% of all deaths stem from NCDs- and these deaths are distributed widely among the world's population-from high income to low income countries. At present, about 8 million Nigerians suffer from hypertension, 4 million, diabetes; and 100,000 new cases of cancers are diagnosed each year. Globalization, urbanization, demographic change, life style transition, socio-cultural factors, poverty, poor maternal, foetal and infant nutrition have been linked to NCDs. The devastating effects of these diseases will overwhelm the nation in due course if decisive actions are not taken now to forestall the trend. As individuals, families and communities grabble through these life threatening or limiting conditions the role of the nurse comes to focus. In this presentation, the concept of NCDs, associated risk factors and the menace of NCDs in Nigeria are discussed along with the role of the nurse in curbing this menace.

Interventions: The role of the nurse should focus on the following set of activities which are central to controlling the menace on NCDs viz: promoting healthy behaviour, supporting life style change,

preventing and detecting diseases, managing ill- health and preventing complications, influencing health and wellbeing across the life span and working in diverse settings with all sectors of society.

Lessons learned/conclusion: NCDs are preventable and nurses could make a difference

Keywords: Nigeria; Non-communicable diseases; Menace; Nursing role

Socio-cultural factors influencing the choice of infant feeding options among HIV positive mothers in Lagos

*Dooshima Dorothy Gbahabo, D.D; Kuyinu, Y.A.

Abstract

Background: Globally Mother to child transmission of HIV account for the vast majority HIV infections in children. In Africa, between one third and half of infections are due to breastfeeding. Seventy percent of the 70,000 HIV infected infants born yearly, die before age one in Nigeria.

Two infant feeding options, breast milk and replacement feeding exist for HIV infected infants. Both present a great challenge among mothers because of competing social and health risks. Therefore this study aimed to assess the socio-cultural factors influencing choice of infant feeding options among HIV positive mothers in Lagos State.

Methods: A descriptive cross sectional study was conducted in selected facilities providing PMTCT services in Lagos State between August and October 2009. Questionnaires were administered on 204 HIV positive mothers attending the monthly support group meetings in the selected facilities using systematic sampling technique.

Results: The mean age of mothers was 32.9 ± 1.7 years. More than half $128 \pm 62.7\%$ of them were married. Majority $81 \pm 42\%$ of mothers had secondary education. Overall, mothers with formal education were about half (OR 0.63, 0.49-0.81, P=0.001) less likely to breast feed. There was a statistically significant observed association between the level of education of mothers and choice of exclusive replacement feeding option (p<0.05%). Also, living with family members were three times more likely to choose breastfeeding compared to those who did not (OR 0.37, C.I 0.03-0.7, P=0.001). There was no statistically significant association observed between income and choice of infant feeding (p<0.05). Over half of the respondents 113 ± 1.5 (55.4%) opined that it was necessary to disclose their HIV positive status, few 38 ± 1.5 (18.6%) actually agreed to disclosure.

Conclusion: Socio- cultural factors play a role in the choices of infant-feeding options among HIV positive mothers.

Keywords: Socio-cultural factors, HIV, Mothers, Infant feeding options

Student nurses and health educators' access and utilization of reproductive health information and services in the University of Benin, Nigeria

*Sey- Sawo, J; Agwubike, E.O; Okafor, F; Tunkara-Bah, H; Manjang, O.

Abstract

Background: The concern about adolescent sexual and reproductive health has grown due to unprecedented increasing rates of sexual activity, early pregnancies and sexually transmitted infections (STI) including human immune deficiency virus (HIV) among adolescents. Failure to use health

services may expose adolescents to preventable health conditions which could be managed with early detection.

Methods: The study was a descriptive, correlational design, aimed to compare student nurses' and health educators' access and utilization of reproductive health information and services in the University of Benin, Nigeria. A sample of 270 students was analyzed out of which 116 were nursing students from the Departments of Nursing and 154 health educators from the Department of Health, Safety and Environment Education. Data was collected from April 25th – May 3rd 2016. Furthermore, Anderson's Behavioral Model of Health Service Utilization was used as the study framework. Data was collected through self-administration and was analyzed using the Statistical Package for the Social Sciences (SPSS) Software version 21.0.

Results indicated that the mean age of the sample was 21.17 years. The reproductive health services utilization was generally low among students (P<0.05). The most sough services were voluntary counselling and HIV testing, condoms collection and treatment of sexually transmitted infection. A significant difference existed between nursing student and health educators utilization level (P<0.05). Furthermore, enabling factors such as awareness was positively related to utilization (r=.184, p<0.05). Age and marital status were related to utilization and marital status was found to be good predictors (P<0.05). **Conclusion:** The authors therefore, recommends among other establishing and strengthening of youth centers, school reproductive health clubs and sensitization programs are important steps to improve student's access and utilization of reproductive health service amongst students in University of Benin and thus ensuring a better future of adult population.

Keywords: Reproductive Health Services, Undergraduates, Anderson's Model of Health Service Utilization, Nigeria

19 Sexual-abuse related emergencies: role of adolescents and sexuality care providers

Abdullahi, T.

Abstract

Sexual activity and sexual abuse are not synonymous; it should not be assumed that adolescents who are sexually active are, by definition, being abused. Many adolescents have consensual sexual relationships. Sexually abusive behavior by adolescent youth is a serious problem, accounting for more than one-third of all sexual offenses against minors and causing serious harm or even devastating consequences. Protection of children and adolescents from predatory, coercive, or inappropriate sexual contact and abuse is an important goal of all health professionals. Adolescents can have a range of problems to jeopardize their development and health, their future opportunities and even their lives. These sexual-abuse emergencies like bleeding, severe pain, shock, broken or dislocated bones, suicidal attempt, among others may be dependent of or related to sexual abuse, from partners of the same age, younger or older as the case may be who may be a family member, a person of authority or a member of the clergy. Some of the important guidelines for working with the adolescents are involving the family, establishing rapport, ensuring confidentiality, acting as an advocate, educating among others. The role of the sexuality care providers in prevention, recognition, treatment, and follow-up of children and adolescents who have been abused varies according to the specialty-specific role of the provider. A multidisplinary team approach is recommended because it allows for a coordinated response to adolescents and families while ensuring their safety and well-being. The public, its representatives, legal professionals, and clinical practitioners have a common goal of community safety and no more victims

20 Knowledge of causes and strategies used in prevention of sexual violence among university students in Niger Delta region of Nigeria

*Afolayan, J.A; *Onasoga-Ayobamibo, O.A; Rejuaro, F..M; Gambari, Y.A; Onwordi, O.

Abstract

Background: Sexual violence is severely under reported, yet it is a major public health problem that disregards basic human rights globally. The incidence is higher among undergraduates in higher institutions of learning.

Methods: Descriptive cross sectional study was aimed at exploring the knowledge of causes and strategies employed in prevention of sexual violence among undergraduate students in Niger Delta region of Nigeria. Data were collected using the questionnaire and a multistage sampling technique was used to obtain a sample of 200 respondents from the population. Data analysis was done using SPSS version 20.0 at a 5% level of significance. Both descriptive and inferential statistics were used to analyze the data collected. These were presented in tables and figures.

Results: The study revealed that approximately half of the respondents were between the age of 21-25 years with mean age of 25 years and a standard deviation of 3.23. All the respondents (100%) have heard of sexual violence and opined that sexual violence is prevalent in the university. Most of the respondents demonstrated adequate knowledge on causes of sexual violence but poor knowledge of where to report cases of sexual violence in the university. The major causes identified were alcohol and hard drugs, indecent dressing, inadequate punishment for perpetrator and portrayal of women as sex objects in the media.

Conclusion: The major strategies identified for preventing sexual violence include enact laws prohibiting pornography, adherence to the dress code of the school, severe punishment for perpetuators/offenders, Provision of street lights at night, avoid late night outing/party, avoid walking alone on lonely path and mass campaigns against sexual violence.

Keywords: Cause, Prevention, Sexual Violence, Strategy, Undergraduate

Opinions and perceptions on wife battery among married women in Wellingara, The Gambia

Haddy Tunkara-Bah, H.

Abstract

The purpose of this study was to investigate the opinions and perceptions of married women on wife battering in Wellingara. A phenomenological qualitative study design was used and 50 married women were purposively selected as participants of five focus group discussions. Discussions were tape recorded and written down, and later analyzed thematically. The results of this study indicate that wife battery was not perceived as gender-based abuse by the participants. The cause of wife battery was not only attributed to violent men and family members but women were also believed to be contributing to their own abuse. It was reported that married women in the Gambia are not only abuse by their husbands but also by their husbands' relatives. However, many battered women stay in violent marriage due to anticipated rewards from God, fear of social rejection as divorcee, lack of financial support, lack of trust in other men and belief that men can change their violent behavior. Moreover,

there is no social support for battered women in Wellingara. Nonetheless, the study participants opinioned that women empowerment and involving community elders in solving family violence can help to liberate them from being abuse just because they are wives.

Keywords: wife battery, partner abuse, gender-based violence, married women, perception

20 Sexual exploitation in Liberia: The challenge for health workers and society

*Sele Mulbah, E.

This paper focuses on the issue of sexual exploitation in Liberia. In today's world, 'sex' is so manipulated. Scripture tells us that God created them male and female and commanded them to go and multiply. This makes sex a fine thing, permitted as an expression of love and for procreation to sustain the human race. The aspect of exploitation is implied, when force is applied or done with or to someone against his or her will; when under age especially children, are involved; and/or when done with a wrong or even deadly motive such as to spread decease like HIV-AIDS or Ebola, and when directed at those less fortunate especially the physically and mentally challenged people. The magnitude of the problem of sexual violence or abuse/ exploitation especially of children by adults is a widespread and worldwide problem and appears quite prevalent in Liberia. Sexual child abuse may be non-physical, physical, verbal or emotional, pornography, or any combination of these. Studies have shown that sexual abusers could be anyone, male or female, young or old, familiar or stranger, rich or poor, or a former victim. It is often well planned and can take place anywhere and at anytime. This paper reviews why people rape or sexually abuse others and major reasons seem to revolve around control and humiliation of the victims such as in conflicts/ and wars. Every child or woman is a potential victim. Unfortunately, sexual crimes are most seriously under reported crimes and so call for interventions that include counseling, family, religious and community mechanisms for the victims. The paper highlights intervention measures for protection of vulnerable groups especially young women and girls. Roles of parents, men, governments are discussed including measures that aim at the victims themselves and general public attitude. The role of health workers and religious groups are also emphasized.

Keywords: sex, rape, violence.

Influence of the health care financing methods on reducing maternal and infant mortality rates in The Gambia

*Tunkara-Bah, H; Sey-Sawo, J.

Abstract

Mobilising health care resources for equitable access to quality maternal and child health care is high on the health care policy agenda of the Gambia. However, there is no national health care financing policy in this country. Therefore, the purpose of this study was to analyze and discus the influence of the current health care financing strategies on meeting the targets of the health care policy of reducing maternal and child mortality rates in the Gambia by 2015. Data for this report were generated through two approaches, a review of relevant literature and authors' experiences. Data was analysed using SPSS version 21. The results indicated that there is no national health insurance coverage and health care financing is basically through donor funding, taxation and out-of-pocket payments with donor funding forming bulk. Funds allocated for health care financing are not adequate. Despite the free of

charge policy on maternal and child health services, out-of- pocket payments are still high. This has resulted to lack of achievement of the set goal of reducing maternal mortality rate to 150/100,000 live births and infant mortality rate to 28/1000 live births by 2015. Percentage health expenditure from national tax and donor funding were significantly negatively related to maternal, under-five, infant and neonatal mortality rates (p < 0.05) but out-of-pocket payment was positively related to them (p < 0.05). The interrelationships between maternal, neonatal, infant and child mortality rates were positively significant (p < 0.01). Therefore, increasing the amount of money for health expenditure in the Gambia from tax and donor funding will help to reduce mortalities from these group. In contrast, increase in the out-of-pocket funding increase mortality rates. Moreover, effective lowering of the maternal mortality rate will lead to decrease in neonatal, infant and child mortality rates.

Keywords: health care financing, public health financing, universal insurance coverage, the Gambia, financing policies, health care policies

Nurse led initiative promote access to care for rural dwellers

*Ukaigwe, P.U; *Ekpemiro, J.N; Okam, N.

Abstract

Issues: Nigeria established Primary Health Care (PHC) to bring easy access to health services to all. Achieving this seems unrealistic as rural populations are seriously underserved when compared with their urban counterparts. Lack of access to preventive healthcare further potentiates the burden of infectious and non-communicable diseases (NCDs). The NCD burden is huge globally accounting for more than 30 million deaths annually, 24% of which are in Nigeria (WHO, 2015).

Intervention: Ukaigwe Health Empowerment and Learning (UHEAL) Charities recognized poverty as a determinant of health and aligned its programs with the United Nations Sustainable Development Goals (SDG # 1 - end extreme poverty and # 3- ensure healthy lives and promote wellbeing for all ages) by 2030. UHEAL Community Initiatives give individuals in remote villages access to preventive health care, and treatment at no cost. Children, men and women receive health screening for diabetes and coronary risks through blood tests, measuring blood pressure and examining the eyes. Participants also receive treatment and education on healthy lifestyle, stress reduction, hypertension, diabetes, diet, community cardiopulmonary resuscitation (CPR), and infection control - basic hand washing. In addition, some receive reading and prescription eye glasses if needed. UHEAL partners with community groups, local clinics, and hospitals providing continuing education for nurses and doctors from these institutions who in turn volunteer in the community outreach events.

Lessons Learned: Evaluation of services at six-month, and one-year post intervention indicate increased awareness of health issues in the community and people beginning to make healthy choices on food, self-care and life style habits.

Conclusion: Partnership with stakeholders to establish ongoing preventive health programs will promote sustainable efforts that effectively reach underserved communities

Keywords: Non-communicable diseases, access to care, education, self-care

Awareness and acceptance of telenursing practice among nurses in tertiary health institutions in Imo State

Nwadi, O.A; Anthonet, N.C; Sussan, N.I

Abstract

Telenursing is a component of telehealth that occurs when nurses meet the health needs of clients, using information, communication and web-based systems. This study assessed the level of awareness and acceptance of telenursing practice among nurses in tertiary health institutions in Imo state. Four objectives, four research questions and three hypotheses guided this study. Relevant literatures were reviewed. Descriptive research design was utilized. Simple random sampling method was used to select 320 nurses for the study. The instrument for data collection is AATP Questionnaire was used to collect data for the study. The validity and reliability of the instrument were obtained (r=0.07). The findings revealed that the association between the awareness and acceptance of telenursing practice and their gender and level of education was significant (p=0.001). The level of awareness of telenursing assessment (56%), telenursing medication (51%), telenursing wound care (47%), telenursing monitoring (52%), while the level of acceptance was; telenursing assessment (36%), telenursing medication (43%), telenursing wound care (34%), telenursing monitoring (46%). Major recommendations of this study were; awareness of the practice of telenursing among nurse practitioners, nurse educators, professional association and the the regulatory body (Nursing and Midwifery council of Nigeria) should be created and this will make way for the acceptance of telenursing practice which is an innovation in the health care industry.

24 Efficacy of telephone call reminders and recalls in improvement of uptake of routine immunization services by mothers in Taraba state, Nigeria

*Nwaneri, A; Okoronkwo, I; Ikpa E.

Abstract

Ensuring sustained routine immunization visits by mothers through reminding and recalling them for their children's immunization appointments is key to the improvement of uptake of immunization In Nigeria, 62.8% of children did not receive their appropriate routine immunization services. vaccines and in Taraba State, 87.5% of mothers scored below 50% in the uptake of routine immunization services from 2011 to 2014. Mothers may forget scheduled immunization appointments for their children or be complacent towards immunization; Few empirical evidence exist on efficacy of telephone call reminders and recalls in improvement of uptake of routine immunization services by mothers in Nigeria and none exists in Taraba State. This study sought to explore the efficacy of telephone call reminders and recalls in improving uptake of routine immunization services by mothers in Taraba State, North-East Nigeria. The 2 by 2 factorial quasi-experimental design was used for the study. A sample size of hundred participants who attended the primary health care centre for immunization were used.. A validated pre and post intervention immunization checklists was used to collect data from the participants. Data were analyzed descriptively using frequencies, percentages, means and standard deviation while analysis of covariance (ANCOVA) was used to test the hypotheses at 0.05 level of significance. Findings revealed that the mean rate of uptake in the experimental group for pre-intervention was 1.50±0.71 and 2.74±0.44 for post-intervention. The mean rate of uptake in for the control groups was 1.74±0.53 pre-intervention and 1.98±0.62 postintervention. There was a significant difference between the rate of uptake of immunization between the experimental and control groups (p = .001). The difference between the experimental and control groups in the urban and rural communities was not statistically significant (p = .394). Based on these findings, it is recommended that telephone call reminders and recalls be used routinely in Primary Health Care clinics in both rural and urban locations for mothers to improve their uptake of routine immunization services.

Keywords: Efficacy, Telephone call reminders and recalls, Uptake of Routine immunization services.

A model of community engagement to facilitate the prevention of maternal health complications in the rural areas of Cross River State, Nigeria

Nsemo, A.D.

Abstract

Pregnancy-related poor maternal health and maternal death remain major problems in most Nigerian states including Cross River State, with the acute impact being borne more by the rural communities where the majority of births take place at home unassisted or assisted by unskilled persons. These problems are due to poor problem recognition and decision-making during obstetric emergencies leading to delayed actions. Every pregnancy faces risk, so increasing the number of women receiving care from a skilled provider during pregnancy, delivery, and post-delivery, and prompt adequate care for obstetric complications has been identified as the single most important intervention. One of the strategies identified in many countries is engaging and working with individuals, families, and communities as partners to improve the quality of maternal healthcare. This strategy is thought to remove the barriers that dissuade women from using the services that are available, empowering the community members to increase their influence and control of maternal health, thereby increasing access to skilled care. The aim of this study was to develop a model of community engagement to facilitate the prevention of maternal health complications in the rural areas of Cross River State, Nigeria. The study which was conducted in three phases utilized a qualitative descriptive design, that engaged the community members (pregnant women and new mothers N=20) who were purposively selected from two rural communities of the study setting, in qualitative semi-structured interviews (Phase1) and focus group discussions within the Photovoice participatory approach (Phase2). Phase 3 was the model development phase where the contributions of the stake holders was strongly upheld. Data was analysed using Tesch's method of content analysis. Based on the findings of the study, themes emerged that were then validated by the older women in the study communities. The model was then developed by means of the four steps of the theory generation process

Keywords (3 – 5): Model, Community engagement, Prevention, Maternal health complications, Rural communities.

Determinants of referral practices of clients by traditional birth attendants in Northern Cross River State, Nigeria

Ojong, I.N; Nwaneri, A.C; Mgbekem, M.A; Samson-Akpan, P.E.

Abstract

Background: Nigerian with an estimated population of 173.6million has the maternal mortality rate of 576 per 100,000 live birth. Cross River State the focus of this study with an estimated population of 3.5million has one of the highest maternal mortality rates in the country with 2,000 per 100,000 live births. Majority of the pregnant women (72.6%) received ante natal care from skilled birth attendance, only 40% get delivered by skilled provider and about 60% were delivered by traditional birth attendants. Since the use of unskilled birth attendance (including TBAs) is argued to be among the

reason for high maternal mortality and from empirical evidence reported, there is bound to be an increase in the incidence of maternal mortality due to delays in referrals. This has prompted the study.

Objective: This study seeks to examine factors that determine the referral practices of clients by TBAs in Northern Cross River State, Nigeria.

Methods: Descriptive survey was adopted. All the 135 TBAs that met the inclusion criteria in the area were used. Questionnaire was the instrument for data collection with reliability coefficient of 0.89. Data was analyzed using proportions and percentages for descriptive data, while chi-square and independent t-test analysis at p<0.05 level of significance was used to show associations and differences between variables.

Results: There was no significant association (p>0.05) between TBAs educational attainment and referral practices of clients. There was a positive significant difference (p<0.05) between trained and untrained TBAs and practices of referrals.

Conclusion: The findings revealed that TBAs educational attainment has no influence on referral practices. Trained TBAs referred out clients promptly than untrained TBAs.

Recommendation: It was recommended that nurses/health workers should partner with TBAs to encourage continuous training, retraining and supportive supervision to ensure adherence to training guidelines strictly.

Keywords: TBAs, referral practices, educational attainment, training

27 Nurses involvement in School Health Programme in Ogun State, Nigeria

Ogunfowokan, A.A; Faremi, A.F; Mrs Oluyemi, O.I.

Abstract

Background: The school health programme is an essential component of a health promoting school and the nurse has a significant role to play in promoting the health of the members of the school community.

Methods: This study is a cross-sectional descriptive one that was conducted among 120 school nurses and 3 school administrators in Ogun State using quantitative and qualitative data collection techniques. The study was aimed at determining the services rendered by school nurses in Ogun State, identify their challenges and adequacy of equipment and supplies provided for school health programme in the state. A structured questionnaire, a checklist and an interview guide were used to collect data. Crobach's alpha for the instrument was found to be 0.88.

Results: Results showed that majority were involved in the treatment of minor ailments (83%) and emergency care (76%) while preventive services such as immunization was always carried out by a few (17%). However, only 24% always involved parent/family member on health issues relating to learners and 63% never worked in partnership with a social worker or a psychologist. The challenges reported include inadequate equipment and facilities (91%); lack of standby ambulance for referral services (89%) and incomplete school health team (77%). Some schools (15%) were also reported not to have school clinics. Examination couch, lamp, screen, storage room and bathroom were not reported to be in any of the schools. Also, the administrators mentioned poor funding and non-involvement of important stakeholders in the planning for school health programme and recruitment of school nurses in the state.

Conclusion: The study concluded that there is the need for training and re-training of school nurses for efficient school health interventions and adequate funding for school health programme.

Keywords: Administrators, Challenges, Facilities, School Health, School Nurses

28 Self-perception of School Age Children with Nocturnal Enuresis

Hamza R; Soliman R; Abubakar S; Idris A; Aliyu A

Abstract

Background: Nocturnal Enuresis is the involuntary voiding of urine beyond the expected age at which voluntary control should be achieved after successful toilet training which occurs at night. Enuresis for most children is a source of shame and anxiety with a profound effect on self-perception, relationship and school performance.

Aim: Explored the self-perception of school age children with nocturnal enuresis.

Subjects and method: This research study was conducted at the nephrology out-patient clinic at Tanta University Hospital, Egypt using a descriptive research design, 100 school age children with nocturnal enuresis were conveniently sampled. A structured interviewer schedule, scale of perceived social-family support and self-perception profile scale was used. Data was analyzed using descriptive and inferential statistics.

Result: Findings of this study revealed that the mean age of the children was 8.75 ± 2.148 years; the male (31%) had moderate perceived family support while the same number of females (19%) had both moderate and high perceived family support. There was a positive correlation between the children perceived family support and their self-perception of social competence and behavioral conduct (p=0.049 and p=0.034 respectively).

Conclusion: The school aged children with nocturnal enuresis had moderate self-perception irrespective of age and gender.

Recommendation: Educative and counselling programs for teachers in primary schools, parents and the school age children on ways of identifying low self-esteem in children and ways of improving family support and self-perception competencies in children with nocturnal enuresis.

Keywords: Self-perception, Nocturnal enuresis.

29 Substance abuse and its ramification among adolescent females in Sabon Gari Area, Kano State

Hamza, R; Shata, S; Yunusa, U; Dalhatu, A; Haddad M; Garba, S.

Abstract

The upshot of Substance abuse in the 21st century is devastating and the status quo is more deadly if the individual involved is an adolescent female whom is the bedrock of the future leaders. This research work investigated substance abuse among adolescent females and its ramifications in Sabon Gari Area, Kano. An interviewer administered questionnaire was used to collect data from 138 purposefully sampled adolescent female respondents. The data was analyzed using descriptive and inferential statistics. Findings of the study revealed that the common substances abused by adolescent females include Benylin (89.1%), Shisha (83.4%), Tramadol (81.9%) and Alcohol (72.4%). Peer group pressure (87.7%), emotional health problems (74%), parental influence (70.3%) and family/ spouse problems (68.1%) were identified to be the major factors that influenced the abuse of substances by the females. Major implications of Substance abuse by adolescent female includes Prostitution (90.6%), Mental Health problems (74%), difficulty in finding a decent spouse (84%) and frequent problems with the law enforcement agencies (81.2%). In conclusion, the menace of substance abuse among adolescent females is not only startling but is associated with multiple factors and

implications both to the victims as well as the society at large. It is therefore recommended that the sale of substances of abuse should be controlled, the general public should be educated on the implications of substance abuse and victims should be rehabilitated appropriately.

Keywords: Adolescent females, Ramifications, Substance abuse

Determinants of late booking for antenatal care among pregnant women in some selected hospitals in Enugu. South East Nigeria

Nwaneri, A; Umebuani N; Ndubuisi, I

Abstract

Background: Late booking for antenatal care is a frequent occurrence among pregnant women in Nigeria unlike in most developed countries. The objective of the study was to determine the maternal, socio-cultural, religious, and institutional/systemic factors that determine late booking for antenatal care among pregnant women in Enugu, Nigeria.

Methods: Descriptive, cross-sectional questionnaire based study. A proportionate stratified sampling technique was used to select 282 pregnant women from three selected hospitals for study. A validated questionnaire constructed by the researchers was used for collection of data. Findings were analysed using both descriptive and inferential statistics.

Result: Major findings of the study showed that maternal factors such as health status in present pregnancy [205(70.7%)], ignorance of proper gestational age to register for antenatal [125(43.1%)] and experience from previous pregnancies [101(34.8%)] determine timing of booking among pregnant women. Socio-cultural factors such as husband's decision [100(34.5%)] and preference for mother in-law/friends/other women's advice during the early weeks of pregnancy [88(30.3%)] determine timing of booking. Religious factor which mostly determine late booking in the study was preference for prayer and faith healing [123(42.4%)]. Institutional/systemic factors such as long waiting time in hospitals [142(49.0%)] and very frequent antenatal care schedule [129(44.5%)] determine late booking for antenatal care among pregnant women.

Conclusion: Health status in present pregnancy, husband's decision, long waiting time at the clinic and frequent number of ante-natal visits are the major determinants of late booking in Enugu. Preconception health education to all concerned should be encouraged as a tool to improve this awareness. In addition, introduction and implementation of focused ante natal care as was recommended by WHO in 2002 should be embarked on to reduce the number of antenatal visits in a normal pregnancy thereby encouraging early booking for antenatal care and thereby reduce maternal mortality.

Keywords: Determinants, Late Ante Natal Booking, Enugu

Assessment on knowledge and attitude regarding premarital HIV and haemoglobin genotype testing among adolescents in tertiary institution

Abdullahi, T, Maikudi, A.

Abstract

The study was aimed to assess the knowledge and attitude regarding premarital HIV and Haemoglobin genotype testing among adolescents in tertiary institution. The objectives were to assess the level of

knowledge and attitude regarding premarital HIV and Haemoglobin genotype testing among adolescents respectively. A descriptive research design was used, and a stratified random sampling technique was utilized to select 200 adolescents. The tool consists of socio demographic data, structured knowledge questionnaire and three point Likert scale. Reliability quotient for knowledge questionnaire and attitude scale was tested by Karl's Pearson correlation coefficient (r= 0.8) and Spearman Rank order (r= 0.9) respectively. The finding shows that 84% were between the age group of 19-21 years, 24% were from single parents and 17% were from a consanguineous marriage. 35% of them usually go to parties, 37% either have a girlfriend/boyfriend, 10% uses birth control/ contraceptives and 18% have other life style practices.1.7% has a family history of HIV, while 6% has that of sickle cell disease (SCD) or thalassemia. 5% know other people aside their family members who had or are presently having HIV while 3% knows others with SCD/ thalassemia. Just 1% were aware about premarital HIV and Haemoglobin genotype testing, 8% had ever done HIV test which were all negative and only 3% have done haemoglobin genotype test with 67% and 33% of them been AA and AS respectively. Findings related to Knowledge indicate that, 81% of them had inadequate knowledge 18 % had moderately adequate knowledge and 1% had adequate knowledge. Whereas 3%, 11% and 86% had negative, neutral and positive attitude respectively.

Keywords: Knowledge, Attitude, premarital testing, HIV testing, haemoglobin genotype testing.

Knowledge, attitude and practices towards Ebola virus disease (EVD) among residents of Palladan, Zaria, Kaduna, Northern Nigeria

Dangana, I; Bashir; S; Iko, M.

Abstract

Objective: The study was carried out to assess the knowledge, attitudes and practices towards Ebola virus disease in a suburb of Zaria in Kaduna, Northern Nigeria in the wake of recent outbreaks of the disease across the West African region, Nigeria inclusive.

Methods: The study was cross sectional descriptive. Semi-structured interviewer-administered questionnaire was administered to 152 adult men and women selected through multi-stage sampling technique.

Results: Majority of the respondents were males (65.8%), Hausa (52.6%), Muslims (60%), married (38.2%), educated (36.8%) and in the age group 18-24 years (50.7%). Majority (98%) are aware of Ebola virus with television being the main source of information (38.8). Most, 79.1% correctly knew that Ebola can be transmitted through contact with body fluids of infected patients. However, only a minority, 11.2% knew micro-organism (virus) as the causative organism as most (79.9%) attribute bat/monkey/chimpanzees as a cause. Most of the respondents (60.1%) knew fever as a symptom of EVD, 45.6% recognize gastrointestinal bleeding and 12.1% are aware of respiratory symptoms while 56% think there is a cure for the disease. For prevention, majority (70%) practice hand washing hygiene, 68.8% had family members who bath and drank salt water and 2.1% use traditional herbs.

Conclusion: Although majority of the respondents are aware of EVD and knew some of the signs and symptoms of the disease, there are misconceptions and gaps in their knowledge of causation, management as well as preventive measures towards EVD, demonstrating the need for more health education and public enlightenment on the disease as a veritable tool for control.

Keywords: Ebola virus disease, Knowledge, Attitude, Practice

Incidence of 2014 cholera outbreak recorded at the Cholera Treatment Center (CTC) sited at Abubakar Tafawa Balewa University Teaching Hospital, Bauchi

*Madu O.S.

Abstract

Cholera is an acute infection of the small intestine caused by the bacterium *Vibrio cholerae* that causes large amount of watery diarrhoea. This study determined the incidence of 2014 cholera outbreak recorded at the Cholera Treatment Center (CTC) sited at Abubakar Tafawa Balewa University Teaching Hospital, Bauchi. This study was carried out amongst communities with high incidence during the 2014 outbreak; it was also carried out amongst health workers who worked at the CTC. The study helped to identify common environmental factors present in the affected communities. The study also helped health educate community members. A quantitative, non-experimental research design was used. The target populations were: members of high risk cholera communities; health workers at the CTC and recorded data on the 2014 outbreak at the CTC. Both random and purposive sampling methods were used to obtain data from 132 community members and 20 health workers respectively. A retrospective method of data collection was used to collect data from the epidemiology unit of the Bauchi State Ministry of Health. The method of data collection was also by administering questionnaires to respondents to tick appropriate options. The findings of this study revealed that the incidence report at the CTC involved severe cases managed at the center and were 4,194 (24.8%) out of a total of 16,924 cases that were reported in the state. This study recommends that government should ensure recruitment of environmental health specialists and other health workers at PHC level to ensure good environmental health management and community health education in order to reduce the chances of *V. cholerae* and other harmful parasites' survival in the environment, thereby, contributing positively towards a healthier living environment.

Keywords: Incidence, 2014 cholera outbreak, Cholera Treatment Centre, ATBUTH Bauchi.

34 Mechanical ventilation: An expanded critical care nurses' role

*Ifeoma Chiegboka, I; Ingwu, J.A

Abstract

Issues: Changes within the health care environment have resulted in role changes for nurses working in critical care. Such events as transformation of nursing education, introduction of advanced nursing practice, and the blurring of role boundaries have occurred. Nurses need appropriate knowledge and skills to negotiate a variety of roles within their specific health care organization. The specialty of critical care nursing does not exist separately from the profession of nursing as a whole. The difference is in dealing with life-threatening problems. It requires critical care nurses not only to have a broad knowledge base, high-level decision-making skills, but also to carry out advance practice in their care. Historically, advanced practice in critical care nursing began in the 1940s and early 1960s. During this time, increasing medical knowledge and the application of technological advances within the medical field, altered both the way in which nurses practiced and the way in which they were expected to practice. These changes included the advent of positive pressure ventilation and external direct current (DC) defibrillation. For instance, early defibrillation by specialist nurses resulted in improved patient outcomes and reduced mortality rates. Mechanical ventilation is an important life support technology that is an integral component of critical care. The role expansion is not merely

about extending the list of delegated tasks from doctors, it is about enhancing care of the patients, and accepting new responsibilities if nurses represent a means to that end. I

Intervention: Within critical care setting, nurses can take on roles expanding in several ways, including complex medical therapies such as mechanical ventilation.

Lessons learned: The barriers in practicing expanded role, included knowledge deficit, lack of support, authority and autonomy.

Conclusion: Role expansion has raised awareness for the development of new nursing roles where nurses will be expected to be flexible professional who are willing to develop in response.

Keywords: Critical Care Nurse; Expanded Role; Mechanical Ventilation

35 Emerging health emergencies: infant and young child feeding

Nlumanze, F.F.

Abstract

Adequate nutrition is considered as the ingestion and use of enough vitality and nutrients to maintain wellbeing, health and productivity of a person for this situation, the kid. The time of birth to 2 years of age is exceptionally basic to accomplish ideal improvement and maximum capacity of a child consequently the requirement for adequate nourishment. Malnutrition is perceived as a worldwide issue, which other than debilitating the resistant framework and intensifying of sicknesses, is the basic reason for the greater part of deaths in infants under five years old. During emergencies, diseases and associated death rates amongst infants and young children increase rapidly than for any other age group. This is because of the combined impact of communicable disease and diarrhoea with possible increase rates of under nutrition and a lack of appropriate health care. Young children may also find themselves in difficult and unsanitary conditions with frequent overcrowding and population displacement. Most times, there will be water-borne disease, disrupted and inappropriate complementary feeding practices. Mother may become ill, malnourished and psychologically affected by unhealthy life experiences which may consequently affect the care they render to the infants and young ones. The general objective of the national approach on infant and young child feeding in Nigeria is to guarantee the ideal development, security and advancement to ensure the optimal growth, protection and development of the Nigerian child from birth to the initial five years of life. Nurses' role during the period of emergencies are numerous; this include ensuring breast feeding is established and maintained, health education on proper and adequate complimentary feeds, good sanitary conditions, treating of ill mothers and children etc.

Keywords: Health, Emergencies, Infants, Young Child, Feeding

37 mHealth technology and its application in the health care industry

Nwoye, C..A; Ogini, A.N; Avbuluimen, M.E; Nweje, I.S.

Abstract

Advancement in technology has also spread into the healthcare sector. Mobile technologies are now used to address health priorities and this approach is known as mHealth. Mobiletechnologies involves the exchange of information which can be in forms of coded data, text, image, audio and video.

mHealth information can be carried through GSM, GPRS,3G and 4G, LTE mobile telephone networks Wifi and WiMAX computer based technologies and Bluetooth. These technologies operate on hardware network that include mobile phone, mobile computers, pagers, digital cameras and remote sensors. mHealth can be classified into various categories in which it can be applied in the healthcare industry and the include communication between individuals and healthcare services, communication between healthcare services and individuals, consultation between healthcare professionals, intersectoral communication in emergencies, health monitoring and surveillance, access to information for healthcare professionals at point of care and improving healthcare quality and access. Developing new mHealth intervention involves inputs, outputs, multipliers and drivers. There are relevant stakeholder need to develop mHealth intervention and the include health care providers, software developers, donors, NGOs, mobile network operators, government, social intermediaries, patient, consumers, healthcare companies and insurance companies. Although there are barriers to the adoption to the mHealth technology, this should not be an impeding factor to the reaping of the enormous benefits of mHealth in the Nigerian healthcare industry.

Presentation Schedule

Monday, 3rd July 2017 Hall 1 - Protection of Healthcare Workers & Task shifting

SN	Sub-theme	Sub- theme Code	Paper title/Type	Author(s) *Presenter
1	Protection of Healthcare Workers during Conflicts and Insurgencies	2001	Protection of health care workers in conflict situations; need for enhanced recognition of security risk to local health care providers Essay	* Fagbemi B.D, Omoniyi S.O & Ufomadu R N.
2	Health workforce and task shifting	3002	Knowledge, attitude and use of recommended 2013 clinical guidelines in sedation-analgesia among care providers in intensive care units of teaching hospitals in Nigeria Research	*Chiegboka I. & Anarado A.N.
3		3004	The Rapid Assessment Tool (RAT): Strengthening Midwifery Pre-service Education in Liberia Research	*Mondaye H. & Subah M.
4		3006	Assessment of impact of burnout on nursing productivity in acute care settings in University College Hospital Ibadan, Nigeria Research	*Ohaeri B.M, Ingwu, J.A. & Okpala P.

Monday, 3rd July 2017 Hall 2 – Task shifting

SN	Sub-theme	Sub- theme Code	Paper title/Type	Author(s) *Presenter
5	Health workforce and task shifting	3007	Healthcare providers' perceived barriers to effective administration of prescribed antibiotics to inpatients in National Orthorpaedic Hospital Enugu Research	Ujari, K.V. & Anarado, A.N
6		3010	Addressing inequities in health research capacity in Nigeria: Nurses and midwives' perspectives Research	Etowa J, Macdonald D, Babatunde S, Asuquo E.F, Robinson-Bassey G, George O, Adele V, Ekanem C, Abang V, & Anyiam F.E.
7		3011	Nursing care of patients during the end of life in sub-Saharan Africa: A systematic review Research	* Dalhat S. K, Gina H. & Karen C.
8	Private sector and health system financing for universal health coverage	8002	Nurse led initiative promote access to care for rural dwellers Essay	*Ukaigwe P.U, Ekpemiro J.N, & Okam N.

Monday, 3rd July 2017 Hall 3 - Non-communicable diseases & Infant and young child feeding

SN	Sub-theme	Sub- theme Code	Paper title/Type	Author(s) *Presenter
9	E m e r g i n g impact of non-communicable diseases	4002	Health-related quality of life (HRQOL) of diabetes mellitus patients and non-diabetic persons in Port Harcourt, Rivers State, Nigeria Research	P.O.U. & Anarado

10		4003	Emerging impact of non-communicable diseases: health, economic and development challenges Essay	
11		4004	The menace of non-communicable diseases in Nigeria: Role of the nurse Essay	*Chikeme, P.C. & Anarado A.N.
12	Emerging health emergencies: infant and young child feeding	5002	Socio-cultural factors influencing the choice of infant feeding options among HIV positive mothers in Lagos Research	*Dooshima D.G. & Kuyinu Y.A.

Monday, 3rd July 2017 Hall 4 - Sexual-abuse related emergencies; Rape and gender based violence; Private sector and health system financing; & Innovative healthcare approaches

SN	Sub-theme	Sub- theme Code	Paper title/Type	Author(s) *Presenter
13	Sexual-abuse related emergencies: Role of adolescent and sexuality care providers	6001	Student nurses and health educators' access and utilization of reproductive health information and services in the University of Benin, Nigeria Research	*Sey- Sawo J, Agwubike E.O, Okafor F, Tunkara-Bah H. & Manjang O.
14		6003	Knowledge of causes and strategies used in prevention of sexual violence among university students in Niger Delta region of Nigeria Research	* Afolayan J.A, Onasoga- Ayobamibo O.A*, Rejuaro F.M, Yusuf, AG & Onwordi, O
15	Community and health workforce response to rape and gender based violence: Challenge in conflict situations	7002	Sexual exploitation in Liberia: The challenge for health workers and society Essay	*Mulbah E.S.
16	Innovative healthcare approaches: Role of mobile solutions in universal health coverage	9002	Efficacy of telephone call reminders and recalls in improvement of uptake of routine immunization services by mothers in Taraba state, Nigeria Research	*Nwaneri A, Okoronkwo I. & Ikpa E.

Monday, 3rd July 2017 Hall 5 - Universal health coverage

SN	Sub-theme	Sub- theme Code	Paper title/Type	Author(s) *Presenter
17	PHC, the key to universal health coverage in the sub-region	1102	Determinants of referral practices of clients by traditional birth attendants in Northern Cross River State, Nigeria Research	Ojong, I.N, Nwaneri, A.C, Mgbekem, M.A. & Samson-Akpan, P.E.
18		1103	Nurses involvement in School Health Programme in Ogun State, Nigeria Research	Ogunfowokan A.A, Faremi A.F. & Oluyemi O.I.
19		1104	Self-perception of School Age Children with Nocturnal Enuresis Research	Hamza R. & Soliman R, Abubakar S, Idris A. & Aliyu A
20		1106	Determinants of late booking for antenatal care among pregnant women in some selected hospitals in Enugu. South East Nigeria Research	Nwaneri A, Umebuani N. & Ndubuisi I.

Wednesday, 5th July 2017 Hall 1 - Population health & Non-communicable diseases

SN	Sub-theme	Sub- theme Code	Paper title/Type	Author(s) *Presenter
1	Emerging health emergencies and population health	1004	Socio-cultural determinants of fertility among the Mandinka tribe in rural Gambia Essay	*Sey- Sawo J.
2	Emerging impact of non-communicable diseases	4001	Prevalence of non-modifiable risk factors of type 2 diabetes mellitus among adults Research	*Ilo C.I, Anarado A.N. & Chinweuba A.U.

Wednesday, 5th July 2017 Hall 2 - Task shifting

SN	Sub-theme	Sub- theme Code	Paper title/Type	Author(s) *Presenter
3	Health workforce and task shifting	3001	Academic-service partnership an answer to clinical workforce Essay	Ukaigwe P.U.
4		3003	Application of the rapid task analysis methodology for strengthening the competency based curriculum for midwifery pre-service education in Liberia Research	Subah M. & Mondaye H.

<u>Wednesday, 5th July 2017 Hall 3 - Sexual-abuse related emergencies & Rape and gender based violence</u>

SN	Sub-theme	Sub- theme Code	Paper title/Type	Author(s) *Presenter
5	Sexual-abuse related emergencies: Role of adolescent and sexuality care providers	6002	Sexual-abuse related emergencies: role of adolescents and sexuality care providers Opinion only	Abdullahi T.
6	Community and health workforce response to rape and gender based violence: Challenge in conflict situations	7001	Opinions and perceptions on wife battery among married women in Wellingara, The Gambia Research	Tunkara- Bah H.

Wednesday, 5th July 2017 Hall 4 - Private sector and health system financing & Innovative healthcare approaches

SN	Sub-theme	Sub-	Paper title/Type	Author(s)
		theme		*Presenter
		Code		

7	Private sector and health system financing for universal health coverage	8001	Influence of the health care financing methods on reducing maternal and infant mortality rates in The Gambia Research	*Tunkara-Bah H. & Sey-Sawo, J.
8	Innovative healthcare approaches: Role of mobile solutions in universal health coverage	9001	Awareness and acceptance of telenursing practice among nurses in tertiary health institutions in Imo State Research	Ogini, A.N, Nwoye C.A. & Nweje I.S.

Wednesday, 5th July 2017 Hall 5 - Universal health coverage

SN	Sub-theme	Sub- theme Code	Paper title/Type	Author(s) *Presenter
9	PHC, the key to universal health coverage in the sub-region	1101	A model of community engagement to facilitate the prevention of maternal health complications in the rural areas of Cross River State, Nigeria Essay	Nsemo A.D.
10		1105	Substance abuse and its ramification among adolescent females in Sabon Gari Area, Kano State Research	Hamza R, Yunusa U, Dalhatu A, Haddad M. & Garba, S

ALL Poster Presentations - on Wednesday, 5th July, 2017