THE MENACE OF CHILDHOOD DISEASES: A PUBLIC HEALTH CONCERN AND COMMON WEALTH CALL FOR HELP IN RIVERS STATE

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Abstract
The increasing cases of mortality and morbidity incidence in primary Health care delivery centres, secondary health care, and Tertiary Health care medical data proves, that children are neglected of their right to sound medical attention, this is manifested with several kind of childhood diseases such as chickenpox, measles, tuberculosis, mumps virus. Whooping coughs, parental placental transfers of diseases such as Gonorrhea, Hiv/Aids, Syphilis etc, right from the period of their gestation. This is based on the available epidemiological data. The situation is more pathetic, and bitter to the father less children, who suffers a combined hardship of malnutrition diseases such as kwashiorkor, and unhealthy protruding stomach, with a tiny legs. This is both grouped into communicable and non-communicable diseases. This research paper was conducted based on few primary and secondary sources of data, by direct empirical observation, through visitation to the motherless Home at Nkpogu, and Borokiri areas in Port Harcourt in Rivers State. Tables, chart and graphs were also used to represent most analyzed information objectively.

Key word: Menance, Childhood, Disease, Common wealth, public health.

Hordy (2000) defined childhood as a period of siblings in the life of a child. It is an early stage of life when his or her level of reasoning (memories) experiences, capturing is relatively small. In this case most psychologist classify it into: early childhood development (infant stage), childhood stage and adult childhood stage. This problem of total neglect right from pre-natal stage, between period of conception 280 days of birth, post natal stage (age between 0-2 years); a period when the neonate have their umbilical cord, childhood stage as briefly itemized above, this period covers up to eleven years, the early childhood stage pre-school Age of 2-5 years i.e. the time when the child begins to show socialization process, the period of the late childhood stage of the period of pre-
school system, a period associated with pre-pubertal growths spurt shows that children’s are into total agony of tears daily. Oladele (2004). He added that children under this age suffers from any kind of communicable and non communicable diseases, are often discriminated upon among their playing mates due to one health problems or the other. This situation lead to classical discrimination, especially where a child is delivered handicapped, sometime without hairs, with one small hand, legs bigger than others or one eye (four “O” clock eye). But for the fact that Millennium Development Goals’s Agenda, the capacity building initiatives, the world Health organization programmes of events etc is geared in eradicating poverty, ranging from absolute poverty, relative poverty, total poverty etc. Then the children welfares should have been a top most priority in Nigeria, but instead the revised is the case. Orime (2006), added that eradicating the spreads of communicable diseases such as chicken pox, measles, tuberculosis, mump virus, and mother to child placental diseases like syphilis, Gonorrhea, Hiv/Aids, could seek the consent of support from Economic Community of West African States (ECOWAS), United Nation Organization (UNO), and the Common Wealth Nation State, working in collaborative effort may result in driving away polio, whooping cough and other non-communicable diseases, such as cancer, hypertension, stroke, asthma and epileptic cases in the children. He added that the foundation and sustainable future of a society tomorrow, depends on how healthy, and disease free the youths will be, physically, biologically and spiritually today. According to Orime (2006), disease is defined as any kind of abnormal health state/illness detected from the body system of an organism after due diagnostic and prognostic measures. He added that most children associated with several childhood diseases, even when tested and diagnosed are not properly taken care of, due to the urge to make money. He added that the situation looks more embarrassing while the midwife, nurses, and doctors working in an official hour will see a patient in unconscious state, abandon the dying patient for a more cash intensive and fast rewarding ventures. In most cases instruct the parents to transfer the patient to their private clinic, just to enable them get more money for themselves. But the question is can every parents afford the service of the private clinics in terms of hospital bills? While the government of Nigeria spends more and budget more money during their annual financial reconciliation in capital intensive project and re-current expenditures of the fiscal year. This is sometime considered unfruitful white papers budget pronouncement, meaning that the nation fiscal policy is never accomplishing its targeted objectives.

From the basis of environmental health report in Nigeria, there is an indication that about 60% percent of
children living in this country lack access to good drainage system, toilet facility, good pipe-borne water supply surface and underground water are not treated, they dwell in a poor ventilated building filled with mosquitoes, rodents, cockroach, ants and spiders. This according to Orime (2006), have exposed the children to several skin rashes, soft skin, and loss of skin pigmentation. He added that most children whose background is purely from poor homes, dwells in third party to fourth grade used cloths popularly called (Okirika cloths in Nigeria). This may expose them to several droplet and contact diseases such as dermatitis, ringworm attacks, eczema and spotted skins respectively. Orime added that their health situation is given a deaf ear, but rather subject them to domestic slavery, human trafficking, child abuse, poor education, which he called an infringement to their fundamental right to life and freedom.

In addition to Briggs (2000), the population ratio and dynamics health theory of a survey, indicate that the demographic data and the epidemiological facts of most urban and rural cities in Rivers State have noticed a decline in the neighbourhood fertility rate and increase in morbidity rate (higher illness) in most slum side of Nigerian cities, while maternal mortality and still birth are also in alarming rate in most urban decayed zone in Nigeria.

A Therapeutic Support from Common Wealth and United Nation

The Nation newspaper of Monday, the 31st of October, 2011 highlighted the great anticipation of the common wealth organization to fight against many nation in the following areas: (a) Terrorism (b) Poverty, Rule of Law, Human Rights Violation, Food supply, Security, Climate change, Capacity Education and culture and tackling of curable diseases. Following the communiqué issued by the chairperson of the new meeting comprising the following persons, Julia Gillard the Australian Prime Minister, the Secretary General, Kamalesh Sharma, the Prime Minister Trinidad and Tobago, Mrs. Kamla Pressad Bissessar, the President of Tanzania, Jakaya Kikwete, president of Maldives, Mohamed Nasheed and the Prime Minister of Samoe, Tuilaepa Lupesolii Sailele Malielegaoi etc. what it take to be a signatory to a functional organization is not only a mere meeting participants, but should be committed into philanthropism and charity at all ramifications. This is noted from several international organization which Nigerian have been a front line member. e.g. Emeka Anyaoku, Dr. Ngozi Okonjo – Iweala of the world bank, and several Nigerian Head of state who have been occupying the position as a chairman of Organization of African Unity (OAU), the Economic Community of West African State (ECOWAS), through the Giant of Africa syndrome,
but which way forward? When there is several childhood diseases, and handicapped children seeking for help.

According to the Nation Newspaper of October 31, 2011, “Funds are raised from charitable project, but those who form this G-20 in Common Wealth Organization including Nigerians, but to what extent, have they reasonably secure and protect the image and interest of their Nation state in the area of children health which other countries like: Tanzania, Pakistan, Kenya, Uganda, Sri Lanka etc have benefited, there is an atom of open facts that most televised health programme embarked upon by United Nation Organization, UNICEF, and Common Wealth Nations go to the less privilege in the society, and particularly to the high density urban decayed areas which Diobu mile I, Diobu Mile II, and Diobu Mile III Bundu / Timber water side is a case study in Rivers State, also need this commonwealth health supports.

Ministry of Health in Nigeria A Comparative of their Effectiveness

The Nation Ministry of Health, falls into exclusive list and essential services department due to its urgency demand at all times; right from the federal level to the state and down to the Local Government Area, the down point of grass root Administration. In this case, the health sector classified health services into:

(a) The Primary Health Care Unit:
Covering all maternity, mobile clinic services, health centres found within the four walls of the Local Government in Nigeria

(b) The Secondary Health Care Unit:
This covers the States Health Management Boards, covering general Hospitals in all the state.

(c) The Tertiary Health Care Unit:
This covers all teaching, researching and Clinical Education Hospital. E.g. the Teaching Hospital; but according to Orime (2006), most hospitals in Nigeria serve only as a shadow empty wall Hospital, built and painted without any workable facility and equipments, this is even applicable to the so called specialist hospital, a situation where an age bearing mother under a serious labour could not secure a bed space to deliver her baby safely. This unsteady up and down movement of the bearing mother resulted to collapsed and maternal death, fatal cases of still birth, high cases of deformity among the children. This problem according to Orime have also been traced right from the family in the following perspective:
(a) poor pre-natal care, (b) poor antenatal care and lack of post natal assistant, etc. The growth of an adult citizen of any Nation is first noticed right from the pre-natal stage of life according to Sigmund Freud the psycho Analyst, but very unfortunate that this particular future leaders are never given any attention.

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The Study Area

The study Area for this research paper is Rivers State in Niger Delta, with a total of twenty-four Local Government Area.

Details of hospital visited includes

<table>
<thead>
<tr>
<th>S/N</th>
<th>Names of Hospital</th>
<th>Incidence Recorded in Inpatient Ward and Out Patient Ward and Months of the Year</th>
<th>Numbers of Cases Considered Fatal and Minor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Elele, General Hospital in Emohua L.G.A</td>
<td>Fatal incidence of tuberculosis in April, 2010</td>
<td>18 cases of T.B, 5 cases of sickle cell anaemia.</td>
</tr>
<tr>
<td>2</td>
<td>Ahoada General Hospital (East and West)</td>
<td>Cholera and stroke noticed May, 2010.</td>
<td>26 cases of Cholera, 5 cases of stroke</td>
</tr>
<tr>
<td>3</td>
<td>Etche General Hospital, Okomoko Etche</td>
<td>Chicken pox and mumps diseases, June; 2010</td>
<td>40 cases of chicken pox and mumps diseases noticed.</td>
</tr>
<tr>
<td>4</td>
<td>Bori General Hospital</td>
<td>Whooping cough and Asthma</td>
<td>50 cases of whooping cough and asthma especially among the school age.</td>
</tr>
<tr>
<td>5</td>
<td>Buguma General Hospital</td>
<td>Cholera, and Obesity cases, July, 2010</td>
<td>Over 100, cases of fatal and minor cholera and obesity, due to excessive feeding and lack of exercise.</td>
</tr>
<tr>
<td>6</td>
<td>Degema General Hospital</td>
<td>Measles and ulcer very high, August 2010</td>
<td>More than 100 cases of this diseases mainly among the children and school age.</td>
</tr>
<tr>
<td>7</td>
<td>Okirka General</td>
<td>Gonorrhea, Hiv cases, very low and obesity September, 2011</td>
<td>Few of this exists only in records.</td>
</tr>
<tr>
<td>8</td>
<td>Ikwerre General Hospital Isiokpo</td>
<td>Malaria measles very high October, 2010</td>
<td>High cases of malaria, arising from poor sanitary habit both at homes and school.</td>
</tr>
<tr>
<td>9</td>
<td>Omoku General Hospital</td>
<td>Skin rashes, worm infestation November, 2010</td>
<td>Very high cases of this exist.</td>
</tr>
</tbody>
</table>

Source: Field Survey, 2010
Communicable Diseases and Non-Communicable Diseases among Children

According to Udoh C.O., Fawole J.O., Ajala I.A., Okafor C., Nwana O. (1999), communicable disease or infectious disease is an illness due to a specific infectious agent or its toxic products from a reservoir to susceptible host, either directly as from an infected person or animal or indirectly through the agency of an intermediate, Plant or animal host, a vector, or an inanimate environment. While Abayomi (1993), added that communicable diseases are the outpatient attendance, admission and deadly diseases, which spread from one living animal to another, such as man to man, animal to animal or animal to man.

In the same manner, Udoh C.O., Fawole J.O., Ajala I.A., Okafor C., Nwana O. (1999), defined the term non-communicable diseases as a chronic or degenerative alignments which often causes a long-term physical and emotional problems to their victims. He added that most Non-communicable diseases begin at a very early age. While others are noticed at the Age of 65 years or above, adding that most children suffers from this kind of diseases such as: sickle cell Anaemia, Asthma, Arteriosclerosis, Cancer, arthritis, Cirrhosis, Hypertension, Diabetes, epilepsy, Stroke, Peptic Ulcer, etc. However Orime (2007) in his finding added that most tertiary health care system in Nigeria, have no proper consideration for the pediatric service unit that are up to date, rather advise that inpatient and outpatient to visit one foreign hospital abroad. E.g. India, Canada or South Africa for therapeutic consideration. This may be temperamental and provoking to commit suicide in hearing about this news, especially among the parents of poor financial background. The problem of Nigeria Health sector in unable to sustain the following health problems:
(a) childhood disorder (Pediatric Heart Surgery, Baby diseases, childhood Obesity, Childhood Asthma, childhood Cancer, childhood diabetes, childhood apraxia, childhood depression, childhood rashes, etc portrays the inability and poor pediatric cares to care their patient and poor pediatric parental in a care. Orime added that poor probiotic and prebiotic health aids within the rural areas in Rivers State, have increase the cases of communicable diseases such cholera, diarrhea, and tuberculosis in riverine areas such as Agba-Ndele, in Emohua Local Government Area of Rivers State, Abalama in Asari-Toru Local Government of Rivers State, Emohu in Rivers State Rumuekpe in Emohua Local Government Area of Rivers State. Orime (2007), added that the situation is considered pathetic in most towns in Rivers State whose sources of water is a surface water rather than underground
water, because of multiple domestic and industrial combined uses of this stagnant water in our area. The Government of every Nation State have it as their basic responsibility to provide an essential social services to their age bearing mother, children right from: (a) pre-conception period, (b) conception period (c) and post conception period, mainly to reduce several cases of deformity and diseases. Also, Orime (2007), added that poorly maintained maternity home at the rural areas have established most vacuum uncovered in area of neonatal newly born baby care, the fact that most midwife have no formal education, battles with the placenta after the delivery of the child, accompanied with injection over dosage, which often result to a paralyzed legs, hands etc., the situation often worsen when the effects is combined with several cases of congenital abnormality. A case in point is the after birth bleeding in Emohua in Rivers State, where an age bearing mother died after delivery.

Recommendations and Conclusions

The Millennium Development Goal’s (MDG’s), Yaru’adua vision 20:2020, the International Health Support Agency, the UNICEF, the FAO, RED Cross, WHO, UNDP, IFADI, UNESCO and the Common Wealth Organization, should perform their paramount responsibility.

However, because it is a constitutional right which fall under Exclusive list, the Nation health Care sector, should decentralizes their programme of events, by building a mini health immunization, and vaccination centres in all towns in Rivers State, following the nature of their dwelling environment and series of environmental pollution. The local Government should employ more personnel into the Ministry of health, to accelerate the efforts of Governor Rotimi Amaechi in building Primary Health centre in Rivers State, but yet to be empowered into operation.

The immunization staff should be a graduate of school of Health and not unskilled staff who may not know much about dosage during oral drug therapy administration, since several diseases have several epidemiological historical background and incubation period.

References

Abayomi, A. H. (1993): A to Z to Community Health and Social Medicine in medical and Nursing practice, with special References to Nigeria. 3AM communications Dugbe Ibadan, Nigeria.


Empirical Research and Sustainable Development pg 23-

The Nation Monday Newspaper: Cost of Bone Marrow Transplant is Killing us: “Nigeria Initiate sickle Cell Trust fund” and page 4: titled Commonwealth leaders declare War on Terrorism.


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