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1-STIGMA AND DISCRIMINATION RELATED TO HIV AIDS: CAUSES AND INTERVENTIONS

Eze Hyzingus Eze - Rock of Ages Foundation.

DEFINITION

The Microsoft Word Dictionary defines stigma as the shame or disgrace attached to something regarded as socially unacceptable. Sociologists have taken this a bit further. In a seminal study on stigma in 1963, stigma was defined as an attribute that is seen as deeply discrediting to a person or group (Goffmann). Those attributes could be an illness, physical deformity, aberrant behaviour or social group (based upon religion or ethnicity, etc.). Stigma lets people or groups see differences or "others" in a negative light while confirming their own sense of normalcy and decency.

Subsequent researchers have viewed this more as a social process that creates or perpetuates social inequalities and which is used to legitimise discrimination. While this is generally true, stigma can also be a primal human response-particularly in the case of fearing a disease that is transmissible and potentially incurable.

ROOT CAUSES OF HIV/AIDS STIGMA AND DISCRIMINATION

1. The role of knowledge about HIV and AIDS and fear surrounding it.

Ogden and Nyblade believe that the fear of transmission from casual transmission, and the various "what if scenarios" are the result of 1) the lack of specific, in-depth information about HIV transmission, 2) fear-based public messaging, and 3) the evolving nature of knowledge about HIV and AIDS.

2. The role of values, norms, and moral judgment.

This stigma is exacerbated by the seriousness of the illness, its mysterious nature, and its association with behaviours that are either illegal or socially sensitive (e.g., sex, prostitution, and drug use). Also relevant is the perception that HIV infection is the product of personal choice: that one

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chooses to engage in "bad" behaviours that put one at risk and so it is
"one's own fault" if HIV infection ensues."

Effects of stigma

- Social isolation
- Limited rights and reduced access to services
- HIV/ AIDS related stigma fuels new HIV infections
- Secondary stigma (stigma by association) Stigma in service delivery
- Discourages access to Absolute Neutrophil Count (ANC) services
- Prevents access to counseling, HIV testing and Mother To Child Transmission services (MTCT)
- Discourages disclosure of HIV test results to partner(s)
- Discourages acceptance of MTCT interventions
- Inhibits use of safer infant-feeding practices
- Confers secondary stigmatization on the child

Addressing stigma

Interventions addressing HIV-related stigma can take place at all levels:
National, Community, Social/Cultural, MTCT site/facility and Individual

1. Educate and train healthcare providers in:

- HIV transmission
- Activities to address stigma
- Awareness of language that describes People Living With HIV/ AIDS (PLWHA)
- MTCT-related policies
- Counseling and safer infant feeding practices

2. Enlist manager's help to ensure policies and procedures are in place and implemented for:

- Non-discrimination policies
- Confidentiality
- Universal precautions
- Post-exposure prophylaxis (PEP)

SUMMARY/CONCLUSION

- Stigmatisation reflects an attitude.
- Discrimination is an act or behavior.
- Stigma and discrimination are often linked to violations of human rights.
- Human rights declarations affirm all people's' rights to be free from discrimination, including discrimination based on HIV/ AIDS status.

HIV/AIDS-related stigmatization and discrimination can discourage access to key HIV services, including:

- Testing
- MTCT services
- Antenatal care
- ARV prophylaxis

Stigma discourages.

- Disclosure of HIV status
- Acceptance of safer infant-feeding practices
- Access to education, counselling, and treatment even when such services are available and affordable
- The MTCT programs and staff can help reduce stigma and discrimination in the healthcare setting, in the community, and at the national level
- Encourage MTCT staff to serve as role models
- Involve PLWHA
- Promote partner participation and community support

2- INTIMATE PARTNER VIOLENCE (IPV) AND THE MENTAL HEALTH CONSEQUENCES

Dr Jibril Abdulmalik – Psychiatrist

WHAT ARE THE FACTS?

A woman is assaulted or beaten every nine seconds, and 20 women are abused by an intimate partner every minute. In England alone, a woman is killed every 3 days as a result of domestic violence. Domestic violence, while often perpetrated by men against women, can and do also occur from women against men. But women are more often than not, on the receiving end of abusive relationships.

IS IT RARE IN AFRICA?

Most certainly not. It is more common than we realize. But it is often hidden away out of shame and embarrassment. Or when people are aware, they simply look away, or counsel patience. Physical abuse is especially commoner from men to women in an intimate relationship. And it is often more deadly with serious physical and emotional consequences. However, emotional abuse and verbal aggression (humiliating insults and taunts e.t.c.) are commoner from women towards men. But the fraction of these is so small that for the rest of this discourse, I would mean violence from men against women in the context of a relationship, when I talk about IPV. It is by far the commoner and bigger problem.

WHY DO PEOPLE TOLERATE DOMESTIC VIOLENCE?

Several reasons, but they usually don't start the relationship with a slap or violent actions. It often starts with carefully cultivated love and attention; which then progresses to possessive behaviour. And then he becomes controlling and wants to assert his authority on every issue. When she steps out of line or goes against him, he resorts to violence and aggression to 'punish' her and assert his

power or dominance over her. So, it is usually a slow process over time, and the lady would have become emotionally invested...or married. And truth be told, it is very difficult to break off long standing ties and relationships.

Domestic violence is sustained by a culture of blame and shame.

It is common to hear refrains such as: what did you do to provoke him? Did you abuse him? Oh, you pushed him first? So, what were you expecting? He is a man; he has to react and so on. These are all ways by which we blame the victim and reinforce/reward the perpetrator. We need to emphasize that NO PROVOCATION can ever justify domestic violence. We don't go around the streets fighting and beating everyone who offends us, do we? No level of violence is ever acceptable or 'normal' in any relationship. A person who resorts to violence once, is likely to repeat it – unless he/she receives therapy.

WHY WOULD ANYONE BE A PERPETRATOR?

Some risk factors increase the chances of individuals becoming perpetrators of intimate partner violence (IPV). These include:

- Growing up in a home where such practices were the norm, or violence was routinely used to settle quarrels. Such a child grows up with the mindset that it is an acceptable way to resolve conflicts.
- Poor upbringing: Growing up in homes where they are indulged and pampered and taught that the male child is superior and more valuable than females. And where gender roles perpetuate the impression that household work is beneath a man.
- Low self-esteem: Some individuals suffer from low self-esteem and their dislike for anyone challenging their opinion/views stems from their fragile egos. They may also attempt to use controlling behaviour and exert power over someone else as a way of making themselves feel good.
- Lack of good communication skills: People who are unable to clearly express themselves or their wishes using verbal communication may turn to violence as a means of shutting up a rival (or the spouse) when there is a disagreement. This is possibly why some people offer the lame excuse of a wife's oratorical superiority as the basis for their resorting to violence.
- Low frustration threshold: Individuals who become frustrated easily, and are unable to handle difficult situations will resort to violence.
- Anger management problems: Persons who do not understand their anger and/or how to handle situations when they become angry may instinctively lash out with violence when they are angry. They then become remorseful afterwards. This is a lack of self-discipline.

- Thinking errors: Some people have thinking (cognitive) errors where they misunderstand and mis-read other people's intentions and actions (or inactions). More often than not, the mis-interpretation is in a negative manner and results in punitive actions or retaliation for the real or perceived offences.
- Use of alcohol and other drugs: Persons who drink alcohol and take drugs are more likely to misbehave when under the influence of these drugs.

WHY DO PEOPLE REMAIN IN ABUSIVE RELATIONSHIPS?

There are many reasons working together to increase the difficulty of walking away from such abusive relationships:

- It is extremely difficult to break off long-standing emotional ties and relationships. It requires courage and social support/encouragement from family and friends.
- Societal shame and culture of discrimination against divorcees, and viewing them as 'failures'.
- The religious and cultural encouragement to 'forgive' and 'endure' or 'pray for victory' when things deteriorate.
- Poor understanding and acceptance of the place of psychological therapy in helping people with anger management issues and IPV – provided the individual is willing to receive support and work towards overcoming them. Recall that we are all, in one way or the other, 'damaged goods'? But at the same time, we all have immense potential for so much good, if motivated and harnessed appropriately.

WHAT ARE THE MENTAL HEALTH CONSEQUENCES?

Depression is the commonest emotional consequence, resulting in pervasive feelings of sadness, loss of interest in previously enjoyable activities, and feeling tired all of the time. It may also be accompanied by loss of appetite, disrupted sleep patterns, weepy episodes and feelings of worthlessness. In some instances, suicide begins to look like a viable option out of their misery. This emphasizes why we should all stand up to be counted in providing support, and encouragement to help any survivors we know.

Other emotional problems include anxiety and frequent worry; Post traumatic Stress Disorder (PTSD) - characterized by recurring nightmares, hyper-vigilance and becoming easily startled, avoiding all reminders of the previous experiences etc.

Their self-esteem also takes a big hit - becoming insecure and unsure of themselves. They may also become angry and mad at themselves and at the world: How could I have been so stupid? I should have known better. e.t.c. Others may turn to drugs or seek meaning in spirituality and religious experiences, while becoming resigned to fate. These are not very helpful, because it perpetuates the cycle. And if there are children in the marriage, you are also teaching the children that it is acceptable for a man to beat his wife. Your sons may grow up with the mindset that if your woman talks back at you or questions your actions or inactions, the appropriate response is a slap or a beating. And your daughters seeing how you are quietly taking it will assume that any good wife should also accept such excesses, as they grew up seeing their mother do same. You will then become their reference point. The end game therefore, is that it becomes a generational affair, that your children will also experience (as perpetrators or as victims) and then they also pass the torch unto their own children.

SO, WHAT CAN WE DO?

- If you or anyone you know have experienced IPV, seek counseling and therapy from mental health professionals (psychiatrists and clinical psychologists).
- If you are in abusive relationship, end it today. If mediation is going to work, ensure the abuser goes for therapy and is given a report before you consider going back. The truth is, if it happens once, more often than not, it will become a repetitive habit.
- Train your children properly: Male children should not be pampered and allowed to play while your girls are cleaning the house and helping in the kitchen. You are raising entitled future men who will consider women inferior and beneath them, while they reign as Lord and Master. Unfortunately, our religious stereotypes erroneously reinforce this type of orientation.
- Religious leaders have a role to play, to identify when to counsel patience and when to draw the line. While not encouraging marriages to break down, if it is clear that one partner is not committed and the life and safety of the other partner is at risk, then please do not hesitate to encourage a separation. Otherwise, you may be called to officiate at the funeral.
- Families and the community should stop the shame and stigma attached to being divorced or unmarried. If it is not working and it is threatening your sanity, your health and indeed, your life, then what is the point?

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- As friends, neighbours, colleagues, family members, we should all have zero tolerance for anyone in our circle who perpetrates IPV. There is never an acceptable excuse for it.

3-Ways To Avoid Sexually Transmitted Infection

@ourowndocor [OLAGBENRO Michael, Dr.]

First and foremost let's highlight why is it important to talk about sexually transmitted conditions?

1. Sex is a natural part of life; in fact, a good sexual appetite and sexual fulfillment are parts of a healthy life!
2. So much sex goes on every single day, and possibly every single hour of the day!
3. The genital and urinary organs are involved in reproduction, so it is important that they are maintained in health.
4. Viruses that are transmitted during sex cause some cancers; these cancers are projected to rise over the next 20-35years.
5. Care for cancer is expensive.
6. The sheer number of those that have and will have infections from sex is large, and these persons are in the economically active age group. Illnesses and diseases in this age group of of great economic consequence.
7. Hepatitis, HIV and other virus infections are better avoided than cared for.
8. Some of these organisms that colonize the reproductive tract can affect babies during labor. This may result in death or lifelong disabilities.

Now, what must we do to avoid sexually transmitted conditions and the complications?

1. Avoid getting infected.
2. Know when you may have an infection and get prompt treatment.
3. Get vaccinated.

Let's break down the points

1- AVOID GETTING INFECTED, HOW?

1. Delay onset of sex as long as possible:

Early onset of sex, particularly for women, increases the chances of infection. Why? The vagina has a large surface area compared to the penis. The lining of the vagina is not as "tough" as the skin on the penis. The lining of the vagina in a young woman (early teenage) is not as "tough" as that of a full adult woman, therefore it is more prone to tiny tears that make it easy for germs to enter.

2. Have as few sexual partners as possible:

The more sexual partners that one has, the more the chances of getting infected.

Also, one is more likely to be exposed to different types of the same germ, which increases the chances of infection. The best thing to do is abstinence until marriage.

3. Use protection:

Particularly if you have more than one sexual partner, a good condom could be a lifesaver!

4. Be honest with your partner:

It is only fair that one discloses one's health status to one's partner. I have had patients that got HIV from partners who did not disclose their status!

5. Good personal hygiene:

I once had a "lovers' quarrel" when I realized that my then "significant other" used a bra for 3 days! Changing our underwear whenever we are sweaty or wet, or simply after use is a sound practice. We should also ensure that we keep our genitals clean. Having a bath TWICE a day helps.

Other things to note with genital hygiene:

- A. DO NOT ALLOW THE FINGERS ON THE LIPS OR VAGINA after they touch the anus or around the anus.
- B. Do not wash inside of the vagina when you have your bath.
Naturally, there are some bacteria that are natural occupants of the vagina. They help to make it a little acidic, thus preventing other microorganisms from getting accommodation!
- C. Before you go into, or allow anything to come into you, take a good look at your partner's genitals. If you see anything unusual, clarify before you go ahead with sex, or have non-genital sex.

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- D. When you use water or tissue paper to clean up, clean from the front to the back, NOT FROM THE BACK TO THE FRONT. This way, you avoid transfer of organisms from around the anus to area around the vagina or where the urine comes out.

2- KNOW WHEN YOU MAY HAVE AN INFECTION

1. Watch out for any rash or boils in your privates
2. Watch out for any discharge
3. Watch out for itchy sensation
4. Watch out for a sore throat after oral sex

3- GET VACCINATED

1. Visit local clinics and hospitals for vaccination.

4- GLAUCOMA

Dr. Ujam – Ophthalmologist

Glaucoma is a group of optic neuropathies; that is, diseases that affect the optic nerve which is the nerve (the wire or cable) connecting the eyes to the brain for transmission of visual information for interpretation.

Glaucoma is an important cause of blindness, IRREVERSIBLE BLINDNESS, all over d world & especially in our environment

The results of a nationwide blindness prevalence survey conducted in Nigeria from 2005 to 2007 revealed that glaucoma is the 5th commonest cause of both blindness and visual impairment in Nigeria affecting millions of people.

CAUSES

Though the commonest cause was cataract, glaucoma deserves more attention since blindness due to glaucoma is irreversible the world over unlike cataract that can be cured via surgery. The truth is that the exact cause of glaucoma is unknown. We only know of certain "risk factors" that can predispose someone to developing glaucoma.

These risk factors include black race, age of 40 years and above, family history of glaucoma in a 1st degree relatives; that is, parents, siblings and offspring. Also rise in eye pressure (intraocular pressure), shortsightedness, injuries and ocular inflammation.

POSSIBLE SIGNS AND SYMPTOMS

Another bad thing about glaucoma is that when it starts, it gives no signs or symptoms; that is, it is without symptoms until it's well advanced.

You will not feel any eye pain, you will still be seeing everything, no itching, no tears, and no discharge, and in fact no nothing until it's well advanced. It starts by slowly affecting your outer peripheral vision such that you will not know except you undergo eye tests.

However, the good news is that if diagnosed early, it can be controlled to preserve vision, though no permanent current. Note that eye with glaucoma will continue to look "normal" to an ordinary person even when the person is totally blind; you will still be thinking that the person is seeing you because there won't be any obvious abnormality in the eyes, except an eye care professional examines the eyes using instruments.

TEST AND SCREENING

To screen for or diagnose glaucoma, specialized eye tests are needed to check the back of the eyes and measured eye pressures, not just about reading alphabets.

Because glaucoma starts silently and can lead to irreversible blindness, individuals of 40 years and above are encouraged to have eyes checks annually. When diagnosis is made, treatment is usually with eye drops, sometimes tablets or even surgery. Treatment and follow-up is usually for life and preservation of sight for the rest of the patient's lifetime will depend on what stage the disease is at the time of diagnosis, hence the earlier the better.

Annual eye checks are recommended for the following group of people: people aged 40yrs and above, those with positive family history of glaucoma, people that are shortsightedness or wearing glasses, or history of injury/ trauma to the eye.

PREVENTION AND CARE

Anytime you experience any symptoms like eye pain, eye strains, redness, discharge, itching, tearing, blurry distance vision, difficulty reading small characters, flashes of light, tiny specks scattered & floating in the air, it's an opportunity to go and have d eyes checked.

It is a bad habit to just buy un-prescribed eye drops and put in the eyes. You do yourselves great disservice anytime you do that. The same thing with buying glasses by the roadside. People have, in the course of eye checks on account of other symptoms, had glaucoma hiding behind the eyes detected.

I will mention that a baby can actually be born with glaucoma, which is congenital glaucoma. Infants with glaucoma typically have abnormally large eyeballs and hazy corneas; that is the black eye appears hazy. Congenital glaucoma is usually treated using surgery.

Some other forms of glaucoma may affect a younger person, which is developmental and juvenile glaucoma.

Therefore anybody of any age experiencing any eye symptoms should go for eye checks. Again, an eye check goes beyond reading alphabets.

5- HAIR LOSS: CAUSES & REMEDIES

DR PUREJOIE

Alopecia (Hair loss) occurs either suddenly as an acute episode or as a continuous occurrence. There are several hundred diseases states or events that can precipitate abnormal hair loss.

Generally, hair loss is clinically classified into two types:

Scarring hair loss: where the hair follicles are completely destroyed and form scar tissue...The scalp appears like it is smooth and scarred.

Non-Scarring hair loss: where there is no evidence of damage to the follicles. Hair loss can also be complete or partial, patterned or non-patterned, patchy or localised in one spot.

THERE ARE SEVERAL CAUSES OF HAIR LOSS

1. Diseases

- Systemic Lupus Erythematosus – Hyperthyroidism
- Hypothyroidism
- Polycystic ovarian syndrome
- Syphilis
- Adrenal diseases

2. Nutrient deficiency

- Protein
- Iron
- Biotin
- Zinc
- Copper
- Selenium
- Iodine
- Calcium
- Essential Fatty acids (Omega 3 & 6)
- Vitamins A, Bs, C, D
- Crash diets
- FAD diets (Diets which are not nutritionally balanced)
- Eating disorders (Anorexia and Bulimia)

3. Drugs (as side effects)

- Some antihypertensive
- Anti coagulants
- Cancer treatment drugs
- Epilepsy treatment drugs
- Family planning medication
- Cholesterol lowering medication

4. Trauma (cosmetic stress)

- Tight hairstyles
- Poor knowledge of how to use hair products
- Bad stylists

- Chemical damage from relaxers and dyes
- Pressure from wigs, caps, turbans

5. Physical/ hormonal/ psychological/ mental stressors

- After childbirth
- Around menopause
- Prolonged hospital admission
- Surgery
- Emotional stress
- Work stress

6. Androgenetic / Female Pattern hair loss

Progressive balding due to the combination of genes and the action of androgen hormones on scalp hair Follicles. Areas affected include the crown and frontal areas. In women, other symptoms include excess facial or body hair, male pattern body hair, acne, and irregular menses.

For scarring hair loss, there's a particular one I want to highlight. It is called Central Centrifugal Cicatricial Hair loss. It is particularly common in African women.

Causes are unknown but it is related to use of chemicals and hot irons. There is also a genetic component.

HOW TO MANAGE HAIR LOSS

1. Seek professional help as early as possible to improve chances of complete recovery.
 2. A detailed history taking(question and answer session (will help the doctor to make a diagnosis of the underlying cause of hair loss.
 3. Laboratory tests are also useful depending on the suspicions of the doctor.
 4. Healthy hair practices including a well-planned hair care regimen, safe use of chemicals like relaxers and dyes, avoiding tight hairstyles. Relaxers should be used at a minimum of 3 months intervals.
 5. A quality diet is essential for healthy hair - Diets should be rich in nutrients. Focus on quality not quantity. Eat lots of proteins, vegetables and fruits.
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6- FIBROID

Dr. Tochukwu - Gynecologist

WHAT IS FIBROID?

Fibroid is an abnormal growth in the womb. Between 20-50% of women over 30years of age has fibroid. It is 2-3 times found more in Blacks than Caucasians. It is said that fibroid is a disease of good girls and cervical cancer is a disease of bad girls.

So if you have fibroid that means you are a good girl..lol..Kidding

THE COMMON QUESTION IS, WHAT IS THE CAUSE OF FIBROID?

Well, there are a couple of local studies here and there. The cause of fibroid is unknown. You can't say it's because of what you did but there are a couple of hypothesis to explain its cause.

1. **The effect of female hormones:** The hormone in question is Oestrogen. The body expects that at a point in a woman's life she should get pregnant and the effect of this hormone modulated. This prolonged exposure to the female hormone is a major risk.
2. **Obesity** is another cause because excess fat promotes increased Oestrogen production.
3. **Sedentary lifestyle:** People whose jobs predispose them to sitting too long that promote weight gain, increase female hormone production and risk for fibroid formation.
4. **Contraceptive pills:** They contain the same female hormone; Oestrogen.

Risk is more at age 30-45years. This is why men need to know about fibroid: The search for an offspring is the duty of both couples.

WHAT ARE THE SYMPTOMS OF FIBROID: WHAT WILL ONE NOTICE TO SUSPECT FIBROID?

1. Heavy bleeding during menses
2. Pain during Menses

3. Bleeding in between menses
4. Prolonged menses
5. Severe lower abdominal pain
6. Pains during sex
7. Lower abdominal swelling
8. Frequent urination
9. Infertility

Note: When we give such ranges it doesn't mean it can't happen at ages not within the stipulated range just that it is peak at that age group.

FIBROID AND INFERTILITY

Fibroids are very common - they are benign (non-cancerous) tumors of the uterine muscle. The size and location of the fibroid are important. The large majority of them are very small or located in an area of the uterus such that they will not have any impact on reproductive function.

There are 3 general locations for fibroids:

1. **Subserosal** - on the outside surface of the uterus
2. **Intramural** - within the muscular wall of the uterus
3. **Submucous** - bulging into the uterine cavity

The womb has an inner part called the mucosa, it has the muscle layer and the covering called the serosa that is called the submucosal fibroid. That type is the main cause of infertility or recurrent miscarriages because that is where the baby stays and grows, so the baby and the fibroid competes for space. Submucous fibroids can often be surgically resected to improve fertility.

Other ways fibroid can cause infertility includes:

1. It creates a greater distance for the sperm to travel from the vagina to the tubes where d baby is formed
2. It struggles with the baby for blood and nutrient
3. Blocks the tube
4. Prevents the formed baby from implanting into the womb
5. I had mentioned competing for space with the baby
6. Pain during sex makes sex un-pleasurable and prevent pregnancy

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Note: if you are a woman aged 30 or above, and you have never had a Baby, it is a good idea to have a pelvic ultrasound scan.

TREATMENT

It can be medical or surgical. The choice of treatment depends on the size, the person's choice and desire for pregnancy. Large fibroids require surgical removal. Removal of the womb is the definitive management. Medical treatment is by drugs that counter the effect of hormones.

If you have a fibroid, and it is big enough to operate, PLEASE GO FOR SURGERY. There is currently no known drug treatment that will shrink a large fibroid (the drugs available now can reduce the size so that it is easier to remove by surgery. If a fibroid is left to grow large and left alone because we are afraid that no Man may want us, we may be putting our lives at risk.

See also <http://www.zealot99.com/what-is-fibroid-causes-and-symptoms/>
REFERENCE: <http://www.advancedfertility.com/uterinefibroid.htm>

7- FERTILITY

@ourowndocor [OLAGBENRO Michael, Dr]

Our native traditions have practices that help to ensure that new families are healthy. Among the Yoruba (South-West Nigeria), enquiry is made as to the temperament of the intending spouses [mental health], history of mental or peculiar illnesses in the respective families [mental & hereditary illnesses] and recurring infant death.

In modern times, honest discussion and full disclosure are what we must have between intending couples. This is supplemented by review and counseling by a Physician.

Fertility

Concerning fertility, there are certain health details that intending spouses need to disclose to each other, and seek a Physician's review and advice.

a) History of sexually transmitted infections.

In our environment, a number of our people do not get properly treated for sexually transmitted infections, this is a risk factor for infertility (and viral infections such as HIV, HPV). In the Man, STIs may destroy the cords bringing sperm cells and fluid from the testes. STIs may also damage the capacity to produce sperm cells.

In the woman, STIs can cause a block of the Fallopian tubes. (Poorly done abortion also plays a role in this).

If the intending spouses open up on the history of STIs, it saves many a fear, and tears!

A factor that influences how well sexual infections are treated is that young people cannot open up on "such matters"; sex is a delicate subject, and more young people are into coitus than we will love to admit.

b) History of accidents or surgery to the pelvis.

The pelvic area is the area between the hipbones, and between the waist and genitals. It houses our reproductive organs. Injury or surgery to this area, may affect fertility and ease of childbirth.

For example, a man who falls astride may damage the testes or cords that carry semen. A woman who has had surgery for fibroids may need to opt for Caesarean Section and NOT TRY LABOR, etc. Let your spouse know about this.

Do you think one should disclose EVERYTHING to one's intended spouse?

Our medical/health history may affect our lives as families, and may affect our children; disclose may help to find solutions early.

There are times a spouse does not want a Physician to disclose certain details to the partner. At an extreme, I had a client in the HIV Clinic whose wife did not know of his status (he had been positive for about 5-7 years before marriage). The wife also became HIV positive, and that was when she got to know of the husband's status.

I think a major part of the problem is social support for any health issue we may have. And being secure in the knowledge that we are loved.

So, honesty is key concerning our health issues, from haemoglobin genotype to poor eyesight, to cancers.

c) Medication, alcohol and tobacco habits.

Certain medications for long-term illnesses (e.g blood pressure drugs) may lower the sex drive. Alcohol and tobacco consumption may also have effects on sexual drive and capacity. And may affect fertility

SAFETY IN PREGNANCY AND DELIVERY

Do you have any background illnesses? e.g. Diabetes, Tuberculosis, Sickle-cell disease, heart issues, clotting disorders, lung disease from smoking, HIV infection, Hepatitis infection, etc. Of course, you may have any of these and not know, so, the smart thing to do is to use the chance of your upcoming wedding to have a comprehensive medical review.

Some intending couples may balk at the costs, but, if you can spend 2.5-3.5million Naira (ONLY) on your wedding, or #300k for your cake YOU SHOULD SPEND MONEY ON DETAILED MEDICAL REVIEW.

Do you know your Haemoglobin genotype?
Do you know your blood group?

Certain haemoglobin genotypes [SS, SC, AS] may have issues in pregnancy on account of increased body demands.

You can never tell if you will need a blood transfusion at delivery, so it is a smart idea to have 2 or 3 people who share your blood group and may be able to donate for you if need arises.

1. Be aware of the fertile period of the Woman's menstrual cycle.
2. Have regular unprotected coitus DURING the fertile period.
3. Have regular unprotected coitus for 6-12months.
4. Observe for regularity of menses and spontaneous penile erections.
5. Check that the woman is ovulating.
6. Check that the passageway for the egg and sperm cells in the Woman are free.
7. Check that the Man's semen is of adequate QUANTITY and QUALITY.
8. Check that all hormones are "on point".
9. Do without anxiety.
10. Advice cooperation & co-" burden bearing ".
11. Any other tests as the Obstetrician may deem necessary.

8- NIPPLE DISCHARGE

Dr. Ibuchukwu ORABUEZE

All you need to know about Nipple Discharge. Causes and Management
Nipple discharge is any fluid that comes out of the nipple area of the breast. It could be normal or abnormal and occurs more in women of reproductive age. This is not to say that men are not affected, after all they have been gifted with nipples too.

The colour of the discharge varies...ranging from cloudy white to grey, yellow, green and bloody. The colour could be a pointer to the cause, however, both normal and abnormal discharges could present as this

Talking about NORMAL nipple discharge... It is seen more in women who have been pregnant before, no matter the outcome of the pregnancy; whether carried to term, miscarried or deliberately terminated.

The discharge more often affects both breasts and comes out when the breast is squeezed.

CAUSES OF NIPPLE DISCHARGE

1. Pregnancy
2. Breast-feeding.
3. Irritation from clothes i.e. clothes rubbing on the nipples.
4. Stress
5. Infections of the breast and chest
6. Sexual stimulation such as fondling and suckling.
7. Herbal mixtures.
8. Noncancerous pituitary tumors
9. Small growth in the breast that is usually not cancer
10. Severe underactive thyroid gland (hypothyroidism)
11. Fibrocystic breast (normal lumpiness in the breast)
12. Use of certain medicines
13. Widening of the milk ducts
14. Decreased thyroid hormone production
15. Cancer of the breast: In this case, you'll want to know if there is an ongoing infection of the breast, is the discharge pus? Because it's difficult to know which changes in the breast are serious, it's important to consult a doctor.

Nipple discharge in men is ALWAYS abnormal. Abnormal discharges may present with other abnormalities such as dimpled skin, swelling, redness, sores and retraction of the nipples amongst others

It's important that women, develop a sisterhood relationship with the breasts. This way, it's easy to identify any abnormalities.

WARNING SIGNS

Nipple discharge in a male occurring at 40years and above coming from one breast. Nipple discharge in males is abnormal... Don't think twice about referring him to the hospital.

Presence of a mass/ lump in the breast.

Bloody occurring spontaneously i.e. without stimulation

MANAGEMENT

The management of nipple discharge depends on the cause. Your doctor will take a history of the condition; this includes the colour of the discharge, length of time it has persisted, does it affect one or both breasts, presence of lumps, pain amongst other questions.

He/she will carry out a physical examination and depending on his findings request for tests.

- Like I mentioned earlier, the treatment of nipple discharge depends on the cause. If caused by medications, they will be stopped or changed. Conditions amenable to medications, drugs will be prescribed.
- Those requiring surgical intervention will be managed as such to have lumps removed or all or some of the breast ducts removed; depending on the cause.
- Receive creams to treat skin changes around your nipple.
- Receive medicines to treat a health condition.

Note: Not every case of nipple discharge in young ladies is as a result of previous pregnancy. Not every case of nipple discharge is cancerous but it's wise to check it out medically.

Breast self examination goes a long way in identifying breast abnormalities. We need to get familiar with our breasts and this is best done a few days after menses when the breasts are less tender.

Stand before a mirror, naked to the waist and LOOK...Look out for difference in shape, size, symmetry, redness, dimpling of the skin, sores, nipple retraction.

Health Gist from the Doctor on Air WhatsApp Platform.
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Touch the different areas of the breast and feel for lumps/ masses. Lightly express the nipples, moving from the areola to the nipple...this will reveal any discharges. Don't forget to check your armpit for any masses.

This is a general overview on breast self-examination. Menopausal women should find a time in the month that suits them and do their breast examination within this period monthly

The incidence of breast cancer is on the increase. Abnormalities of the breast should not be taken lightly. Do well to spread the good news of early identification, be prompt visit to the hospital and proactive follow up. It's not just for us but also for our neighbours, sisters, wives and men.