

# Addressing Female Genital Schistosomiasis

## Burden in Nigeria to create Health Equity

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### Context

Nigeria is estimated to have the highest burden of schistosomiasis globally and it is known that about 75% of women infested with schistosomiasis have female genital schistosomiasis (FGS), a neglected gynaecological disease that affects 56 million girls and women in Africa. FGS affects the very young (girls and women) that are disproportionately affected by HIV and HPV/cervical cancers. This no doubt has created health equity in Nigeria.

SDGs aimed to reduce the disease burden and poverty by the year 2030 and this call for attention of individuals and organizations. FGSSoN is a non-governmental organization with over a thousand members all over Nigeria, created and founded in 2022 to eliminate FGS and related infectious diseases and cancers and ultimately eliminating health inequalities due to FGS and related infectious diseases and cancers as a response to SDG's call. To achieve this, FGSSoN has organized capacity building training among healthcare workers, FGS awareness programs among the communities, conducted FGS research survey and praziquantel distribution to identified FGS communities.

### Activity Description

FGSSoN, in March 2022 has conducted FGS capacity training among tertiary hospitals across the six geopolitical regions in Nigeria (Federal Medical Centre, Abeokuta, Federal Medical Centre, Lokoja, State Specialist Hospital, Bauchi, Delta State University Teaching Hospital, Delta, Abia University Teaching Hospital and Muhammad Abdullahi Wase Teaching Hospital, Kano), raising FGS awareness in the community through various radio and television programs, and drama, for healthcare professionals, the Society has conducted outreach work including presenting at annual general meetings and scientific conferences of professional bodies, advocacy visits to ward health committees, state ministry of health and government health agencies. The Society also visited management teams of tertiary hospitals, and donated video coloscopes to two tertiary hospitals and distributed WHO FGS Atlas to many tertiary hospitals in Nigeria. The FGSSoN's first academic article was published in the West African Journal of Medicine, a case report on FGS associated with Squamous Cell Carcinoma of the vulva, and delivered lectures at the BILGENSA workshop in Zambia. We had conducted FGS outreach in communities across some states in Nigeria with free distribution of praziquantel to FGS affected people. Our activities can be viewed in the Society website: <https://fgssfnigeria.com.ng>

### Activity Impact

- Development of capacity building for human resources for health across the tertiary hospitals in Nigeria and this brings about improvement in equity and quality in health services.
- Increased awareness of FGS among healthcare professionals in Nigeria
- Increased awareness of FGS among communities in Nigeria
- Increase in demand for FGS services across the hospitals in Nigeria
- Increased in both operational and implementation FGS research.
- Renew awareness on male genital schistosomiasis and other related infectious diseases in Nigeria.

### Facilitators

- The willingness and commitment of the FGS scholars to engage others in FGS awareness creation in an orderly manner
- Collaborative support from the health ministries and agencies, and tertiary hospital actually facilitated our activities in addressing the FGS burden.
- The use of FGS educational materials from FAST PACKAGE helps us in the training of the healthcare workers
- The use of IEC materials and drama facilitated FGS awareness creation in the communities.
- Proper community entry, social mobilization and community participation and involvement in the all the stages of program made our approach a success.

### Challenges

- Lack of point of care diagnostic tool such as a colposcope and Recombinase Polymerase Amplification machine slow our progress
- Lack of vehicles for transportation to communities was a challenge.
- Lack of funds limited the states and communities we can reach to.

### Evidence

Video evidence of our activities in Radio, Television and Social Media:

- <https://www.youtube.com/watch?v=Kp0eRt8qB8k>
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Figure 1: FGS awareness program in Federal Medical Centre, Abeokuta and State Specialist Hospital (Lokoja)

Figure 2: FGS awareness program in Federal Medical Centre, Abeokuta and State Specialist Hospital (Lokoja)

Figure 3: FGS awareness program in Federal Medical Centre, Abeokuta and State Specialist Hospital (Lokoja)

Figure 4: FGS awareness program in Federal Medical Centre, Abeokuta and State Specialist Hospital (Lokoja)

Figure 5: FGS awareness program in Federal Medical Centre, Abeokuta and State Specialist Hospital (Lokoja)

Figure 6: FGS awareness program in Federal Medical Centre, Abeokuta and State Specialist Hospital (Lokoja)

Figure 7: FGS awareness program in Federal Medical Centre, Abeokuta and State Specialist Hospital (Lokoja)

Figure 8: FGS awareness program in Federal Medical Centre, Abeokuta and State Specialist Hospital (Lokoja)

Figure 9: Coloscopes donated to Federal Medical Centre, Abeokuta and State Specialist Hospital (Lokoja)

Figure 10: Donating WHO FGS Atlas to State Specialist Hospital

### Lessons Learned

- ✓ With little resources, we were able to achieve success because of community engagement, involvement and participation in all stages of the program. These emphasize the roles community in any program.
- ✓ Cooperating and working across various disciplines is one of the lessons learned in the program. FGSSoN has members that cut across many walks of life with different and vast experiences that help us to achieve success.
- ✓ The useful of intersectoral collaboration was demonstrated in our program since other non-health sectors were worked with to achieve success.

