

Education of the Noma survivors; A call for institutions establishment

BALA M, **SHAFIU IA, **ABUBAKAR AB, **ABDULLAHI MAS, **BRAIMAH RO, **TAIWO AO, **JAAFARU R, ***BAWA AT, *ABUBAKAR MK,**

*Department of Dental and Maxillofacial Surgery, Usmanu Danfodiyo University Teaching Hospital Sokoto.

**Noma Children Hospital, Sokoto.

***University of Maiduguri Teaching Hospital, Maiduguri

****Department of Oral and Maxillofacial Surgery, Aminu Kano Teaching Hospital, Kano.

*****Department of Dental and Maxillofacial Surgery, Federal medical center, Gusau.

Correspondence

Dr Bala Mujtaba:

Department of Oral and Maxillofacial Surgery,

Usmanu Danfodiyo University Teaching Hospital (UDUTH)

PMB 2370, Sokoto, Nigeria

Email: mujtababala@yahoo.com

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INTRODUCTION

Education is the backbone of development of any society and constitute the most important aspect of disease prevention. (Bradshaw et al. 2009), The National Policy on education accent that education is the right of every child and should be brought close to the environment of the child. Individuals living with disability deserve to have a special consideration as special target group (Bradshaw et al, 2012). Patients living with Noma sequelae though not classified as disabled but may be at risk of losing education due to their facial disfigurement. Several barriers have been reported to prevent a child from going to school in our environment. These include, a lack of funding for education, having no teacher, or having an untrained teacher, no classroom a lack of

learning materials, the exclusion of children with disabilities, living in a in conflict or at risk of conflict regions distance from home to school. (Forde &, O'Brien. 2022; O'Brien & Forde, 2023). Eestablishment of a special institution for Noma patients could easily equipped the patients with skills useful to them and the society. It may also permit monitoring of their follow up after surgical intervention e.g. maintenance of jaw exercise after trismus release has always been a problem once the patient left the hospital. The Noma disease survivors present with varying degrees of facial deformities that makes it harder for them to form relationships with friends, peers, and teachers. This can make it hard for them to keep up with their academic studies hence more vulnerability to abandon schools. This

study aimed to present the analysis of education challenges faced by Noma survivors and make some recommendations for the establishment of special institutions that will enhance their learning as a special group.

MATERIALS AND METHODS

This was a cross-sectional study conducted over 2 months. After obtaining ethical approval from the Sokoto state ministry of health, Caregivers of children 15 years and below who survived Noma were enrolled. Information such as sociodemographic, duration of Noma defect, school enrollment history, challenges faced and willingness to be enrolled in a Noma children institution were obtained. Data were analyzed using SPSS version 25.

RESULTS

A total of 69 Noma survivors were enrolled and relevant information was collected via the caregivers. There were 38 (55.1%) males and 31 (44.9%) females in the age range of 6-15 years and a mean±SD of 9.94±3.41 years. The duration at which the children live with the defect range from 2-11 years, only 18 (26.1%) of them were enrolled in schools and majority 16 (88.9%) reported bullying as their main challenge. The reason for school nonenrolment was because of Noma defect in 27 (52.9%), No school 12 (23.5%), No teachers 4 (7.8%) and financial problems 8 (15.7%). All the caregivers were ready to release their children to a special Noma children school if available and majority 32 (46.4%) want their children to be teachers.

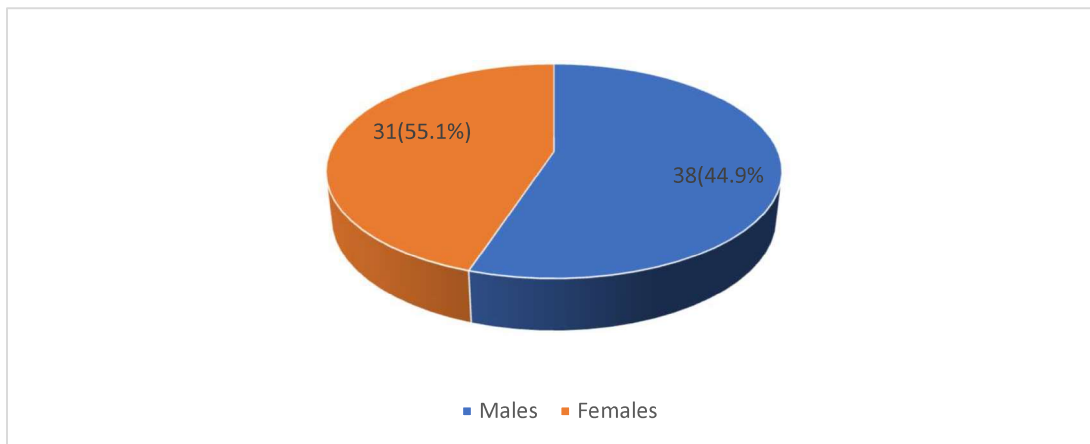


Figure 1: Sex distribution of the study participants

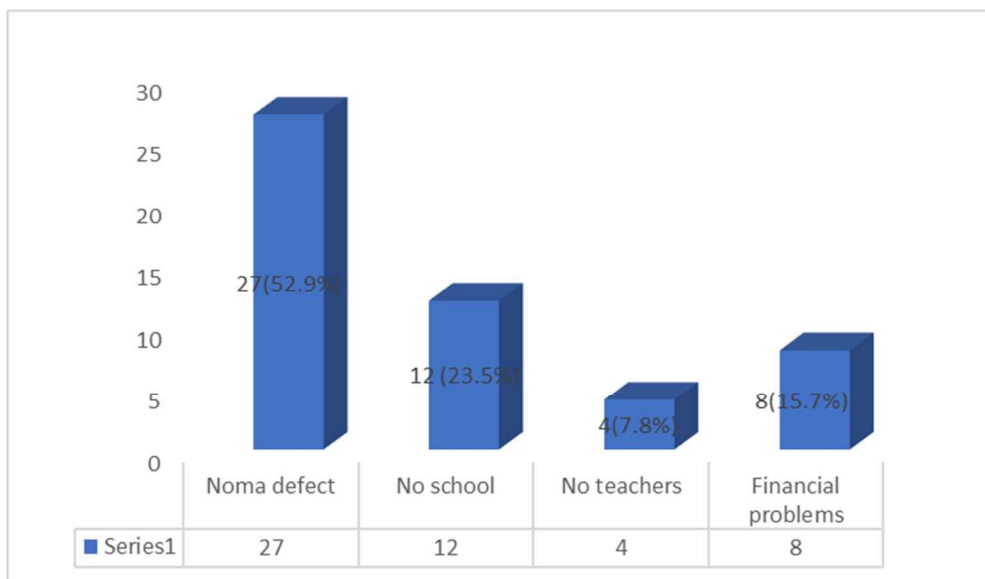


Figure 2: Reasons for not attending school

Table 1: Distribution of the future ambitions of the Noma survivors

Future ambition of the Noma survivors	Frequency (n)	Percentage (%)
Business	1	1.4
Doctor	4	5.8
Lawyer	21	30.4
Nurse	10	14.5
Tailor	1	1.4
Teacher	32	46.4
Total	69	100

CONCLUSION

The education challenges faced by Noma survivors include bullying, lack schools, lack of teachers and financial constraint. Establishing free special institution could significantly improve their quality of life.

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