

## **FEMALE GENITAL SCHISTOSOMIASIS (FGS) AWARENESS CREATION AND ACTIVE CASE SEARCH DURING FINAL YEAR MEDICAL STUDENT COMMUNITY DIAGNOSIS**

With support from FGS Society of Nigeria, this year community diagnosis was carried out in Bula Geidam community where FGS awareness and active search were done in addition to community search of other health problems.

Community diagnosis is a final year medical student posting in a rural community where the students with the help of their supervisors conduct community search of health problems in a selected rural community.

Bula Geidam is an agrarian rural community along one of the tributaries of Lake Dadin Kowa in Gombe, northeastern Nigeria. It has a population of about 3,000. There is one primary healthcare facility with two junior community healthcare extension workers (JCHEW) and one volunteer healthcare worker (VHW). The facility runs for about 8-10 hours a day with limited services. The main source of water is from the tributary of the lake and open defecation is a problem in the community.

The community diagnosis started with community entry and sensitization visits where the community head and his cabinets, and other stakeholders were briefed by the essence of the community diagnosis. This is followed by house numbering and households listing. The available health records in the health facility were reviewed and the healthcare workers were interviewed about common cases they see in the facility.

The third day, house to house visits were done where household heads and adult male and female in the house were interviewed about health problems in the community. Specimens were collected from children. FGS active search was based on the past and recent history of bloody

urine, past, and recent contacts with water body and history of vaginal itching, vaginal discharge, vulvar ulcer, irregular menses, vaginal bleeding during and after coitus. Questions related to infertility, subfertility, abortions, miscarries and ectopic pregnancies were asked.

FGS was found to be a common health problem in this community. Other health problems encountered in this include malaria, river blindness, NOMA, respiratory disease among children, malnutrition among children, diarrheal disease among children, anaemia, and poor record of childhood immunization. Majority of the children do not have immunization cards.

Community dramas were acted upon to create health awareness about FGS and other health problems. Treatments were given for FGS and other common illnesses in the community. The children were dewormed in addition. The health facility health workers were also educated about FGS.

FGS Society of Nigeria look forward to collaborative partnership to address FGS and other health problems of the community and other nearby communities our resources did not cater for.



Fig 1: Background of the community



Fig 2: Community entry and sensitization



Fig 3: House to house visits



Fig 5: Urine specimens collection at PHC facility



Fig 6: Specimens analysis at the laboratory



Fig 7: collation and analysis of information from the field



Fig 8: Community drama to create health awareness



Fig 9: free drugs distribution to the community

#### **VIDEO INTERVIEW OF SOME WOMEN IN BULA GEIDAM AND ZAMFARAWA**

1. [https://drive.google.com/file/d/1jv4a9wTuRgwFWncQb\\_kH\\_wrdfA7dY6Q/view?usp=sharing](https://drive.google.com/file/d/1jv4a9wTuRgwFWncQb_kH_wrdfA7dY6Q/view?usp=sharing)
2. <https://drive.google.com/file/d/1CM-OKOby0jrahHiyMOCgUe20JtjhJqQ8/view>
3. <https://drive.google.com/file/d/1mFBwh4oKoOcjXDI3tcpepbSn12VaiP6T/view?usp=sharing>
4. <https://drive.google.com/file/d/1IVvMOM0pG34evCSITUWQe7WlyNesoPfe/view?usp=sharing>