



**CENTRE FOR
FAMILY HEALTH
INITIATIVE
(CFHI)**

...promoting health, protecting well-being

Newsletter

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THE FOUNDER'S DESK



Dear friend of the family,

Welcome to another edition of our monthly newsletter. October every year is commemorated in countries across the world as Breast Cancer Awareness month. Breast Cancer which is currently the most common type of cancer worldwide according to research, is responsible for most cancer related deaths with 2.26 million diagnoses recorded in 2020 (WHO, 2021). This is why all efforts are devoted to increasing attention and support for the awareness, early detection and treatment of breast cancer. CFHI joined the Breast Cancer Awareness through its Monday Health Burst posted across its social media platforms every Monday in October. You can find more information about breast cancer in this edition of our newsletter.

Featured in this publication are CFHI activities and projects report for October 2021; International Day of Girls with the theme "Digital Generation. Our Generation", Action to Control HIV/AIDS in Pandemic Through Evidence (ACHIEVE) Orphans and Vulnerable Children (OVC), Global Action Towards HIV Epidemic

Control in Sub-national units in Nigeria (4GATES) Orphans and Vulnerable Children (OVC), Diabetes Awareness and Care (DAC), The Remodeling for Empowerment and Progress (REAP) and Safepad™ production.

Do have a pleasant reading.

Kind regards,

Princess Osita-Oleribe

Co-Founder, CFHI.

BREAST CANCER IN WOMEN



Breast cancer is the most common malignancy in women worldwide and the second most common cause of cancer deaths, according to World Health Organization (WHO). In 2020, 2.3 million women were diagnosed with breast cancer and 685,000 deaths globally. Also, 7.8 million women alive were diagnosed with breast cancer from 2005 to 2020, making it the world's most prevalent cancer.

Research shows the main factors that influence the risk of breast cancer include being a woman and getting older. Most breast cancers are found in women who are 50 years old or older. Some women will get breast cancer even without any other

risk factors that they know of. Also, having a risk factor does not mean one will get the disease, and not all risk factors have the same effect. However, according to Centre for Disease Control (CDC), there are some risk factors known to affect one's likelihood of developing breast cancer. While some can be controlled, some cannot be changed. Risk factors that can be controlled include alcohol intake; overweight (especially after menopause); smoking; use of combined hormone therapy after menopause; being physically inactive and one's pregnancy or breastfeeding history. Also, risk factors that cannot be changed outlined below:

Genetic mutations. Inherited changes (mutations) to certain genes, such as BRCA1 and BRCA2. Women who have inherited these genetic changes are at higher risk of breast and ovarian cancer.

Reproductive history. Early menstrual periods before age 12 and starting menopause after age 55 expose women to hormones longer, raising their risk of getting breast cancer.

Having dense breasts. Dense breasts have more connective tissue than fatty tissue, which can sometimes make it hard to see tumors on a mammogram. Women with dense breasts are more likely to get breast cancer.

Personal history of breast cancer or certain non-cancerous breast diseases. Women who have had breast cancer are more likely to get breast cancer a second time. Some non-cancerous breast diseases such as atypical hyperplasia or lobular carcinoma in situ are associated with a higher risk of getting breast cancer.

Family history of breast or ovarian cancer. A woman's risk for breast cancer is higher if she has a mother, sister, or daughter (first-degree relative) or multiple family members on either her mother's or father's side of the family who have had breast or ovarian cancer. Having a first-degree male relative with breast cancer also raises a woman's risk.

Previous treatment using radiation therapy. Women who had radiation therapy to the chest or breasts (for instance, treatment of Hodgkin's lymphoma) before age 30 have a higher risk of getting breast cancer later in life.

Women who took the drug diethylstilbestrol (DES), which was given to some pregnant women in the United States between 1940 and 1971 to prevent miscarriage, have a higher risk. Women whose mothers took DES while pregnant with them are also at risk.

Breast cancer is often treated in varying ways depending on the size, location, age and how severe or advanced the tumor may be. Treatments are classified into local or systemic treatments which include surgery; radiation therapy; chemotherapy; drug therapy; immunotherapy and hormone therapy. Sometimes, a patient may have just one form of treatment or a combination, depending on their diagnosis.

With the increase in the rate of breast cancer diagnosis in women, there is need for health promotion for early detection, timely diagnosis, and comprehensive breast cancer management. When there is increased awareness among women of the signs and symptoms of breast cancer, they can understand the importance of speaking to a doctor to avoid further complications.

INTERNATIONAL DAY OF GIRL CHILD

In line with the United Nations Sustainable Development Goal 5, which seeks to achieve Gender Equality across the world by the year 2030, October 11th is set aside to celebrate the importance, power, potential and growth of girls around the world. The theme for this year's International Day of Girls is; "Digital generation. Our generation". This is a call for equal access to the internet and digital devices for girls' and targeted investments to facilitate opportunities for

girls to safely and meaningfully access, use, lead and design technology.

Centre for Family Health Initiative (CFHI) celebrated the Day of the Girl Child 2021 at City College Owerri to educate the students about sex, sexual receptivity, and relationships. Also, a social media campaign was carried out to address why achieving gender equality in Nigeria should be hastened.

Achieving gender equality has been slow due to bias gender norms and that has been a limiting factor to many girls with great aspirations. Technology cannot replace the support and guidance of adults in a child's or young person's life, but there are many ways that it can be leveraged to support education, counselling and care related to sexuality, sexual identity, and sexual relationships. Online resources can also enable girls to seek care and help. Hence, let us amplify the need for equal digital revolution regardless of gender, race, language, ability, economic status, and geographic origin. This way, girls with great aspirations will be able to live their full potentials.



CFHI team at City College, Owerri to commemorate IDGC 2021.

PROJECTS:

ACTION TO CONTROL HIV/AIDS EPIDEMIC THROUGH EVIDENCE (ACHIEVE) ORPHANS AND VULNERABLE CHILDREN (OVC) REPORT

In October, ACHIEVE OVC team had several meetings to brainstorm and strategize on the way forward towards achieving better results in all program areas and for FY22. The team also continued with its referral coordination activities. The referral coordination activities were held across two assigned facilities (ECWA Clinic and Aleita PHC). The team received and enrolled a total of three (3) beneficiaries.

In the reporting month, the ACHIEVE OVC team linked ten (10) beneficiaries for drug pick up. The team also facilitated and issued a total number of twenty-five (25) birth certificates to beneficiaries and continued with activities to aid a hitch-free beginning of FY22.

GLOBAL ACTION TOWARDS HIV EPIDEMIC CONTROL IN SUB-NATIONAL UNITS IN NIGERIA (4GATES) ORPHANS AND VULNERABLE CHILDREN (OVC)

The 4GATES OVC team continued with advocacy visits to traditional rulers at Uratta and Emii communities. The team served a total number of two thousand three hundred and twenty (2,320) beneficiaries and enrolled five thousand nine hundred and eight (5,908). The team provided medical support to two (2) beneficiaries. A total of one hundred and thirty-nine (139) households care plan monitoring were updated. Also, the team provided educational support/fees payment to forty-two (42) vulnerable children, provided emergency food support to one (1) household, and supported twenty-eight (28) caregivers with business start-up resources. The team coordinated a referral meeting at Imo State Specialist Hospital with four facility staff and two CFHI staff in attendance.

THE DIABETES AWARENESS AND CARE (DAC) PROJECT

In October, the DAC team screened one thousand one hundred and four persons (1,104) on T2DM and eight thousand (8,000) persons reached with diabetes awareness messaging. A total of forty-nine (49) persons were referred to various health facilities for further management; twenty-one (21) for elevated blood sugar and twenty-eight (28) persons for elevated blood pressure. The team carried out advocacy visits to the market chairman of Amawon market, the Parish Priest of Holy Family Catholic Church Umulolo Okigwe, the President General of Umuelemai community in Isiala-Mbano, and the Principal of Government Boys Secondary School Owerri.

THE REMODELING FOR EMPOWERMENT AND PROGRESS (REAP) PROJECT REPORT

The REAP team in October, concluded the enrolment of Female Sex Workers (FSWs) into different vocational skills of choice after identifying and meeting with additional trainers of FSWs. The team has successfully enrolled forty-five (45) FSWs into different vocational skills, such as hair making, tailoring, and baking for 6 months with a view of harnessing and directing their passions, capacities and talents for positive social and economic changes thereby giving them healthy options to sex trading as means of livelihood.

The team identified and held engagement meetings with trainers of various vocational skills across surrounding communities close to where these FSWs are residents. Subsequently, the team has continued with the monthly monitoring and evaluation visit for FSWs that were previously enrolled on the vocational skill program. During the visits, a monitoring and evaluation questionnaire was administered, and conversations were held between the trainers and trainees on the performance of the trainees as well as the impact of the training so far. The performance of the trainees in the past 2 months was assessed and corrections were made where necessary. The follow-up was achieved through visits to their training centres and interactive phone conversations with the trainers and trainees from time to time.

SANITARY PAD (SAFEPAD™) PRODUCTION

Safepad™ is a unique sanitary pad with a special antimicrobial treatment produced by Centre for Family Health Initiative (CFHI) in partnership with RealRelief, Denmark. The permanently bonded antimicrobial technology helps heal vaginal infections by removing yeast and bacteria during use and care. To partner with us to end period poverty in Nigeria and beyond, kindly contact info@cfhinitiative.org or ed@cfhinitiative.org for more information.



A pack of reusable Safepad™ sanitary pad



Maureen modelling for Safepad™ sanitary pad

OUR APPEAL

Interested in helping in any aspect of our work?

Persons interested in donating to our activities, offering volunteer services or partnering with us, are always welcome. All CFHI's projects are community based and family-centred, so that our beneficiaries are reached with activities that proffer sustainable solutions. Therefore, individuals or groups concerned with improving community health, sustainable socio-economic empowerment and the development of family-centred policies should kindly do so through the channels below.

For Donations and/or others:

Account Details:

Name: Centre for Family Health Initiative

Number: 5080117843

Bank: Fidelity Bank PLC

Swift Code: FIDTNGLA

Or Contact us:

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