FROM THE EDITOR’S DESK

SELF-CARE, A MUST FOR NURSES

There has never been anytime that is important like now for promotion of selfcare among nurses and in the community. Nurses face negative situations at work related to staffing patterns, greater patient acuity, violence, role conflict, and many other stressors. Immigrant nurses experience more stressors than the mainstream culture making selfcare the more imperative to immigrant nurses. It is well documented that nurses often are reluctant to take the time required to care for self or have problem finding self-care activities that match their interest and lifestyle. This has led to many psychological and health problems among nurses. It is necessary that nurses practice self-care for personal health, professional growth, to be able to continue to care for others. Good diet, exercise, stress reduction activities are essential to maintain health. We need to nourish our body, spirit, and soul. It is only then we can promote self-care effectively in the community which includes promotion of personal, mental, physical, marital, and spiritual health which in turn help to prevent chronic diseases. Let’s keep promoting self-care among ourselves, in the community, and let’s cheer each other on.

Folake Elizabeth Adelakun DNP, MSN-MBA, BSN, RN, PHN
Chair NANNNA Newsletter Committee and Chief Editor
Suicide and Nurses

Background and objective: In 2017, there were 47,173 reported suicide deaths in the U.S. (American Foundation for Suicide Prevention). (Latest available data). Suicide was the 10th leading cause of death in 2016 in the united states with average nation rate of 13.9 per 100,000. (www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml).

The purpose of this newsletter is to unfold some data with disturbing concerns about suicide and nurses, to share some of the feelings that are inherent in potential suicide victims as well as educate nurses and the public on available resources that provide suicide prevention support and assistance.

www.shutterstock.com

Data Concerns

Suicide among nurses is inadequately studied in the United States, resulting in limited data with which to analyze the problem and develop prevention strategies (Suicide Prevention, 2019). Many health measures to address this problem are lacking in most health care systems. There is shockingly great disparity between responses received when a physician commits suicide as opposed to a nurse suicide victim. Many hospitals have for years offered physicians, residents, and medical students screening programs for depression and/or suicide risk, as well as education and support for treatment. Some of documented stressors being faced by nurses include exposure to human suffering and death, ethical conflicts, perceived lack of respect, inadequate equipment, excessive workload, consequences and blame of medical error. Adding to these on-the-job stressors, may be pressure in the home and difficulty balancing personal and professional issues. The best way to prevent suicide is through checking in, early detection, diagnosis, treatment of depression and other mood disorders.

Continue on page 3
**Available Resources**

You can call the toll-free National Suicide Prevention Lifeline (NSPL) at 1-800-273-TALK (8255), 24 hours a day, seven days a week. The service is available to everyone. The deaf and hard of hearing can contact the Lifeline via text telephone at 1-800-799-4889. All calls are confidential. (Suicide Prevention) The National Institute of Mental Health suggests that in addition to adding the NSPL phone number into your phone contacts, you also add the nonemergency number for your local police department.

**References**

AJN The American Journal of Nursing: August 2018 - Volume 118 - Issue 8 - p 14

doi: 10.1097/01.NAJ.0000544147.83703.35

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webappa.cdc.gov/sasweb/ncipc/leadcause.html


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Questions to ask your doctor during an annual check up

Seeing your doctor once a year, twice a year, or just keeping up with appointments can cause a certain level of anxiety. With the rise of google and other search engines in the internet, people are becoming sometimes, misinformed about health issues.

It is worthy to bear in mind that you are already misdiagnosing and causing yourself unnecessary grief.

With the anxiety and anticipation that usually builds up, it is very easy to be ineffectual in communicating your concerns. You may leave your doctor’s office less informed concerning your health.

In preparation, you can write down all the questions you want to ask your doctor before the visit. Your health needs differ according to your sex and age, Using the Cleveland Clinic, and National Institute on aging, here are questions you can ask your doctor.

- How is my height and weight? Do I need to lose weight?
- How is my blood pressure?
- How is my cholesterol?
- Am I at risk for Diabetes, heart disease or cancer?
- Am I due for any vaccinations as an adult?
- Am I due for any screening?
- When is it necessary that I be screened for Hepatitis C, HIV or any STDS?
- What does my test result mean?
- What is the meaning of my diagnoses?
- How does my prescribed medication work?
- What are common side effects of my prescribed medications?
- Will my vitamins affect my prescribed medications?

The best preparation is doing your best today.” H. Jackson Brown Jr.

It is also important to take a little notebook to write down your doctor’s response so you can refer to it at your leisure. Remember you are an integral part of the relationship you have with your physician.
Community Health awareness guidelines for preventive care

Developed By Dr, Ngozi Baez, editor in chief, and Dr. Ngozi Odoh President for Nigerian Nurses Association, Florida Inc (cont. from page 4)

Adult Screening Guidelines, according to Cleveland Clinic

Breast Cancer Screening-Breast self-exam should start from age 20 for women.

Physician Breast exam should be performed annually on women of age 40 and above.

Mammography should be done annually for women age 40 and above

Cervical cancer screening, HPV testing starts from 21-65 or 3 years of being sexually active in women- annual pap smear. At age 30 and above with HPV testing

Cholesterol Screening, Lipid panel including LDL- both men and women 20 and above or younger if cardiac risk is high every 5 years.

Colorectal Cancer screening, for men and women, 50 to 75, depending on risks, 75-85, Tests- Colonoscopy, Flexible Sigmoidoscopy, High sensitivity stool occult blood.

Diabetes Screening – age 45 and over for both men and women. Tests-Fasting Plasma Glucose or Random Plasma Glucose every 3 years.

Hypertension Screening-blood pressure monitoring from birth

Osteoporosis Screening- DXA bone density testing for women from age 65 or from menopause if risks exist;

Prostate Cancer Screening-starting at age 40 for African American men and age 50 for others. Tests are digital rectal exam (DRE) and Prostate Specific Antigen (PSA)

Sexually Transmitted Disease Screening- for sexually active females under 25 or for those at risk. Test- Chlamydia testing with Pap smear annually

Adult Immunization Guidelines

HPV- 11-25, series of 3 vaccinations

Influenza (Flu)- annually for all

Pneumococcal Vaccine (for Pneumonia) – adults 65 and over, once, every 5 years for high risk adults.

Diphtheria/Tetanus every ten years for adults, after 65 years, once.

Varicella Zoster Vaccine- for 60 and older

Reference

Cleveland Clinic (n.d.)

Health maintenance guidelines for adults. Retrieved from clevelandclinic.org/bewell

In spite of progress made in government policies that promote and uphold civil rights in our society today, women, especially those of the African descent still suffer health disparities in terms of screening and treatment for breast cancer. Breast cancer is the most commonly diagnosed type of cancer among African American women. Sisters Network Inc, a national African-American Breast Cancer Survivorship Organization, reports that an estimated 27,060 new cases of breast cancer diagnosis were expected to happen in the African American women population in 2013 (Sisters Network Inc. 2013). Studies show that the incidence rate of breast cancer diagnosis among African American women is lower than in the Caucasian American woman but the mortality rates are higher for AA women. Unfortunately, this is a very well-known secret in our health care system as these disparities have been documented consistently in the population based data from the Surveillance, Epidemiology and End Result (SEER) program for years. Health care providers in the U.S. need to be aware that race and ethnicity are social and political issues that have no direct relationship to genetics and biology. Poverty plays a role in people’s health status in that a decline in socio-economic status of a people contributes to unhealthy behaviors such as cigarette smoking, physical inactivity which results in obesity and other health-related problems.

Breast cancer is the second leading cause of death among AA women, second only to lung cancer. Interestingly, incidence of breast cancer diagnosis among AA women is lower than those of other ethnic groups but mortality rate is much higher in AA women. Despite improved early detection and diagnosis techniques, improved treatment and survival outcomes for patients, despite all gains in clinical and behavioral research, AA women continue to be disproportionately affected by breast cancer.

The risk of breast cancer increases as women get older but the incidence of breast cancer in AA women under the age of 45 is higher than Caucasian women in the same age bracket. Researchers speculate that the increased occurrence of early childbearing that is prevalent in the AA women population accounts for the higher incidence of early onset of breast cancer (Newman, 2004). Studies done by early investigators also show a negative effect of pregnancy on breast cancer risk and also demonstrated that multiparity, which is very common in the AA women population also increased breast cancer risk to the age of 45. Postmenopausal obesity is another risk factor that is prevalent in the AA women population.

Health care industry is now finding out that genetics is no longer the only risk factor for breast cancer but it is a combination of factors such as environmental and lifestyle/behavioral factors. Otherwise, how could this disease afflict a woman whose mother, grandmother, aunties from both sides of the family and older siblings (from the same mother) escape the disease? Our people believe that luck (good or bad) plays a role in people’s overall health and wellbeing; perhaps that belief holds water! Majority of AA women live in “inner cities” or villages (as in Africa) with a number of environmental problems such as poor air quality, lack of access to whole/fresh foods which then exposes them to poor dietary choices. Behavioral factors such as cigarette smoking and sedentary lifestyle also predispose AA women to breast cancer.

Obesity increases the risk of developing breast cancer and for this reason, American Cancer Society recommends maintaining a healthy weight by all women to help ward off diseases such as breast cancer. Studies also show that increased physical activity can cut a woman’s cancer risk by about 10% - 25% (Simon, 2015). Alcohol consumption can also increase the risk of breast cancer by about 7% - 10%. American Cancer Society recommends limiting alcohol intake to only one drink a day in other to stay healthy.

Early detection is key to an effective treatment and improved overall health outcomes. The Kin Keeper Cancer Prevention Intervention is a program that is designed to help AA women receive preventive health care information in their homes. Annual or biannual mammograms as the case may be remains the most important factor in cancer detection and early commencement of treatment has increased favorable patient outcomes. For our women population in developing economies (Africa, etc.), monthly or even weekly breast self-examination remains the most important diagnostic tool for detection.

Despite all the research done in breast cancer which has resulted in remarkable advances in the diagnosis and treatment of this disease, much work still needs to be done to protect all women in general and AA women in particular from the fangs of this deadly disease. Research in the western world shows there is a growing evidence that tobacco use by women of African descent of all ages increases their risk of breast cancer, therefore, smoking cessation coupled with increased daily physical activities can help to protect AA women from developing breast cancer. While this can be the truth among black women in the U.S. question still remains about the cause or risk factors in women in Africa. There is a great need for research among women in Africa to determine the cause of and risk factors for the development of breast cancer. Efforts need to be intensified to provide relevant information to the women population in Africa regarding risk factors and how they can protect themselves from this disease. It is of paramount importance to bridge the gap that exists between discovery and treatment of breast cancer in the AA women population and their Caucasian counterparts.
in the care of breast cancer. This gap triples when it comes to women in Africa.

References:


Submitted by; Adamma Ann Osuagwu RN, BA, MSN - Public Health 
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INTEGRATING THE BIOPSYCHOSOCIAL MODEL:
A VALUABLE FRAMEWORK FOR NURSING PRACTICE, EDUCATION AND RESEARCH
BY EDNAH MADU PHD, MSN, FNP-BC, RN

Introduction

In 1966, Virginia Henderson gave a powerful definition of Nursing: “The unique function of the nurse is to assist the individual, sick or well, in performance of those activities contributing to health or its recovery (or peaceful death) that he/she would perform unaided if he/she had the necessary strength, will or knowledge” (McBride, 2019)

Many other nursing theorists have developed many theories that guide nursing practice, education and research. Interdisciplinary collaboration is an effective way to collaborate care for desired client outcomes. To that end, I hereby propose integrating the biopsychosocial model of health and illness into nursing practice, education and research.

The Biopsychosocial Model of health and illness was developed by Dr. George Engel (1977), who noted that the then dominant biomedical model of disease management left no room within its framework for the social, psychological, and behavioral dimensions of illness. He therefore, proposed the framework which assumes that interactions between biological, psychological, and social factors determine the cause, manifestation, and outcome of wellness and disease (Engel, 1978). The core assumption central to the Biopsychosocial model is the belief that illness is not just the result of discrete pathological processes but can be meaningfully explained in terms of personal, psychological and socio-cultural factors (Halligan & Aylward, 2006). (cont. p.8)
Biopsychosocial Model and Nursing Philosophy

Nursing has long been known as a profession that a holistic approach to caring for sick or well clients. The biopsychosocial model entails “understanding and responding adequately to patients’ suffering, and to give them a sense of being understood, clinicians are urged to simultaneously attend to the biological, psychological, and social dimensions of illness” (Borrell-Carrio, Suchman, & Epstein, 2004). It can be argued that Dr. Engel’s philosophy fits well into the Nursing philosophy of care.

Dr. Engel proposed that the Biopsychosocial model provides a blueprint for research, a framework for teaching, and a design for action in the real world of health care (Engel, 1989). Hence, the relevant application of the model to nursing practice, education and research will be discussed next.

The Biopsychosocial model and nursing practice

Nursing practice entails holistic approach. Regardless of the health condition being addressed incorporating the biological, psychological and social domains will result in effective nursing care of the patient. For example, in caring for a patient with hypertension, the nurse needs to consider the biology (pathophysiology of hypertension), the psychology (mindset, stress level, beliefs of the client) and the social factors (support systems in place, environment, etc.) in planning the patient care.

The Biopsychosocial model and nursing education.

Nursing education remains the backbone of imparting the initial and ongoing professional knowledge necessary for patient care and collaborating effectively with other disciplines. In addition to existing nursing theories, incorporating the biopsychosocial model to nursing education enhances theoretical knowledge necessary for nursing practice and research.

The Biopsychosocial model and nursing research.

Every discipline that desires growth engages in research to develop new knowledge and evidence-based practice. The biopsychosocial model is considered an ideal framework that guides research in most chronic disease states. For example, a recent nursing research guided by this framework identified psychosocial factors (depressive symptoms, income, employment status) as the most important variables impacting adherence to recommended regimens in a community sample of Black/African American hypertensive patients (Madu, 2018).

Conclusion

Theoretical frameworks (including nursing theories/Models) are important in guiding clinical practice, education and research. Interdisciplinary collaborations further effective patient care. To this end, the author of this paper proposes the biopsychosocial model of health and illness (Engel, 1977) as a valuable theoretical framework for nursing practice, education and research. (Continue on page 9)
References


The role of nurses in our healthcare industry today has evolved tremendously and it continues to transform in complexity. Nurses are very frequently faced with many challenges in addressing these complexities. For this reason, finding a balance between work and life can foster joy in what we do. Joy is a powerful, an intensely positive, vivid, and expansive emotion that arises from an internal state or results from an external event or situation (Manion, 2003).

When nurses find joy in their practice areas, it has the potential of making the workplace a much more pleasant and appealing environment. Joyful people are inviting to others, which positively affects the quality of relationships in the workplace (Manion, 2003). Joy is generative and allows the best to be contributed by each individual, and the teams they comprise, to the work of safe health care every day (O’Neill & Morath, 2011).

Nurses are generally the individuals at the beginning of life as well as at the end of life. A joyful nurse can transmit that feeling into his or her patients even at the end of life and during a very difficult diagnosis because joy can be contagious. A patient lying on a hospital bed is likely to remember that joyful, pleasant nurse who offered a caring smile and a gentle touch. For many of us, we find passion, great joy, happiness and pleasure in been a nurse. However, due to increasing patient complexity, staffing issues, ever evolving technologies, administrative requirements and regulations in healthcare today, nurses are faced with physical and emotional exhaustion and that joy of been a nurse seemed to be overtaken by the dis-pleasures and dissatisfactions we experience in our various practice areas. At times as such, a nurse must create a platform to nurture their mind, body and spirit as they strive to provide holistic care to their patients.

Nurses should find a balance between work and life and explore the sources of joy in what they do and in their practice areas. Team building exercises is an important way of fostering joy in our practices areas. Taping on each team members’ strengths and using the strong to lead the weak can help foster joy in our practice areas. Recognizing and appreciating the contribution of each team member is paramount to a joyful work environment. We must always remember that we are responsible for our own happiness and joy.

Furthermore, adding a good night sleep, good food and a glass of wine after a long day’s work can help nurture your holistic being. According to Sutherland, 1994; “Joy is the echo of God’s love within us and it is the holy fire that keeps our purpose warm and our intelligence aglow” (Sutherland, 1994, pg. 48). Haylock (2003) added that the trick to developing and keeping the passion for nursing lies in finding your own job. Nursing, 11(2), 48 Haylock (2003) added that the trick to developing and keeping the passion for nursing lies in finding your own job.

Nursing is a career unlike any other and nurses need to love what they do in order to find joy in it.

Continue on page 11
There is a role, position, or job somewhere that best suits each of us. So, if you are in a job where you do not find joy and satisfaction in what you are doing, it may simply mean that you are in the wrong position. It is useful for nurses to take the time to look for and engage in practice locations and interactions which brings and promotes joy in their lives. When joy occurs as a result of our nursing practice, life is much more satisfying and pleasant. Having joy in our lives as nurses, can brings balance, pleasure and a fulfilling career.

References
Volunteering for ANPA 2018 5K Run
Dedicated NNAF members volunteered for the Disease Prevention Run 5K Run/Walk by Association of Nigerian Physicians of America (ANPA), Florida chapter on September 15, 2018.

Above: Face to face meeting held in Orlando, 4/2018
Below: NNAF Orlando, feeding the homeless, headed by President Dr. Ngozi Odoh and VP Mrs. Ngozi Nzeakor.
NNAF EDUCATIONAL EXCELLENCE 2018 UPDATE

NNAF members celebrating triumphant moments with chapter Secretary, Augusta Onyechi

NNAF, Jacksonville, volunteering with AKwa Ibom Stae Association of Nigeria, during a free health fair

Dr. Victoria Udongwu, Treasurer, representing NNAF during a Back to school drive.

Ngoci Nzeakor, MSN, RN, - VP
Roseline Nkoronye, MSN, ARNP-BC - Assistant Secretary
Dr. Ngozi Odoh, PhD, ARNP, GNP, ANP-BC - President, some of NNAF members that attended Primed Medical Conference Fort Lauderdale.

Dr. Nkeiruka Achinihu, DNP, RN
NNAF Chairperson
2019 Walkathon for Sickle Cell Disease (SCD)

The article by CDC (2017), estimated in the United States that -
“SCD affects approximately 100,000 Americans.
SCD occurs among about 1 out of every 365 Black or African-American births.
SCD occurs among about 1 out of every 16,300 Hispanic-American births.
About 1 in 13 Black or African-American babies is born with sickle cell trait (SCT)”.

Bong (2017), mentioned that according to Dr. Bosede Afolabi, a specialist practitioner who has dedicated much of her working life to studying the disease and how it affects pregnant women and their babies “Nigeria has the highest number of people suffering from SCD in the world”. Over 150,000 children are born with SCD in Nigeria each year and about 40 million people suffer total. According to Martins (2018), the Coalition of Sickle Cell Non-governmental Organizations in Nigeria states that about 40 million Nigerians are healthy carriers of the sickle cell gene.

Everyone from Nigeria, have a friend, direct or extended family member that suffer or have died from the complications of SCD. My brother a medical consultant in Liverpool England died from the complications of SCD. A very smart young man who helped and touched a lot of peoples life. Before the age of 30, he finished his fellowship in pediatrics and OBGYN and worked as a consultant before he went to be with the lord as a result of the complications of SCD. Are we just going to seat to watch SCD snatch our loved ones from us? No!!!

Due to the statistics mentioned above, NNAG decided to help organizations that create awareness and help people with SCD. On May 4th, 2019, NNAG hosted a 3K Walkathon for SCD.

Let us join together to create awareness by educating our respective communities about this disease and also support organizations that take care of people with SCD so that our community can be knowledgeable and also apply the knowledge to abolish or manage SCD thereby achieving the goal of having a healthier community. Thanks.

Bibliography


Some of NNAG Sponsors:
From the left:
- Sickle Cell Foundation of GA testing participants for Sickle Cell Disease
- Grand Canyon University
NNAG UPDATE: Health Fair 2018/2019

NNAG MEMBERS AND SOME WALKATHON PARTICIPANTS

From the Left: Chichi O’Koli (PRO/Social Director/Chair Walkathon Committee), Little Egipt and Mom Darnita Boyd, Nkechi Amaeze (President), Bosede Balogun (Secretary)

COMMUNITY SERVICE/HEALTH FAIRS

Nigeria Consulate GA Health fair—>

EDUCATIONAL ACHIEVEMENTS
FROM MSN TO DNP
Dr Ngozi Orabuzee
Dr Tina Anyikwa
Dr Chinwe Ibiam

EDUCATIONAL SESSIONS
• Finances Strategies for Nurses by Valerie Edwards of Mutual of Omaha
• Financial Investments by Ngozi Nwaogwugwu MSN, RN
• Information on Stroke by IZ Asoro BSN, BC
• Managing Workplace Stress by Jonathan Small MBA, RN, PCCN

NNAG Members at the Nigeria Day at Medshare, 4/6/18

We live to Serve
NEW JERSEY CHAPTER
Community Engagement programs with Collaborating partners.

UPCOMING PROJECT: Imo State Health mission
August 4th – 10th 2019
Please join us and participate with us. Contact: Dr. Christiana

A VISIT TO A SENIOR CITIZEN CENTER

HEALTH FAIR AND COMMUNITY EDUCATION

BACK TO SCHOOL DRIVE IN NEWARK COMMUNITY

HEALTH FAIR IN COLLABORATION WITH OUR SCHOOL NURSES AND STUDENT NURSES
Dr Folake, Dr Grace and NANNNA Health Mission Team at a whole day seminar at school of nursing Ado Ekiti at Ekiti Health Mission in May 2018
2018 Abia State Education/Health Mission 01/03 – 05/2018
Charity Mission: Edo State, Nigeria visit to the villages

Another successful Health Mission at Igbogiri village, Uhunmwonde Local Government Area, Edo State Nigeria
Domestic Violence

The National Association of Nigerian Nurses in North America (NANNNA) remain at the frontlines creating awareness and embarking on programs aimed at stopping domestic violence at home and abroad. Domestic violence (DV) is a threat to human dignity, violates fundamental human rights, and contributes to complexities of care for individuals and families. DV has consequences that has eaten deep into the fabrics of our families and has reached global proportions requiring effective strategies to address and ultimately stop this ill, troubling our society. It is of grave concern that DV has resulted in death of many, especially, women in our communities and yet many are uncomfortable to even use the term domestic violence and this alone has perpetuated DV and has become a health care crisis. NANNNA domestic violence committee is focused on establishing comprehensive strategic pathways to drive sustainable outcomes. These pathways provide specific but suggestive plans for adoption by member states to champion the fight against DV and to enable the achievement of NANNNA mission. Impact can be achieved when we establish active partnerships and collaborations at the local, national and global arenas through workshops and programs that address DV. The DV committee is therefore inviting the state chapters to join the fight to stop DV one family and one community at a time. We must together wedge a war against DV to prevent the death of the next victim which may be anyone, our member, friend, mother, daughter, sister or a child of God.

***Please see the recommended Annual activities grid and use as a guide for your states.

Human Trafficking

On the other hand, the problem of Human Trafficking continues to gain international attention and contributes to a public health crisis. It is an issue that is increasingly gaining the attention of governments across the world and has become a priority issue due to the impact of human suffering. Plans to combat human trafficking is of global priority and requires a multidimensional approach. There are various definitions of trafficking out there, yet, getting to a consensus about what it truly means remain a challenge to the global arena. The IOM (1994) defined trafficking based on conditions that include the following: money (or another form of payment) change hands. A facilitator (the trafficker), involved International Border Crossing, Illegal Entry and where Movement is voluntary.

Though the consensus definition of trafficking remain elusive, many often describe trafficking operationally and that is the challenge for researchers. The definitions may have more symbolic regional connotation and researchers argue about any benefit of a universal definition for trafficking globally. This is because crimes related to and termed trafficking may only include part definitions.

“Trafficking in persons” shall mean the recruitment, transportation, transfer, harboring or receipt of persons, by means of threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability, or of the giving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.”

A more inclusive definitions as provided in the 1990s and included in the “United Nations Protocol to Prevent, suppress and punish trafficking in persons, and as a supplement to UN convention against transnational organized crime adopted in 2000 by UN General Assembly- trafficking data has a global reach. Challenges remain about accurate reporting of data across regions from a variety of sources. Reporting of data are essential to help stakeholders, NGO, and governmental organizations to organize and manage resources for compilation, prevention and for solutions.

Research on trafficking must focus on the victims, the traffickers, the clients of traffickers and the law enforcement agencies and also on organizations fighting against trafficking globally. The widespread problem of trafficking must now receive attention related to effective assessment strategies and plans to combat trafficking. There is need for evidence-based approaches for fighting trafficking, use of data on trafficking globally and generation of robust data on indicators.

***Please see the flyer accompanying this document developed by the domestic violence Committee to help achieve NANNNA’s mission and vision.

Continue on page 22
| January to April: Focus areas: Pick from the matrix | Relationship building activities in the communities, churches and mosques. Celebrate Valentine with suitable activities and programs Women forum on relationship building, Events: Mother/Daughter events Father/Son outing’ Education activities in the churches, Couples night out Radio/TV programs to buttress United nation’s activities |
| April to June On-going relationship building activities in the communities, churches and mosques. Recognition events, education activities, motivational speakers, financial counselling, Crisis Management, Stress Management programs, Conflict resolution, Anger management Fund raising for DV awareness programs, donation to DV shelters (USA/Nigeria), Walkatons for a course, Day trips Prayer sessions, Prayer breakfasts, Spirituality, Counselling Youth rally, mentoring programs, forums, Big Brother/Big Sister mentorship, Coaching Boys into Men Initiatives, sponsoring theater productions, poster contests, debates, “ExpectRespect” Initiative for grades 6-12, go to www.safeplace.org. Mothers’ day programs, Mother/daughter pampering events End with Celebrating the Nigerian Fathers in June or Father/Son programs. |
| July to September Relationship building activities in churches and mosques. Family outing with cookouts in the park, potluck, games, music, focused group discussions, discussions on Cultural implications, Leadership workshops Summer Leadership program for Pre-teens, Teens, Youth Community Leader’s forum: Collaborations Clergy, organization leaders, tittle holders, youth leaders, collaborations with inter professionals, doctors, teachers |
| October (Domestic Violence Month) Awareness campaigns: Visits to domestic violence shelters, thanksgiving turkey donations to DV shelters, education and awareness programs in the community, churches, training and workshops on domestic violence for nurses and health professionals Stress management workshops, financial management workshop, anger management, conflict resolution workshop; Social, psychological and financial empowerment programs for the community Family day activities |
| November Planning for grant writing for domestic violence programs Planning for registration to participate in United Nations Women , Commission on the Status of women Side Events for 2020 taking place at the UN headquarters in New York, from March, 2020 |
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http://www.ncts

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Interventions for Children Exposed to Domestic Violence: Core Principles. Retrieved from n.org/content/interventions-children-exposed-domestic-violence-core-principles

Women Against Violence Europe Training Manual retrieved from http://www.wave-network.org/content/council-europe-cooperation-wave-experts-publishes-effective-multi-agency-co-operation
Domestic Violence Awareness

Abuse is not just about broken bones, bruises or black eyes but includes telling someone what to do, what to wear, who to see, constantly putting them down, making them do sexual acts they don’t want to do.

The National Domestic Violence Hotline
1-800-799-SAFE (7233)
www.thehotline.org

www.thenoteline.org

Speak out!

Emg (Emergency Button)
Domestic Violence Awareness

Stop Human Trafficking

If you or someone you know is being forced to engage in any activity and cannot leave, call the National Human Trafficking Resource Center

1-888-373-7888

National Human Trafficking Hotline
1-888-373-7888
www.humantraffickinghotline.org

End Human Trafficking

No One Can Own Anyone

Stop Human Trafficking
Help Stop the buying and selling of women, men, and children for sex or labor.
Domestic Violence Awareness

YOU DESERVE TO
Be Safe
LET’S END DOMESTIC VIOLENCE

The National Domestic Violence Hotline

Call: 0861322322
Emergency: 112
Potentials Victims and Risk Factors
- Children wanting independence from parents
- Orphaned children
- Unemployed and desperate young people

Where Are The Victims Recruited From? Home, School, Social Media, and The Streets.

Signs of Human Trafficking
- Limited contact with families or community
- Young people working extremely long hours and control of their money
- False identity or travel documents
- Constant fear of voodoo spell

Does Human Trafficking Happen in Nigeria?
YES! It happens in the rural areas, big cities, and across all tribes.

Approximately, 875,550 Nigerians face modern slavery each day.

Who Are The Traffickers?
- Both Men and Women participate in trafficking
- Relatives of the victims
- Boyfriends
SAVE THE DATE

NANNNA / IMO STATE, NIGERIA HEALTH/EDUCATION MISSION AND COMMUNITY OUTREACH
AUGUST 4 - 10, 2019

Contacts: Dr. Christiana Nwachukwu  Imo Health Mission Coordinator: 732 692 3411 email cnwa-chukwu101@gmail.com Dr. Mrs. Victoria Nworu 732 447-3882(Community Outreach Coordinator) Mrs. Evangeline Ngozi Gubor 203 449-2683Dr. Sandra Anyoha 203 5215434, Dr. Emilia Iwu 856 6250041 Dr Caroline Nwaru 9175686919 Stella Okonkwo 908531 3539

** Volunteers needed, funding, equipment and supplies, screening kits, meds
Fundraising for Imo Medical Mission on-going
Please contact any of the committee members above for donations!!!!

PROFESIONAL DEVELOPMENT: (Students/Prof. nurses)
COMMUNITY OUTREACH and COMMUNITY LEADERSHIP FORUM
DOMESTIC VIOLENCE AWARENESS EDUCATION/DIALOGUE
HEALTH PROMOTION/SCREENING/EDUCATION : HYPERTENSION, DIABETES, HIV, STD
WOMEN’S HEALTH and MEN’S HEALTH
VISION SCREENING AND EYE GLASSES DONATION
LIBRARY INITIATIVE; MEDICAL EQUIPMENT; AMBULATION AIDES