

May Edition | 2018

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MUMMY &



- CAUSES OF IRREGULAR OR MISSED MENSTRUAL PERIOD IN WOMEN.
- IMPORTANT FACTS EVERY WOMAN SHOULD KNOW ABOUT HEART DISEASES
- 15 TIPS FOR INSTILLING LEADERSHIP SKILLS IN CHILDREN
- 13 REASONS TO DRINK WATER FIRST THING IN THE MORNING

AMBASSADOR
(Mrs.) **UNYIME
IVY KING**



& her King

Founder, SOW&G Foundation

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NKY HARRY NGONADI

Simply Classy, Decent but yet Sexy

content

**13 reasons to drink water
first thing in the morning** | 05

Agu & the Eaters of our Health | 08

**Causes of Irregular or Missed
Menstrual Period in Women.** | 11

**10 Things Every Woman Should
Know About Heart Disease** | 16

**DISPLACED IUD and
The Stench Of Our Hypocrisy** | 18

**Siddon nah, Make I Suck! A series
in Medical Myths, Tales by Doctors.** | 22

**15 Tips for Instilling Leadership
Skills in Children** | 25

**All You Need To Know About
Gonorrhea Infection...** | 28

**20 Things You Need to Know
About Your Nipples** | 30

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EDITOR'S NOTE

IS YOUR FOOD YOUR MEDICINE?

You would have noticed the number of people suffering different heart diseases is on the increase. Every day more people are diagnosed with serious diseases, and many chronic illnesses are reaching epidemic proportions. The size of the pharmaceutical industry is growing astronomically, which means we are taking more and more medication, but are actually getting sicker. Clearly, something is not adding up.

Hippocrates – the father of medicine – stated, “Let your food be your medicine, and let your medicine be your food.” He also stated “Medicine should do no harm.”

These words are often utilized for the eloquence with which they express the importance of our daily food choices. The relevance this phrase has is stronger than ever.

Nutrition is an underlying theme for just about every health concern we may experience today. To address the underlying causes, we must consider the influence our diet has on our wellbeing. You will definitely agree with me that in today's world, allopathic medicine does harm. Each prescription halts enzyme activity and causes unwanted side effects. Most of today's “food” seems to be processed: pre-packaged and preserved, devoid of enzymes, also causing harm to the body.

Here at Mummy and I, we believe that there are simple and practical solutions to the problems plaguing our health. That solution comes in the form of eating the right kind of meal with your health in mind. One of our missions in this edition is to address health in an individual, customized way, and give you a breakdown of proper meal to eat to help your body heal itself. Empirical drugs are good but life will be better and people healthier if only they can make their food their medicine.

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A glass of water and an alarm clock. The glass is filled with water and has some bubbles. The alarm clock is black and silver, with the time showing approximately 10:10. The background is a soft, out-of-focus light green and yellow.

13 REASONS TO DRINK WATER FIRST THING IN THE MORNING

by Oluwayemisi Fashola

Drinking seven to eight glasses of water every day is one of the easiest ways to improve your health. After all, your body is made up of 70% water, and every cell from your brain to your blood relies upon it for functioning. What you probably don't know, however, is that there is an even easier way to enjoy the amazing benefits of water that will completely transform your entire body.

All you have to do is drink water first thing in the morning. Sound easy enough? Here's how it's done. The concept of using water to cure disease goes as far back as the practitioners of ancient Ayurvedic medicine. Today, water therapy is used throughout the world to heal chronic diseases such as asthma, arthritis and even some types of cancer.

How Much Water to Drink First Thing in the Morning

To maximize the benefits of water, it is important to drink it first thing in the morning so that it can fully flush out your system and hydrate your body's cells. For best results, it is recommended to drink 5 to 6 glasses of water immediately after you wake up. Then, do not eat or drink anything else for an hour.

It is also best to avoid drinking alcohol the night before since this will have a dehydrating effect on your body. If you do this every day, you will soon start to see the following reasons why drinking water in the morning is so beneficial.

Here are 13 Reasons to Drink Water First Thing in the Morning

1. *Glowing Skin*

One of the first benefits most people notice is that their skin appears more youthful. This is because water flushes toxins from your blood and hydrates your skin, which provides a rosy glow and even wipes away fine lines and wrinkles.

2. *Renew Cells*

Cell renewal is a process by which the body removes damaged cells and replaces them with new ones. Drinking water speeds up this process, and the fresh supply of healthy cells in your bloodstream and muscles will give you a renewed sense of vitality.

3. *Increase Mental Acuity*

Foggy thinking, confusion and fatigue are all symptoms of dehydration that interfere with your productivity. A morning water routine will instantly transform your day by increasing blood flow and oxygen to your brain which will give you a mental boost.

4. *Flush the Colon*

After a long night with no food, drinking water in the morning will purify the colon as it passes through. Once the colon is clear, your body will be able to absorb more nutrients from the food you eat during the day.

5. *Balance Out the Lymph System*

If you've ever had a swollen lymph gland with a sore throat, then you know how your lymphatic system works to fight infections. Drinking water adds balance to this system so that you can enjoy fewer illnesses.

6. *Relieve Sinusitis*

Whether allergies or a virus causes it, sinus symptoms are miserable. Water helps to thin out the mucus in your sinuses while reducing inflammation so that you can breathe easy once again.

7. *Improve Kidney Health*

Passing a kidney stone has been described as being as painful as childbirth. You can avoid these dreaded stones along with kidney infections by staying hydrated.

8. *Lose Weight*

Weight loss miracle drugs are constantly being developed, yet the true secret to weight loss is already in your reach. Drinking at least 16 ounces of water will boost your metabolism by as much as 24%. Just make sure your water is chilled for this method to work.

9. *Correct Constipation*

Constipation is often a symptom of dehydration. Since water removes impurities from the body, it plays a vital role in proper elimination. Eating water-filled fruit for breakfast after your morning glasses of water will get everything running smoothly in no time at all.

10. *Stop Headaches*

Did you know that human brain cells are made up of 85% water, and your muscles are at least 75% water? Knowing this, it's pretty easy to see why drinking water first thing in the morning will help heal migraines and other types of chronic headaches.

11. *Reduce Arthritis Symptoms*

Your joints are lubricated with fluid that can increase or decrease depending upon your water intake. This fluid also decreases with heavy activity and with aging. Drinking water helps your body to replenish this fluid so that your joints can move easily.

12. *Promote Serious Healing*

Water therapy is ideal for healing major medical conditions such as diabetes, tuberculosis and cancer. Each type of illness may require a specific length of time for the therapy to be followed, and the Japanese emphasize the importance of drinking clean, purified water to enhance healing effects.

13. *Ease Menstrual Disorders*

Every month, many women suffer from cramps, bloating and other symptoms that make life miserable. Water helps to reduce the water retention that causes bloating, and it lubricates the muscles that cause cramps so that they can relax.



Agu & the Eaters of our Health

Uche Anyanwagu

During my medical school days, a very close friend of mine shared an experience he had with his own elder brother while eating. His experience, though very laughable, was equally pathetic. That story will later earn him the nickname - Agu - in our social caucus.

It happened that Agu was having a bowl of well-prepared, sumptuous, native soup with an equally refined bowl of eba with his elder brother. Their mother had generously put 5 pieces of meat in it.

Expectedly, Agu believed that two, out of these 5 pieces would be his. In the spirit of equity and fairness, this seemed right to do.

So, as the journey began, his elder brother quickly reached out for the first piece of meat. In line with African traditions and customs (sincerely I don't know who enacted this law and why), Agu thought it'd be wise to wait to have any piece of meat till they are done eating.

With 4 pieces remaining, Agu was unperturbed because according to the sharing or allocation formula, his share was still in tact. This same faith remained unshaken when his brother reached for the second piece, leaving only three.

Agu's faith began to waiver because he had calculated the time between the remaining pieces meat and the time the meal would likely finish. At this rate, his territorial control over his imaginary two pieces of meat was seriously being threatened.

He braced up, moulded the next morsel of eba, and swallowed very hard with his "Adam's apple" running vertically like a dancing Queen along his throat.

His faith would rather hit an all-time low when his brother reached out for his third (and his supposed last) piece of meat.

Agu's countenance changed. His face paled and dropped. His taste buds could no longer feel the delicious taste of the okazi soup he so much delighted in.

Thereafter, Agu struggled to continue with his meal without a strange thought about the fate of his two pieces of meat - a sad remnant of his brother's benevolence. To his greatest shock, his brother reached out to the 4th piece.

Agu's discontent was very palpable at this stage. His brother ignored his tear-clouded eyes and wobbly lips. He was at the verge of bursting into a deserved cry but his elder brother looked the other way. He kindly gave him a pat on his back as they continued.

Agu resigned to fate and settled in his mind for the only remaining piece of meat at the end of the meal. He was so sure this was all he got. So, he struggled to swallow each morsel like they contained some bitter tablets of chloroquine.

Shortly afterwards, his brother took the last (5th) piece of meat and as Agu rose to the realisation that all was now gone, He stroked Agu's head (which now had all the hair strands standing in anger in protest) and gently urged him:

"Agu, na-atakwa anu" (meaning: Agu, please eat some pieces of meat). "Please don't wait till the end. Just be eating meat alongside the meal".

Sadly, there was no piece of meat left. Not even the debris.

Agu turned almost all the colours of the rainbow!

Agu's story mirrors exactly the relationship between the Nigerian government and the health care of her citizens. Agu's story calls us to question. Agu's story calls ours to question.

In a country where the health budget of 180 million Nigerians is far less than what it takes to maintain a President and his presidency, then Agu's elder brother has been called to dinner.

I hear him echoing "Agu, na-atakwa anu" (Agu, please eat some pieces of meat).

In a country with limited pieces of meat which can still go round and leave everyone with at least an extra piece; then Agu's brother (like our leaders) floods the dinning table and makes away with all, leaving none for us.

I can hear nothing but "Agu, na-atakwa anu" (Agu, please eat some pieces of meat).

In a country where the budget of the State House Clinic is greater than that of all Teaching Hospitals combined, it is clear that Agu's brother must be sitting at the table, filtering the Okazi soup and ridding it of all its adorned with.

His fleecing voice still resonates: "Agu na-atakwa anu" (Agu, please eat some pieces of meat).

From the Presidency to the Ministry of Health; from Health MDAs to the CMDs of our tertiary health institutions, Agu's Brother has taken a stronghold.

With the speed of light and no conscience they have plundered our pot of soup and made away with 2 pieces extra, in addition to their own 3, leaving us with nothing. Their body language (or is it even odour) oozes this same unrepentant command:

"Agu na-atakwa anu" (Agu, please eat some pieces of meat).

When a bug struck his ears, he found solace abroad and for months, treated an ear infection. When "Uncle Yusuf" our "big brother" went to waste a scarce petrol on a fruitless bike ride, he found his health too abroad.

None could dip their hands down to pick from this bowl of soup. Rather, having exhausted the only 5 pieces we had, left in search of the Golden Fleece and left us with this firm instruction:



“Agu na-atakwa anu” (Agu, please eat some pieces of meat).

As I edited this piece, I learnt that a President had gone to CHOGM in London, 10 days ahead of time, so that he can have time to receive the best of medical care in a country, which though it's pot of soup has less pieces of meat, had allowed it to go round to all its citizens.

Then it's apt he has told us “Agu, na-atakwa anu” (Agu, please eat some pieces of meat).

As Agu looked into the bowl of Okazi soup, reality struck and smiled at him. The very kind and caring and considerate voice of his brother has not only summoned him to this offer but has left nothing in the same coffers from where his kindness was derived.

“...Agu na-atakwa anu”. Inu.

I am Uche Anyanwagu. I want my own piece of meat.

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CAUSES OF IRREGULAR OR MISSED MENSTRUAL PERIOD IN WOMEN.

By Prince Williams Njoku.

Many women have between 11 and 13 menstrual periods each year. You may be different: You may have more or fewer. Missed or irregular periods must be looked at in terms of what is normal for you.

Menstrual periods are often irregular during the first few years after menstruation starts. It may take several years for the hormones that control menstruation to reach a balance.

Menstrual periods also may be very irregular at the

other end of the menstrual years. Many women realize that they are approaching perimenopause and menopause when their otherwise regular periods become irregular. Menopause occurs when it has been 12 months since you had a menstrual period.

Pregnancy is the most common cause of a missed period. If you might be pregnant, treat yourself as if you are pregnant until you know for sure. Use a home pregnancy test as the first step to finding out whether you are pregnant.

If you are not pregnant, other causes of missed or irregular periods include:

- a) Excessive weight loss or gain. Although low body weight is a common cause of missed or irregular periods, obesity also can cause menstrual problems.
- b) Eating disorders, such as anorexia or bulimia. For more information, see the topic Anorexia Nervosa or Bulimia Nervosa.
- c) Increased exercise. Missed periods are common in endurance athletes.
- d) Emotional stress.
- e) Illness.
- f) Medicines such as birth control methods, which may cause lighter, less frequent, more frequent, or skipped periods or no periods at all.
- g) Hormone problems. This may cause a change in the levels of the hormones that the body needs to support menstruation.
- h) Illegal drug use.
- i) Problems with the pelvic organs such as imperforate hymen, polycystic ovary syndrome, or Asherman's syndrome.
- j) Breastfeeding. Many women do not resume regular periods until they have completed breastfeeding.

Remember, you can still become pregnant even though you are not menstruating. Practice birth control if you do not wish to become pregnant.

Premature ovarian failure is when you stop menstruating before age 40. Surgery, chemotherapy, and radiation therapy to the abdomen or pelvis may cause premature ovarian failure.

Other diseases such as irritable bowel syndrome, tuberculosis, liver disease, and diabetes can cause missed or irregular periods, although this is rare. But if any of these diseases are present, you will usually have other symptoms besides menstrual irregularities.

If you've skipped a period, try to relax. Restoring your life to emotional and physical balance can help. Many women miss periods now and then. Unless you are pregnant, chances are your cycle will return to normal next month.

DANGERS OF IRREGULAR PERIOD

In women with a regular cycle, normal ovary functioning releases one egg about every 25–28 days. Although the average time between periods varies depending on the woman, especially during puberty and the perimenopause periods, most women will have their periods once monthly when they're in good health.

When a woman stops getting her period – which is called “amenorrhea” – it's a solid indication that something isn't right. Primary amenorrhea is when a young woman never got her period to begin with during puberty, while secondary amenorrhea is when a woman has had her period in the past but stops getting her monthly period for three or more months.

Having a regular, moderately pain-free period each month is a good indication that hormones are in balance and the reproductive system is working properly. The opposite is also true: Irregular periods, missed periods, or very painful and intense PMS symptoms are a sign that levels of one of more hormones are either lacking or are too high. Whether it's an underlying health condition, chronic stress levels, a poor diet, too much exercise or low body weight, frequently missed periods — when you're sure you aren't pregnant that is — are not something to ignore.

Alarmingly, some reports show that many women choose not to speak with a doctor about frequently missed periods or irregular periods, which is a big risk considering the fact that irregular hormones and amenorrhea are linked with a number of serious conditions, including an increased risk for: osteoporosis, heart disease, infertility and other further hormonal complications.:

Amenorrhea may be the manifesting feature of a wide array of anatomic and endocrine abnormalities. Amenorrhea results in impaired fertility. When estrogen levels are low, changes in mineral, glucose, and fat metabolism accompany amenorrhea. These metabolic changes affect bone and cardiovascular health, increasing the risk of osteoporosis and coronary heart disease in later life.”

In the case of secondary amenorrhea “There are five factors that usually play into hypothalamic amenorrhea (abbreviated as HA): restricted eating, exercise, low weight /BMI /body fat, stress (which can be from many sources such as family, job, grief, work, etc.) and genetics.”

MORE EMPHASIS..... MAIN CAUSES OF IRREGULAR PERIOD

Aside from being pregnant and going through menopause, which both normally stop a woman from getting her period, here are the other major causes for irregular periods or amenorrhea.

1. High Stress Levels

When you're under a lot of stress for an ongoing period, your body can start to conserve energy by preventing ovulation. Experiencing a traumatic event, or even a lot of "ordinary" stress, can suddenly cause the adrenals to work overtime, which can disrupt the production of thyroid hormones, estrogen and other reproductive hormones. Among other factors, like restrictive eating and over-exercising, stress can contribute to hypothalamic amenorrhea (HA). When you don't have a lot of estrogen— and levels of other hormones including luteinizing hormone (LH) and follicle-stimulating hormone (FSH)— fall below normal, you aren't able to properly build up the uterine lining, and as a consequence you don't get your period.

Why does this happen? Essentially, your body makes sure that emergencies get priority. Comfort is nice and being fertile is important, but it's still secondary to survival. A built-in survival mechanism that is ingrained in all of us is the ongoing production of crucial "fight or flight" stress hormones like cortisol and adrenaline. Adrenaline and cortisol are the two major players related to our stress responses that help us get away from threats (whether real immediate ones or just perceived ones). Adrenaline and cortisol are completely necessary and sometimes beneficial — helping us to run, climb, exert energy, sweat and regulate our heartbeat, for example — but too much can become a problem.

The body always grants priority to producing these stress hormones that will help you survive a crisis, so sex hormones can take a backseat when your body perceives that "times are tough." Under chronic stress, there's not enough raw materials available – such as amino acids that help neurotransmitters to work – to make both sex hormones and stress hormones in some cases, so a choice must be made and the body always chooses stress hormones. Severe stress conditions like dieting, heavy exercise training or intense emotional events are all situations that can induce amenorrhea with or without body weight loss.

2. Poor Diet

A poor diet low in nutrients, antioxidants and probiotic foods yet high in stimulants can tax the adrenal glands and thyroid. For example, a high intake of sugar, hydrogenated fats and artificial additives, or pesticides

is linked with thyroid issues and adrenal fatigue that can raise cortisol.

Excess cortisol hinders the optimal function of many other essential hormones, such as sex hormones. It can also promote the breakdown of bones, skin, muscles and brain tissue when high over a long period of time. This cycle of excess cortisol can lead to protein breakdown, which results in muscle-wasting and potentially osteoporosis.

If you're struggling with menstruation, make sure to eat enough food and make it the right kind. Eat high antioxidant foods that are nutrient-dense, especially plenty of fats (even saturated fats that are good for you) and proteins. Also, choose a high-calorie supplement if you are underweight, have low body fat or are an athlete.

3. Extreme Weight Loss and Low Body Weight

When your body mass index (BMI) falls below 18 or 19, you can start to miss your period due to having too little body fat. Body fat is important for creating enough estrogen, which is why very thin women or those with serious conditions like anorexia and bulimia can experience absent or missed periods. Increased physical activity and nutritional demands of intensive exercise can sometimes lead to a low body weight that put you at risk for hormonal problems.

A low-calorie, low-fat diet can also result in nutrient deficiencies and lowered body-fat percentages that may contribute to irregular periods and bone loss. Some reports also show that very lean vegans and vegetarians, including those on fully "raw" diets, might also be at a higher risk – likely because they are more prone to becoming underweight and suffering deficiencies. However not every women with irregular or missed periods will be underweight; many are at a normal weight, and some are even in what's considered the "overweight" or "obese" BMI range.

4. Over-Exercising

Although moderate exercise is very important for ongoing heart health, mood regulation, sleep and maintaining a healthy body weight, too much exercise can also put excess pressure on your adrenal, thyroid and pituitary glands. Women who rapidly start exercising at high intensities — for example, by training for a marathon or some other major event that requires a high level of physical exertion — can stop getting their period suddenly.

Like other stress hormones, cortisol is released in response to any real or perceived stress, which can be physical (including exercise) or emotional. Such

stressors include overworking and overtraining, in addition to things like under-sleeping, fasting, infection and emotional upsets. Today, with pressure to stay thin and in shape, some women feel they need to exercise intensely and “break a good sweat” too much and too many days per week.

This kind of exertion can actually increase stress and deplete the body of energy needed to regulate sex hormones. One University of Michigan report found that running and ballet dancing are among the activities most closely associated with amenorrhea. As many as 66 percent of women long-distance runners and ballet dancers experience amenorrhea at one time or another! Shockingly, among women bodybuilders, 81 percent experienced amenorrhea at some point and many had nutritionally deficient diets!

“Exercise-induced amenorrhea” can be an indicator of an overall energy drain and is most common among young women. In fact, female participation in high school athletics has increased 800 percent in the last 30 years, and at the same time hormonal imbalances have also risen. Other concerning issues that sometimes come along with this phenomena include bone density loss and eating disorders. That's why addressing skeletal problems, heart complications and nutritional deficiencies in this population is a very high priority for physicians.

Prince Williams Njoku is an Oncologist and renowned Health Researcher.



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10 THINGS EVERY WOMAN SHOULD KNOW ABOUT HEART DISEASE

By Esther Ijeoma Ogbuka

Medically Reviewed by Melike Arslan, M.D.,

Women — if you think that heart disease is something you don't need to worry about, you could be tragically mistaken. This is one disease that most

women know far too little about, and it affects far too many of us. Take 10 minutes to learn the 10 things that every woman needs to know about heart disease



1. Heart disease is the No. 1 killer of women.

We worry about breast cancer all the time, but heart attacks kill six times as many women as breast cancer. More women die from heart disease and stroke than from all cancers combined. African American and Hispanic women are at especially high risk of heart disease.

2. Cardiovascular disease kills more women than men.

One potential reason for this higher toll is that the disease may be different in women. In men, it tends to be more localized: a blockage builds up in one spot in a blood vessel, where it can be pinpointed and treated with angioplasty or a bypass graft. In women, it may be more diffuse, or spread out — but it still can be treated.

3. Almost twice as many women as men die within a year of a heart attack.

Why do so many more women die so soon after a heart attack? Women tend to deny their symptoms longer, or fail to recognize their symptoms, which can be different from men's (see the next item). We often delay seeking medical attention. And we may not be treated as aggressively as men. I hope you'll help me share these 10 heart disease facts with as many women as possible so we can improve these dismal survival statistics for women.

4. Women's heart attack symptoms may be different from men's. The classic heart attack symptom is chest pain or pressure, but women tend to have symptoms that are atypical — and they can be subtle. The top five symptoms in women are:

- Fatigue
- Shortness of breath
- Indigestion or upper abdominal pain
- Jaw or throat pain
- Pain in one or both arms

If you experience one or more symptoms that could indicate a heart attack, call or get to a hospital immediately (don't drive yourself). Do not delay — every minute that goes by during a heart attack means the death of heart muscle.

5. Smoking more than doubles a woman's risk for heart attack and stroke.

Smoking increases your blood pressure, causes plaque buildup in your blood vessels, lowers your good HDL cholesterol, and may cause blood clots — all of which increase the risks to your heart. If you smoke, it would do your heart a lot of good to quit. Ask your doctor for help.

6. Women (and men) who are overweight by 30 pounds or more have a greater likelihood of developing heart disease — even if they have no other risk factors. Is your weight putting your heart at risk? Losing a few pounds could make a big difference. Work with your doctor to set a realistic weight goal and to make a plan to achieve it.

7. High blood pressure doubles a woman's risk for cardiovascular disease and heart failure. High blood pressure can sneak up on you without any warning signs. If you don't know your blood pressure numbers, make a doctor's appointment to find out. If high blood pressure is an issue for you, learn everything you can about how to bring your numbers down. The goal is a reading of less than 120/80.

8. Diabetes increases the risk of cardiovascular disease and heart failure two- to eight- fold. If you have diabetes, your heart health depends on how well you manage your disease. Many people develop prediabetes without knowing it; if you haven't had your blood sugar checked in a while, ask your doctor about it at your next appointment.

9. Heart disease risk increases with high LDL and low HDL cholesterol. It's not enough to know your total cholesterol number. The way that number breaks down between LDL (the type of cholesterol that's lousy for your heart) and HDL (the kind that helps your heart) makes all the difference. Know your numbers and work to keep your HDL high. Aim for LDL below 100 and HDL above 50. If you have been diagnosed with coronary artery disease, your LDL goal should be less than 70.

10. Hormone therapy does not reduce the risk of heart attack in women. The risk of cardiovascular disease goes up after menopause and, contrary to old beliefs, we now know that hormone replacement therapy, or HRT, does not reduce this risk. In fact, the Women's Health Initiative study revealed that HRT increases the risk of stroke. To reduce your risk of heart disease, your best defense is to adopt the American Heart Association's strategies for a heart-healthy lifestyle:

- Don't smoke.
- Be physically active for at least 30 minutes a day.
- Eat a heart-healthy diet (DASH or Mediterranean diet).
- Maintain a healthy weight.
- Manage your blood pressure.
- If you have diabetes, control your blood sugar (HbA1c goal: 6.5 percent).
- Talk to your doctor about depression.
- Consume alcohol only in moderation (no more than one drink per day).



DISPLACED IUD and The Stench Of Our Hypocrisy

by **Chibuike Joseph Chukwudum.**

Medicine is not a perfect science, and as the imperfect science it is, there's always room for complications-- foreseen, and unforeseen. Unfortunately, when these complications [and by this I'm talking about the inadvertent ones, and not those born of incompetence, or malpractice] occur in this part of the globe, it's blamed on the "quackery" of "Nigerian doctors," and any explanation you try to give would be placed in the same category as "mansplaining" for patriarchal ideologies. But when it occurs elsewhere...

So this American lady, called Tanai Smith, took to her FB, to give an account of her ordeal with an IUD contraceptive. She said she got an IUD 6 weeks after she had her child. 3 years later, she went for a routine review of the IUD, and after an examination, they couldn't find it. The theory was that it must have fallen off, but she insisted that if it had, she would have known. So, to confirm this, they took her for

INVESTIGATIONS. In whole, they did two scans-- an abdominal, and a transvaginal, scan I presume; but found nothing. She was reassured that it must have fallen off, and she went home.

Weeks and months pass with no problem. Then one day, she suddenly felt a sharp abdominal pain. When she went to the hospital, an X-ray showed that her IUD had perforated her uterus, and migrated upwards. She was scheduled for a Laparoscopic surgery. Intra op, the IUD was located, and removed by a Gynaecologist. It was done as a DAY PROCEDURE, and she was told to go home. Even though she complained she was bleeding, they brushed it aside, and told her it was expected.

Back home, the bleeding continued, and she deteriorated. At this point, alarmed, the mother took her back to the hospital. She was reassessed, and they discovered that her adnexae, and uterus, had become gangrenous. So, they scheduled her for emergency

surgery, during which they had no option but to REMOVE HER WOMB, in order to save her life.

Post op [that is after the surgery], she became septic, lapsed into a coma, and went on to develop multi organ failure. Her kidneys failed, and she had to be on dialysis. She spent weeks in the ICU, and at some point was on life support. She went on to develop other complications, including decubitus ulcers, and a lot more.

All, because of an IUD!

This story has been shared by many Nigerians, including bloggers. And I've been going through the comments section of several of such posts, and I was amazed at the kind of intellectual conversation this rather unfortunate incident has sparked. However, I didn't miss the fact that no one has questioned the competence of the medical team that took care of her, right from the point of inserting the IUD, through the investigations done to locate it, to the series of surgeries, and complications; no one has accused them of negligence, malpractice, or both-- no one!

Had it been that this thing happened in Nigeria, it would have triggered a "Nigerian doctors" lynch fest, and words like "malpractice," "negligence," and "incompetence" would have been thrown around carelessly, without anyone bothering to find out the facts. What more, there would have been an emotional blackmail campaign, about how incompetent Nigerian doctors made this "young, beautiful woman" lose her womb due to their carelessness.

So, I ask: why are we not asking those questions here? Is there a mechanism in our brain that turns off logical reasoning once people whose skin are white are involved? Do we actually believe that the white man, by default, is omniscient and infallible, and that anything that goes wrong in his hands did so because it couldn't have been otherwise prevented?

Let us review the details of this case once more, shall we?

1. She got an IUD.
2. 3 years later, she went for an IUD review, but they couldn't find it.
3. They did TWO SCANS to look for it, but still couldn't find it!

If this happened here, the madding crowd would have questioned the competence of those sonographers, and would have said that if they had looked "hard enough" perhaps they would have found it!

4. The IUD that the sonographers missed perforated womb. This time around, they did an X-ray, and were able to locate it.

If it were to be here, and this story made it to FB, the mob would have asked: so why didn't they do the X-ray before? Why do it when it was a minute too late?

5. Discovering that the IUD had perforated the uterus, and migrated upwards, they booked her for a Laparoscopic surgery.

6. After the surgery, she complained of bleeding. However, they told her it was "normal," EVEN WITHOUT CHECKING, and SENT HER HOME, without keeping her at least for OBSERVATION!

This would have been a major talking point for the Nigerian FB mob! I can imagine our keyboard warriors shaking their heads, tearing their bras and boxers, over this bit, pointing out the height of the negligence.

7. At home, she deteriorated, and both the pain and bleeding worsened. She was rushed back to the hospital, and they discovered that the uterus had become gangrenous!

At this point, I am worried too: does it mean that they didn't cover her well with appropriate antibiotics? Also, could they have missed something during the surgery? Why didn't they do open laparotomy, instead of laparoscopy? Questions the "Nigerian doctors" lynch mob would have asked!

8. After the second surgery, she went into septic shock, and developed multi organ failure. The kidneys shut down, and she had to stay in the ICU for weeks.

At this point, I can imagine our keyboard warriors furious, and asking, "all these just because of an IUD?"

.But here we are, having a level-headed conversation. The discussion has completely moved away from the angle of malpractice, incompetence, and negligence, and has instead sparked a healthy conversation about methods of contraception and their complications. And here I am being suffocated by the stench of our hypocrisy!

At the end of the day, we'll all be alright.

Medicine is an imperfect science. A lot of procedures, and interventions, have complications that may be inadvertent. Each diagnostic modality has its own shortcomings, its own blind spots.

Are we using these to excuse malpractice, negligence, and incompetence? Hell no!

All we are asking for is that complications be contextualized. When something goes wrong, people should ask the right questions before starting off a lynch fest.

And what are those right questions? They are simply these:

- Is this the diagnosis the average doctor would have made, given the details of the case?
- Is the diagnosis rational, even if it later turns out to be wrong?
- Did the doctor investigate as appropriate within the limits of what is available?
- Was the treatment plan rational ?
- Were measures taken to prevent expected complications?
- Were things done when they were supposed to be done, and not a minute too late, and for no good reasons?
- Was EVERYTHING done in the patient's best interest?
- Were the ethical principles of the profession upheld?

These are the questions that should be asked. It is the answers to these questions that determine if one was negligent, grossly incompetent, or if there was malpractice. In the above case, I think they did their due diligence. The only place I may fault them is if they didn't cover with appropriate antibiotics, and if they didn't observe her when she started bleeding.

Note that what matters is satisfying the above questions, and not if there were complications, or not; or if the patient died on the table, or not. The science is not a perfect one. And we are not Gods!

NB: Pictures are from Tanai's FB timeline.



JoelsBlog Media

Giving you The Breaking News in Nigeria

JoelsBlog is a Nigerian controversial gossip blog owned by a young mediapreneur, Joel Hechimenum Williams, founded on the 18th of February 2016 and gets an estimate of 20,000 views and 12,000+ visitors daily.

How did Joelsblog become the fast rising Nigerian entertainment blog?

JoelsBlog gained popularity after its first controversial article, An article of a Facebook user criticising David Ibiyeomi for buying a private jet from the proceeds (offerings) of the poor in his church, it went viral after it was shared on Nairaland, the strength of this Article gained so many views and critics and supporters, To the surprise of many, The Article trended on so many Nigerian blogs including Nigeria's biggest News Media carried the news but they never gave credits.

JoelsBlog striving in its goal to publish unique articles for its readers kept growing and gaining popularity but something went bad, JoelsBlog Facebook page got deleted on the 3rd of December 2017 along with its huge readers, till today no reason was stated as to why the page was deleted which was a huge blow to the entire team and a very challenging one as well. It suffered a decrease in the numbers of views but a month later it sprang up again as readers took to using google search to locate the blog.

What Inspired the birth of JoelsBlog?

JoelsBlog formerly called (Joelwilliamsblog) became a reality after Joel Hechimenum Williams decided to open a small blog for his literatures, then the blog got 100 to 150 views daily on the free blogger publishing platform. On the 23rd of October, 2016 JoelsBlog bought its first domain, www.joelwilliamsblog.com.ng, then it had 1500 - 2000 views daily, on seeing the growth after moving out of the free publishing platform Joel Hechimenum Williams decided to make it an Entertainment blog, that earned him his first 10k views, he kept pushing the blog till it got to where it is today.

Why and what caused the Change of Name?

The reasons for why Joelwilliamsblog changed its name was because of the following reasons,

Readers kept complaining that the URL was too long for them to type or even search, that cost me a lot of readers despite having the traffic the blog gained.

Readers complained about the inability to engage themselves (comment) due to the rigorous process they had to go through, like logging in their gmail to comment, most people can't remember their password not willing to go through the stress of getting a new one..they just remain like thin air on the blog, some readers said they didn't understand the Google recaptcha Bot detector and didn't want to go through the stress of verification. A lot of things led to the change of Name and URL.

How was your first day on your New platform/New Domain?

My first Day on my New platform was a special and happy day because I got the highest number of views that day, over 47,000 views, it kept coming because I anticipated the coming of the new URL/Name and it yielded a positive response from my readers and visitors.

What decreased the views to 20k then?

It's something I don't know, maybe JoelsBlog competitors converted them, I tried to figure out the reason why my traffic dropped, after my research I found out that my blog did nothing wrong, it was just that the views that came that very day was as a result of the give away we did on the blog, perhaps they left because we couldn't keep up with the give away because we weren't getting much money for Ads.

You said WE are there other people working with you?

Yes I have a total of 3 publishers, with names;

Joel Victor - Manager
Elias Ifeanyi Alex - Editor
Emmanuel Okafor - Author and myself.



Siddon nah, Make I Suck!

**A series in Medical Myths,
Tales by Doctors.**

-by Uche Anyanwagu.

"Mama! Mama! Come! Please come!..." yelled the 4-year old lad as he persistently beckoned his mother to come to him.

He was playing football earlier with his peers outside until he had an urge like someone addicted to hard drugs.

"Please nah.. come and siddon..." he continued. His mum simply ignored him and continued with her chores.

With an anxiety-filled face, he waved her to come but met the same response. He refused to yield but walked up to the mum and shouted in anger:

"Siddon make I suck nah! Oooohhh! Siddon..."

He kept pulling the mother's wrapper to drag her to a sitting position. "Siddon make I suck small nah...! Abeg, Mama...!"

I shook my head and headed off to the park. I was at the verge of missing my bus.

This scene plays out more than 3 times each day. It was clear to all that the young lad was a breastmilk addict. Lol.

On getting to the bus station, I got a comfortable position and was blessed, for the very first time in my travelling life, to have a pretty lady sit beside me.

I don't have this type of luck at all oh. So I comported myself and brought out a novel I had no intention of reading and fixed my gaze on it.

My attention was to soon be drawn away by the Acts of the Apostles beside me. Another drama was beginning to ensue. Wow, today must have been declared breastfeeding day without my knowledge.

The 6-month old baby latched on the mother's areola as he sucked with Trump's "fire and fury" rhetoric. Obviously oblivious of the events around him, nothing could be tastier than the milk of a willing mother, ably delivered by her now pendulous breasts.

We were all on a bus heading to Asaba from Lagos. The 14-seater Hiace bus was tightly packed. I had initially thought we were more than 14 commuters in it, but as I looked round, I noticed that many of us were the plus size.

At end of the 2nd row was this beautiful, dark-complexioned young lady, likely in her mid-thirties,

tightly clutching her six-month old Baby to her arms.

The dexterity with which the young boy sucked the breast touched the lady sitting next to his mother. She jokingly told him that she would love to offer him a straw to drag every drop from that mammary gland.

"Madam..." I recalled she said, facing the lady, "...I feel like giving your child a straw to suck this breast..." We all burst out laughing. We never expected this.

"...the way he sucks this breast eh..." said another heavily bearded young man behind that looks like Onye York, "... Nna eh! O na-ebunye m uche..." (Meaning: Oh my GOD! It gives me strange thoughts), he concluded in Igbo language.

Our laughter continued but the boy's mother's face showed no single emotion. "May be, the pressure of the suckling had drained her..." I thought aloud

We had a little breather when we pulled by a petrol station to refuel our car and stretch out.

To my utter amazement, I saw a young man smoking under the hot sun. Obviously, that was not my shock. While he held and dragged and puff his cigarette with his left hand, he held a cone of ice-cream on the right and took turns to lick the ice cream after each puff, running his broad whitish tongue from the tip of the cream to the wafer cone.

Abasi mbok! I was thrilled to watch as he continued this exercise in a rhythmic fashion.

"What could be going on through his mind..." I wondered. Till date, I could neither conclude whether that fellow felt hot or cold. May be, he was simply seeking neutrality at the expense of the cost of a smouldering cigarette and a cone of ice-cream.

I almost missed my bus if not for the kindness of the Queen beside me who nudged me on as the driver beckoned.

She had no idea of the shock I was fighting hard to process but as we sat down, she expressed disgust over the manner the other lady had been suckling "that old man" (in her own words).

She told me that she is not cut for breast feeding "...I don't want what will make my breasts sag..."

I provided a toothy smile and went on to tell her that breastfeeding sags no breast. Rather, pregnancy hormones can stretch some of the ligaments that

support the breasts but wearing a well-fitting bra in pregnancy solves all these.

Me: 1 vs Queen: 0

Not ready to yield, she complained too that breastfeeding in public is bad and unsightly. "...I will never breastfeed my child in public..." she concluded.

I told her that everyone knows that women have breasts. Nothing can compare to the joy of feeding a child vs the sight of a breast. Besides, today's fashion does not spare the latter. The truth is that most people see a child feeding than an open breast.

She kept quiet. I ticked on a paper in my novel: "Me: 2 vs Queen: 0"

"Ehe, shebi you are a doctor..." I nodded in affirmation. "...what about those ladies with small breast who cannot produce enough milk?..."

I laughed so loud and took an evaluative gaze at her chest. "Almost all women are physically able to breastfeed irrespective of the size of the breast. The breast does not store milk. It is the sucking that stimulates the mechanisms that secrete milk directly into the areola and straight to the baby's (or is it even adult?) mouth. So, it is the sucking reflex that is key here.

She looked a bit dazed but I used my pencil again to tick: "Me: 3 vs Queen: 0"

Unwilling to give up, she asked if she can have a sex life as she breastfeeds.

"Of course, you can and you must, unless you want Oga to visit other local governments..." I jokingly said.

"GOD forbid!... it is not my portion..." I echoed "Amen". I told her that though the vagina may feel a little drier than usual because of breastfeeding hormones, using some lubricant and taking things slowly will definitely help.

I didn't write again on my paper but I knew that the score should be about 4:0.

As she opened her mouth to ask again, I cut in by asking if she was a journalist. She gently gave me a light push. I almost melted. Don't ask me why, who wouldn't?

"But I have seen so many ladies complain about their breasts hurting while breastfeeding. Even my elder sister had very sore/cracked nipples. How can one deal with that?..."

I acknowledged her rightful concern and told her that it is usually because babies are not well positioned or properly latched on to the breast

She cut in (and whispered into my ear): "My nipples are inverted, does it mean I won't be able to breastfeed my baby?"

I pretended I did not hear her well at first because the way I felt, made me feel like passing Asaba where I was headed to.

"What did you say, please..." I asked almost four times. She smiled and repeated herself.

"...Oh, okay. The fact is that nipples come in all sorts of shapes and sizes. Just holding your baby skin-to-skin after birth is the best way to allow the baby to attach. You know what, a baby breastfeeds, not nipple feeds. So, as long as the baby can get a good mouthful of breast, he can feed sort himself out and feed happily.

By this time, I lost count of the details on our scoreboard.

I went on to explain to her the benefits of breastfeeding both to the mother and the child – the emotional bonding, the cost, availability, hygienic standards, and protection against infections.

Do you know that breastfeeding has long-term benefits which can last into adulthood.

The story of the sucking 4-year old lad came to mind again. I explained that he has not only been enabled in life by his loving mother's act of benevolence; but had been emboldened to come to top up his aliquots of breastmilk to ride each passing day.

"Mama! ... Ooohhhh! Siddon nah, make I suck

I am Uche Anyanwagu. Make I siddon.

Uche Anyanwagu MB BS, MPH, MSc, PhD is a Public Health Physician and Clinical Epidemiologist. Currently a Research Fellow at The School of Medicine, University of Nottingham and Clinical Fellow in Acute Medicine at The Royal Derby Hospital, Derby, United Kingdom. He has interest in Diabetes and clinical research.

A young child with curly hair and glasses, wearing a suit and tie, is sitting at a desk. The child is looking down at a calculator and some papers. The background is a plain, light blue wall.

15 Tips for Instilling Leadership Skills in Children

By John Rampton.

Many leaders also serve as parents, happily balancing a daily workload with ball games and family dinners. Along the way, most of these leader- parents also realize the influence they have over young minds. Today's children are tomorrow's leaders, especially if those children have parents who are leaders. While leadership skills can come naturally, children learn lessons along the way that significantly impacts them later in life. The right words at the right time can make all the difference.

Here are 15 great tips to help you instill the right skills in the future leaders in your life.

1. Set a good example.

As a leader, you realize the importance of setting a good example for your team. This is even truer of your role as a parent. By allowing your children to see how well you balance your business and personal roles, you'll teach them accountability through effective leadership.

2. Encourage team activities.

Early on, identify your children's interests and encourage their participation in group activities. Whether it's joining a scouting troop, participating in sports or joining the school band, children learn valuable lessons about teamwork through these activities.

3. Emphasize perseverance.

The best leaders learn to handle failure as gracefully as they handle success. It's important to expose future leaders to disappointment rather than protecting them from it. Children need to learn to handle the loss and move forward when the other team wins or someone else is elected class president.

4. Build negotiation skills.

Every good leader knows the art of compromise. Instead of giving your children a firm "yes" or "no" to a request, make an offer and allow them to counter that offer by offering solid points. Teach them negotiation skills like never giving up something without asking for something else in return.

5. Hone decision-making abilities.

Children should learn how to make good decisions as early in life as possible. Because children become overwhelmed by too many choices, narrow down the options to two or three, whether a child is deciding on afternoon activities or a movie to watch. My wife Kristy p them to make correct decisions in everyday life."

says "Teach your children to weigh the pros and cons of each option in order to make the most informed decision possible. This will hel

6. Practice confident communication.

When you go to a restaurant, do you place orders for your children? You can actually turn a simple dinner into a confidence-building exercise by having your children speak directly to servers. Allowing them to order and speak directly to servers will help them gain confidence in themselves and be able to communicate what they need.

7. Encourage work.

Often children are eager to begin working in some capacity. If your child wants to set up a lemonade stand, support them and encourage it. Once your children are old enough, they can take on work opportunities like babysitting and mowing neighborhood yards, provided you live in a safe neighborhood. These early jobs can be essential to building leadership skills in children.

8. Enroll in summer camp.

Summer camp is filled with opportunities to participate in team- building activities. Once youth reach a certain age, they may even be asked to help counselors. While many camps require counselors to be 18, a regular camp attendee may be able to land a spot assisting counselors, where they'll be tasked with leading groups of younger children.

9. Have family game night.

Instead of spending an evening staring at your respective screens, consider an evening of board games instead. A family game night not only provides a unique way to spend time together, it helps children learn to be a good sport, play by the rules, and think strategically.

10. Teach project planning skills.

As a family, you likely have many planned events, from family vacations to visiting relatives. As you prepare, don't leave children out of the planning process. Treat each event as though it were a business project, holding brainstorming sessions and delegating smaller tasks to your young family members.

11. Use vision boards.

One fun way to teach children goal- setting is through the use of vision boards . They'll have fun cutting out pictures and arranging them on a board, and in the

process they will learn how to visualize what they want to achieve.

12. Avoid jumping in.

When your child works on a project or activity, it can be tempting to jump in and help, especially if you see your child struggling. Instead, consider stepping back and letting your children work through it themselves. After the fact, you can review the obstacles and challenges that emerged during the task and ask for ideas on how things could have been done differently.

13. Find a mentor.

As great an example as you are to your children, a mentor can be invaluable. A trusted friend or family member can be a great mentor, especially if that person is accomplished in an area in which your child expresses interest. There are also organizations that can supply screened members as mentors.

14. Encourage reading.

Studies have shown the benefits of reading for fun in childhood, with children who read having greater intellectual progress in a variety of subjects. Young readers tend to learn more about the world, even when the reading is of a frivolous nature.

15. Reward optimistic thinking.

The fact that optimism is connected to success should not be lost on your family. Reward optimism, especially when that optimism is connected to attempting to reach a goal. Financial expert Miranda Marquit teaches that "to teach your children money management you need to allow them to make mistakes. Have them make a list of what they want, then help them to prioritize what on the list is more important and have them save for it."

This will teach them valuable lessons that will help them throughout their whole life. It will also help them know what they can and can't afford. In small ways, today's leaders can prepare younger generations for their future as business leaders. Each of these suggestions will not only create better leaders, but can help children perform better in school and develop better personal relationships throughout life.

ALL YOU NEED TO KNOW ABOUT GONORRHEA INFECTION...

By Prince Williams Njoku

WHAT IS GONORRHEA? WHAT CAUSES IT?

Gonorrhea is a sexually transmitted disease (STD). You get it from having sex with someone who is infected with it. Some people call it “the clap.” Gonorrhea usually causes pain and other symptoms in your genital tract, but it can also cause problems in your rectum, throat, eyes, or joints. Both men and women can get it, though men get it more often than women.

Gonorrhea is easily treated but can cause serious and sometimes permanent complications. Pelvic inflammatory disease occurs in women when the gonorrhea infection affects their uterus or fallopian tubes. The most serious complication associated with pelvic inflammatory disease is infertility.

Complications in men with gonorrhea include epididymitis (an inflammation of the tube which carries sperm) and infertility.

SYMPTOMS

Symptoms may be absent despite an active gonorrheal infection. Symptoms can appear anywhere from 1-14 days following exposure to the infection.

Men and women experience slightly different symptoms; these can include:

Men:

- white, yellow, or green urethral discharge, resembling pus
- pain in the testicles or scrotum
- painful or frequent urination
- anal discharge, itching, pain, bleeding, or pain when passing stools
- itching, difficulty swallowing, or swollen neck lymph nodes
- eye pain, light sensitivity, or eye discharge resembling pus
- red, swollen, warm, painful joints

Women:

- painful sexual intercourse
- fever
- yellow or green vaginal discharge
- vulvar swelling
- bleeding in-between periods
- heavier periods
- bleeding after intercourse
- vomiting and abdominal or pelvic pain
- painful or frequent urination
- anal discharge, itching, pain, bleeding, or pain with passing bowel movements
- sore throat, itching, difficulty swallowing, or swollen neck lymph nodes
- eye pain, light sensitivity, and eye discharge resembling pus
- red, swollen, warm, painful joints

CAUSES OF GONORRHEA

This STD comes from a bacterium called *Neisseria gonorrhoeae*. Even though it's spread through sex, a man doesn't have to ejaculate in order to pass it on to his partner.

You can get gonorrhea from any kind of sexual contact, including:

- Vaginal intercourse
- Anal intercourse
- Oral intercourse (both giving and receiving)

As with other germs, you can get the bacterium that causes gonorrhea just from touching an infected area on another person. If you come into contact with the penis, vagina, mouth, or anus of someone carrying this bacterium, you can get gonorrhea.

These germs can't live for more than a few seconds outside the body, so you can't get this STD by touching objects like toilet seats or clothes. But women who have gonorrhea can pass the disease on to their baby during a vaginal delivery. Babies born by C-section can't get it from their mother.

Gonorrhea Prevention

The only sure way to keep from getting gonorrhea is not to have sex. You also have a lower risk if you're in a long-term sexual relationship with only one person and you're their only partner. You can reduce your chances of getting gonorrhea by practicing safe sex, and by getting regular screenings.

Your risk for gonorrhea is higher if you:

Are young

Are having sex with a new partner

Are having sex with someone who is having sex with other people

Have multiple sex partners

Have had gonorrhea before

Have had other STDs

There are specific steps you can take to safeguard yourself from gonorrhea:

Use condoms. They help protect you from STDs. They act as a barrier and keep bacteria from infecting you. Spermicide won't prevent you from getting gonorrhea.

Have your sexual partners get tested. Ask them if they've been screened for gonorrhea. If they haven't, have a conversation about getting tested.

Don't have sex with someone who has symptoms of gonorrhea. Has your partner complained of a burning feeling while peeing or sores in their genital area? Take a break from sexual activity until they get their symptoms checked (and you should get checked, too).

Get regular screenings. Doctors recommend you get tested for gonorrhea once a year if you're:

- A man who has sex with men
- A sexually active woman under age 25
- A woman who has multiple sex partners

If you're pregnant and have gonorrhea, talk to your doctor so you can get the right treatment. This STD can cause health problems for babies, so it's important to treat the disease as soon as possible to help lower your baby's risk for complications.

With the right treatment, gonorrhea is curable. But one successful treatment won't protect you for life. You'll need to keep practicing safe sex to keep from getting it again.



20 Things You Need to Know About Your Nipples

by Amanda. M

Your nipples deliver milk to a baby, boost sexual pleasure, and can tip you off to serious health issues, such as breast cancer. Here's the nipple health information all women need to know —plus some fascinating facts about nipple hair, nipple piercings, and the elusive nipple orgasm.

Get to know your nipples

We all have nipples. Yet there's a lot more to your nipples than you probably realize. While your breasts as a whole score most of the attention—they get their own examination by your doctor during your annual ob-gyn visit, for example, and they're supported by a sport bras so they don't bounce around too much when you work out—your nipples remain out of the spotlight.

1) Your nipples help deliver milk to a newborn, are sexually sensitive enough to increase your satisfaction during sex and even give you an orgasm (yes, really!), and can tip you off to clues to potentially serious health issues, such as certain types of breast cancer.

2) Your nipples don't necessarily match

Just as your breasts probably aren't the exact same size and shape—one is fuller, perhaps, the other closer to your armpit—neither are your nipples. "Maybe one nipple is a little bigger, or higher, or lower, and that's totally normal."

Still, it's smart to keep an eye on these variations when you notice them. "Taking a good look at yourself in the mirror, with your hands on your hips, will give you a good idea what's normal and what's not for each nipple and how they're different from each other."

If you think something's changed—one nipple looks more puckered than it used to, for example, or one of the many pimple-like ducts on your areola seems inflamed or swollen—loop in your doctor. "If a change happens to both nipples at the same time, that can be comforting, if it's just one, it's more concerning." It could be a sign of cancer or an infection or another problem, and it's a good idea to get it checked out."

3) Nipples can be outies—or innies.

Most nipples protrude outward, coming to a point at the tip of each breast. But 10% to 20% of women have nipples that are either perfectly flat or inverted, meaning they point inward and retract into breast tissue, forming a crease or indentation where the point would be.

If you've always had inverted nipples, as they're called, the condition is nothing to worry about, says Roshini

Rajapaksa, MD, Health's medical editor. Women with "innies" can still breastfeed and enjoy the same nipple super-sensitivity as all women. But if you notice that one of your nipples has recently flattened or retracted inward, see a doctor. It could be no big deal, yet it could also indicate breast cancer or another health condition a doctor should know about.

4) Nipple size and color can vary

They can be as small as a dime or as wide as a teacup saucer. And while it's normal to wonder how your nipples size up in comparison to other women, the truth is, "Nipples come in all sizes, and they're all normal." The areola—the darker, typically raised circle around the nipple—can have a diameter of less than an inch to several inches across.

The nipple itself can stick out prominently or look kind of puffed up, or it blend in more smoothly with the surrounding tissue of the areole. Nipple color varies widely as well—from light pink to dark brown and every shade between.

5) The bumps on the areolas have a purpose.

The small bumps on the areolas—the pigmented area that surrounds the actual nipple itself—are called Montgomery tubercles, and they secrete oil that helps lubricate the nipple during pregnancy and lactation. That oil isn't just to prevent dryness and chafing. It has antibacterial properties, says Dr. Rajapaksa, and its scent may even help attract infants to the breast (another one of Mother Nature's ways of making sure babies get nourishment).

6) Some women have just a few Montgomery tubercles while others may have dozens—and their size and appearance may change during pregnancy and breastfeeding. But as long as they aren't painful or one or more is not suddenly enlarged, it's best to leave these bumps alone. A swollen tubercle could indicate a blockage or infection. Get it checked out by your doctor, who might want to prescribe antibiotics.

7) Nipple hair is totally natural.

The areolas also contain hair follicles, and it's estimated that at least 30% of women have hair on their nipples. There's nothing wrong with having hair there (or noticing extra growth during or after pregnancy)—but if it bothers you, it can be removed via tweezing or laser hair removal. Avoid shaving and waxing, which can cause cuts, burns, irritation, or ingrown hairs.

Worried you have more hair than you should on your nipples? Your primary care physician or gynecologist can let you know if anything looks out of the ordinary. Excess hair growth could be a sign of a hormonal imbalance like polycystic ovary syndrome (PCOS). And if you have dark hairs sprouting from the skin of the breast just outside the nipple, don't worry, that's totally normal too.

8) Pierced nipples can be health risks

You may have heard that nipple piercings make foreplay more exciting, or you might just like how celebs look flaunting the nipple ring trend. But before you take the plunge yourself, it's important to know the risks.

9) Nipple piercings increase the odds of a painful breast infection tenfold, according to a 2010 University of Iowa study. (In that same study, smoking, obesity, and diabetes also raised breast infection risk.) There's also a possibility they could damage the ducts that produce milk for breastfeeding, trigger an allergic reaction and set you up for an itchy, ugly rash or swelling, or put you at risk for disease transmission if the instruments used during your piercing aren't disinfected properly.

To be continued...

Amanda is a freelance Health writer and have so many major publications.

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with

AMBASSADOR
(Mrs.) UNYIME
IVY KING



Founder, SOW&G Foundation

"The female folk are an integral part of the society and when they are enabled to give expressions to their dreams and goals, society is better for it.

I am constantly looking at ways I can make a difference positively in contributing to overall peace in our society. I strongly believe that there was a reason why I got honored with this access to a larger world platform beyond my own space."

These are the words of the unapologetic pen pusher and ever zealous **Founder of SOW&G Foundation**. A woman who has got to light out for the territory ahead of the rest in championing the course that will bring liberation and elevate the consciousness of women to their undeniable role in ensuring an atmosphere of Love, Peace and Warmth in their homes.

Her presence alone command a lot of heralds from Nigerian women because her tremendous impact has caused a lot of tremor, catalyzing the hearts of most women all over the world positively, endearing them to be bold for change and keep pressing forward.

Unyime-Ivy, pledged to do all within her power to lift other women from the slough of despondency, empower them to action and equip them to take up the gauntlet and combat whatever challenge that would come their way as "Mums on the go." She qualified for the privileges generously conferred by United Nations as her Ambassador for peace.

Her diligence and remarkable result-oriented nature is profound as well as contagious. We must say- Such is the power of reputation, it can put a vast army on the defensive, even force them to retreat without a single arrow being fired. Peace is what the entire world needs, and Amb. Ivy King bears that aura that speaks peace to the hearts of many women.

She is married to her lovely handsome husband Mr. Ubong King popularly known as the TROUBLE MAKER, for his specialized skill in causing a Mental revolution, paradigm shift and evoking the ability to think in the minds of young people all over the world. Her Media chat with Mummy & I magazine will surely raise your spirit of chivalry.

MEDIA CHAT WITH AMB. UNYIME IVY KING.

1) SOW&G stands for Save Our Women & Girls. What is it all about and what inspired the founding of SOW&G.

ANSWER:

The Save Our Women and Girls (SOW&G) Foundation is a Lagos based, Non-Governmental Organization which was formally inaugurated in March 2017. We are focused on creating social developmental awareness on issues affecting women and girls. We seek to empower women and girls everywhere through interventions that are designed to aid family strengthening, mentorship, strategic partnerships, poverty alleviation programs, community-based Capacity building trainings and empowerment initiatives, to help these focus group achieve their potentials, access economic opportunities for sustainable, personal and national development, thereby improving living outcomes. We also seek meaningful collaborations with other credible NGOs, because we believe that together, we do more.

Our Mission is to promote social change that transforms societal attitudes, practices and policies to prevent and help reduce to the barest, abuse of girls and women, and violence of all forms. To achieve these goals, we organize skills trainings and other empowerment initiatives to employability skills for women and girls so that they are not vulnerable to abuse and can contribute meaningfully to the society at large.

2) What other activities or positions have you handled in time past and how did they help you become the great woman whose tremendous impact is felt heavily in our generation?

ANSWER:

In my pursuit of purpose and significance, I have experienced some highlights along the way and several influences which have helped to shape me into the woman I am today.

I have worked with some media establishments in the past as reporter, staff writer and Associate editor. My articles have been published in these media: Midweek Spring Newspapers in Osogbo, where I had my first stint as a reporter while doing my youth service in Osun State. I had been sent to Osogbo Grammar School to teach, but almost the whole of that year, government schools were constantly on strike, so I decided to deploy my time more usefully and that is how I went to work with that newspaper; Vanguard Media Limited, where I had the opportunity to work with an ace journalist and writer, Mrs. Remi Diagbare, who taught me a great deal about reporting and I learnt so much on the job; TW magazine, where I was

staff writer and worked with Mrs. Adesuwu Onyenokwe who played a huge role in guiding me to hone my writing skills- I also learnt so much on the field. Other magazines which I got freelance opportunities include: Green Pastures Magazine, and Security and Safety Magazine.

I am the Chief Responsibility Officer at HTT Communications Ltd- my publishing and communications company, and Executive Director Communications at Protection Plus Services Ltd (PPSL).

In 2014, I was nominated by the International Association of World Peace Advocates (IAWPA), and awarded an Eminent Ambassador of Peace with the UN in 2014. IAWPA also appointed me as International Director, Gender Education and Advocacy. I was inducted into the African Women Leadership Organization (AWLO) in 2015 and made brand ambassador of the Akwa Ibom chapter for that year. Other nominations have included:

- Mum in the Community award by Moms Africa Magazine in 2014.
- Award of the Kwame Nkrumah Pan-African Meritorious award for leadership by the Gong Africa News Magazine, (Nigeria) and Maracas International News Magazine (Ghana), in collaboration with the Dr. Kwame Nkrumah Africa Genius Award Centre.
- Life Changers Award by the Life Changers Foundation, UK for my online advocacy.
- Ambassador of the Nigerian Army School
- Of Public Relations Institute(NASPRI) in 2016 till date.
- 2018 Nigerian Female Students Icon of Hope award

3) As an unapologetic pen-pusher, describe how your deep passion for writing found true expression?

ANSWER:

My childhood love and passion for writing and communication, found expression when I incorporated Heritage Treasure Trove Communications Ltd, trading as HTT Communications, my publishing and communications outfit as a subsidiary arm of Protection Plus Services Ltd (PPSL), a private Maritime and Security company which is the parent company for the group. HTT Communications caters for all the branding and communications needs of the group, and also services external clients too.

I am also a published author and as a writer, I am constantly looking out for opportunities to hone my skills and thanks to the rich resources available online, including courses I have taken which included creative writing modules, I have been able to work on my writing in so many ways.

4) How did you grow your faith in God over the years? Are there life experiences that helped boost your faith and total reliance on God?

ANSWER:

One incident that boosted my faith growing up, was a particular season where we had so many cousins and relatives at home, and we were facing imminent hunger, because my parents, who were both in the civil service had not been paid salaries, because of a strike or so. I remember that my mum called us all into our room, like we usually did on a daily basis to pray, and we specifically asked for the provision of food.

Those days, there were no digital means of communication so you can imagine our awe, when my grandmother, from the blues came visiting from home, laden with enough food supplies to feed an army. As a child, that touched me a great deal and reinforced my belief in God. This has been as a result of growth and maturity in my walk with God. I am still a serious work in progress though.

5) How was your childhood experience? Any remarkable influence in your life?

ANSWER:

Growing up was a fun adventure. When I see children these days all holed up in one corner watching TV or playing computer games for hours on end, I feel sad. We played a lot as children, but also had our time to study. My dad always took us to the State Library every Saturday and we signed up and got library cards so we could borrow books. Many people in my family were literary inclined. My late dad worked with the State House of Assembly then as Hansard Editor and he loved to read, and also wrote lots of articles and social commentaries. He was a great writer, whose writing prowess I aspire. He would drive us to the State library almost every Saturday and drop us off there to read.

6) In 2014, you were awarded Eminent Ambassador of Peace of the United Nations by the International Association of World Peace Advocates (IAWPA). How do you feel occupying this position and how have you been able to handle the responsibilities that comes with the office?

ANSWER:

The nomination and subsequent award as a UN Eminent Ambassador of Peace, came as a most unexpected, but pleasant surprise as I was nominated for the award by an older member of the nominating Association- IAWPA- whom I did not even know, and only got to meet on the day of the award. I did not see it coming at all. As a Christian woman doing the best I can in my own corner, I saw it as an open validation of my private efforts and an opportunity to leverage on the award to push for those SDG goals that seek to better the lot of girls and women in the society.

7) Considering your International relations, do you think there is still hope for our country, Nigeria and her youths? How should parents equip their children to be sound for international relations in time to come?

ANSWER:

I believe that our nation has a lot of young people who are already excelling incredibly in their fields of specialization and yes, there is lots of hope for our





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nation. Any modern parent should know that with the advent of globalization and technology, the lines of division across nations, are becoming blurry by the day. I believe in the inside-out approach to things, and parents can raise their children to be globally aware, by the kind of books, TV and programs, people or home experiences they are exposed to.

8) Tell us about your family life.

ANSWER:

The question is quite broad, so I will narrow it down to a typical day for me at home. It begins with waking up and praying with my children before they leave for school in the morning. We do our best to maintain this routine most mornings, but there are days, when we lose that timing and everyone is waking up and literally rushing out. It should not be so- but sometimes life just happens. I run my own business so I'm not usually in a hurry to leave home unless I have an urgent matter to deal with or an appointment to keep.

I must say that whether I go to the office or not, my work day already starts from home because I do not have to be in the office to do the things I need to do. When I get to the office and do what needs to be done, I do my best to ensure that if I haven't travelled, I am there for my children as much as possible. So, after work, I head straight home and I engage the children to find out how their day has been and I also prepare to welcome my hubby back home.

9) You're married to a powerful man of volcanic positive influence, Ubong King. How did you meet him?

ANSWER:

My husband and I met while serving in Power Chapel Intl- now Power City- the church we attended when we were in Uyo, Akwa Ibom State. He was born and raised in Lagos, and for University, came to University of Calabar, from where he became involved in the ministry of Rev. Abel Damina, where he was head of the Security/Protocol Unit at some point.

I became a member of the church while I was at the University of Uyo, and I had decided to become involved in a unit in the church. I had just finished workers training and contemplating which unit I wanted to serve in, when he walked up to me one day and said that the Security/Protocol Unit needed a

female member that would serve as protocol person, for the pastor's wife.

Now, the pastor's wife was someone I had always admired from a distance and I jumped at the opportunity to work with her more closely. That was how I joined that unit and that's where it all began. We share almost 16 years of marriage, come September 13th, 2018 and 21 years of friendship.

10) How does your Ambassadorial status, being the Founder of SOW&G affect your role as a wife and mother? (How do you strike a balance?)

ANSWER:

To be very candid, I don't 'see' the 'status' or 'titles,' because they're just that - titles and status which do not make the real person and I am more interested in the real person. I see myself all the time as a regular woman who just wants to make a difference as I live true to my purpose and calling. I say this all the time- I don't play 'Supermom.' It's easy for me to flow from role to role, because I have loads of help at home and I'm not hesitant about asking for and accepting help.

I have developed support systems to help me with my children if I'm not going to be available. For mundane every day tasks like cleaning, washing and sweeping, I pay for the help without hesitation nor guilt. I am not a lazy woman in the least and when I'm in that mood to clean personally, no cleaner can do better than me. However, I don't have to take on a task, which I can conveniently pay for, which frees me to face other areas of my calling in life, just because I want to tick some societal expectation box.

Because I work for myself, I have the flexibility to be there for my children as much as possible and when my husband or I have to travel, I have a retinue of trusted family and people who support and help me with the children. One of the things that have never happened though, in all my years of being a wife and mother, has been to leave my children alone with domestic helps, no matter how excellent they are.

If I'm not going to be home, my sister and mum are always there to help supervise and monitor. I would also love to add that being married to the man I'm married to, has also made it so much easy for me, because he is not only my husband, but my partner 100% in this journey of life and he does everything

11) Tell us more about other businesses and humanitarian services you do?

My work at SOW&G Foundation is still in its early stages and at this stage, we are focused on putting structures in place, developing Operational Manuals and a strategic plan for the next 5 years. We have a few flagship events which we put together and want to entrench as annual intervention programs, in addition to others that we are still developing. We are a young organization but we are determined and focus to impact our society positively. Some of our programs include:

1. The Women Empowerment Skills Training (WEST)- WEST debuted in August/September, 2016 and in

collaboration with Mrs. Ini Abimbola's BCBResources, Protection Plus Services Ltd and HTT communications, we were able to bring together over a 100 women and girls in Akwa Ibom State, in the South -South area of Nigeria for two weeks, to train them in different skills acquisition areas and also got seasoned entrepreneurs and marketers to teach them how to package and market their products, including loads of other business tips. We keep tabs with many of the trainees via a whatsapp group and we have many of them, who have taken that training and built on it. One of the participants, who was in the jewelry class, Mrs. Ini Peters, donated jewelry which she made to Oando Foundation, and they were taken for an exhibition in New York and auctioned to raise funds towards a cause that would empower the girl child.



2. Camp Creative debuted last year, Trash to Wealth- We brought in Mrs. Temitope Okunnu of FAFE International Foundation, an NGO which focuses on environmental issues to partner with us in training over a 100 women in 4 different communities in the Ajah area of Lagos State- Owode, Sangotedo, Ikota and Badore, on how to creatively upcycle their trash into economic uses. The women were trained on how to creatively upcycle their waste in order to generate an income from it.

12) When you're not working, how do you relax?

ANSWER:

When I am not working, my best mode of relaxation, is at home with my family- not really doing much- just sitting with them, talking, or watching a movie together.

13) What are the challenges or pressures facing 21st Century Mums which they need to tackle?

ANSWER:

Whether in this century, or past, I believe that motherhood is no piece of cake, and each generation has its peculiar challenges to deal with. With more and more women taking up careers outside the home, I think that 21st century mothers are more stressed, overworked, and tired from trying to balance home and career.

Mothers in the 21st century have to contend with the challenges of raising children in an increasingly digitalized age, struggling to raise healthy children in a world of fast/genetically modified foods, and struggling to instill the right values in a world where many families are no longer as interconnected as they use to be, or as communal. One of the values of our African culture for instance, was our communal lifestyle.

It was believed that it takes a village to raise a child, hence, a neighbor could discipline an erring child, without necessarily waiting for the parents, grandparents were handy for helping parents to instill the right values and so on. It is no longer the case for many mothers. The search for green pastures have led to families moving further away to settle in other places and they only get to see extended family occasionally, and the neighbor is no longer as free to correct a child, for fear that they might incur the parent's wrath.

14) You're hosting a program "Moms on the go," what inspired this program?

ANSWER:

This month on the 15th of May, the UN marked the International Day of Families and in line with one of our goals at SOW&G, which is family strengthening, we came up with the idea of the *Mums on the Go* event to commemorate this day and also examine some issues that affect families today- challenges with children, and challenges that some mothers, who have found themselves having to stay home with their children, face. It has been designed in a way that singles can benefit from the program too.

The event would be in two parts. We are bringing in women, who have successfully run homegrown businesses, to teach other women how to generate incomes from homes. I have heard a few cases where some women said that their husbands did not want them to work outside the home for whatever reason, and we also want to address this set of women and let them know that they can still start businesses from their homes.

Recently, there has been an upsurge of suicide among teenagers. This trend has been quite worrisome, because many people saw it as a western problem and shied away from talking about it. We want to open a conversation about this challenge and bring in seasoned professionals in different fields to examine this issue and proffer practical solutions for parents and guardians. It's going to be a pot pourri of information on that day, which we expect would benefit the family unit positively.

15) We have a lot of youths from dysfunctional homes. Why?

ANSWER:

I believe that every home is dysfunctional in some way, and the degree of dysfunction is largely determined by what information parents have about parenting. Nobody comes into parenthood where the family unit begins, with an operational manual. A lot of parents have made mistakes in the way they have raised children, and largely, most have had to learn on the go. The dysfunction is as a result of lack of information on certain parenting principles, which I believe can be learnt.



16) What advice do you have for women who don't believe in Family Planning?

ANSWER:

Hmm, this is an intriguing question. I think that when couples plan their families, it is easier for them to make long term, sustainable plans for them. From my lay man's knowledge, I would say that it is important for women, in collaboration with their men, to seek information on their reproductive health so they can have better understanding, and also know what decisions to take. They need to know how birth spacing enhances their overall well-being and health, and learn what choices they do have.

17) Do you think the largeness of a nuclear family affects parental responsibility per child? If yes, what is your advice to mothers still in their childbearing years?

ANSWER:

Depending on the economic ability of each family, I think it would. My advice is that mothers should only plan for the number of children they can comfortably cater for.

18) Most mothers who are violated domestically in their homes don't want to leave for fear of what the


society will say, what's your stance on this?

ANSWER:

It is usually not an easy decision to make, especially when children are in that whole mix and the abuse has been tolerated for years. I have interacted with many women experiencing domestic abuse and lot of them are unable to leave for so many reasons, especially lack of support systems to fall on when she wants to make the decision to leave.

Before I state my stance, I want to say that domestic abuse does not just happen after marriage- the signs are usually there before the wedding. Tackling this scourge is like putting the cart before the horse, but sadly enough, this some women's daily reality. It is better to break off a troubled engagement before it proceeds to marriage, than do it later, after the marriage.

Having said that, I want to say that it is better to be alive and unmarried, than to be dead as a result of domestic abuse, and trying to maintain a front of normalcy in a marriage where the man is violent. In a situation where e his anger issues and violent tendencies.



a woman's life is in danger, she should keep a safe distance from her abuser, and even if she wants to pray for the marriage, she should do that from a safe distance and insist, if she is still interested in the relationship, that the man seeks professional help for how to manage

In the end, if fear of what society would say, makes a mother to stay put in a home where her life and well being is constantly threatened by a violent man, that same society would gather at her funeral, when he kills her to mourn and also blame her for staying. She who wears the shoes knows where it pinches, hence any woman who is being violated domestically, should shut her ears to societal sentiments and do the safest and best thing for her and her children. No matter how much external persons counsel, they are not the ones in that situation, so the ball is in the woman's court.

19) You've held a lot of impacting programs for mothers. What changes do you envisage few years from now as a result of educating the mothers of today?

ANSWER:

A popular African adage says that when you empower one woman, you empower a whole nation because she would go back to her family and community and

empower them as she has been empowered -hence our focus on girl leadership and economic empowerment of women.

I believe in the power of consistency. The more we work on the girl child today, the better the mothers of tomorrow would be.

This is important to me, because the hands that rock the cradle, it is said, rules the world. Mothers are in vantage positions to influence nations and societies, if only they know how to harness the potentials they have. Educating the girls today, can lead to socio-economic changes in the society such as, mothers who are able to contribute positively to the growth and development of the societies in which they exist, mothers who would be regarded with dignity and honor because their contributions, whether at home, or in the larger society matter.

I see Mothers who are better equipped to raise their children with the right values and are less likely to be taken advantage of, or become victims of domestic or sexual abuse, because they would be equipped to make better choices. If just one woman, takes some of the things she has learnt through SOW&G Foundation, and passes them on, I would be fulfilled. I am already seeing some results today, so I look forward to the future with lots of hope, knowing that what we are doing today, will count in many homes tomorrow.

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A GIRL TODAY!



The SOW&G Foundation is committed to the physical, emotional and socio-economic well-being of the girl child and women in Africa. We do this in partnership with stakeholders and individuals that share in this cause. You too can be a part of this. Donate to save a girl child today and help raise empowered women for tomorrow.

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