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FROM THE EDITOR-IN-CHIEF

Confronting the Hidden Wounds-Prioritising Mental Health in Communities affected by Armed Conflicts

In recent decades, sub-Saharan Africa has witnessed multiple armed conflicts that have left behind not only physical destruction but also deep, often overlooked psychological scars. Among the most devastating of these crises is the Boko Haram insurgency, which has ravaged north-eastern Nigeria since 2009. Maiduguri, the capital of Borno State, remains the epicentre of this violence — its people enduring loss, displacement, and repeated exposure to traumatic events that disrupt the fabric of daily life. In this issue of the journal, the study by Wakawa and co-workers draws urgent attention to the psychological aftermath of this prolonged conflict. The findings are striking: several years into the insurgency, more than half of the Maiduguri residents surveyed met the diagnostic threshold for post-traumatic stress disorder (PTSD), while over two-thirds reported significant sub-syndromic PTSD symptoms. Many had endured multiple traumatic events—from loss of loved ones and displacement to violence and abuse. The study further highlights critical psychosocial correlates of PTSD: gender disparities, history of abuse, diminished self-esteem, and low resilience levels were all significantly associated with PTSD risk.

These figures, though alarming, echo patterns observed in other conflict settings worldwide, where the mental health toll often remains under-addressed amid the focus on physical reconstruction and security operations. Left unrecognised, PTSD and related

mental health conditions can undermine recovery, fuel cycles of violence, and hinder community resilience.¹⁻⁴ This study reinforces the urgent need for policy makers, humanitarian actors, and health systems to move mental health and psychosocial support from the margins to the core of emergency response and long-term recovery plans. Communities like Maiduguri require accessible mental health services integrated into primary care, trained personnel who can recognise and treat trauma-related disorders, and community-based programmes that strengthen individual and collective resilience. As conflict and displacement continue to affect millions across the region, it is imperative that governments, donors, and stakeholders invest in rebuilding not only infrastructure but also the mental well-being of affected populations. Addressing the hidden burden of the mental health effects of armed conflicts is not just a clinical necessity—it is a moral, social, and developmental imperative for sustainable peace and stability.²⁻⁴

I welcome the joint editorial on nuclear weapons by the World Association of Medical Editors. The urgent need to eliminate the threat of nuclear war cannot be overstated, particularly in light of recent global developments and rising geopolitical tensions. As medical editors and health professionals, we have a collective responsibility to speak out against the catastrophic humanitarian and environmental consequences of any

armed conflict in general and nuclear conflict in particular. It is vital that we continue to advocate for disarmament, promote dialogue, and support policies that protect present and future generations from this existential threat.

In addition to addressing the aftermath of armed conflict, this issue also draws attention to other important but often neglected aspects of health and well-being in our region. In their study, Bakare et al. shed light on the high prevalence of work-related stress among academic staff at Lagos State University, finding that 80.5% of lecturers reported significant stress levels, with interference in leisure time affecting over a third. Notably, large family size, male gender, being single, and shorter work experience emerged as key drivers of this occupational burden. Their findings make a compelling case for universities and policymakers to prioritise work-life balance initiatives and cultivate healthier, more supportive work environments that protect staff wellbeing and sustain productivity. Badmus et al., examined predictors of erectile dysfunction (ED) among Nigerian men living with type 2 diabetes mellitus. Their study confirms that ED remains a common but frequently overlooked complication in diabetic men, strongly associated with poor blood sugar control, advancing age, longer disease duration, hypertension, and obesity. By identifying these risk factors, the authors advocate for routine sexual health assessments within diabetes care and highlight the

importance of patient education and lifestyle modifications to prevent and manage diabetes-related ED. Together, these studies remind us that the burdens people carry — whether mental, occupational, or intimate — deserve thoughtful, proactive responses embedded within our health systems and institutions.

We express our heartfelt appreciation to our dedicated authors, diligent reviewers, and the wider WAJM community for their unwavering commitment to advancing medical scholarship in our region. We are also pleased to share that a special edition is on the horizon, dedicated to showcasing cutting-edge research, transformative ideas, and novel discoveries across all fields of Medicine-with a proud spotlight on West African contributions. We warmly encourage researchers to submit original studies and reviews for this special issue; all submissions will be

fast-tracked for consideration, and accepted manuscripts will benefit from special waivers on the processing fee. We count on your continued partnership, quality submissions, and steadfast support to ensure that WAJM remains a leading forum for impactful, relevant medical research that shapes better health outcomes for all.

Professor G. E. Erhabor

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Ending Nuclear Weapons, Before They End Us

This May, the World Health Assembly (WHA) will vote on re-establishing a mandate for the World Health Organization (WHO) to address the health consequences of nuclear weapons and war.¹ Health professionals and their associations should urge their governments to support such a mandate and support the new UN comprehensive study on the effects of nuclear war.

The first atomic bomb exploded in the New Mexico desert 80 years ago, in July 1945. Three weeks later, two relatively small (by today's standards), tactical-size nuclear weapons unleashed a cataclysm of radioactive incineration on Hiroshima and Nagasaki. By the end of 1945, about 213,000 people were dead.²

Tens of thousands more have died from late effects of the bombings.

Last December, Nihon Hidankyo, a movement that brings together atomic bomb survivors, was awarded the Nobel Peace Prize for its “efforts to achieve a world free of nuclear weapons and for demonstrating through witness testimony that nuclear weapons must never be used again”.³ For the Norwegian Nobel Committee, the award validated the most fundamental human right: the right to live. The Committee warned that the menace of nuclear weapons is now more urgent than ever before. In the words of Committee Chair **Jørgen Watne Frydnes**, “it is naive to believe our civilisation can survive a

world order in which global security depends on nuclear weapons. The world is not meant to be a prison in which we await collective annihilation.”⁴ He noted that our survival depended on keeping intact the “nuclear taboo” (which stigmatises the use of nuclear weapons as morally unacceptable).⁵

The nuclear taboo gains strength from recognition of compelling evidence of the catastrophic humanitarian consequences of nuclear war, its severe global climatic and famine consequences, and the impossibility of any effective humanitarian response. This evidence contributed significantly to ending the Cold War nuclear arms race.^{6,7}