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## FROM THE EDITOR-IN-CHIEF

### Addressing the Persistent Burden of Under-Five Mortality, and the Growing Importance of Healthcare Marketing

It is with great excitement and pleasure that we present to you yet another edition of the *West African Journal of Medicine* (WAJM). This issue, as with previous ones, continues to uphold our commitment to delivering a wide array of high-quality, scholarly articles that reflect the growing body of medical research in West Africa and beyond. The journal remains a platform for thought leaders, medical practitioners, and researchers to share their findings, insights, and innovations with a global audience, and we take immense pride in fostering this intellectual exchange. The articles featured in this edition span, as usual, a wide range of topics, each making a unique and meaningful contribution to the existing body of knowledge in its respective field. Each article represents not only the hard work of the authors but also the collaborative spirit of the medical community, which seeks to push the boundaries of what we know and how we can better serve our patients. We are confident that this issue will both educate and inspire, contributing to the ongoing pursuit of excellence in healthcare delivery.

Among the key highlights is an important piece on under-five mortality (U5M), an issue that remains a critical public health concern, especially in sub-Saharan Africa, where over half of global childhood deaths occur. Misau et al reported the findings of their study which highlighted the risk factors contributing to this dire situation in

Northeast Nigeria, one of the regions bearing the brunt of this health crisis. Using data from the 2018 National Demographic and Health Survey (NDHS), the retrospective analysis identifies maternal, child, family, and environmental factors driving the high mortality rates.

Maternal factors like young maternal age, lack of education, and failure to use family planning methods were found to significantly increase the risk of child death. Interestingly, maternal age between 21-25 years showed a protective effect. Child-specific factors such as low birth weight and being part of multiple births, particularly twins, also played major roles in U5M. Additionally, rural residence and poverty heightened the risk, as children from poor, rural households face inadequate access to healthcare and nutrition. One of the most striking findings is that 43% of U5M cases were linked to the lack of breastfeeding, emphasizing the need for public health initiatives promoting breastfeeding.

The data presented in the study align with global evidence that timely and targeted interventions can save lives. Strengthening healthcare infrastructure, particularly in rural areas, improving maternal education, and ensuring access to family planning and nutrition services are essential steps to reducing U5M. Furthermore, enhancing community-level awareness on breastfeeding and neonatal care can have immediate and

long-term effects on child survival rates.<sup>1,2</sup> There is a need for a multi-sectoral approach that not only addresses healthcare but also the socio-economic barriers faced by families. By implementing targeted interventions based on these findings, we can make significant strides toward reducing under-five mortality and improving child health outcomes in the region. The fight to reduce under-five mortality is indeed daunting, but studies like this provide a roadmap for impactful and sustainable health interventions. It is our collective responsibility to ensure that the children across the region—thrive beyond their fifth birthdays.

The concept of healthcare marketing was also brought to the fore in this issue. In today's global healthcare landscape, developing nations like Nigeria face significant challenges due to the rising trend of medical tourism. A large segment of the Nigerian elite seeks medical care abroad, often unaware of the availability of similar services locally. This unfortunate trend is exacerbated by the absence of effective healthcare marketing strategies that could showcase the capabilities of local facilities. In their study, Esan and colleagues, presents a compelling argument for the integration of marketing into Nigeria's healthcare framework. The findings indicate that a substantial proportion of healthcare providers have a positive perception of marketing and believe it could significantly enhance both the quality of services and patient

patronage. Their findings suggest a shift in mindset among healthcare professionals, many of whom previously regarded marketing as unethical within a healthcare context. Marketing in healthcare is not simply about advertising—it is about communicating the services available, improving visibility, and ultimately enhancing patient satisfaction. The findings also show that healthcare marketing can create a more patient-centered approach, one where individuals are informed about their healthcare options before stepping into a facility. This would undoubtedly reduce the burden of accessing quality healthcare, especially in a developing nation where the infrastructure often struggles to meet the demands of a growing population.<sup>3</sup>

The ethical guidelines of Nigeria's Medical and Dental Council restrict individual practitioners from advertising themselves, there is however an increasing need for allowing health institutions to promote the services they offer. As medical professionals and regulators become more open to the concept, healthcare institutions must act swiftly to harness the power of marketing, ensuring that Nigeria's healthcare services are no longer overshadowed by the allure of foreign medical care.

In another study which I want to highlight, Akanbi and colleagues compared the outcomes of early versus delayed oral feeding after emergency gastrointestinal surgeries.

Sixty patients were randomized into two groups: an early feeding group (EFG) and a delayed feeding group (DFG). They more than half of patients in the EFG could not tolerate early feeding, compared to 26.7% in the DFG. Additionally, over three-quarters of the EFG patients who couldn't tolerate oral feeding required NGT re-insertion, a significant difference compared to the DFG. The mean hospital stay was longer for EFG patients (9 days) compared to DFG patients (6.5 days). The study concluded that early oral feeding following emergency gastrointestinal surgeries was associated with a higher rate of complications, including increased need for NGT re-insertion and prolonged hospital stay. Thus, while early feeding may be beneficial in elective surgeries, it is not recommended for emergency gastrointestinal surgeries due to the higher risk of postoperative complications and longer recovery time.

Thanks to the invaluable efforts of our peer reviewers, editorial board members, and staff, the diverse collections of articles have been carefully reviewed and curated for an enjoyable reading. We invite authors to continue submitting original research, case reports, review articles, and short communications. WAJM is committed to advancing medical knowledge and values your contributions in this endeavour. We are focused on enhancing the quality,

timeliness, and efficiency of our services to ensure a positive experience for all contributors and together, we will continue to build on this legacy.

#### **Professor G. E. Erhabor**

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#### **REFERENCES**

1. Bhusal MK, Khanal SP. A Systematic Review of Factors Associated with Under-Five Child Mortality. *BioMed Research International*. 2022;2022(1): 1181409.
2. Kolekang A, Sarfo B, Danso-Appiah A, Dwomoh D, Akweongo P. Contribution of child health interventions to under-five mortality decline in Ghana: A modeling study using lives saved and missed opportunity tools. *Plos one*. 2022 Aug 1;17(8):e0267776.
3. Zade M, Tiwade YR, Shahu S, Bandre G, Surkar S. Marketing Technique in Healthcare Services: A Narrative Review. *National Journal of Community Medicine*. 2024 Jun 1;15(06):496-502.