

EDITORIAL

POVERTY RELATED DISORDER [PRD]: HARNESSING THE GAINS OF EARLY INTERVENTION

Poverty related disorder (prd) is a term sometimes used to collectively describe diseases, disabilities and health conditions that are more prevalent among the poor than among wealthier people. In many cases poverty is considered the leading risk factor or determinant for such disease and in some cases the diseases themselves are identified as barriers to economic development that would end poverty. Prominent among the poverty related diseases are HIV/AIDS, Tuberculosis, malaria, treatable childhood diseases that include, measles, pertussis and polio. Neglected tropical diseases and in recent times Ebola virus disease constitute few example that affect mostly women and children in our country accounting for high material and childhood mortality and morbidity.

Dysplastic condition of the cervix due to human papilloma virus leading to frank invasive disease of the cervix is approaching epidemic proportion in many developing countries where it may account for up to 8-10% morbidity among patients presenting with gynaecological diseases. The 21st century has witnessed carcinoma of the cervix becoming a leading member of the poverty related disorder coming fourth to Malaria, Tuberculosis, HIV/AIDS in this order. These conditions are accentuated in the poor communities by high level of malnutrition, prevalence of viral infections, varying degree of health disparities, improper health care, contaminated water and inadequate sanitation. Early quick response and community intervention for risk factors that predispose to persistent presence of the PRD is the key to

reversing trend, mortality and morbidity of these disorders. Harnessing the gains of early intervention in these PRD should address key issues of poverty. In terms of health, poverty includes low income, low education, social exclusion and environmental decay. Health disparities that relate to health care in general, environmental exposure, health seeking behaviour, food supplementation and health inequalities which negatively affect the poor and women are major obstacles to be tackled. The magnitude of PRD is so enormous that a strategic approach requiring a strong emergency response team needs to be put in place to address serious issues in such a way to reverse the present high prevalence. The diseases which sometimes occur as a group or in combination and affecting the less privileged in the society also require that various programmes of empowerment need to be designed for the poor. A pragmatic social security that addresses the needs of the poor is the best way to make good health available to the poor as the poor within most countries are trapped in a cycle in which poverty breeds ill-health and ill-health breeds' poverty. Fundamental sociological researches and interventions are needed to change the tide as for as these diseases are concerned.

This edition of this journal features six articles on infectious diseases of poverty. Four articles are on early stages of cervical cancer from different centres in Nigeria, all of which emphasised the need for early detection and treatment using improved technology such as Luviva cervical scan for primary screening and in combination with older modalities such as

PAP smear. There is also a review article on the management of abnormal PAP smear and pre-invasive disease of the cervix in developing countries while another study describes age distribution of abnormal pap smear in a secondary hospital in south-west Nigeria. Two other articles described the efficacy of sulphamide intermittent preventive therapy and its impact on maternal anaemia, malaria parasitaemia and clinical malaria in pregnancy while the trends in the prevalence of HIV among pregnant women in north central, Nigeria are well discussed.

REFERENCE:

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Olusola Fasubaa

Editor in chief