

Access to knowledge and the Nigerian dilemma

I read with interest the editorial in the January 2011 issue of *Africa Health*¹ and observed that most of the cited difficulties in accessing knowledge electronically occurred in East and Central Africa.

In Nigeria, the situation is different. In the cities and the villages, access to information on the internet is good, much better in the cities with broadband connections. The editor of *AH* had observed some years ago that cyber cafes in Nigeria were teeming with young people surfing the web. That was before the mobile telephony providers added internet connection to their services. Now, much of it is done on mobile phones and laptops which are affordable. The Blackberry phones, though expensive for now, have added another dimension.

Most young people in Nigeria (in or out of tertiary institutions) access the web to get the American lottery green card and other means to 'check out' of the country or commit cyber crime.

This situation has come about because after the civil war in 1970, the nation declared, through the military ruler, that our problem was not money but how to spend it. And so, the gravy train has been rolling on ever since, such that 12 years into the third republic, the gross decline in the value system, especially the get-rich-quick syndrome and the disappearance of the dignity of labour, occasioned by the long military rule in Nigeria, has severely affected the psyche of the populace and the education and health sectors.

At the primary school level, the electronic calculator replaced the learning and recitation of the multiplication table and the early morning mental arithmetic exercises as taught by our colonial masters. These exercises excited the brain to work like a computer even before its advent.

'In education, Alternative to practical' in science subjects came into being at the secondary school level and the universities where experiments were no longer performed. What is

the point of accessing knowledge if you cannot put it into practice? That is the challenge of the electronic revolution in information dissemination in the third world. I have a feeling it is a prelude to the second slave trade. People are no longer reading books either, even if the book is cheaper than the photocopy (pirated version).

The trend has infiltrated the medical profession. Several teaching hospitals in the West African sub-region have resorted to the concept of 'from the body to the bench' – a variant of 'alternative to practical' – in teaching basic surgical skills.²⁻⁵

During one such workshop in Enugu, south-east Nigeria,⁴ many of the trainees indicated that the addition of other procedures such as skin grafting, nerve repair, suprapubic cystostomy, cardio-pulmonary resuscitation, basic intubation techniques, minimal access surgery, endoscopy, herniorrhaphy, appendectomy, venous cut down, ear nose and throat and maxillofacial procedures would enrich the programme.

It was a common view that the programme should be made mandatory for all new surgical residents especially within the first 3 months of their training and that it should be organised more frequently with follow-up courses.⁴ All these procedures are daily routine in many private and mission hospitals in Nigeria today.⁶⁻¹⁴ But, the public training institutions, which have the monopoly of training, would not make use of these non-governmental hospitals because it would expose their deficiencies.

Two months ago, Operation Hernia, a UK-based NGO headed by Prof Andrew Kingsnorth of the Association of Surgeons of Great Britain and Ireland, conducted a 5-day mission in Owerri, 150 km from Enugu where the 'alternative to practical' surgical workshop took place. One hundred and twenty inguinal hernias were repaired and over 300 patients were still waiting.¹⁵ Several private medical practitioners, members of the Association of Rural Surgical Practitioners of Nigeria, were taught the Lichtenstein tension-free repair using the

affordable Indian mosquito net.¹⁶ There are five teaching/tertiary hospitals in that region and this showed their low level of impact on healthcare delivery and surgical training in the region.

The main problem with Nigerians is laziness and while the oil money flows, I am afraid there is nothing anyone could do to reverse the trend.

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References

1. Pearson B. Editorial. Access to knowledge. *Afr Health* 2011; 33: 3.
2. Hamdorf JM, Hall JC. Acquiring surgical skill. *Br J Surg* 2000; 87: 28–37.
3. Kneebone R, Simon D. Surgical skills training: simulation and multimedia combined. *Med Educ* 2001; 35: 909–15.
4. Ezeome, ER, Ekenze SO, Ugwumba, F, Nwajiobi, CE, Coker O. Surgical training in resource-limited countries: moving from the body to the bench – experiences from the basic surgical skills workshop in Enugu, Nigeria. *Trop Doct* 2009; 39: 93–7.
5. Bode CO, Nwawolo CC, Giwa-Osagie OF. Surgical education at the West African College of Surgeons. *World J Surg* 2008; 32(10): 2162–6.
6. Awojobi OA. A review of surgical cases and procedures in rural Nigeria. *Arch Ibadan Med* 2002; 3: 65–8.
7. Awojobi OA. Twenty years of primary care surgery in Ibarapa. *Nig J Ophthalmol* 2003; 11: 49–53.
8. Alufohai E. *Coping with rural surgery: a decade of private rural surgical practice in Southern Nigeria*. Sam Bookman Publishers, Ibadan, Nigeria, 2000.
9. OlaOlorun DA, Meier DE, Tarpley JL. Operative management of thyroid abnormalities in a general medical practice hospital in sub-Saharan Africa. *Trop Doct* 2000; 30: 221–3.
10. Umunna JI. Thyroidectomy in a rural private practice. *Nig Med Pract* 1988; 16: 121–4.
11. Umunna JI. Proctitis of the rectum: Recurrence rate after surgical treatment. Experience from a rural hospital practice. *Nig J Surg Sci* 2009; 19: 77–81.
12. Umunna JI. Prostatic fossa gauze-packing in the prevention of blood clot obstruction of the bladder after transvesical prostatectomy. *W Afr J Med* 2010; 29: 184–6.
13. OlaOlorun DA. Abdominal fasciocutaneous flap for upper extremity wound coverage in the developing world: indications and complications. *Trop Doct* 2001; 31: 45–6.
14. Oladiran IO, OlaOlorun DA, Adeniran A. Severe chemical proctitis following application of caustic native suppository. *Trop Doct* 2002; 32: 112–14.
15. Awojobi OA. Operation Hernia South East Nigeria. A Report. <http://www.operationhernia.org.uk/page12.htm>.
16. Tongaonkar, RR, Reddy BV, Mehta VK, Singh NS, Shivade S. Preliminary multicentric trial of cheap indigenous mosquito-net cloth for tension free hernia repair. *Indian J Surg* 2003; 65: 89–95.