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EDITORIAL

BY PROF (MRS) ESE ANIBOR

EDITOR-IN-CHIEF



Welcome on board to the intellectual platform of Volume 1, Issue 2 of Domain Health Journal. Great to have readers study the second issue of our health journal, where we continue to explore the latest advancements in medical research, innovative treatments, and public health strategies.

In this issue, we dive into a topic that matters most to all readers - aesthetics, which shapes the future of healthcare. Our authors share insights that bridge the gap between research and practice, aiming to improve outcomes and inform decisions.

We thank our contributors, reviewers, and readers for their support. Your engagement drives the conversation forward. Enjoy the articles, and let's keep pushing health boundaries!

RESEARCH ARTICLE

NASO-FACIAL ANTHROPOMETRY: A STUDY OF THE CORRELATION BETWEEN THE NASAL AND FACIAL DIMENSIONS AMONG URHOBOS IN DELTA STATE UNIVERSITY, NIGERIA.

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ARTICLE INFORMATION

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ABSTRACT

Aim: This study examined the correlation between nasal and facial parameters among Urhobo individuals in Delta State University, Nigeria.

MATERIALS AND METHODS: A descriptive cross-sectional approach was adopted using 300 subjects (149 males and 151 females) aged 18 to 30 years. Data was collected using standard anthropometric tools, and measurements included nasal height and width, facial height and width, and derived indices.

RESULTS: The results of the present study showed that male facial parameters were higher than those of the female participants. Nasal width (38.61 ± 3.33 mm and 36.47 ± 3.22 mm with $p < 0.001$), facial width (126.32 ± 9.32 mm and 122.79 ± 7.14 mm, with $p < 0.001$), and facial height (117.63 ± 8.68 mm and 112.38 ± 9.90 mm, with $p < 0.001$) for males and females respectively. Nasal index was higher in males (81.30 ± 10.83 and 77.52 ± 11.97 , $p = 0.004$). Hyperleptoprosopic face (facial index ≥ 100) predominated in both genders (males: 89.26%, females: 88.08%). Mesorrhine nose (nasal index = 70.0–84.9) was most frequent (males: 53.69%, females: 50.99%). Facial height and nasal height showed a strong positive correlation ($r = 0.815$, $p < 0.001$).

CONCLUSION: Sexual dimorphism was observed in most nasal and facial parameters. The predominant face type among males and females was hyperleptoprosopic, while mesorrhine nose type was most common. Correlation analysis revealed a strong positive relationship between nasal height and facial height.

INTRODUCTION

Anthropometry is a study that involves the measurement of the human body dimensions and its implication in medical science. The term anthropometry refers to a set of systematized measuring techniques for expressing quantitatively the dimensions of the human body and skeleton (Shah *et al.*, 2023).

Naso-facial anthropometry is a branch of anthropometry that deals with the measurement of the facial and nasal region. It aids in reconstruction of congenital or post-traumatic facial disfigurement, helps in diagnosing facial

deformities, forensic science, and in the determination of gender (Minh and Truong, 2023).

The face and nose are shaped during embryonic development and are influenced by genetic, environmental, and cultural factors. Certain studies have classified human faces and noses based on their indices (Omotoso *et al.*, 2019; Piombino *et al.*, 2020; Zar *et al.*, 2023). However, there is want of a study on how the nose and face relate to each other—that is, whether certain nasal dimensions are consistently associated with particular facial dimensions among Urhobos.

Understanding the relationship between the face and nose is important. Forensic experts could use such data for personal identification, surgeons could rely on it to design more suitable reconstructive procedures, and anthropologists could use it to document ethnic variation within Nigeria.

This study examined the relationship that exist between nasal and facial parameters and provide data specific to the Urhobo ethnic group. The morphometric relationships established contributes significantly to the understanding of Urhobo craniofacial characteristics and have practical implications for surgical planning, forensic investigations and anthropological profiling.

MATERIALS AND METHODS

Ethical approval was obtained from the Faculty of Basic Medical Sciences Ethical Committee, Delta State University, Abraka, Delta State, Nigeria. Informed consent was secured from all participants. The participants consist of males and females between the ages of 18 and 30years.

A descriptive cross-sectional design was adopted. A total of 300 Urhobo students (149 males and 151 females), aged 18–30 years, were selected through cluster sampling at Delta State University, Abraka.

Inclusion Criteria:

- Participators were of Urhobo ethnicity up to two generations
- Participators who gave consent.

Exclusion Criteria:

- Participators with craniofacial disorders.
- Subjects with history of facial surgery and nose surgery.
- Participators with facial trauma.

The following parameters were taken,

- The nasal width is the distance from the ala of one side of nose to the ala of the other side and nasal height is

the distance from the nasion (a fixed point between the eyes) to the subnasale (nasolabial junction) (Premraj *et al.*, 2025).

- Maximum Facial Height (MFH) is the distance between nasion to the gnathion and maximum facial breadth (MFB) is the distance between the two zygomatic prominences (Thakur *et al.*, 2025).

Indices calculated:

1. Facial Index (FI) = (Facial height / Facial width) × 100
2. Nasal Index (NI) = (Nasal width / Nasal height) × 100

Data were analysed using SPSS version 25. Mean, standard deviation, independent t-tests, paired t-test, and Pearson correlation coefficients were used.

Significance was set at $p < 0.05$.

A digital sliding Vernier calliper was used for all measurements:



Figure. 1: Sliding Digital Vernier Calliper



Figure. 2: A. showing the measurement of nasal width. B. nasal height. C. measurement of facial height. D. showing facial width using digital vernier calliper

RESULTS

Table 1: Gender Distribution of the Studied Populace

Gender	Frequency	Percentage (%)
Male	149	49.7
Female	151	50.3
Total	300	100

Table 1 shows the total sample of 300 subjects, unequally distributed.

Table 2: Descriptive Statistics of Parameters Measured

	N	Minimum	Maximum	Mean	Standard Deviation
Age	300	18	31	20.45	2.35
Nose Width	300	28.89	48.66	37.53	3.44
Nose Height	300	37.39	70.31	48.12	7.49
Face Width	300	46.95	143.68	124.54	8.47
Face Height	300	94.81	143.88	114.99	9.67
Facial Index	300	41.09	139.46	109.04	11.47
Nasal Index	300	52.27	118.28	79.40	11.56

The descriptive statistics in table 2 showed anthropometric data of the subjects studied.

Table 3: Gender Comparison of Parameters Measured

	Gender	N	Mean	Standard Deviation	t- test	p-value
Nose Width	M	149	38.61	3.33	5.68	0.000*
	F	151	36.47	3.22		
Nose Height	M	149	48.17	6.72	0.13	0.899
	F	151	48.06	8.21		
Face Width	M	149	126.32	9.32	3.69	0.000*
	F	151	122.79	7.14		
Face Height	M	149	117.63	8.68	4.88	0.000*
	F	151	112.38	9.90		
Facial Index	M	149	107.96	11.22	-1.63	0.104
	F	151	110.11	11.65		
Nasal Index	M	149	81.30	10.83	2.86	0.004*
	F	151	77.52	11.97		

*= p value is statistically significant

Table 3 showed presence of sexual dimorphism in anthropometric parameters of the subjects studied. Nose width, face width, face height and nasal index in male was significantly higher than that of female except for nose height and facial index.

Table 4: Paired Sample t-test of Parameters Measured

	N	Mean	Standard Deviation	t- test	p-value
Nose Width	300	37.53	3.44	-25.12	0.000*
Nose Height	300	48.12	7.49		
Face Width	300	124.54	8.47	12.90	0.000*
Face Height	300	114.99	9.67		

*= p value is statistically significant

Table 4 showed significant difference between measured anthropometric parameters.

Table 5: Correlation between Parameters Measured

		Age	Nose Width	Nose Height	Face Width	Face Height	Facial Index	Nasal Index
Age	Pearson Correlation	1	0.034	0.128	-0.001	0.123	-0.093	-0.094
	Sig. (2-tailed)		0.552	0.027*	0.983	0.033*	0.106	0.105
Nose Width	Pearson Correlation	0.034	1	0.285	0.178	0.360	-0.163	0.359
	Sig. (2-tailed)	0.552		0.000*	0.002*	0.000*	0.005*	0.000*
Nose Height	Pearson Correlation	0.128	0.285	1	-0.157	0.815**	-0.710**	-0.780**
	Sig. (2-tailed)	0.027*	0.000*		0.006	0.000*	0.000*	0.000*
Face Width	Pearson Correlation	-0.001	0.178	-0.157	1	0.004	0.633**	0.258
	Sig. (2-tailed)	0.983	0.002*	0.006		0.950	0.000*	0.000**
Face Height	Pearson Correlation	0.123	0.360	0.815**	0.004	1	-0.766**	-0.561**
	Sig. (2-tailed)	0.033*	0.000*	0.000*	0.950		0.000*	0.000*
Facial Index	Pearson Correlation	-0.093	-0.163	-0.710**	0.633**	-0.766**	1	0.587**
	Sig. (2-tailed)	0.106	0.005*	0.000*	0.000*	0.000*		0.000*
Nasal Index	Pearson Correlation	-0.094	0.359	-0.780**	0.258	-0.561**	0.587**	1
	Sig. (2-tailed)	0.105	0.000*	0.000*	0.000*	0.000*	0.000*	

**= Correlation is significant at the 00.01 level (2-tailed), *= p value is statistically significant

Table 5 showed strong positive correlation between nasal height and facial height. Facial width correlated with facial index, while nasal width correlated with both facial and nasal indices.

Table 6: Distribution of face shapes in males and females

Classes	Range	Males (%)	Females (%)
Hypereuryprosopic	≤78.9	1(0.67)	1(0.66)
Euryprosopic	79.0 - 83.9	2(1.34)	
Mesoprosopic	84.0 - 87.9	4(2.69)	8(5.30)
Leptoprosopic	88.0 - 92.9	9(6.04)	9(5.96)
Hyperleptoprosopic	≥100.0	133(89.26)	133(88.08)

Table 6 shows that the prevalent face shape was hyperleptoprosopic for both genders; while the rarest was hypereuryprosopic for both genders.

Table 7: Distribution of nose shapes in males and females

Classes	Range	Males (%)	Females (%)
Hyperleptorrhine	≤54.9		
Leptorrhine	55.0 - 69.9	21(14.09)	39(25.83)
Mesorrhine	70.0 - 84.9	80(53.69)	77(50.99)
Platyrhine	85.0 - 99.9	41(27.52)	28(18.54)
Hyperplatyrhine	≥100.0	7(4.7)	7(4.64)

Table 7 shows that the prevalent nose shape was mesorrhine for both genders. However, the rarest was hyperplatyrhine for both genders.

DISCUSSION

The study considered three hundred (300) subjects, consisting of one hundred and forty-nine (149) males and one hundred and fifty-one (151) females which is in line with Srinivasan (2020), who reported equal number of males and females. However, this research differed from that of Ukoha *et al.* (2016) and Debnath *et al.* (2023), who reported unequal number of males and females. Such differences may be explained by variations in sampling techniques.

The results of this study showed that males had significantly larger nose width, face width, and face height than females, with no significant gender difference in nose height or facial index. This observation is in line with the reports from Ray *et*

al. (2016), Anup and Atreya (2018), and Sunita *et al.* (2024), who found larger facial and nasal dimensions in males. Sudikshya *et al.* (2019) found male values were larger, but no significant difference in nasal and facial indices, similar to the present study's non-significant gender difference in facial index.

Based on the result of this study, significant difference was observed among parameters having the mean nose height as 48.12mm and mean nose width (37.53mm), while the mean face width (124.54mm) was higher than the mean face height (114.99mm) with $p < 0.000$ which was statistically significant. These findings of this study align with the findings of Tanko *et al.* (2019), Maitreyee *et al.* (2019) and Sarkodie *et al.* (2022) who observed significant difference among parameters.

The most prevalent face type among gender was hyperleptoprosopic which is in line with results from Sarkodie *et al.*, (2021) among Ghanaians, as well as Anibor *et al.* (2022) among the Ika ethnic group in Delta State. This finding suggests a general trend of elongated facial profiles within certain West African groups.

For nose type, the mesorrhine classification was found dominant among gender which aligns with Maitreyee *et al.*, (2019) in India and Sunita *et al.* (2024) in Rajasthan, India. This suggests a possible convergence of nasal morphology

in tropical and subtropical climates where moderate nasal indices are adaptive.

The strong correlation between nasal height and facial height also supports the findings by Sonny and John (2021) who reported a similar positive correlation among the Ikwerre people of Rivers State, Nigeria. The relationship between nasal and facial dimensions underscores the anatomical harmony and developmental interdependence of facial features.

However, though facial and nasal indices correlated positively, nose height had an inverse relationship with nasal index, indicating that taller noses are generally narrower.

This morphometric data is crucial for plastic surgeons, forensic analysts, and anthropologists. It established the database of normative facial parameters for the Urhobo people, which can guide aesthetic standards and identity reconstruction.

CONCLUSION

This study has provided baseline data on naso-facial dimensions among the Urhobo ethnic group in Delta State, Nigeria. Findings show significant gender differences in most facial and nasal parameters. A strong correlation occurred between nose and face dimensions. High prevalences of hyperleptoprosopic face and mesorrhine nose types were divulged.

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NEWS



Nigeria had a notable health event 2025, with the country reporting 19,213 confirmed measles cases and 153 deaths across 507 Local Government Areas in 36 states and the Federal Capital Territory. The age group most affected was 9-59 months, with 77.04% of confirmed cases being unvaccinated.

The report noted that in November 2025, Delta (13), Kwara (6), Bayelsa (6), Jigawa (6), and Akwa Ibom (5) together accounted for 50.7% of the 71 suspected cases reported. Of these suspected cases, 1 (1.41%) was confirmed as a laboratory-confirmed case, 7 (9.86%) were discarded, and 63 (88.73%) were still pending.

It also stated that 47 LGAs across 20 states reported at least one suspected case, while no deaths were recorded among confirmed cases.

In response, the Nigerian government launched a nationwide integrated vaccination campaign targeting over 106 million children aged 9 months to 14 years against measles, rubella, and polio. The campaign, supported by organizations like WHO, Gavi, and UNICEF, aims to strengthen immunization coverage and reduce vaccine-preventable diseases.

Read full article > <https://punchng.com/nigeria-records-19213-measles-cases-153-deaths-in-11-months-ncdc/>

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