Improving Low Awareness and Inadequate Access to Oral Health Care in Nigeria: The Role of Dentists, the Government & Non-Governmental Agencies.

A. O. Olusile

SUMMARY

In Nigeria presently, dentistry and oral health issues are not receiving priority attention. There is a general low awareness and inadequate access to oral health care in Nigeria, consequently, the oral health of the populace is getting worse and the morbidity is high. For a broad-based approach to the problems of oral health care in Nigeria there is the need for concerted efforts among the Dentists, the Government and Non-Governmental Organizations.

Niger Med J. Vol. 51, No. 3, July – Sept., 2010: 134 – 136.

Key words: low awareness, oral health, gentists, the government and non-governmental organizations.

Dentistry-Past and Present

Dental ailments have remained remarkably similar throughout history. Decay, toothache, periodontal disease and premature tooth loss were documented in ancient chronicles. In the Egyptian manuscripts known as Eber's Papyri, which dated back to 3700 B.C., i.e. over 5500 years ago; dental maladies such as toothaches and sore gums were mentioned. The first known dentist was an Egyptian named Hesi-Re (3000 B.C.) He was the chief toothist to the pharaohs. He was also a physician, indicating an association between medicine and dentistry. Dentistry developed along with surgery and by the 16th Century, it was a well established part of Surgery in Europe. 1575–In France Ambrose Pare, known as the Father of Surgery, publishes his complete works. This included practical information about dentistry such as tooth extraction and the treatment of tooth decay and jaw fractures. However, by the 18th Century, Dentistry had become a profession, Pierre Fauchard, (1723), credited as the father of modern day Dentistry, published a book that described a comprehensive system for the practice of Dentistry including basic oral anatomy and function, operative and restorative techniques and denture construction. By the middle of the 19th century, Dentistry had become well established in Europe and more so in America.

By the beginning of the 20th century, more than 30 Dental Schools and 100 Dental Associations have been established all over America and Europe. It is noteworthy that as early as in the 1920s, the teaching and practice of Dentistry was quite different from that of Medicine in America. Report of the Carnegie Foundation for the Advancement of Teaching as published in Bulletin No. 19 of 1921 stipulated that the practice of dentistry could not be considered a specialty of medicine, but rather a special division of health service equal to medicine and noted that the dentist must show proficiency in medical knowledge, tactile skill, and mechanical precision not called for in other specialties of the health field.

In Nigeria, the first Dentist was Dr. Maclean, a Canadian, who practised in Nigeria and Ghana in 1903, I guess he was in charge of the Expatriates in West Africa. He later joined the Baptist mission. The First Nigerian Dentist was Dr. Green. He practised in Enugu in 1949 after graduation in the UK; he later established his dental clinic in Port-Harcourt. The Dental Schools of the College of Medicine, University of Lagos was established in 1967, Ibadan in 1975, Ife and Benin in 1976, Presently, there are eight dental schools in Nigeria graduating about 250 to 300 Dentists annually. If the first Dental school in America was in 1840, it has taken America over 170 years to reach where they are today, whereas it has taken Nigeria only 42years to reach where we are. It may be debated that we are not doing too badly. Looking at it from other perspectives, there are some other countries that started after Nigeria and have excellent oral health care delivery; countries like Singapore, Malaysia, just to mention a few. So, why is Oral Health Care Delivery still poor in Nigeria?

Oral Health

Can be defined as a standard of health of the oral and related tissues which enables an individual to eat, speak and socialized without active disease, discomfort or embarrassment and which contributes to the general well being. In Nigeria, oral health has not been taken seriously as part of the general health. The traditional arrangement has always been the existence of a small dental unit within the medical services complex. Whereas recent studies have shown that oral health is essential to the general health, Medical researchers have begun to understand the complexity of the relationship between poor oral health and its effects on other bodily systems. Mounting evidence links poor oral health to cardiovascular disease, poorly-controlled diabetes, and difficulties during pregnancy and delivery. Dental caries that was of low incidence in Nigeria some 20 years ago is on the increase. This is not unconnected to shift from the traditional to more 'westernized' diet. There has been an increase in the consumption of sugar and consequently, the prevalence of dental caries has increased particularly among the younger ones.

Dental caries that used to be a disease of the affluent in Nigeria is now commonly seen among the low income individuals in the rural communities yet they do not have easy access to oral health care.[1-6] Periodontal diseases affect the tooth supporting structures and the prevalence used to be about 60 to 70% of the Nigerian population 20 years ago. The prevalence has not reduced, what is also true is that more of the younger age groups are now affected.[7-9] Cancum Oris (NOMA) is a

From: Dept. of Conservative Dentistry, Faculty of Dentistry, Obafemi Awolowo University, Ile-Ife, Nigeria.

gangrenous disease that rapidly leads to tissue destruction of the face, especially the mouth and cheek. The WHO started the International Action Network against Noma in 1992, with its official launch on the World Health Day in 1994. This disease was fairly rampant in Nigeria before the initiative, but was curtailed as a result of collaborative efforts of some researchers both within and outside Nigeria. It is sad that this disease that was thought to have been almost eradicated is now commonly seen in some parts of Nigeria.[10-12] Orofacial cancers are the 6th most common cancer worldwide and they originate from the oral cavity and adjacent structures. In Nigeria, the prevalence may not be significantly more than in other parts of the world, being about 25 in 100,000. More worrisome is that oro-facial cancers are not being presented until they become so massive that surgery becomes very difficult if not impossible. The consequent morbidity is high.[13,14]

Factors militating against good oral health care delivery in Nigeria include

- Cultural
- Myth & Fallacies
- Poverty
- Fear of the Dental Clinics
- Ignorance or low awareness and
- Lack of access, among others

Low Awareness and lack of Access are probably the two most important factors. Even among the educated ones, dentistry is tooth extraction, and tooth extraction is associated with excruciating pain, so a visit to the Dentist is as a resort.[15] Persons with low socioeconomic status and the non-educated Nigerian do not even know who a Dentist is or what he does. It is very worrisome that even policy makers on health matters lack awareness on oral health.

For a broad-based approach to address low dental awareness and inadequate access to dental care there is the need for concerted efforts among

- The Dentists,
- The Government and
- Non-Governmental Organization

The Roles of the Dentists include

- Dissemination of Oral Health education
- Rural Community Practice
- Shift in Curricula;
- Research
- Use of Non-dental personnel
- Volunteerism.

Oral Health Education is the provision of oral health information either to an individual or the community in such a way that they will apply it in their everyday living.[16] This has an incisive role to play as part of a broad-based approach to addressing inadequate awareness. Professional oral health education to the most remote part of the country and this must be continuous and sustained for a length of time. Dentistry's orientation is preventive and studies have showed clearly that sustained, continuous education has positive impact on disease process.[17] It is really quite simple; we do not need sophisticated treatment and technique, the complex issue is motivating people to be responsible for their own well being.

Rural Community Practice: As properly put by Margaret Chan, the WHO Director General, "the world has never possessed such a sophisticated arsenal of interventions and technologies for curing diseases and prolonging life; yet the gap in health outcomes continue to widen". This is demonstrated very well in oral health care delivery in the cities and in the rural settlements in Nigeria. While the city people may have access to the best of oral health care facilities, the rural settlers do not even realize that they have an ailment and when they know they do not know where to go for treatment. The oral health team must seek them out.[18] Dentists must be ready to practise and serve in rural communities and Dental students should be made to do their community dentistry posting in some rural community.

Shift in curricula: Dental schools could develop curricula suited to prepare future oral health care providers for working in public health service. Several programmatic and philosophical shifts need to occur in dental education to focus more on preventive dentistry. A curriculum with more emphasis on oral public health that offers community-based on-site experiences may help instill future oral health care professionals with a better understanding of the diverse issues that affect oral health care needs and access among disadvantaged populations.[19] Research has always been the foundation of oral health policies; in addition to providing treatment, the Dentist has an important role to play in stimulating community-based research initiatives. In Nigeria, like most other developing countries of the world, most dental researches are done in the universities, where researchers and clinicians conduct epidemiologic surveys and other research activities that provide insight into the population's oral health care needs. Dentists must continue to take leading roles.

Use of allied & non-dental personnel

Dentists should allow expanded use of non-dental personnel, expanded use of existing allied dental personnel and now and emerging types of dental personnel to provide oral health assessments and other dental services.[20]

Volunteerism: Dentist should be ready and willing to render voluntary dental services in rural areas of the country.

The Roles of the Government

- High priority for oral health
- Provision of facilities for oral health care to improve accessibility
- Sponsor Researches into Dentistry
- Encourage Training of Dental Personnel
- Oral Health Policies
- School Programmes to include oral health care; free dental care for children
- Health Insurance to include oral health care

High priority for oral health

Dentistry and Oral health should be given the proper priority as part of general health and not be considered a specialty of medicine. There should be proper funding and attention to oral health and oral health care delivery. Presently, none of the three arms of the government has any budget for dentistry at any level. This makes planning and delivery of oral health care difficult if not impossible.

Provision of oral health care facilities

There should be a functional dental clinic in every local government. Since more than half of the population in Nigeria is still in the rural areas where there are no facilities for dental health care delivery, Mobile Dental Units should be made

available to visit remote towns and villages. And of course all state hospitals must have functional dental units that are adequately equipped. The different tiers of government should also sponsor researches into Dentistry and encourage training of Dental Personnel

Oral Health Policies

Up till now, there is no structured oral health policy for Nigerians. Most of the common oral diseases are preventable. If identified early, 90% can be treated in primary health centers. [21]

- The Government should ensure that Oral health is integrated into the wider public health
- Primary health care centers should have adequate oral health component.
- School children should be exposed to oral health care.
- Ante-natal & Post-natal care should include oral health care.
- Free or subsidized oral health care for children and the aged.
- Rural allowance to encourage health workers in the villages.

Antenatal Programme

This programme should rest on the basic principle that mothers play a major role in influencing the health of their families.[22] Therefore, antenatal mothers attending government clinics are given dental health talks to increase their awareness and knowledge of oral health. They are also given free dental examinations and treatment.

Geriatrics Programme

- to establish delivery of care to this group as a specific programme, a set of guidelines for oral healthcare of the elderly must be formulated.
- The programme must encompass not only the elderly attending dental clinics, but also outreach services to communities, villages and homes.
- As an effort to reach out to this group, there may be the need to modifying vehicles to serve as mobile clinics for the delivery of care to the elderly.

School Programmes

- This programme should focus mainly on oral health promotion and prevention of oral diseases.
- The aim is to motivate and bring about behavioural change towards improving oral health in school children.
- School children should be rendered orally fit before they leave primary school.

Health Insurance

Health insurance should be available and made easy to offset charges for dental treatment

Roles of the Non-Governmental Agencies

- Provide or support chairs in Dental schools and give grants for community based or preventive dentistry research activities.
- Groups like the Smile Africa Dental Society promote awareness and deliver oral health care at the door steps of people living in the villages.
- Support preventive dentistry activities by Dentists and Dental Students
- It will not be out of place to acknowledge the support of Unilever Global and Unilever Nigeria for supporting the Nigerian Dental Association in the campaign to increasing oral health awareness among Nigerians.

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