ABSTRACTS

1. **Attitudes towards tooth fillings in Tanzania, and how previous experience in filling affects them**

Nyamuryekung'e KK.

Background: Tooth filling treatment is utilized at low levels in many low and middle income countries (LMICs), further, little is known about the prevailing attitudes towards such treatment. This study aimed to assess attitudes towards tooth filling and effect of patient background and previous tooth filling on these attitudes.
Methods: A pretested structured questionnaire was distributed among 1522 out-patients in four regional hospitals in Tanzania in 2015-16. The questionnaire had eight statements on a 6-point Likert scale measuring attitudes towards tooth filling. Responses were analyzed separately and also an attitude sum score was calculated. Linear regression analysis was used to assess the impact of previous tooth fillings on attitudes towards tooth filling treatment.
Results: Attitudes towards tooth filling treatment were generally negative. Low levels of education and income were associated with more negative attitudes. A small proportion (11.5%) had a previous tooth filling. Having a previous tooth filling was associated with a more positive attitude towards tooth fillings regardless of socioeconomic status.
Conclusions: This study shows that even in areas with limited resources and availability of services, previous experience of tooth fillings is related to more positive attitudes towards restorative treatment, which should be taken into account when planning oral health care programmes.

2. **Behavioural predictors of oral health related quality of life among Zanzibar school adolescents**

Hamis SM and Mbawalla HS.

Background: Oral health related behaviours and socio-demographic factors are reported as the fundamental determinants of common oral diseases and conditions.
Aim: To assess the oral health related behaviours, reported oral impacts on daily performance and identify the predictors of the reported oral impacts among Zanzibar adolescents.
Materials and Methods: A cross-sectional study among school adolescents of Zanzibar West Urban region who were selected using one-stage cluster sampling design. Participants completed self-administered structured questionnaires that inquired on; oral impacts on daily performance, child Oral Impact Daily Performance, socio-demographics and oral health related behaviours. Data were analyzed using SPSS version 20. Frequencies, cross-tabulations and binary logistic regressions were conducted.
Results: Total of 682 adolescents, mean age 13.1 years (SD 1.1) and 47.2 % boys were studied. Most of the adolescents had parents who have secondary education or beyond, 69.2% for mothers and 76.4% for fathers. Close to half (45.6%) reported to have at least one oral impact on daily performance; difficult in eating (27.9%) was the most common oral impact reported. One third (30.2%), of the adolescents reported to have visited dental clinic, 28.1% consumed in-between meal sugared drinks and snacks three or more times daily while 68.9% performed tooth brushing at least twice daily. Higher proportion of adolescents who reported to have dental visit (55.6%), and had three or more times in between sugared drink and snack intake (58.2%), reported to have oral impacts compared to their counterparts. Having a dental visit retained the statistical significance association in the multiple analysis, the odds for reporting oral impacts was higher (1.7 CI1.2, 2.4) among the adolescents who had dental visit compared to those who had not.
Conclusion: Substantial proportion of adolescents reported to have oral impact on daily performance. Having a dental visit was associated with reported impacts, hence behavioural rather than the socio-demographics factors influence the reported impacts.

3. **Beliefs on Emergency Oral Health Care during Pregnancy among Pregnant Mothers in Masasi, Mtwara**

Mkepule RD and Mugonzibwa EA

Background: Oral health risks associated with pregnancy and scarcity of information on the beliefs on emergency oral health care pose a challenge during gestational period among many pregnant women.
Aim: To assess beliefs on emergency oral health care during pregnancy among women.
Methods: It was a descriptive hospital based cross sectional study involving pregnant mothers attending reproductive and child health (RCH) clinic at St. Benedict's Regional

referral hospital. They were interviewed using a structured questionnaire including items on socio-demographic characteristics and beliefs on emergency oral health care during pregnancy.

Results: A total of 151 respondents aged 15-46 years of whom 66% had primary school education and 75% were married participated in the study. More than ⅔ of the study respondents **(**69%) had been pregnant before while 31% had their first pregnancy. More than ¾ of the respondents (77%) were peasants while 11% of the self-employed were food vendors. While ⅔ of the respondents (67%) reported that pregnancy had no association with oral health problems, about ⅓ of them (31%) thought it was not prudent to provide emergency oral health care to a pregnant woman. Two fifth of the respondents (41%) reported that emergency oral health care during pregnancy was not safe for both the mother and the baby. More than ⅓ of the mothers (36%) suggested that emergency oral health care for a pregnant woman should be postponed till after delivery. About half of the respondents (48%) reported that no tooth extraction or local anesthesia should be performed or given to a pregnant woman.

Conclusion: Generally, a substantial proportion of pregnant mothers had misconception on emergency oral health care during pregnancy. Awareness on emergency oral health care during pregnancy should be promoted among pregnant mothers which will motivate and facilitate their oral health modeling behaviours role for their families.

4. Dental anxiety among adult patients seeking dental services in district hospitals of Kigali City.

[1]Mahina A, [1]Manishimwe P, [1]Niyonizeye MS, [1]Kayibanda R, [2]Uwitonze AM, [2]Kilasara DB.

Background: Dental anxiety influences dental care seeking behaviour. High enxiety may lead to delayed seeking of dental care, therefore may lead to poor oral health.

Aim: To evaluate the prevalence of dental anxiety among patients seeking dental services in district hospitals of Kigali city.

Subject and methods: Cross-sectional study involved patient attended to three district hospitals located in Kigali city. Data were collected using self-administered questionnaire developed by N. Corah, the Dental Anxiety Scale, and questions on dental attendance, oral health status and demographic. The overall maximum score is 20. The final assessment of anxiety is given by the sum of points awarded for each question: 4-8 points is considered to indicate no anxiety; 9 to 12 points - moderate anxiety, 13 to 14 points - high anxiety, 15 to 20 points - severe anxiety bordering on phobia. Seven hundred and sixty-eight (768) patients who were 18 and above participated in this study.

Results: Female were 53.8% of all participants. Overall prevalence of anxiety was 63.5% of which moderate anxiety were 32.2%, high anxiety 17.8%, and severe anxiety 13.5%, and the mean score of patient anxiety was 10.3. Only 36.5% of respondents reported no anxiety. Generally, majority of anxiety free respondents (56.9 %) were aged 60+ years and highest frequency of anxiety was found in early adults (18-39 yrs) and this difference was significant ($P < 0.05$). Overall moderate, high and severe anxiety in women (74.9%) is greater than in men (50.5%), a difference which is statistically significant ($P < 0.05$). Majority of respondents with favorable (56 %) and intermediate (54.9 %) dental patterns had no anxiety while those with unfavorable had moderate anxiety (34.4 %) a difference which is statistically significant ($p<0.05$). Overall prevalence of moderate, high and severe anxiety was significantly higher ($P<0.05$) among those with reported poor oral health status (71.9%) than those with reported good oral health (51.8%).

Conclusion: Prevalence of dental anxiety was 63.5%. Gender, age, dental attendance pattern and perceived poor or good oral health status were all significantly associated with dental anxiety ($P<0.05$).

5. Evolution of dentistry- the importance of restorative and aesthetic dentistry

Roman F.

Historically, and even today in certain parts of the world, dental care is restricted to the alleviation of pain and discomfort. With the introduction of restorative materials in dentistry, carious lesions were treated, and the teeth were retained.

As the incidence of caries has been reduced and patients keep their teeth longer, patients are requesting more treatment to enhance esthetics. Extensive restorative treatments are less frequent, and patients are now retaining their teeth longer than in previous generations. As a result other needs are emerging. The advent of adhesive dentistry and the development of resin composites have changed treatment modalities considerably and opened new possibilities for dental esthetics. When basic requirements for carries

control, periodontal health and masticatory function are met in the dentition, proven and safe clinical techniques to enhance esthetics should be considered for treatment of serious esthetic deficiencies. Careful planning and postoperative follow-up are necessary to guarantee the enduring of the intervention.
Esthetic treatments are therefore indicated when esthetic dysfunctions exist, when a feasible therapeutic approach is available, and when both patient and clinician agree on the proposed outcome. With careful selection of an adhesive technique by the clinician and diligent oral hygiene by the patient, bonded composite restorations can provide a successful outcome that satisfies the requirements of both parties.

6. Challenges facing preventive activities for oral diseases and conditions in Tanzania
Nzobo BJ

Background: Oral health is a state of being free from mouth and facial pain, oral and throat cancer, oral infection and sores, periodontal (gum) disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual's capacity in biting, chewing, smiling, speaking, and psychosocial wellbeing. The most common oral diseases are dental caries, periodontal disease, oral cancer, oral infectious diseases, trauma from injuries, and hereditary diseases. Risk factors for oral diseases include an unhealthy diet, tobacco use and harmful alcohol use. These are also risk factors for the four leading chronic diseases – cardiovascular diseases, cancer, chronic respiratory diseases and diabetes – and oral diseases are often linked to chronic disease.
Prevention: The burden of oral diseases and conditions can be decreased by addressing common risk factors which are (i) Decreasing sugar intake and maintaining a well-balanced nutritional intake to prevent tooth decay and premature tooth loss; (ii) Consuming fruit and vegetables that can protect against oral cancer; (iii) Stopping tobacco use and decreasing alcohol consumption to reduce the risk of oral cancers, periodontal disease and tooth loss; (iv) Ensuring proper oral hygiene; (v) Using protective motor vehicle/cycle equipment to reduce the risk of facial injuries. However, dental caries can be prevented by maintaining a constant low level of fluoride in the oral cavity
Challenges: There are several areas which act as obstacles to speedup preventive activities in dental practice in Tanzania. These are: (i) Oral heath have received less attention from central and local government in terms of budget allocation for oral health activities, this cause failure to conduct school dental services and outreach program. (ii) Exclusion of fluoridated toothpaste into National essential medicines list for the prevention of dental caries. This cause the cost of buying fluoridated toothpaste in the community to be high and lead to unaffordability to the community members of low income.(iii) National Health Policy of Tanzania 2007 does not include oral diseases and condition as one of the area to be addressed in Preventive services.(iv) National Essential Health Care Interventions Package of Tanzania (2013) categorizes oral health as the "Diseases of Local Priority". There is a need of quick review of National Essential Health Care Interventions Package of Tanzania (2013) to categorize oral diseases as non-communicable disease as it is stipulated in Health Sector Strategic Plan-IV (2015-2020).
Conclusion: It is known in Tanzania that, oral health issues have received little attention in many aspects. Oral health services cannot be separated from general health care system unless the government does not care about the wellbeing of their citizens. Therefore, Ministry of Health, Community Development, Gender, Elderly and Children should make sure that Preventive program at ministerial level must include oral health services.

7. Challenges of oral health care delivery: Mbeya experience
Buchwa A.

Oral health care delivery in Mbeya region is faced with multiple challenges that make it difficult to excel. The challenges are related to limited number and skewed distribution of dental clinics; small number and skewed distribution o\f dental practitioners, sporadic supply of dental supplies, and suboptimal availability of functional dental equipment. It is recommended that an additional push from the ministry level is required safeguard dentistry in Mbeya region.

8. **Perception of dental appearance among secondary school children in Kilolo district**
Msungu P and Mtaya MM

Background: Dental appearance satisfaction is associated with personal social and intellectual competence; and it has been shown to have a special place in adolescent's life. It is related directly withone'sself-esteem

and impact on quality of life. Dental appearance satisfaction is a result of good oral health. According to WHO, good oral health is not only having healthier teeth but also a state of being free from diseases and conditions limiting an individual's capacity to perform oral functions and affecting one's psychological well-being. Thus, good oral health makes individual being able to smile and express feelings (Anon., 2014).

Aim: The aim of this study was to determine perception of dental appearance among secondary school students in Kilolo district.

Methodology: A cross-section study of 787 secondary school students was conducted in 8 secondary schools in Kilolo district. A Kiswahili self-administered structured questionnaire with modification from Al-Zarea. (2013) was used to collect data. The questionnaire had four parts; particulars, perceptions, satisfaction with dental appearance and a part evaluating perceived-esthetic treatment by participants. Data was entered in a computer program and analysis was done using SPPS version 20.0. Frequency distribution of different variables was generated.

Results: The sample consisted of 787 secondary school students who were between 15-21 years, 52.1% were females. Most students (77.5%) had positive perception on their dental appearance,57.9% reported satisfaction with their general teeth appearance, and 54.4% reported tooth color satisfaction. Also, majority (72.4%) of the participants reported teeth arrangement satisfaction. Most students (78.0%) reported teeth whitening as the most desired esthetic treatment they would require.

Conclusion: Overall, most students in Kilolo district who were involved in the study had a positive perception of their dental appearance. The students were satisfied with most items that assessed their dental appearance perception.

9. **Knowledge on the causes and prevention of early childhood caries among nurses and clinical officers in Rombo district, Tanzania**

Deoglas DK and Kikwilu EN

Background: Dental caries is the most common chronic disease affecting children's health in the world. Primary care medical providers can play an important role in helping children gain access to dental care if they are knowledgeable on issues related to oral health.

Aim: To determine knowledge on causes and prevention of early childhood caries (ECC) among nurses and clinical officers working in dispensaries and health centers in Rombo.

Materials and Methods: This was a cross-sectional study involving all clinical officers and nurses who were working in dispensaries and health centres in Rombo district during the period of study. A questionnaire in Kiswahili was used to collect data on demographic characteristics and knowledge on causes and prevention of ECC.

Data was entered into the computer and cleaned using SPSS version 21. Frequency distributions and cross-tabulations were generated. Chi square test was computed with significance level was set at $p < 0.05$

Results: Respondents were aged 18-59 years, with nurses comprising three-quarters (75.5%) of the studied population. The most known causes of ECC were frequent sugar consumption (95.9%) and poor oral hygiene (79.6%). The least known cause of ECC were inducing sleep with nipple (3.1%) and frequent breast feeding at night (7.9%). Regarding preventive measures, the most known measures were frequency of tooth brushing (94.9%) and use of fluoridated toothpaste (73.2%). The least known preventive measures were brushing, spitting and no rinsing (31.6%). Clinical officers were proportionately more likely to be knowledgeable on restricting sugary weaning foods compared to nurses (Fischer's exact test; $p= 0.034$).

Conclusion: Majority of respondents were knowledgeable on causes and prevention of ECC. The least known factors associated with ECC were night breast feeding and inducing sleep with nipple. The least known preventive measures were brushing with fluoridated toothpaste and spitting with no rinsing. Oral health education to raise knowledge on areas that respondents were less knowledgeable is recommended.

10. **Patient satisfaction with oral care among adult dental patients in Dar es Salaam.**

Mseke MC and Kikwilu EN

Background: Dental patient satisfaction is an individual appraisal of the extent to which care provided has met individuals' expectation and preferences. Therefore, it is one of the tools for assessing quality of services rendered.

Aim: To determine patient satisfaction with dental care provided in public dental clinics in Dar es Salaam.

Materials and Methods: This was a cross sectional study that involved 267 patients aged 18 years and above who attended public dental clinics during the two weeks of the study. A questionnaire in Kiswahili version was used to collect information about individual's demographic characteristics and degree of satisfaction with different aspects of dental care. A 5-point Likert's scale (very dissatisfied, dissatisfied, neither/nor satisfied, satisfied, very satisfied) was used to measure satisfaction.
During data analysis, satisfaction was dichotomized into dissatisfied (very dissatisfied, dissatisfied, neither/nor satisfied), and satisfied (satisfied, very satisfied). The overall patient satisfaction was computed by adding up individual satisfaction scores for all aspects of dental care. The frequency distribution of the resulting sum was generated, and the median value was used as cu-off point for dichotomization. All those scoring below the median value were rated to be dissatisfied, while those scoring above the median were rated to be satisfied. Type of treatment received was used as an independent variable in the current analysis after it was dichotomized into those who had tooth extraction and those who had their teeth restored. Frequency distribution of the dichotomized satisfaction scores for all aspects of dental care and overall were generated to display the distribution of respondents by level of satisfaction. Cross tabulation between satisfaction with different aspects of dental care and type of treatment received was generated to identify who were more satisfied with care received. P-value $\leq$ 0.05 was set as significant.
Results: Respondents were aged 18-77 years; females constituted 59.3%, and 50% were married. Less than half of respondents (42.2%) were satisfied with dental care received. The most satisfying aspects of oral care were Pain control (81.0%), and Quality of care received (80.2%). Most dissatisfying aspects of oral care were cost (16.3%) of treatment and treatment time (63.6%).
Patients who had tooth extraction were more likely than those who had their teeth restored to be satisfied with cleanliness (71.6% vs 53.7%), quality of care (85.8% vs 62.2%) and treatment time (68.8% vs 47.8%)
Conclusion: Majority of dental patients were dissatisfied with oral care received. Most dissatisfying aspects of oral care were cost of treatment and treatment time for restorative care.
Recommendation: Public dental clinics should re-evaluate the cost of services rendered in view of the value tagged to it by the public and strive to reduce the restorative treatment time.

11. Knowledge on, and usage of fluoridated toothpaste among secondary school students, Dar es salaam
Shirima AR, Nyamuryekung'e KK

Background: Dental caries disease in the world is partially attributed to inadequate fluoride exposure within the oral cavity. Fluoridated toothpaste is an effective and most common method of providing fluoride to the dentition.
Aim: To assess knowledge on, and usage of fluoridated tooth paste among secondary students in Kinondoni municipality, Dar es salaam.
Materials and Methods: A descriptive cross sectional study employing one stage cluster, disproportionate sampling technique. Ten secondary schools were randomly selected to participate. All form one students from the selected schools participated in the study. Data was collected through self-administered questionnaires.
Results: A total of 747 students responded to the study tool. Their mean age was 14.3 years (SD 1.0) and 52% were females. Slightly more than half (58%) brush their teeth twice per day, with the majority (98%) using toothpaste. About one-third (36.9%) did not know whether their used toothpaste contains fluoride. Less than one quarter (22.6%) know of the importance of fluoride in toothpaste. Only a very small proportion (1.6%) abstained from rinsing after tooth brushing, almost two-thirds (64.6%) rinsed three times or more. About half (56%) had never received instructions on the usage of fluoridated toothpaste; amongst those who had received instructions, parents were the leading source.
Conclusion: Most of the respondents don't know the role of fluoride in tooth paste. Even though the majority uses fluoridated toothpaste, many of them rinse so thoroughly that it may limit the benefit of topical fluoride application to the dentition via tooth brushing. Oral health information to secondary school students on usage and importance of fluoridated toothpaste is required.

12. Knowledge on causes and prevention of dental caries and willingness in giving oral health education to pupils among primary school teachers in Mkuu Rombo district

Eladius LD and Mtaya MM

Background: Dental caries is the most common oral disease encountered in children, affecting up to 90% of school pupils worldwide. Schools are suitable settings for organizing various preventive programs, thus school teachers are a significant resource and can act as alternative personnel in prevention of oral diseases.

Aim: To assess the knowledge on causes and prevention of dental caries and willingness in giving oral health education to pupils among primary school teachers in Mkuu-Rombo district, Tanzania.

Methodology: A descriptive cross-sectional study was carried out among 135 primary school teachers in MkuuRombo District, a response rate of 90%. Data was collected using Kiswahili self-administered questionnaire. Data was analysed by SPSS program, version 20.0. Frequency distributions were generated and association between variables was assessed using Chi-square statistics. *p*- value was set at p less than 0.05.

Results: The Mean age of the participants was 40 years, 67.4% were females, 45.2% of the teachers had teaching experience of 15 years and above. 86.2% of them had adequate knowledge on causes of dental caries, only 46.7% had adequate knowledge on the prevention of dental caries. Most teachers (94.6%) were willing to give oral health education to pupils. Most of those who had no relevant knowledge were not willing to give oral health education although the findings were not statistically significant.

Conclusion: Majority of primary school teachers in Rombo District had knowledge on causes of dental caries and they were willing to give oral health education to pupils. Most of them had no knowledge on prevention of dental caries.

13. Prevalence of xerostomia among secondary school students in Olturumet Ward, Arumeru district in Arusha region

Noah JL and Kida I

Background: Xerostomia is a symptom (or symptoms) felt by an individual as dryness in the mouth. It is the perception which may or may not be due to hypofunction of the salivary glands (SGH). As the body ages, individuals are naturally more likely to develop systemic diseases, which may contribute to xerostomia directly or by the use of xerogenic drugs. Very few studies have been done in samples of young individuals, thus inadvertently contributing to the impression that the elderly are more likely to experience xerostomia.

Aim of the study: To determine the prevalence of xerostomia and its associated factors among secondary school students in Olturumet ward.

Methodology: A descriptive cross-sectional study was carried out with estimated sample of 250 secondary school students in Olturumet ward, Arumeru district in Arusha region. A Simple random sampling technique was employed among two secondary schools of which One Secondary school (OLTURUMET) was chosen with the studied sample of 182 students, a response rate of 72.8%. Data were collected using self-administered questionnaire translated in Swahili, coded in the computer and analysis was done using SPSS software version 19.0.

Results: Participants were aged13-20 years (mean 16 years), 96 (52.75%) were females. Xerostomia was reported by 32.4% and 42. 4% of males and females respectively, p= 0.012. The prevalence of xerostomia increased with increasing age among the age group (13-16 and 17-20) p=0.330. None of the respondents reported the use of alcohol, cigarette nor medications.

Conclusion: The prevalence of xerostomia among adolescents in the present study is high, females having higher prevalence of xerostomia compared to males. No associated factors for xerostomia were identified.

14. Treatment and diagnostic challenges in McCune Albright Syndrome: A Case Report

Kabali T. Owibingire SS Moshy JR, Simon EN

Background: McCune-Albright syndrome (MAS) is a disease which affects the skin, the bone and the endocrine system. It is defined by the clinical triad of fibrous dysplasia of bone, café au lait spot skin lesions and precocious puberty. It is a rare disease mostly affecting females. The disease results from somatic mutation in the GNAS gene, which leads to constitutive activation of the Gsa subunit leading to constant stimulation of

adenylyl cyclase and persistently high levels of intracellular cAMP which meditate mitogenesis and increased cell function.

In resource constraint environment management of the MAS case pose significant challenges. Diagnostic challenges include; patients' late reporting, lack of equipment for diagnostic facilities and high cost of required investigations. The treatment of McCune Albright syndrome is complicated by lack of definitive treatment for the disease, inadequate qualified personnel especially at primary health care levels, cost of drugs, social economic problems affecting follow up.

The case: A case of a girl patient with MAS having precocious puberty, café au lait skin lesions and fibrous dysplasia of the cranio-facial region. The Clinical and X-ray findings were strongly diagnostic of MAS. The case was managed through surgical intervention of the fibrous dysplasia by tumour enucleation. The current case posed management challenges involving; late reporting, mutilating surgery due to removal of a huge fibrous dysplasia involving multiple craniofacial bones ultimately leading to facial deformity.

Conclusion and Recommendations: Successful treatment outcomes for MAS requires early diagnosis and treatment with a multidisciplinary approach which lessens complications and improves quality of life of the patient. There is a need of multidisciplinary approach in the management of the case of MAS.

15. Recommended pediatric reception and waiting room versus the MUHAS status quo

Lubega N, Paul L, Majid S, Samwel R, Kahabuka FK

Background: The dental reception area is where the receptionist is seated. It is recommended that the dental receptionist should be friendly, polite, and welcoming. Recommendation for the waiting area is that it should have adequate seating and comfortable furniture. In respect to pediatric dental reception, it is recommended that the reception should be stimulating with bright colors and an excitable atmosphere and a waiting room should have safe play area, a TV screen with educative programs, a bathroom, oral health magazines and a tea/ coffee station to keep the patients and their guardians occupied.The goal of a well-planned waiting area for children is to make them feel at home and to ensure they feel relaxed as they prepare for the treatment.

The MUHAS dental reception and waiting area for pediatric dental patients: At MUHAS dental clinic, the reception area is located on ground floor. It is spacious and receives enough natural lighting and fresh air. The reception area caters for both adults and pediatric dental patients. It has adequate seating area and a TV screen.

This reception area is not receptive to children, since it lacks children attractions. There are no pictures or posters for children, the seats are not comfortable enough children are mixed with adult patients (who sometimes present with scary conditions). The TV usually airs programs of interest to adults. Besides, the receptionists wear their usual home outfits versus child friendly scrub uniforms.

The waiting area for pediatric dental patients is located on the first floor of the building. It is small and does not have adequate comfortable seating. The area does not provide room for children to play nor a TV screen with children's channels to keep them occupied. It is close to the clinic, allowing free communication of the clinic and the waiting area thus raising anxiety among children waiting for their turn to enter the clinic.

Conclusion and Recommendations: The MUHAS dental reception and a waiting area are short of the recommended status. It is recommended that the MUHAS dental authority should consider putting in place, a child friendly reception and waiting area and to hire receptionists geared for pediatric dental patients.

16. Health system: A case study of oral health in Tanzania

Kabulwa, MN

Introduction: Provision of oral health services in Tanzania since independence continued to done by the government and few facilities owned by faith based organization

Main body: Oral health is considered as an integral part of general health. In Tanzania, oral health services are provided alongside with general health services at facilities ranging from a standalone dental clinic to tertiary hospitals. Any attempt to describe the oral health care system in the country one has to revisit how well oral health fits into the six building blocks of the health system. These blocks are: services delivery, dental health care workers, dental supplies and technology,

financing and leadership/governance. When plotted against time there is noted improvement in number of health facilities providing oral health services as well as oral health care providers much of which are located in urban areas. The most services provided is relief of pain through tooth extraction much of which is done in primary health care facilities. Data generated through the DHIS2 are of doubtful quality which might be coupled with difficulties in case definitions.

Conclusion: Areas that needs to be strengthened is availability of dental items in various health facilities and use of information generated at respective facility/council or regions for planning which in turn could convince policy makers at these levels that oral health is worth to be funded.

17. Points to ponder in dentistry
Awadia A

We all have moments in our carrier when we've done amazing work that fills us with pride for having achieved such successes. However, there are also occasions whereby we have fumbled in the process of delivering such an achievement.

On the other hand, dentistry has also advanced so rapidly with the introduction of new and refined tools of the trade. This session aims at sharing up those bits and pieces that we encounter during our daily practice.

18. Obturator prosthesis for initial maxillectomy patient- Case presentation
Kilasara DB and Ricardo S.

Partial maxillectomy patients have undergone surgery where part of the maxilla is removed. Oral rehabilitation of such patients using obturator prosthesis is a challenging task. A maxillary obturator has to have adequate retention, stability, support, patient comfort and to be easy to clean.

Obturation of the defect depends on size and location of the defect, and positioning of remaining hard and soft tissues to be used to retain, stabilize and support the prosthesis. The goal of prosthodontics is rehabilitation of missing oral and extra oral structures along with the restoration of the normal functions of mastication, speech, swallowing, appearance, and so on.

This clinical report describes oral rehabilitation of a patient with partial maxillectomy eight-months post-surgery.

19. Bridge2Aid Emergence dental treatment programs in rural areas- an update report
Kazimoto J

Introduction: Bridge2Aid is an UK charity NGO that has been working in Tanzania for the past 10 years. I have been working in partnership with the Ministry of Health Community Development Gender Elderly and Children.

Dental diseases are among the most common NCDs which affect people's life causing pain disfigurement and even death. In Tanzania still there is inadequate oral health personnel and lack of appropriate and functional facilities within primary health care. In rural areas the majority of population has limited or no access to oral care system.

Project goal: Increasing access to emergency dentistry (Oral Urgent Treatment) for rural communities in Tanzania using a sustainable, appropriate and replicable approach.

A/ Build capacity to rural clinical officers be able to deliver emergence dental treatment in rural communities. The capability building programme is in line with the national Oral Health Strategic plan 2012-2017

In this programme rural clinical officers are trained to;(1) Preventive oral health advice to the patients and communities ;(2) Conduct extraction of diseased teeth and treat oral infection;(3)Provide timely referral for dental patients to district hospitals.

B/ Provide Emergence dental Instrument Kits to clinical officers who successively completed the training to continue saving the community.

C/ Train District dental officers TOT in Emergence dental treatment.

The ultimate goal is to improve access to basic emergence dental services in rural communities. The Clinical Officers trained by Bridge2Aid and put under supervision of the regional and District Dental Officers have proved to be safe and helpful practitioners in rural set up. This means that dentist and therapists based in District Hospitals are able to prioritize more complicated cases.

Programme achievements: Bridge2Aid currently working with 11 regions and 26 districts. The total number of clinical officers trained to date is 447 with pass rate of 92%. The total number of patient treated during our programmes is 42,296. Moreover the estimated number of people with access to

emergence dental care is 4,470,000. Moreover 15 district dental officers has been trained to conduct emergence dental treatment whereby in future they will train their clinical officers in their district using their own local government budget.

Challenges: (1) Inadequate fund for some of the districts to conduct supportive supervision and conduct trainings of their clinical officers using local government budget (2). Clinical officer transfer within and outside their district as well as upgrading for further studies.

Future plans: Our ultimate goal is to provide training to Clinical Offices across all regions in Tanzania. In order to achieve this, we plan to carry out more "Training of Trainers" programmes, to enable regional and District Dental Officers to carry out the training, as in this way we will be able to reach even the more remote areas of Tanzania.

20. Oral health financing in Tanzania and the path towards universal oral health care coverage.

Edward G

Background: The strategy of Health for All through primary health care still has not been fully implemented. In Tanzania, national capacity and resources - human, financial and material - are still insufficient to ensure availability of and access to essential health services of high quality for all. Tanzania reformed the health sector, by decentralizing public health services, fostering private sector participation and reorganizing ways to finance and provide health services. As a result, health insurance schemes were established which are Community Health Fund (CHF), National Health Insurance Fund (NHIF), community based health insurances and private health insurances. In most of low income countries oral health care is less prioritized.

Material and methods: NHIF and CHF data were extracted from annual NHIF fact sheets 2015/2016 and NHIF annual claims data. Fiscal years budgets were quoted from ministry of finance database. Comparative analysis was done using socio-economic statistics from National Bureau of Statistics. Other data were extracted from annual 2015/16 improved CHF.

Results: In Tanzania, oral health services are mostly offered from districts and referral hospitals of urban centres. NHIF has specific package for oral health care. Coverage of health insurance in Tanzania is 29.7%. About 26.9% is only contributed by two schemes which are NHIF (7.5%) and CHF (19.4%). There's fragmentation in legal and regulatory framework of Tanzania health insurance system. Various health schemes offer considerable range of oral health services to their members.

Conclusion: Current coverage of health insurance is far from reaching universal health coverage by 2025, as stipulated in Tanzania development vision 2025. Tanzania is dominated by informal economy (informal sector) more than 80%.

Recommendation: Endorsing revised health financing strategy and enacting law on universal health coverage is highly recommended meanwhile revamping CHF is best approach towards attaining universal health coverage in Tanzania thus ensuring universal oral health care coverage.

21. IMPROVING HEALTH LITERACY IN THE COMMUNITY THROUGH ONLINE PLATFORMS, PRINT MEDIA AND LIVE FORUMS: THE JAMII HEALTH INITIATIVE.

Kilasara D, Mashili FL, Furia FF.

Background: Health literacy is the degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions. There is robust communication among modern health professionals in Tanzania (through conferences, symposia etc.) with very limited communication aimed at the community. This leaves a gap of health literacy between health professionals and the community; resulting into anecdotal health information from unreliable sources causing gross misinformation. The existing health illiteracy is one of the great challenges in the health system and undermines efforts to promote healthy living and to prevent diseases in Tanzania and other developing countries.

With the co-existence of modern and traditional medicine practices in countries like Tanzania, health messages that are directed to people need to be clear, simple and from credible sources. Furthermore, to attract a wide range of audience with different levels of literacy, these messages need to be entertaining, with a lot of audio and visual graphics in order to avoid boredom.

Methods: Jamii Health Initiative is using an *edutaining* (entertaining education) approach to deliver health messages to the community. Furthermore, to ensure credibility of

information Jamii Health is using a panel of experts in different fields related to medicine and health. These experts will have chance to review messages related to their field before it gets published. To reach a wide range of audience, Jamii Health utilizes online platforms, print media and live forums to deliver simple, clear and credible health information to the community.

Conclusion: Jamii Health wishes to collaborate and partner with different stakeholders in this initiative.

22. Temporomandibular joint disorders

Berege GZ

Introduction: TMD is a group of symptoms occurring together and characterizing a particular disease. TMJ disorders cause a lot of suffering to patients and often result in poor quality of life and socio-economic concerns.

Classification: Almost all the disorders of the TMJ are associated with one of the following: the joint apparatus i.e. bones of the joint or/and the disc; muscles associated with with movements of the joint, neurologic or psychogenic causes or the dental apparatus. A few examples of such conditions include: My facial pain and dysfunction, Disk displacement disorders, Anterior disk displacement with reduction, anterior disk displacement without reduction, degenerative joint diseases, chronic recurrent TMJ dislocation, multifactorial causes, my facial pain and dysfunction, internal derangement and osteoarthritis.

Causes: the causes of TMD vary in different individuals and it needs a very comprehensive history of the patient to be able to identify the actual cause.

Management: It varies from conservative methods, medication and surgical corrective measures, depending on the cause, and in some conditions it may take a very long time (months or years). It is important, however, to take appropriate preventive measures.