

Knowledge, Attitude and Practice of Mothers towards Canine Tooth Bud Removal and Associated Factors among Mothers Visiting Dental Clinic of Gondar University Hospital, Ethiopia

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Received date: Dec 14, 2015, Accepted date: Feb 15, 2016, Published date: Feb 25, 2016

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Abstract

Background: Canine tooth bud removal is a process of gouging out an infant's healthy baby canine tooth buds embedded underneath the gums, using unsterile tools without anesthesia. This practice is against children's right with many serious consequences in physical, psychological, mental and aesthetical makeup of the children. Therefore, studying the knowledge, attitude and practice of mothers towards to canine tooth bud removal will help to

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*Ethiopian birr				

Table 1: Socio-demographic characteristics of women visited dental clinic of Gondar University Hospital, 2015 (n=554).

Oral examination

Oral examination of children less than ten years old was done by four dental surgeons via using natural lighting, disposable latex glove, wooden spatula, and mouth mirror. The teeth were recorded as; unerupted, malformed or normal depending on its appearance. The teeth were recorded unerupted if the child had the previous history of oral mutilation and unerupted in the expected eruption period. The tooth is malformed if the child had previously oral mutilated and malformed after the eruption.

Data analysis

After coding and editing data were entered and analyzed using version 20. Descriptive data were given in percentages depending on the variable type. Logistic regression analysis was performed to test the association between dependent and independent variables. A P-value less than 0.05 was considered statistically significant.

Data quality control

The questionnaire was pretested in 5% of the participants at randomly selected mothers visiting dental clinic to ensure the quality of data. Training was given for the data collectors and supervisors before the actual data collection time. During the data collection, process questionnaires were reviewed and checked for completeness, accuracy and clarity by the supervisors and principal investigator.

Ethical clearance

Prior to the commencement of data collection, ethical clearance was obtained from the university of Gondar ethical review committee. The study participants were briefed for the aim of the study and asked for consent. A written informed consent/assent was also sought from mothers of the child to do oral examination.

Result

Sociodemographic distribution of respondents

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Table 5 Impact of sociodemographic characteristics on the attitudes of participants towards canine tooth bud removal, university of Gondar dental clinic, North West Ethiopia, 2015

Discussion

Canine tooth bud removal damages the very delicate permanent teeth growing underneath. It may also lead to subsequent negative effects like malocclusion and psychological or social embarrassment due to poor aesthetics. Psychologically affected children are embarrassed and are uncomfortable to smile or talk freely in public leading to low self-esteem [7].

In the present study, the majorities (55.07%) of the study participants know diarrhea the child faced was due to the worm inside the tooth, and only (23.35%) knows it's due to bacterial/parasitic infection. This result has similar finding with a study done in Maasai community in Kenya where maggots in the tooth were the major cause of the child illness [12,18]. This is due to their low-level of knowledge and attitude to milk tooth extraction practice [15].

This study revealed that diarrhea (68.7%) was the major cause of canine tooth bud removal among the study participants which supports the study done in Dembia where 84.5% of mothers reported deciduous teeth extraction as a useful treatment for diarrhea [18] and other studies were done in Tanzania [5,19] and Sudan [3]. These studies showed a common misconception and myths about teething among mothers.

One-third (31.0%) of the mothers believe the child will die if the child doesn't undergo canine tooth bud removal during childhood and 33.1% of them have the intention to continue the malpractice. This result is low when compared with a study done in Dembia where 82.4% of the participants prefer the continuation of the practice [17]. This difference may be due to the variation in knowledge of mothers towards canine tooth bud removal and the time duration of the two studies.

Almost all (96.7%) of the study participants know the practice is still practiced in the community and 81.9% of mothers had, at least, one child oral mutilated, which is similar to the results found on a baseline survey of FGM and other harmful traditional practice in North West Ethiopia (82.0%) and relatively comparable with the study was done in Kenya [12] and Addis Ababa, Ethiopia [14]. But the prevalence is high when compared with the study was done in Tanzania [5,19], Ethiopian Jewish children [4], Uganda [1]. This may be due to cultural and educational level variation between the countries.

The practice of oral mutilation is commonly done while the child was 5-8 months (64.8%) after birth by traditional healers (77.1%), using mostly unsterile razor (blade) (46.5%) followed by 'Worento' (26.2%). This result coincides with the study done in Uganda where the practice is done by traditional healers (95.7%) using crude and unsterile materials such as sharp-pointed chisels, bicycle spokes, razor blades and locally made clippers [1]. This is due to the attitude of the respondents to this healers is high due to their easy accessibility and affordability as well as they are mostly respected community elder.

The present study showed that 46.2% of the participants consider canine tooth bud removal as harmful practice and one-third of the respondents (31.8%) had supported total eradication of this

malpractice which is low when compared with a baseline survey in SNNP where 59.4% of respondents consider canine tooth bud removal as harmful and 58% support eradication [16] and similar study on north-west Ethiopia found 63.8% of the study subjects support the eradication of deciduous extraction [15]. This may be due to the cultural and knowledge difference between these studies.

In the present study, maternal age (M6t

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