



Dentistry for Nigerians with special needs: an overview

***Waldman HB, **Oredugba FA, ***Perlman SP**

*Department of General Dentistry, Stony Brook University, NY, USA; ** Department of Child Dental Health, Faculty of Dental Sciences, College of Medicine, University of Lagos Nigeria;

***Department of Pediatric Dentistry, Boston University School of Dental Medicine, Boston, MA, USA

Correspondence: Waldman HB

E-mail: hwaldman@notes.cc.sunysb.edu

Abstract

There are approximately 25 million residents with disabilities in Nigeria. Social inclusion of individuals with disabilities is difficult since societal views of these persons are in terms of charity and welfare rather than functioning members of a community. While there are no national studies of the dental needs of individuals with disabilities in Nigeria, there are reports of local studies of patients with disabilities which indicate a greater incidence of management difficulties as well as the need for improved oral hygiene and restorative services. Nevertheless, a study of practitioner involvement in the care of individuals with disabilities reported limited preparation of dental students to provide service for this population. Some organizations, such as the Special Olympics Healthy Athletes Special Smiles and the Smile Train, have set up programmes, both educational and service, to address some of their oral health issues. It is recommended that there is a need to identify the availability of current dental service centers for individuals with disabilities, establish a national organization to stimulate an awareness of the varied needs of individuals with disabilities and real programs in schools to prepare dental students to care for individuals with disabilities. Examples of dental education accreditation standards in other countries are used as models for the improvement in the preparation of dental students to provide services for individuals with special needs.

Key words: Disabilities, dental education, Nigeria, economics

Introduction

Individuals with disabilities

"It is estimated that there are approximately 25 million Nigerians with disabilities out of a total population of 140 million with as many as 78 million residents in rural areas. Unlike many other countries, Nigeria has no national coordinating committee for disability issues"^(1,2).

There is no designated government department dealing with individuals with disabilities. Instead disability issues come under the general responsibility of the Ministry of Women's Affairs and Social Development. "Within contemporary Nigerian society, there is little appreciation that disability is fundamentally an issue inexorably linked to and rooted in human rights"⁽³⁾. The common perception, held by policy makers and the public at large, is that people with disabilities and disability issues are viewed in terms of charity and welfare. "Consequently, this viewpoint is a significant, entrenched factor that seriously militates against the social inclusion of disabled people within the country"⁽³⁾.

Nevertheless, in 1996 the Nigerian Permanent Mission to the United Nations reported on the UN Standard Rules, that:

There is a Government ordinance from 1993 for the social protection of persons with disabilities. The emphasis is on prevention, rehabilitation, accessibility measures and anti-discrimination law.

Judicial mechanism exists to protect the rights of persons with disabilities that include due process and

recourse procedures by a special agency.

The general legislation and regulations apply to persons with different disabilities with respect to education, employment, the right to marriage, the right of parenthood/family, political right, access to courts-of-law, right of privacy, property rights and accessibility to buildings"⁽⁴⁾.

However, a 2008 study carried out on disability issues in Nigeria reported that there was:

No national anti-discrimination legislation to protect individuals with disabilities.

No form of social protection for people with disabilities, which in turn exacerbates the level of poverty that they experience.

Inadequate resources available for the Ministry of Women's Affairs and Social Development to meet the demand for assistance"⁽⁵⁾.

"...the vast majority of people with disabilities living in Nigeria, particularly those living in rural areas, have no access to disability services whatsoever. In addition, the vast majority of the leaders of the disability movement are based in urban areas, and have little comprehension of the issues encountered by disabled people living in rural communities." ³ In the past, "...Nigerian children with disabilities were often neglected and prevented from accessing educational services and where few were given the opportunities, they were restricted to special schools in very inhumane conditions"⁽⁵⁾.

However, in the past two years, effort is being made in the area of inclusive education for those with disabilities. Most

public schools now have children with special needs, though special schools still exist.

Economics

The petroleum-based **economy of the country** is undergoing substantial economic reform following the restoration of democratic rule at the end of the last century. The economy has been over-dependent on the capital-intensive oil sector, which provides less than 25 percent of the gross domestic product despite providing 95 percent of foreign exchange earnings, and about 65 percent of government revenues. The largely subsistence agricultural sector has not kept up with rapid population growth, and Nigeria, once a large net exporter of food, now imports some of its food products. By the year 2007, 70 percent of the population lived below the poverty level^(2,6,7).

Why the concerns for oral health care?

The litany of difficulties faced by millions of Nigerians, in particular those experienced by individuals with disabilities, seems endless. In such an environment, the need for dental care would at best seem to be a marginal afterthought. Nevertheless, the needs are real, especially for individuals with special needs. Kozol succinctly summarized the realities of inadequate oral health services for individuals with and without associated disabilities:

“Children (and adults) get used to feeling constant pain... (from) bleeding gums, impacted teeth and rotting teeth... They go to sleep with it. They go to school (and work) with it... The gradual attrition of accepted pain erodes their energy and aspirations”⁽⁸⁾.

While no national studies have been carried out to determine the oral health condition of individuals with special needs, local studies indicate that individuals with special needs have poor oral hygiene, higher prevalence of dental caries, and more need for restorative services than individuals in the general population⁽⁹⁻¹⁵⁾. They were also shown to have poorer periodontal health and greater need for periodontal treatment^(14, 15). A study of the oral health problems of children with disabilities attending a tertiary health institution in Lagos showed that oral diseases occurred with increased severity in those with disabilities than in the general population⁽¹⁶⁾. An increased prevalence of traumatized teeth was also found in this population in another study in the South-west of Nigeria⁽¹⁷⁾. Another epidemiological study also reported that a higher frequency of all the malocclusion traits, except crowding, was found in a group of individuals with intellectual disability⁽¹⁸⁾.

Special Olympics Special Smiles

The Special Smiles programme is an effort to increase access to dental care for Special Olympics athletes, as well as people in general with intellectual disabilities. Dental screenings are used as a means to increase awareness of the state of the athletes' oral health, for the athletes themselves, as well as their parents and/or caregivers. In 2007-2008, data were collected from athletes at the Special Olympic Games in Nigeria. This generated a representative sample of the hundreds of Special Olympic

athletes in 14 states and 3 geographic zones in Nigeria. The results from this and other studies among Special Olympic athletes indicated that more than a third have untreated dental decay, more than half have gingival disease and one third have missing teeth. Overall, more than half are in need of dental care^(19, 20). Over 95% of the athletes seen were coming into contact with a dentist for the first time. It should be noted that these findings, of marked oral health needs, are for a population of individuals with intellectual disabilities who were provided with supportive programs, and not necessarily representative of the general population of individuals with intellectual disabilities.

The Smile Train

The Smile Train is an international charity that is devoted exclusively to helping children with un-repaired cleft lips and palates. The mission of the Smile train is to provide free cleft surgery for millions of poor children in developing countries, including Nigeria. It also provides free cleft-related training to doctors and other medical professionals. Since it began in 1999, it has established hundreds of cleft treatment, training and research programmes in over 60 developing countries and the United States. Through free training, education and financial support, it empowers local doctors to provide high quality cleft care for local children⁽²¹⁾.

Clefts are a major problem in developing countries where there are millions of children who are suffering with un-repaired clefts. Most cannot eat or speak properly, are not allowed to attend school or hold a job and face very difficult lives filled with shame, isolation, pain and heart ache⁽²¹⁾. Apart from the stigmatization associated with the disorder, there is also the issue of lack of money to obtain surgical repair for the affected children. The Smile Train was introduced to Nigeria in 2002, and since then, many children (and older individuals) have benefited from free surgeries. A report from a prospective study in a tertiary health facility in Lagos, Nigeria, showed that 150 patients aged 6-37 years were treated for various types of cleft through the Smile Train programme between March 2007 and September 2009⁽²²⁾. There are now three such centres in Nigeria fulfilling the mission of the Smile Train.

Dentists and the treatment of children with special needs

The frequent pediatric patient management problems which often exist in the dental environment may be amplified depending upon the youngster's disabling condition. The question that must be considered is how well prepared and willing are dental practitioners to provide the needed care.

The results from a recent study concerning the knowledge and behavior of Nigerian dentists concerning the treatment of children with special needs showed that, while 70% of respondents indicated a willingness to treat children with special needs, only one-in-five respondents rated their knowledge of the management of these children as adequate. A greater proportion of older practitioners reported adequate knowledge. Only about 12% rated their dental school training as adequate. Most practitioners who were unwilling to treat children with special needs felt their management was tedious and challenging and only very few dentists reported to have



adequate knowledge of management of children with special needs, irrespective of age, gender and place of practice⁽²³⁾.

Dental School programmes

This need for "experience and contact with people with disabilities" was the basis for establishing dental school accreditation requirements to ensure adequate basic science and clinical experience in the predoctoral training programs in many dental schools in other countries. For example in Canada and the United States:

"Graduates must have sufficient clinical and related experiences to demonstrate competency in the management of the oral health care for patients of all ages. Experiences in the management of medically-compromised patients and patients with disabilities and/or chronic conditions should be provided" (Standard 2.4.1)⁽²⁴⁾.

"Graduates **must** (sic) be competent in assessing the treatment needs of patients with special needs" (Standard 2-26)⁽²⁵⁾.

In Nigeria, a study was conducted among Deans of Dental Schools, lecturers and students on the preparedness of dental students towards the treatment of individuals with special needs⁽²⁶⁾. The result from the study showed that the majority of the students had limited preparation for that role. The authors recommended, among other things, student participation in special patient care, provision of care to this unique population in their institutions and inclusion of special patient care in the dental school curriculum. This is to improve student exposure by a variety of educational experiences to prepare dental students for the care of these individuals in their future practices.

The challenge

The need is for schools of dentistry to follow the accrediting steps taken by the dental profession in other countries to ensure the adequate basic science and clinical experience in predoctoral clinical programs to prepare graduates to provide for the wide range of individuals with special needs. However, developing such an effort is possible only if the profession and the general public can be convinced of the need for these programs. To this end:

There is a need for a national health survey (including oral health) of people with disabilities with particular emphasis on the conditions in the rural areas. The current limited series of reports emphasize the conditions in the major urban areas.

There is a need to identify the availability of current dental service centers for individuals with disabilities. Such an effort to catalogue dental school and health department programs, as well as the number of private dental practitioners, would provide an essential basis for lobbying for improved educational programs and service arrangements.

There is a need to establish a national organization to stimulate an awareness of the varied needs of individuals with disabilities. Such an organization would serve as an advocate to raise standards, to

support demonstration programs to lobby for increased employment opportunities and foster acceptance in the general community.

Only then can one anticipate the establishment of real programs in schools to prepare dental students to care for individuals with disabilities. Such an effort can not be relegated to small groups of trained specialists. The reality is that such an effort can be successful only with specially trained specialists (e.g. pediatric dentists) and the participation of the broad range general practitioners who have been prepared to provide these needed services⁽²⁷⁾.

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