

Empowering women: a public health strategy to end infant oral mutilation in Africa

By A. Elgamri,¹ G. Bridge² and R. Bedi³



Over 25 million children are affected by infant oral mutilation (IOM),¹ a traditional practice that involves the extraction of an infant's unerupted deciduous canine teeth in the false belief that the swellings of the unerupted teeth are the cause of diarrhoea and fever.² Whilst IOM is particularly prevalent in East Africa, it is deeply entrenched in African culture and so is also practised in other countries where East African communities have immigrated.² IOM is typically performed by a traditional healer, or a traditional birth attendant,³ and often results in complications including infections and even death.³ With such risks and no medical benefit, IOM is an inhumane practice that violates the rights of children.

There has recently been a campaign to eradicate IOM and most initiatives have continued to focus on educational strategy informing a number of stakeholders about the risk of performing IOM. In 2018, a Call to Action for a strategy for IOM eradication within ten years was signed by a group of influencers and policymakers from East Africa.⁴ Building on this, in 2019, chief dental officers from Sudan, Ethiopia, Somalia, Kenya, Tanzania, Rwanda and the

Democratic Republic of Congo signed The Addis Ababa Declaration.⁵ The Declaration called for dental professionals worldwide to collaborate and spread awareness of the End IOM campaign.

Since the strategy and Declaration, a public health action programme has been developed to make significant steps to eradicate IOM and reach over 100 million people in five years. Positive steps have been made. In Sudan, a campaign was started to raise awareness of the risks of IOM.⁶ The campaign

message. In addition to educational efforts, free clinical services were also offered. The campaign was well received by stakeholders and future campaigns are being planned.⁶

Despite calls and declarations to end IOM, the practice remains prevalent, and more work is needed. Having a validated and widely used tool to assess and record IOM would support understanding of where it is practised and the risks that it poses, but a tool may not lead to its eradication. For that, we need to go to the communities in which IOM is practised.

'IOM often results in complications and is an inhumane practice that violates the rights of children'

combined community-based education specifically targeted at mothers with practice-based education of health workers, medical students, primary and preschool teachers, midwives and traditional healers. Local mainstream media and networks collaborated to amplify the educational

Women occupy a prominent position in African culture, overseeing childcare and household responsibilities. However, women also lack decision-making authority, with decisions about family life often made by extended family members and community leaders. As such, when it comes to

¹Lecturer, University of Khartoum, Khartoum, Sudan; ²Post Doctoral Research Assistant, University of Leeds, Leeds, UK; ³Emeritus Professor, King's College London and Chair, Global Child Dental Fund, London, UK.

« deciding whether an infant undergoes IOM, mothers have limited say, and are often subjected to considerable social and cultural pressure. However, things can be different.

Women's empowerment is defined as 'the process by which those who have been denied the ability to make strategic life choices acquire such an ability'.⁷ There is a considerable body of supporting literature that highlights how giving women autonomous decision-making authority can have a positive impact on children's health outcomes in sub-Saharan African countries.⁸ In support, research indicates that decision-making authority among women was positively associated with a greater likelihood of completing childhood immunisations among children <5 years in low-income countries.⁹ Further to this, it was noted that the empowerment of women was associated with a lower likelihood of daughters being subject to female genital mutilation.¹⁰ On this ground, empowering women may give them

the confidence to raise their voices to say no to harmful practices such as IOM.

In conclusion, whilst positive steps have been made to eradicate IOM, with global agreements, calls and Declarations made, the practice remains highly prevalent and deeply rooted in African culture. Tools to support the identification and reporting of IOM are needed, but more work is required to end IOM for good. Strategies in empowering women in African communities is an important aspect of this work as they are central to family life, but currently lack decision-making authority and face considerable social and cultural pressure to subject their infants to IOM. Utilising validated empowerment tools and interventions will be important to ensuring that empowerment is long-lasting and effective. ■

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First in the world for dental haptics training to transform learning



Sara Hurley, CDO England with Professor Paul Coulthard, Dean & Director in one of the haptic suites

The Institute of Dentistry at Queen Mary University of London welcomed Sara Hurley, Chief Dental Officer for England, on 20 October to officially open the Institute's Haptic Training Suite.

Paul Coulthard, Dean for Dentistry and Institute Director, described the investment in 42 Simodont Dental Trainers as 'transformational as

the scale allows us to fully integrate artificial intelligence (AI) learning into our undergraduate curriculum and postgraduate training. Importantly we have the opportunity to undertake pedagogical research to fully explore the advantages for learning and patient benefit.'

Sara Hurley said: 'The possibilities and advantages of using artificial intelligence in

clinical learning are extraordinary. The benefits of immediate objective feedback to the student, and the ability to rehearse endless times those rare procedures such as dental traumatic injuries are impressive.'

These Simodont Dental Trainers apply sophisticated haptic technology used in flight simulators, adapted and tailored for dental simulation, with a highly realistic haptic (force) feedback provided through a dental drill hand piece and mirror. The intention is that students develop psychomotor skills and confidence more rapidly so they spend less time in the traditional phantom head setting and transfer safely to patients sooner. It is believed that no other dental school in the world has as many Haptic Trainers as the Institute of Dentistry at Queen Mary University of London. Haptic trainers provide an opportunity to upload patient-specific dental information and images. This will allow students to practise a particular procedure on a particular tooth of their patient, virtually, before undertaking the same procedure on the actual patient.