

Infant oral mutilation in East Africa: eradication within ten years

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Key points

Highlights infant oral mutilation as a barbaric practice affecting millions of children in East Africa.

Emphasises the current need for action to eradicate the practice, especially in light of progress with female genital mutilation.

Calls for awareness in dental professionals in the UK since affected children are migrating to more developed countries.

Infant oral mutilation (IOM) is a widespread and dangerous traditional practice affecting 25 million children in East Africa. It involves the extraction of unerupted deciduous canine teeth in young infants owing to the corresponding swellings being mistaken as the cause of diarrhoea and fever. The rudimentary practice, undertaken by local healers, can sometimes be fatal. In 2018, a Call to Action was signed by a group of significant East African influencers and policy makers, urging for a strategy for IOM eradication within ten years.

Infant oral mutilation (IOM) is a widespread and dangerous traditional practice executed upon young infants suffering from diarrhoea and fever in East Africa, affecting 2.5 million children per year, with up to 25 million children affected at any time.¹ This is a pertinent global health issue; a recent Call to Action signed by a group of significant East African influencers and policy makers urges a strategy for its eradication within ten years.

Commonly performed in East African countries, IOM, or *ebinyo*, involves the barbaric removal of unerupted deciduous canine teeth owing to corresponding swelling on the gums being mistaken for 'tooth worms.' It is a highly dangerous and sometimes fatal practice, with blood loss and shock borne from rudimentary surgery often leading to anaemia, while the poor infection control involved gives rise to an extremely high risk of septicaemia, tetanus and transmission of blood-borne diseases such as HIV/AIDS. Rudimentary tools are often used

to perform IOM: these include bicycle spokes, hot needles, pointed knives and other sharp implements. Alarming, IOM can sometimes be fatal.^{2,3}

Unlike the increasing awareness surrounding female genital mutilation (FGM), many governments and aid organisations are entirely unaware of the dangerous implications of IOM and there are no health benefits to this practice. Countries such as the UK,⁴ USA,⁵ France,⁶ Australia,⁷ Israel,⁸ New Zealand⁹ and Norway¹⁰ are increasingly seeing recently emigrated children who have had IOM carried out on them, therefore, this issue is highly significant to global health.

Together with a group of significant East African influencers and policy makers,

spearheaded by the Kenya and East African Paediatric Dental Association, the Global Child Dental Fund aims to catalyse a strategy to eradicate this practice within ten years.

Data are still not widespread, but studies have shown the removal of growing canine teeth in babies is practiced in many parts of Africa with prevalence rates documented at 22% in Sudan, 17.2% in Uganda, 37.4% in Tanzania and 30% in Ethiopia.¹¹ Migration to the western world has increased awareness of IOM as more children from these countries are presenting with tell-tale missing canines (Fig. 1). This issue is now on a global scale and must be eradicated.

Village healers commonly perform IOM but there is also a prevalence of midwives



Fig. 1 Identification of missing deciduous canines in a young schoolchild

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undertaking the procedure. Local communities often seek village traditional healers in times of illness; although they have no formal medical education, they are strongly believed to be an oracle of healthcare advice. Therefore, IOM continues despite many public interventions reproaching its use. Village healers have financial incentives for undertaking IOM and therefore vast pressure is placed upon vulnerable parents to pay for treatment for their infants.¹²

In 2018, a Call to Action was signed, with all key players agreeing that intervention to eradicate IOM in East Africa is possible, necessary and extremely urgent. Signatories included:

- World Federation of Public Health Associations Oral Health Working Group
- Ministry of Health, Kenya
- Kenyan Dental Association
- Kenyan Association of Paediatric Dentistry
- Paediatric Dental Association of East Africa
- University of Nairobi Dental School

- Maseno University, Kenya
- Mount Kenya Dental School
- Tanzania Dental Association
- Uganda Dental Association.

Momentum for change is increasing in East Africa, particularly following the successful and effective campaigns to end FGM. The time is ripe to follow in the footsteps of the FGM global movement. We believe that an Africa-led response is the foundation for success in eliminating IOM. This will require direct work with communities who practice IOM. IOM is culturally deep rooted; educating and gaining the support from local leaders is absolutely crucial. We must now prioritise effective research into IOM and catalyse the creation of an effective strategy to eradicate the practice, led and delivered by ministries of health and professional bodies across the region.

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