

Satisfaction with Noma Awareness Creation and Elimination Activities in Nigeria among Dentists in a Nigerian Tertiary Hospital

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INTRODUCTION

Noma is a rapidly progressive, invasive and debilitating orofacial disease that start initially from interdental papilla of the gingiva. The adverse impact of Noma on health, psychosocial characteristics and health related quality of life is enormous. Survivors are often severely affected by facial disfigurements that can cause difficulty with eating, speaking and appearance leading. These leads to stigmatization and isolation. (Azodo & Odai, 2021).

The surgical repairs of these disfigurements and rehabilitation never return the affected individual to normal (pre-disease state) because all attempts do not get lost tissues regenerated. Prevention of Noma is therefore key. Public health interventions can result in prevention, early detection and treatment of Noma and the disease sequelae. Funding and implementation of public health interventions could lead to the disappearance of Noma. These interventions include awareness creation by stakeholders as well as elimination activities. Synergistic effects of Noma awareness creation and

elimination activities will promote its total eradication.

Satisfaction is the act of fulfilling a need, desire or appetite or the feeling gained from such fulfillment. Satisfaction is an important outcome measure of service. Measuring satisfaction with health service can provide valuable insights into aspects of quality. It can be argued that providers' satisfaction rating can measure quality of care activities and possibly provide necessary information for improvement.

In the 2nd edition of Integrated Disease Surveillance and Response 2010, Noma was integrated into the priority list of disease targeted for eradication and elimination. Since 2013, WHO Regional Office for Africa (AFRO) has provided technical and financial support to 10 Noma priority countries to implement the national Noma control programme as part of the regional Noma control programme. It is considered necessary to explore the perception of dentists in the Noma awareness and elimination activities in Nigeria. The objective of this study was to assess the satisfaction with Noma awareness creation and

elimination activities among dentists in a Nigerian tertiary hospital

MATERIALS AND METHODS

This cross-sectional study was conducted among all categories of dentist working in the dental center of University of Benin Teaching hospital, Benin City between September and October, 2022. The data collection was a 21-item, self-administered questionnaire which assessed the demographic characteristics, satisfaction with Noma awareness creation and elimination activities in Nigeria. The questionnaire is adapted from the questionnaire used by De Vriese *et. al.*, in 2021 and validated. Three (3) questions assessed demographic characteristics (age, gender and professional status). Seven (7) questions assessed satisfaction with Noma awareness among policy makers, the government, the hospitals and Non-Governmental Organizations (NGOs), NMA, NDA? Eleven (11) questions assessed elimination activities in Nigeria Satisfaction was assessed on a numerical scale of 0-10 with 0 being Dissatisfied while 10 being very satisfied. Informed

consent was obtained from the participants. Data subjected to univariate and bivariate analysis using SPSS version 23.0.

RESULTS

A total of 84 dentists of different professional status were studied. The awareness creation satisfaction score was highest for Nigerian Dental Association (3.67 ± 0.26) followed by Non-Governmental Organizations (3.00 ± 0.22) and General hospitals (2.88 ± 0.21) while the least score for awareness creation satisfaction was for policy makers (1.84 ± 0.18) and Government (2.31 ± 0.20). The elimination activities satisfaction score was highest for medical treatment in hospitals with Noma training (4.20 ± 1.17) followed by research activities (2.88 ± 0.22) and preventive actions such as vaccination, treatment of malnutrition (2.79 ± 0.22). The least elimination activities satisfaction score was advocacy among the general population 2.25 ± 0.21 followed by funding (2.32 ± 0.21) and advocacy among traditional healers (2.36 ± 0.21).

Table 1: Level of Satisfaction with Awareness Creation among Stakeholders

Stakeholders	Satisfaction score (Mean \pm SEM)
Policy makers	1.85 ± 0.18 (Least)
Nigerian Government	2.31 ± 0.20
Teaching Hospitals/FMC	2.85 ± 0.21
General hospitals	2.88 ± 0.21
NGOs	3.00 ± 0.22
NMA	2.75 ± 0.21
NDA	3.67 ± 0.26 (Highest)

Table 2: Level of Satisfaction with Noma elimination activities in Nigeria

Elimination activity	Satisfaction Score (Mean \pm SEM)
Research	2.88 ± 0.22
Advocacy (raising awareness) among traditional healers	2.36 ± 0.22
Advocacy among religious leaders	2.42 ± 0.21
Advocacy among health care workers	2.54 ± 0.22
Advocacy among the general population	2.25 ± 0.21
Funding	2.32 ± 0.21
Preventive actions such as vaccination, treatment of malnutrition	2.79 ± 0.22
The "Children's Home" before and after surgery	2.41 ± 0.22
Social reintegration	2.39 ± 0.21
Medical treatment in hospitals without noma training	2.51 ± 0.20
Medical treatment in hospitals with noma training	4.20 ± 1.18

CONCLUSION

Efforts to eradicate noma in Nigeria should be targeted mainly at the improvement of awareness

creation roles of policy makers and Government while elimination activities should target advocacy among the general population followed by funding and advocacy among traditional healers. This study finding may have been limited by recruiting dentist from a single teaching hospital but being the first study of its kind, it can be a reference study that other studies can be compared with before a national study is conducted.

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