

# Assessment of Recognition of Early-Stage Noma by Women Attending Antenatal Clinics at Rural and Urban Primary Health Care Facilities in Kano

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## INTRODUCTION

NOMA is a destructive condition affecting hard and soft tissues of the face. Often regarded as a disease of poverty, the most important risk factors that have been identified in its etiology include; malnutrition and an immunocompromised state. However, poor oral hygiene and neglect are major risk factors. The sole aim of antenatal care for pregnant women is to provide health education and insights into the period of pregnancy and educate women on the need for postnatal care for mother and child (Mujtaba et al., 2022). These visits aim at ensuring antenatal medications and vaccinations, and also educating women on proper nutrition and fetomaternal monitoring during and after the pregnancy period. However, little attention is given to oral hygiene education and practices for the infant during these sessions. Early recognition of NOMA is by observational assessment of the oral cavity (Brattström-Stolt et al., 2019). When recognised early, disease progression can be hindered. It has therefore become pertinent to know the baseline

understanding of pregnant women in both rural and urban centers, so as to plan oral literacy interventions directed to these women, in order to stem the tide of the disease (Farley et al., 2021). The objective of the study was to assess the recognition of early-stage Noma by women attending antenatal clinics at rural and urban primary health care facilities in Kano

## MATERIALS AND METHODS

Ethical Approval was obtained from the Kano State Ethical Approval Board for Research, Hospitals, Management Board, Kano State. 100 women from 2 primary health care facilities (one each from a rural and urban community) were issued an interviewer administered structured questionnaire. These primary health care centers were selected following multistage sampling technique. The questionnaire administered assessed

<sup>1.</sup> Knowledge of NOMA via use of an adapted questionnaire (Mujtaba et al., 2022).

2. Ability to recognize NOMA (Pictorial images of early-stage NOMA disease was used as a tool as well as 2 other maxillofacial conditions).
3. Their oral hygiene practices and that of their family.

## RESULTS

The study revealed that on knowledge, the total correct answers were 41%. Only 6% of the sampled population knew that poor oral hygiene was a risk factor for noma. Nevertheless, a smaller percentage of 5% knew that noma affected mostly children. Concerning the pictorial recognition of noma it was only 30% who recognized noma with 66.7% of this group expressing that ulceration was a symptom. On oral hygiene practices by the mothers, 86 percent claimed to use toothbrushes and toothpaste while the frequency of oral hygiene was just once a day in many of the participants with 45% (n=45).

## CONCLUSION

The ability of mothers to recognise early-stage NOMA is abysmally low. A plausible reason may be poor oral health education. Introducing oral health education into antenatal care will help stem the tide.

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