

Pattern of Oral Health Treatment Rendered in an Internally Displaced Persons Camp in South-South, Nigeria During a Dental Outreach Programme

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ABSTRACT

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INTRODUCTION

Internally Displaced Persons (IDPs) are people who have been compelled to leave their homes or places of habitual residence due to or in order to avoid armed conflict, situations of widespread violence, human rights abuses, or natural or man-made disasters but remain within their country's border (ICRC, 2006). IDP are among the most vulnerable populations, often deprived of access to adequate healthcare services, including dental care. Despite these assumptions, there is a limited amount of information in the literature regarding the oral health status of the IDP (Umezudike et al., 2019), thus making oral health care planning for this group quite difficult. The purpose of this study was to ascertain the pattern of oral health treatment rendered to internally displaced persons (IDPs) living in a camp in South South Nigeria. The objective of the study was to assess the pattern of oral health conditions and treatment provided to internally displaced persons living in a camp.

METHODS

This is an analysis of secondary data involving records of persons residing in the camp of internal

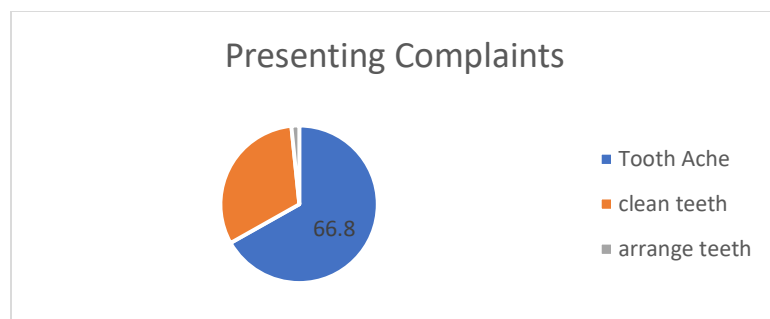
displaced persons (IDP) in Uhoghua, Edo state, Nigeria. The records were obtained from a dental outreach that was carried out as a part of the activities to mark the 2023 World Oral Health Day organized by the Edo state branch of the Nigerian Dental Association.

Data retrieved were age, gender, presenting complaint, treatment done and reason for referral. Data were analyzed using IBM Statistical Package for Social Sciences (SPSS) Version 25.0 software. The results were expressed as percentages.

RESULTS

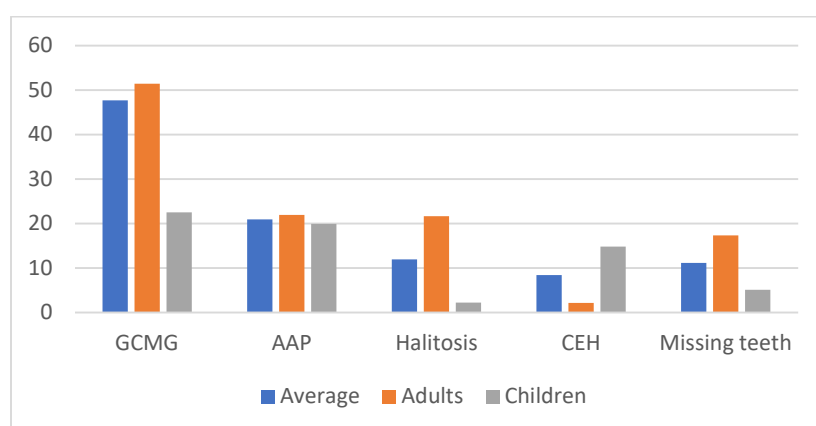
A total of 126 records were gotten and included 42 adults and 84 children. Mean age of the internally displaced persons was 17.4 ± 12.8 years (range 3–43 years). Adults had a mean age of 23.2 ± 4.9 years (range 17–43 years) while children had 10.4 ± 3.1 years (range 3–16 years). Males represented 55.8% (n = 67) of the population.

The major presenting complaint was toothache (66.8%), followed by the desire to clean their teeth (31.6%), only two persons complained about the arrangement of their teeth (1.6%).



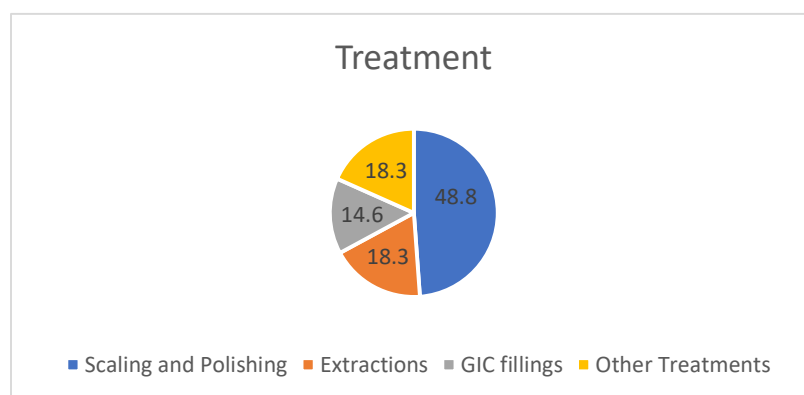
Majority (85.5%) of the participants had at least one oral condition. The table below, shows the distribution of their oral conditions. A good number of the participants (50.8%) had poor oral hygiene,

while 10.6% had good oral hygiene. The mean OHI-score was 2.1 ± 0.3 (2.3 ± 0.5 in adults and 1.3 ± 0.5 in children).



A total number of 82 participants (65.1%) received dental treatment during the program with males accounting for 62.2% of all treatment while females accounted for 37.8%. The most common treatment

procedure was scaling and polishing (48.8%). Other treatment rendered include tooth extraction (18.3%) and glass ionomer cement filling (14.6%)



Analysis of all tooth extraction indicated that the commonest tooth extracted was the deciduous first premolar (33.3%), closely followed by the deciduous second molar (27.7%). Majority of the extraction were done in males (55.6%) than in females (44.4%).

With regards to periodontal procedures i. scaling and polishing, more females (55%) were seen compared to males (45%). For restorative procedures which were mostly GIC filling, more males (60%) were treated compared to females (40%). About 29

persons were referred to the dental centre of the University of Benin Teaching Hospital for further management. Reasons for referral include pulpotomy, operculectomy, composite restoration and investigation i.e Periapical radiographs.

CONCLUSION

The most prevalent oral health condition periodontal disease and the treatment procedure mostly rendered was scaling and polishing. Understanding the patterns of dental treatment in IDP camps is crucial for addressing the oral health disparities among these vulnerable populations. This research will not only inform future healthcare interventions but also serve as a basis for advocating for improved dental care services for internally displaced persons, ultimately promoting their overall well-being and quality of life.

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