



Letter to the Editor

A call for the inclusion of a course on basic oral healthcare practice into the Nigerian nursing and midwifery education curriculum

Kehinde Kazeem Kanmodi^{1,2} , Precious Ayomide Kanmodi^{1,2}

¹ Child Health and Well-being Program, Cephas Health Research Initiative Inc, Ibadan, Nigeria

² Department of Planning Research and Statistics, Mental and Oral Health Development Organization Inc, Birnin Kebbi, Nigeria

ARTICLE INFO

Article history

Received 10 June 2020

Accepted 20 October 2020

Available online 9 June 2020

Doi

<https://doi.org/10.29089/2020.20.00162>

Keywords

Oral health

Nursing

Education

Curriculum

Nigeria

User license

This work is licensed under a Creative Commons Attribution – NonCommercial – NoDerivatives 4.0 International License.



1. INTRODUCTION

According to the American Dental Association, oral health can be defined as ‘a functional, structural, aesthetic, physiologic and psychosocial state of well-being and is essential to an individual’s general health and quality of life.’¹ Oral health is a vital component of general health and well-being;² due to the vitality of oral health to life, the World Health Organization declared oral healthcare as one of the basic components of primary healthcare package.³ Hence, being a basic component of healthcare package, all clinicians, including nurses and midwives, should be able to provide some basic non-invasive oral healthcare services.

2. AIM

In this letter, we aim to report our observation on the level of knowledge of nurses and midwives in Nigeria on oral healthcare. We also aim to give policy recommendations based on our findings.

3. MATERIAL AND METHODS

We analyzed recent Nigerian scientific papers exploring the knowledge of professional nurses and midwives, as well as trainees, on basic oral healthcare practice. We also provided

some vital recommendations with respect to nursing and midwifery training in Nigeria based on the findings we obtained from the analysis of these papers.

4. DISCUSSION

In Nigeria, nurses and midwives play a vital role in healthcare service delivery. They are responsible for the care of individuals of all ages, families, groups and communities, sick or well, and in all settings. Also, they play key roles in disease prevention, health promotion, advocacy, and health research.^{4,5} On the other hand, midwives, in Nigeria, are responsible for the care of women of all ages, especially during pregnancy and labor. They also provide care for the newborn.^{5,6}

Interestingly, virtually all Nigeria-trained midwives had undergone prior training in Nursing before enrolling for a professional training in midwifery, since a qualification in Nursing is a requirement for admission in all accredited midwifery schools in Nigeria.⁶ Hence, a Nigeria-trained midwife wears double cap; they can play the role of a nurse and a midwife.

In various Nigerian communities, nurses and midwives are key healthcare service providers; they occupy front-line positions in healthcare service delivery. On many occasions, lay people often visit them for medical care of both general and oral health problems prior to visiting healthcare centers.⁷⁻⁹

Available scientific evidences have shown that Nigerian-trained nurses and midwives, as well as trainees, lack knowledge of basic oral healthcare practice.⁷⁻⁹ The lack of a course on basic oral healthcare practice in the Nigeria's nursing and midwifery educational curriculum has been found to be the reason for this knowledge deficiency among Nigeria-trained nurses and midwives.⁷

It must not be forgotten that oral disease conditions are sometimes responsible for some of the healthcare conditions managed by nurses and midwives. For example, odontogenic infections can cause pre-eclampsia in pregnant women.¹⁰ Also, natal tooth in a new-born can be a source of serious panic for a nursing mother as negative superstitious beliefs are attached to natal tooth in many societies, including Nigeria.¹¹

Based on the above, it becomes crystal clear that the knowledge of basic oral healthcare practice will go a long way in improving nursing and midwifery practice in Nigeria. Moreover, Nigeria is a country with an insufficient size of dental workforce; based on the Nigeria's population-dentist ratio, 1 dentist serves 50,000 Nigerian people.¹² With the inclusion of a course on basic oral healthcare practice into the academic curriculum of all nursing and midwifery training programs in Nigeria, Nigerian-trained nurses and midwives will be empowered to effectively provide some basic oral healthcare services for their clients.

With respect to the above, we strongly recommend that a course on basic oral healthcare practice should be added to all nursing and midwifery training programs in Nigeria. By so doing, the burden of oral diseases in Nigeria can be sub-

stantially reduced through the contributory efforts of nurses and midwives – a population of front line healthcare workers – towards oral disease prevention and control.

5. CONCLUSIONS

With the widespread poor level of knowledge of Nigerian-trained nurses and midwives on basic oral healthcare practice, it becomes imperative for the regulatory councils in charge of nursing and midwifery education in Nigeria to upwardly revise the curriculum of these professional programs, with the inclusion of a course on basic oral healthcare practice as an integral component of the revised curriculum.

Conflict of interest

Authors have none to declare.

Funding

This study was self-funded.

Acknowledgements

This study was dedicated to Darasimi Faith Samuel Kanmodi, our beloved son.

References

- 1 American Dental Association. *ADA Policy – Definition of oral health*. <https://www.ada.org/en/about-the-ada/ada-positions-policies-and-statements/ada-policy-definition-of-oral-health>. Accessed: 14.05.2020.
- 2 World Health Organization. *Oral health*. https://www.who.int/health-topics/oral-health/#tab=tab_1. Accessed: 14.05.2020.
- 3 Prasad M, Manjunath C, Murthy AK, Sampath A, Jaiswal S, Mohapatra A. Integration of oral health into primary health care: A systematic review. *J Family Med Prim Care*. 2019;8(6):1838–1845. https://doi.org/10.4103/jfmpc.jfmpc_286_19.
- 4 International Council of Nurses. *Nursing Definitions*. <https://www.icn.ch/nursing-policy/nursing-definitions>. Accessed: 05.06.2020.
- 5 Turtill BM. Midwifery and midwife training in Nigeria. *Nurs Times*. 1965;61(49):1664–1665.
- 6 World Health Organization. *Midwifery*. <https://www.who.int/topics/midwifery/en/>. Accessed: 05.06.2020.
- 7 Sulaiman AO, Kanmodi KK. Awareness of restorative dental treatment as shown by nursing students in Ibadan. *J Stoma*. 2016;69(6):667–673.
- 8 Azodo CC, Ezeja EB, Ehizele AO, Ehigator. Oral assessment and nursing interventions among Nigerian nurses – knowledge, practices and educational needs. *Ethiop J Health Sci*. 2013;23:265–270. <https://dx.doi.org/10.4314/2Fejhs.v23i3.9>.

- ⁹ Ugochukwu CG, Uys LR, Karani AK, Okoronkwo IL, Diop BN. Roles of nurses in Sub-Saharan African region. *Int J Nurs Midwifery*. 2013;5:117–131. <https://doi.org/10.5897/IJNM2013.0104>.
- ¹⁰ Varshney S, Gautam A. Poor periodontal health as a risk factor for development of pre-eclampsia in pregnant women. *J Indian Soc Periodontol*. 2014;18(3):321–325. <https://dx.doi.org/10.4103%2F0972-124X.134569>.
- ¹¹ Kanmodi KK, Olukoya OE, Akinloye AG. Perception of natal tooth among trainees in primary health care-related programmes in Ibadan, Nigeria. *Adv Multidiscipl Sci Res J*. 2017;3(3):95–103.
- ¹² Eriki P, Oyo-Ita A, Odedo R, Udoh A, Omaswa F, Kadama P. *Surgical workforce in Nigeria: Stock and flow of medical and dental practitioners in Nigeria, with special focus on health workforce training in Cross River state*. Kampala: African Centre For Global Health and Social Transformation; 2015. <https://www.who.int/workforcealliance/031616NigeriaCaseStudyweb.pdf?ua=1>. Accessed: 05.06.2020.