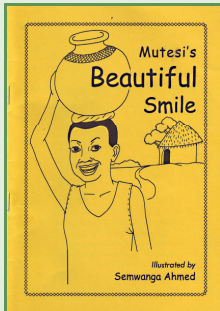


## WHAT CAN BE DONE TO STOP IT ?

- ◆ **Raise awareness** of the practice among governments, dental schools, health professionals, teachers and charity workers in Africa and in countries in which immigrants settle.
- ◆ Educate local **Mothers' Groups** about the dangers of IOM. **Fathers** should also be targeted because of their dominant role in family decisions.
- ◆ Provide culturally appropriate **educational materials** for use in these countries. Dentaid has produced a booklet and poster in partnership with Christian Relief Uganda for use in educating local groups about the myth of *ebiino*.



- ◆ Influence the **traditional healers** by encouraging their good practices whilst discouraging IOM.
- ◆ Aim to prevent infant febrile diseases and diarrhoea by ensuring good **hygiene**, safe **water supplies** and good **sanitation**.
- ◆ Encourage further **research** into the prevalence of IOM in these and other countries.

## HOW CAN I HELP ?

- ◆ Help Dentaid in its mission to **raise awareness** of the practice of IOM. Further copies of this leaflet are available from Dentaid.
- ◆ Make a **donation** to enable Dentaid to develop educational materials and programmes to combat this practice.
- ◆ **Inform** Dentaid if you have seen evidence of this practice in any other countries.

A document giving a detailed overview of **Infant Oral Mutilation** may be read on the Dentaid website together with a **Literature Analysis** of current papers on the subject at [www.dentaid.org/whatwedo/iommaterials](http://www.dentaid.org/whatwedo/iommaterials)



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## Action against



# Infant Oral Mutilation

## WHAT IS INFANT ORAL MUTILATION?

**Infant Oral Mutilation (IOM)** is the U.K. term applied to a traditional practice performed, usually by village healers but also by priests and midwives, as an accepted remedy for illness.

In African countries it is known by many names, such as “ebiino” in Uganda or “nylon/plastic/false teeth” in Tanzania and Kenya.

Infants presenting with diarrhoea and/or fevers are subjected to the removal of unerupted baby teeth as the swelling of the gums is mistakenly thought to indicate the presence of “tooth worms”.

## HOW IS IT PERFORMED?

The tooth buds, usually of the eye teeth, are prised out of the gum, without anaesthesia, with unsterile tools such as a bicycle spoke, a hot nail, a penknife etc.

## WHAT IS THE RESULT?

Blood loss and shock due to the crude nature of the operation can lead to anaemia. The unhygienic methods can cause septicaemia, tetanus, transmission of blood-borne diseases such as HIV/AIDS, and can on occasions be fatal. Long term effects can include eradication and/or malformation

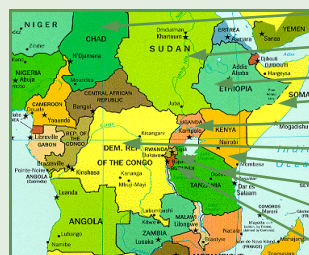
of other primary and permanent teeth in the area.



This child died of septicaemia shortly after this photograph was taken. She had her baby teeth dug out with a sharpened bicycle spoke by the village healer.

## WHERE IS IOM PRACTISED?

Most reports are from African countries.



Chad  
Sudan  
Ethiopia  
Somalia  
Uganda  
DR Congo  
Kenya  
Tanzania  
Rwanda  
Burundi

However, there have been several reports of IOM being seen in immigrants from the above countries to France, Israel, USA, Australia, Norway and the UK, which illustrate the need for dental professionals in the developed world to be aware of the possibility of seeing its consequences in their patients.

## HOW DO WE RECOGNISE IT?

The most common presentation is the absence of the baby eye teeth, accounting for 95% of “nylon teeth” extractions in Tanzania and Uganda. IOM is three times more common in the lower jaw than the upper, probably because the swelling caused by the unerupted tooth bud is more easily seen and felt there.



Missing baby eye teeth in a Ugandan child

Malformed permanent eye teeth are also an indicator as, when the baby tooth is removed, its successor can be damaged.

## WHO BELIEVES IN THE PRACTICE?

- ◆ The **Traditional Healer** is a person with no formal medical training but recognised in the community as competent to provide health care.
- ◆ **People in these areas** strongly believe in the work of the healers who are often the first to be consulted even if modern health facilities are available.
- ◆ **Well educated people** such as teachers and even dental practitioners have been reported to believe in “nylon teeth” and in the need to remove them.

## TEETHING: MYTHS AND FACTS

Assuming a connection between important symptoms (such as fever and diarrhoea) and the eruption of baby teeth has been common over many years — **but this is a dangerous myth.**

**Fact:** Careful medical studies have **not** found teething to cause fever, infections or diarrhoea.

**Fact:** Wrongly ascribing these to teething can delay the diagnosis and treatment of serious infections, sometimes with tragic consequences.

**Fact:** Current medical observations indicate that teething causes little more than discomfort, restlessness, drooling, finger sucking and appetite loss—and often no symptoms at all.

**Learning Point:** A child who has fever, or diarrhoea, or is otherwise ill, needs medical attention. Teething is **not** the cause.