

Knowledge, attitude, and perception of teething myths among medical doctors in Nigerian hospitals

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Abstract

Background: Teething commences in children from the age of 6 to 8 months, however, it has been wrongly associated with systemic symptoms such as fever, diarrhea, vomiting by parents and health workers; this study hopes to determine the perception of doctors toward teething in Nigeria. **Materials and Methods:** This was cross-sectional descriptive study. Convince sampling technique was used to select 139 doctors who consented to participate in the study. **Results:** There were 116 males and 23 females with male to female ratio of 5:1. Fifty-nine (42.4%) of the subjects believed teething was associated with at least one symptom while 80 (57.6%) of them disagreed. Twenty-two (15.8%) of them got information on teething from their parents, 3 (2.2%) from their grand-parents, 61 (43.9%) was from school, 5 (3.6%) was from friends while 18 (12.9%), and 30 (21.6%) were from patients and their personal experiences, respectively. Seventy-nine (56.8%) did not believe in seeking for medical care for teething; while 60 (43.2%) believe in seeking for medical care for teething complaints. Ninety-six (69.1%) of the subjects will not prescribe any medication for teething; 18 (12.9%) prescribed paracetamol for teething, 10 (7.2%) prescribed antibiotics for teething, 8 (5.8%) prescribe teething powder, 3 (2.2%) prescribed teething ring; and 2 (1.4%) prescribe clean cloth usage and teething syrup, respectively. Thirty-eight (27.4%) believed teething remedies works, 99 (71.2%) of the subjects did not believed it works while 2 (1.4%) were not sure of its efficacy. **Conclusion:** Doctors still believe that teething is associated with systemic illnesses; therefore continuous medical education is of importance in ensuring the eradication of these myths.

Key words: Medical doctors, Myths, Teething

INTRODUCTION

Teething is an integral part of skeletal development in children. Unfortunately, this process is surrounded with controversies;^[1-3] with lots of misconceptions from parents, caregivers, and health-care professionals despite evidences to the contrary.^[4,5]

At approximately 6 months of life when the primary tooth erupts, protective maternal antibodies wean exposing infants to the risk of infections. Similarly, mouthing of object is common in children of this age-group and especially in a setting of poor parental and environmental hygiene further heightens the risk of infection which to the unsuspecting mother will wrongly attribute it to teething.^[6] Studies have determined teething beliefs in parents,^[7,8] nurses,^[9] traditional birth attendants^[10] however, medical doctors who are saddled with the responsibility of educating the populaces on the teething process and also clear the myths surrounding teething should be much more informed. Therefore, it should be a cause for concern if doctors are involved in this erroneous perception associated with teething. This study, therefore, hopes to assess the knowledge, attitude, and practice among medical doctors in Birnin Kebbi and Yenagoa toward perceived “teething problems.”

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MATERIALS AND METHODS

This was cross-sectional descriptive study. Medical doctors working with Federal Medical Center Birnin Kebbi, Kebbi State and Niger Delta University Teaching Hospital Yenagoa, Bayelsa State were recruited for this study. A convenience sampling technique was used to select doctors who consented to participate in the study. The participants were assured of confidentiality. The names of the participants were excluded from the questionnaire for reasons of confidentiality.

Survey instrument

This study was questionnaire-based which was self-administered. The following information were collected: Their sociodemographic characteristics, knowledge of teething, myths around it, and attitude toward the use of teething remedies.

Data management

The data obtained were analyzed using Statistical Package for Social Sciences (SPSS) version 16.0 (Chicago, Illinois III). Qualitative variables were summarized using percentages and Chi-square test for testing of associations was used with $P < 0.05$ as being statistically significant.

RESULTS

There were 139 doctors recruited for this study; 116 males and 23 females with male to female ratio of 5:1. Only 1 (0.7%) was <25 years while 96 (69.1%) and 42 (30.2%) were between 25 and 40 years and >40 years, respectively. Ninety-nine (71.2%) were married, 39 (28.1%) were single while only 1 (0.7%) was widowed. Sixty (43.2%) of the subject had no children of their own, 59 (42.4%) of the subjects had two children each, 18 (12.9%) had a child each, while 2 (1.4%) of the subjects had more than two children each. Seventy (50.4%) of the subjects were between 1 and 5 years postmedical school, 51 (36.7%) were >10 years postmedical student, 17 (12.2%) were between 5 and 10 years, and only 1 (0.7%) was <1-year postmedical training.

Fifty-nine (42.4%) of the subjects believed teething was associated with at least a symptom while 80 (57.6%) of them disagreed.

Seventy-nine (56.8%) did not believe in seeking for medical care for teething; while 60 (43.2%) believe in seeking for medical care for teething complaint.

Ninety-six (69.1%) of the subjects will not prescribe any medication for teething; 18 (12.9%) prescribed paracetamol for teething, 10 (7.2%) prescribed antibiotics for teething, 8 (5.8%) prescribed teething powder, 3 (2.2%) prescribed teething ring; and 2 (1.4%) advised using clean cloth for soothing, and teething syrup, respectively.

Thirty-eight (27.4%) believed teething remedies work, 99 (71.2%) of the subjects did not believe so, while 2 (1.4%) of the subjects were not sure of their efficacy.

Teething complaints

Table 1 shows that irritability was the most common complaint related to teething, then loose stools and drooling of saliva while convulsion was the least complaint attributable to teething.

Only one of the subjects reported child loss to teething (0.7%), while 138 (99.3%) had no documented case of child loss.

Source of information on teething

Table 2 shows that most of the subjects were informed on the teething process at medical schools, while their parents, grand-parents were also sources of information noted in this study.

Table 3 shows that more of those that associated teething with systemic symptoms were between 1 and <5 years postgraduation from medical school, however, this observation was not statistically significant ($\chi^2 = 2.164$, $df = 3$, $P = 0.54$).

There were 24 (17.3%) doctors working with surgery department, 19 (13.7%) were with the obstetrics and gynecology department, 18 (12.9%) were with the medicine department, 16 (11.5%) were with pediatrics department, and 62 (44.6%) in family medicine department [Table 4].

Table 1: Common complaints associated with teething

Outcome	Complaints							
	Skin rash (%)	Irritability (%)	Vomiting (%)	Loose stool (%)	Salivation (%)	Convulsion (%)	Loss of appetite (%)	Fever (%)
Yes	3 (2.2)	45 (32.4)	15 (10.8)	39 (28.1)	39 (28.1)	4 (2.9)	35 (25.2)	38 (27.3)
No	133 (95.7)	92 (66.2)	118 (84.9)	99 (71.2)	97 (69.8)	133 (95.7)	101 (72.7)	100 (71.9)
Not sure	3 (2.2)	2 (1.4)	6 (4.3)	1 (0.7)	3 (2.2)	2 (1.4)	3 (2.2)	1 (0.7)

Table 2: Common sources of teething myths among doctors

Response	Source of information							Total
	Parents	G/parents	School	Friends	Patients	Experience		
Yes	11 (18.6)	2 (3.4)	17 (28.8)	5 (8.5)	12 (20.3)	12 (20.3)	59 (100)	
No	11 (13.8)	1 (1.2)	44 (55)	0 (0)	6 (7.5)	18 (22.5)	80 (100)	
Specialty								
Pediatrics	1 (6.2)	7 (43.8)	1 (6.2)	1 (6.2)	1 (6.2)	6 (37.5)	16 (100)	
Medicine	2 (11.1)	2 (11.1)	3 (16.7)	1 (11.1)	6 (33.3)	4 (22.2)	18 (100)	
Surgery	5 (20.8)	0 (0)	6 (25.0)	1 (4.2)	5 (20.8)	7 (29.2)	24 (100)	
O and G	6 (31.6)	0 (0)	4 (21.1)	2 (10.5)	3 (15.8)	4 (21.1)	19 (100)	
Family med	8 (13.0)	1 (1.6)	41 (66.1)	0 (0)	3 (4.8)	9 (14.5)	62 (100)	

Table 3: Perception of teething symptoms with relation to number of years postmedical qualification

Teething symptoms	Years post-MBBS				Total
	<1	1- <5	5-10	>10	
Yes	1	31	8	19	59
No	0	39	9	32	80
Total	1	70	17	51	139

$\chi^2=2.164$, $df=3$, $P=0.54$

Table 4: Perception of teething based on speciality

Response	Specialty				
	Pediatrics	Medicine	Surgery	O and G	Family med
Yes	8 (50)	9 (50)	12 (50)	8 (42.1)	22 (35.5)
No	8 (50)	9 (50)	12 (50)	11 (57.9)	40 (64.5)

DISCUSSION

The myths surrounding teething dates back to the era of Hippocrates, who once stated that teething causes itching gums, fever, drooling of saliva, diarrhea, convulsion and even cholera, tetanus and meningitis.^[11] These views were accepted then, as it was also said to account for 5016 child deaths in England and Wales in 1839.^[12] Though most of these perceptions are obsolete but some controversy surrounding teething still persist till date.

Several studies have proven that no specific symptoms or cluster of symptoms can rightly predict tooth eruption.^[13] Though most of the respondents in this study believed that teething was not associated with significant systemic problems, however, 42.4% believed it does cause systemic complaints. This is worrisome because this is similar to the findings by Ispas *et al.*^[13] who reported that 48% of health workers associated teething with systemic complaints and that of Coreil *et al.*^[14] also who reported teething complaints in 35% of pediatricians while Barlow *et al.*^[16] reported that 9.1% of pediatricians and 52% of pediatric dentists associated teething with systemic complaint. Furthermore, 30.9% of respondents indicated prescribing medication for teething; paracetamol was the most common medication prescribed similar to that of Ispas *et al.*^[13] However, 7.2% of them in this study prescribed antibiotics for teething, this calls for concern especially with growing worries of antibiotic resistance, more so teething is not an infectious process. Teething powder and syrup are still in use despite the death of 84 Nigerian children which was attributed to a teething mixture called "My Pickin"^[17] and 5.8% of the respondents prescribed teething powder. Though most respondents claimed they got information on teething from medical school and majority of them were between 1 and <5 years postgraduation, there was no significant relationship between years postqualification and teething perception which was similar to the report of Wake and Hesketh.^[18] Therefore, the need for continuous medical education is important for the desired eradication of these myths. Therefore, the introduction of the continuous medical education program

which is tied to obtaining the annual practicing license in Nigeria is a positive step.

CONCLUSION

Doctors still have wrong perceptions on teething despite evidences to the contrary. Paracetamol and teething powder are often prescribed for teething, but more worrisome is the use of antibiotics; which certainly not only increases the cost of care, but also increases the risk of progression of antibiotic resistance.

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Histopathological pattern of cervical cancer in Benin City, Nigeria

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Abstract

Background: Cervical cancer is the second most frequent malignancy and a preventable cause of mortality and morbidity in females. **Objective:** The objective was to describe the relative frequency, pattern, and histological types of cervical cancer in a teaching hospital in South-South Nigeria. **Materials and Methods:** All histologically diagnosed cases of cervical cancer seen over a 10-year period in the Department of Pathology, University of Benin Teaching Hospital, Benin City, Nigeria were reviewed to determine their histopathological patterns. **Results:** Four hundred and six cases of cervical cancer accounting for 30.3% of cancers in females and 62.9% of female genital tract malignancies respectively were seen during the 10-year study period. The ages of patients with cervical cancer which ranged between 18 and 99 years with a mean of 51.5 years (standard deviation = 12.8), with most frequent occurrence in 50–59 years age group. Squamous cell carcinoma was the most predominant subtype comprising 84.2% of cases while adenocarcinoma constituted 11.8%. Adenoid cystic carcinoma, adenosquamous carcinoma and metastatic carcinoma accounted for 2.0%, 0.8%, and 1.2% of cases respectively. **Conclusion:** The relative frequency of cancer of the cervix is high in Benin City, and this should necessitate attention to effective cervical cancer screening to increase detection of preinvasive lesions which in turn will decrease the frequency of cervical cancer.

Key words: Cervical cancer, Female genital tract cancer

INTRODUCTION

Cervical cancer is a major health problem in the developing world. According to a 40-year review by the World Health Organization (WHO) and International Union against Cancer, the most common cancers in females, world over from 1960 to 69 were those from the cervix, breast, and non-Hodgkin lymphoma; and in 1998, was overtaken by breast cancer. However, the same report documents that in 2002 cervical cancer once again became the most common malignancy in females followed by breast cancer and Kaposi sarcoma in sub-Saharan Africa.^[1] At present,

cervical cancer is documented as the second most common cancer among females in the world and the most common female genital tract (FGT) cancer.^[2,3] Cervical malignancies also constitute a significant number of surgical pathology reports. Okobia and Aligbe in Benin, Nigeria^[4] reviewed 2258 cases of malignancies occurring in both males and females in a 20-year period and observed a predominance of cancers in females (64%); with breast and cervical cancer being the first and second most common cancers, respectively, for women and both accounting for 59% of all cancers in females. While cervical cancer continues to be a significant cause of mortality and morbidity in the developing world, much of the developed world has shown remarkable reduction in cervical cancer deaths due to cervical cancer screening.^[5-7]

The relative frequencies of cervical cancer vary in different regions of the world ranging from the high frequencies obtained in Nigeria and most Sub-Saharan states, and diminishing frequencies found across Asia and the Western world.

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