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**Oral Health in Correctional Facilities: A Study on Knowledge,
Attitude and Practice of Prisoners in Benghazi central Prison**

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Abstract:

The prisoners represent a population group that is disadvantaged, socially deprived underprivileged and needs immediate attention in regards to provision of necessary oral health care, health promotion and motivation, tobacco cessation. A cross-sectional study was conducted in Benghazi central prison (Al-Kwifiya) sample of 358 prisoners. 38.3% of the prisoners were aware that tooth brushing helps in preventing gum diseases. 85.8% reported that they had some or the other dental problems during their stay in the jail. A majority of the prisoners (57.8%) reported consuming tobacco can cause gum disease. 54.8% prisoners never consulted a dentist. 71.8% prisoners did not get proper dental treatment for their problem. When inquiring the form of tobacco being used 27.1% reported of smoking, 37.7% used tobacco only in the chewable form and 32.7% were indulged in consuming tobacco in both forms i.e. smoked as well as chewed. 18.7% were bidi smokers and 81.3% were into cigarette smoking. Prisoners form the isolated and weaker sections of the society, but it is the responsibility of every health care worker to serve them as the incarceration period can give an ideal opportunity to improve and promote good oral health. An urge persist for the development of a basic oral health care package that for all inmates.

Introduction:

Health is a fundamental human right. Oral health has been considered as the mirror of general health by Sir William Osler and is recognized as important as the general health ⁽¹⁾. An individual's health is governed by a wide variety of factors which may include congenital, hereditary, environmental and behavioral factors; the behavioral and environmental factors are most crucial in promotion and maintenance of the oral health of the people too. The high prevalence of dental diseases, apart from leading to ill effects on the health of the people afflicted, also causes economic loss and significant absenteeism ⁽¹⁾. Keeping in consideration their high prevalence and incidence, oral diseases tend to qualify as a major public health problem in all parts of the world. Because of the high costs of dental treatment, they mostly affect the underprivileged and socially deprived population. In Libya, dental caries experience and distribution remains high and skewed in all age groups and increases as the age advances. Secondly, the prevalence of components of periodontal disease (bleeding, calculus, pockets) was found to be as high as 83%. Also tobacco consumption in any form has shown to have detrimental effects on oral health and is an established causative factor for oral cancer. This indicates an immediate, high priority for treatment, but with prime attention to the prevention and control of oral diseases which may be done through a combination of high risk and whole population strategy to achieve the greatest benefits. The prisoners represent a population group that is disadvantaged, socially deprived and underprivileged, which need immediate attention in regards to provision of necessary oral health care, health promotion and motivation, tobacco cessation. The Libyan Criminal Justice System has three main constituents and prison institutions are one of them. With evolving and changing times a considerable change has occurred in the social perceptions towards the prisoners, with prisons no longer being called as punishment places instead are referred to as correctional facilities or an alternate training school, where attention is paid towards alleviating the prisoners' condition so that it has a

healthy effect on the prisoners. The composition of Libyan prison population is demographically skewed, and is an important determinant of health needs. They are predominantly male and contain disproportionately high numbers of people from ethnic minorities, poorer backgrounds and groups with lower literacy rates. Usually people from criminality are the people who are educationally and socioeconomically deprived, should consider it in relation to the different groups' level of health needs. They are also more likely to practice health damaging behaviors such as smoking, drinking and recreational drug use that contribute to poorer oral and general health. People from lower social classes show a tendency towards irregular dental attendance and are more likely to visit the dentist only when in pain. Very little literature supports investigating prisoners' knowledge, attitude and practice towards oral health and barriers faced to oral health care in the jail.

Discussion:

Alcohol, smoking, tobacco consumption and substance misuse also contribute to poor oral health. Excessive alcohol consumption and tobacco use increase the prevalence and severity of periodontal disease and are by far the greatest risk factors for oral cancer ⁽²⁾. Smoking and tobacco consumption by the prisoners are the issues which seems to be completely neglected by the health care sector and also these two things are invariably related to oral health deterioration and economic loss which needs an estimation. No correctional facility has been given consideration by the National anti-tobacco strategies. As per the Crime Records Benghazi, Libya, at present, there are 1753 prisoners in Benghazi central prison the overcrowding of jail comes out more strikingly. A challenge in terms of providing health care to the prisoners comes in the way that hardly any health professionals choose to work in the prison system. A lack of health concern, facilities and expertise further deteriorates the health of inmates. This explains the reason for such limited studies conducted in the prison system, especially in Libya. Several studies have reported higher prevalence of dental caries and periodontal diseases among incarcerated individuals. Libya is on the fast track of development but in terms of oral health problems of prisoners and barriers to oral health, has received a very little attention which makes the information sparse. There are very few studies conducted on prisoners' oral health in Libya, and as per our search, there is no such study reported in Benghazi city, so this study makes an effort to probe into, and assess the prisoners' knowledge, attitude and practice towards oral health and barriers faced to oral health care in the jail. The Central jail in Benghazi, A cross-sectional study was conducted from December 2016 to March of 2017, Prior permission for the study was taken from all the jail authorities. Informed consent was taken from prison inmates and the participation in the study was totally kept voluntary. The sample size required was 358. The investigator was trained and calibrated for conducting the interview the data collection process involved the selected prisoners in groups to the interview by investigator (previously calibrated). The interviewers offered reassurance to the participants about their anonymity. Each prisoner was individually interviewed, and was asked to return to the cell block on completion of the examination. Each interview lasted between 10 to 15 minutes. A pretested, close ended questionnaire was administered in the form of extensive face to face interview keeping in mind the restriction due to illiteracy among the inmates, to assess the prisoners' knowledge, attitude and practice towards oral

health and the barriers faced to oral health care in the jail. The questionnaire was prepared covering socio-demographic details, tobacco consumption habits, duration of incarceration, knowledge, attitude and practice towards oral health and oro-dental problems, past dental attendance and barriers to oral health. A total 358 prisoners were included to be part of the study out of which the population was all males. The mean age of the total sample size was found to be 38.56. 65.4% (n=234) of the total population of the prison inmates were married. The educational status of the prisoners was not uniform as 32.4% (n=116) of them were illiterate. Those among the educated were 42.7% (n=153) who just had primary school education, 15.9% (n=57) had high school education and 11.73% (n=42) were graduates. A majority of the prisoners (65.9%) knew that tooth brushing helps in preventing caries, and 38.3% of the prisoners were aware that tooth brushing helps in preventing gum diseases. A substantial number of prisoners (91.1%) were not aware that dental floss helps in preventing caries. A majority of the prisoners (57.8%) reported that consuming tobacco can cause gum disease. A very strong agreement came in case of using a tooth brush and a dentifrice for the cleaning of teeth as it was used by about 96.6% (n=346). 63.7% of the respondents reported that they cleaned their teeth once daily and 36% of the prisoners reported brushing twice daily. Most of the inmates reported that they performed horizontal brushing technique for cleaning their teeth. 54.8% (n=196) among the prisoners were the ones who have never consulted a dentist till date. When difference with regards to number of dental visits was observed, the educated prisoners tend to have more dental visits than the uneducated. Another question was instilled asking, 'after moving out of here will you visit to a dentist regularly?' to which 93.9% prisoners replied with a 'Yes', which highlights a positive attitude towards future dental care among the prisoners. Another question which relates to the prisoners' realization of importance and need of conducting dental treatment and checkup camps regularly was asked as, 'do you think dental camps should be organized for you regularly', to which 94.97% of the prisoners answered a 'Yes'. This shows a high need and demand for dental treatment facility by the prison inmates. Out of the 358 prisoners surveyed 87.15% (n=312) reported that they had some or the other dental problems during their stay in the jail for which 43.6% took medication to resolve the dental problem, 56.4% prisoners somehow ignored their dental problem either due to lack of dental treatment facility or lack of motivation toward oral health care. Dentinal hypersensitivity was one of the major finding i.e. 67% of the total prison inmates suffered from dentinal hypersensitivity. For which 86% opted for ignoring the condition whilst only 14% took the dental treatment. About 63% prisoners had consumed tobacco in some or the other form in their lifetime. When inquiring the form of tobacco being used 27.1% reported smoking, 37.7% used tobacco only in the chewable form and 32.7% indulged in consuming tobacco in both forms i.e. smoked as well as chewed. Among smokers, 18.7% were beedi smokers and 81.3% were into cigarette smoking. There is no provision for a dentist in Indian jails to look out for and serve the dental needs of the prison population. When considering correctional institutions a health professional plays a vital role in leadership and management of correctional institutions. As a leader, health professional who is involved in an administrative position can contribute to the health of the inmates by virtue of his knowledge about the correctional programs. A

health professional should work to develop effective and rational programs for patients dealing with any sort of addiction.

Conclusion:

Our findings suggest several recommendations for policy relevance. Firstly they indicate lack of dental treatment facility for the prisoners' population, and also an absence of provision for a dentist in the prison serves as the prime barrier to the utilization of dental services. Secondly, there were a majority of inmates who never had consulted any dentist even once in their life time; this can be attributed to the lack of access, illiteracy, high cost, fear and very low motivation towards oral health care. Lastly prisoners form the isolated and weaker sections of the society, but health for all being the prime concern, it is the responsibility of every health care worker to serve them, as the incarceration period can give an ideal opportunity to improve and promote good oral health. An urge persists for the development of a basic oral health care package that for all inmates and to be more attentive to oral health promotion in the inmates as eventually many of them will be returning to their respective communities and be a part of the main stream.

References:

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