Gender Distribution of Dentists in Nigeria, 1981 to 2000

Eyitope O. Ogunbodede, B.Sc., B.Ch.D., M.P.H., D.D.P.H. R.C.S.

Professor Ogunbodede was formerly Dean of the Dental School and is currently Head of the Department of Preventive Dentistry, Obafemi Awolowo University, Ile-Ife, Nigeria. Direct correspondence to him at the Department of Preventive and Community Dentistry, Faculty of Dentistry, Obafemi Awolowo University, Ile-Ife, Nigeria; +234-803-719-5770 phone; +234-36-23-0141 fax; e_ogunbodede@yahoo.co.uk.

Abstract: In Nigeria, modern dental practice is relatively recent. The dawn can be traced to 1915 when the first government dentist was employed in Lagos, then the country’s capital. There are presently four dental schools in the country; each graduates an average of thirty dentists annually. The present study determined the trends in the gender distribution of dental practitioners over the twenty-year period from 1981 to 2000 and used available data to project into the future. Data was collected from governmental and nongovernmental publications. The results indicate that there are now 2,598 licensed dentists serving the country’s population of 123 million. A vast majority of these dentists work in urban centers, and only about 20 percent work in the rural areas where over 70 percent of Nigerians reside. There has been a male preponderance in the number of practicing dentists: only fifty-eight (15.3 percent) of 379 dental practitioners were female in 1981, though this figure has risen steadily to 35.1 percent of 2,598 dentists at the end of 2000. However, over the twenty-year period, the percentage of females was consistently higher among dental than medical practitioners. In 1981, for example, the percentage female was 15.0 among both dental and medical practitioners, but by the end of 2000 this had increased to 35.1 percent among dental practitioners and only 19.0 percent among medical practitioners. The imbalance in gender distribution of dental practitioners is steadily normalizing, and projections, using current trends, indicate that gender balance will be attained in the year 2015.

In Nigeria, modern dental practice is relatively recent. The dawn can be traced to 1915 when the first government dentist was employed in Lagos, then the country’s capital.1

Nigeria is the most populous country in Africa with an estimated population of 123 million. Administratively, it is divided into thirty-six states and a federal capital territory. The country is heterogeneous with about 250 ethnic groups. English has been adopted as the official language, but Hausa, Ibo, and Yoruba are spoken widely. The literacy rate is about 42 percent. The per capita income is only $250. Only 0.8 percent of the national budget is allocated to health, and of the 191 member countries of the World Health Organization (WHO), the country is ranked 187 in health system performance, with a WHO index of 0.176.2 The average life expectancy at birth is 48.2 years for females and 46.8 years for males.

There are presently four dental schools in the country, the first of which was established in 1965. The other three were established in 1975. All four dental schools are located in the southwest of the country. Each dental school graduates an average of thirty dentists annually. Undergraduate dental education is tuition free, and the Nigerian government funds all the dental schools through the National University Commission. There are, however, no gender policies in the dental schools, and admission into these schools is devoid of any gender considerations.

The aim of my study was to determine the trends in gender distribution of dental practitioners over the twenty-year period from 1981 to 2000 and to use the available data for projecting into the future. It is anticipated that the results will be useful for workforce planning and for global comparison.

Methods

Data was collected from publications of the Medical and Dental Council of Nigeria,3 the Federal Ministry of Health,4 and the Nigerian Medical Association.5 Mathematical methods were used to determine future projections.6

Results

At the end of year 2000, there were 2,598 licensed orthodox dental practitioners serving the
country’s population of 123 million. These consisted of 336 (12.9 percent) with provisional registration, 2,043 (78.6 percent) with full registration, and 219 (8.4 percent) with temporary, expatriate registration. A vast majority of these dentists work in urban centers, and only about 20 percent work in the rural areas where over 70 percent of Nigerians reside. There has been a male preponderance in the number of practicing dentists: fifty-eight (15.3 percent) of 379 dental practitioners were female in 1981, and this figure has been rising steadily to 35.1 percent of 2,598 dentists at the end of 2000 (Figure 1). When the proportion of female dental practitioners in 1981 was compared to that in 2000, the increase was found to be statistically significant (p=0.000). (See Table 1.)

However, over the twenty-year period, the percentage of females had been consistently higher among dental than medical practitioners (Figure 2). In 1981, for example, the percentage female was 15.0 among both dental and medical practitioners, but by the end of 2000 this had increased to 35.1 percent among dental practitioners and only 19.0 percent among medical practitioners.

The imbalance in gender distribution of dental practitioners is steadily normalizing, and projections, using current trends, indicate that gender balance will be attained in the year 2015.

### Discussion

Several factors in the Nigerian environment may interfere with the current trend. The economic trend is an important factor in determining whether professionals will prefer to practice within or outside the country. A Nigerian study conducted among recent medical and dental graduates (house-officers) in 2001 indicated that 69 percent would have liked to leave Nigeria to practice in other countries, mainly for economic reasons. There is also increasing awareness of gender issues, and many universities in the country are now in the process of developing comprehensive gender policies and action plans. This will probably further increase the proportion of female admission into dental programs in the country.

The steady rise observed in the proportion of female dental practitioners is not peculiar to Nigeria. Similar observations have been reported from

---

**Table 1. Comparison of the proportion of female to male dentists in Nigeria, 1981 and 2000**

<table>
<thead>
<tr>
<th></th>
<th>1981</th>
<th></th>
<th>2000</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>58</td>
<td>15.3</td>
<td>912</td>
<td>35.1</td>
</tr>
<tr>
<td>Male</td>
<td>321</td>
<td>84.7</td>
<td>1686</td>
<td>64.9</td>
</tr>
<tr>
<td>Total</td>
<td>379</td>
<td>100.0</td>
<td>2598</td>
<td>100.0</td>
</tr>
</tbody>
</table>

$X^2=59.0, df=1, p=0.000$

---

![Figure 1. Gender distribution of dentists in Nigeria projected to 2015](image-url)
the United States,9-11 where the dental profession was almost exclusively male until the mid-1970s,11 the United Kingdom,12,13 and other parts of the world.14

The increase in female dental practitioners may lead to future changes in work patterns. In the UK, for example, the clinical practice of female general dental practitioners was found to involve less private work than their male counterparts, and they seem less inclined than males to proactive development of private practice.13 Also in the UK, female dentists tend to favor employment in the community dental service where they constitute a higher proportion (67.5 percent) of the dentists, but they are more likely (p<0.001) to work part-time.15

Career breaks are now considered an important issue in dental practice and workforce planning. In a UK survey, reasons given for a career break included personal and family sickness, childbearing, traveling, and study.16 Childbearing was the most common reason for career breaks in women. Similarly, Newton et al. found that more women than men take career breaks and that women take longer career breaks on the average. However, the differences between male and female practitioners in the total duration of their career breaks were largely accounted for by child rearing.17 Although these breaks may be short, they have enormous implications for workforce planning. It has been suggested that changes in the dental workforce capacity and demographic distributions merit careful monitoring and analysis because they will determine the dental profession’s future ability to deliver needed dental services and influence practitioners’ level of business.10 Therefore, in order to maximize efficient delivery of oral health care in Nigeria, it is important to investigate the working practices and identify the needs of the female dentists. This is however outside the scope of the present study. Further research in this direction is therefore recommended.

REFERENCES