

## **Introduction**

The study was to determine Canine Bud Extraction (CBE) practice among children under the age of five years in the selected villages in Makindye Division. The main objective was to determine the factors that influence CBE practice among children under the age of five years in the selected villages in Makindye Division and the specific objectives of the study were; to determine the prevalence of CBE, to assess the demographic factors of parents/caregivers that influence CBE, to determine the level of knowledge on the effects of CBE, to assess the socio-cultural factors that influence CBE, and to assess the perception of parents/caregivers towards CBE practice.

## **Methodology**

A cross sectional study design was used where 298 respondents consented before being interviewed; both qualitative and quantitative methods of data collection were used to obtain information in regards to the above stated study.

## **Results**

Results from the 298 respondents interviewed, 90.3% of the children underwent CBE practice and the number of children below five years per household seen as a factor influencing the practice (OR=8.50, 95% CI 1.1-66.0, p-value 0.039). Individuals who knew where CBE services were offered were 0.30 times less likely to practice CBE (OR=0.30, 95% CI 0.2- 0.7, p-value 0.003). Those who knew the effects of CBE were 2.36 times more likely to practice with (OR=2.36, 95% CI 1.0-5.5, p-value 0.047), respondents who knew the instruments used during CBE were 12.19 times more likely to practice CBE (OR=12.19, 95% CI 1.5-97.0 p-value 0.018). And perception of the parents/caregivers towards CBE was statistically significant with P-Value 0.000. Concerning whether CBE treats common illnesses, those who strongly agreed that CBE treats diarrhea were 0.11 times less likely to practice (OR= 0.11, 95% CI 0.0-1.2, p-value 0.000). Monthly income and occupation of the respondents was also associated with the practice with p-value 0.000

## **Conclusion**

In conclusion, the prevalence of CBE practice was very high with 90.3% children having undergone the practice of CBE. Knowledge on the effects of CBE was high; however, this did not stop the community from practicing CBE with a claim that there is no treatment option for the condition and that the hospital based management of false teeth is not effective. Individuals who knew where CBE services were offered were less likely to practice CBE and those who knew the effects of CBE were more likely to practice with CBE. Respondents who knew the instruments used during CBE were also more likely to practice CBE with a claim that CBE treats common illnesses like diarrhea and fever.

## **Recommendation**

Awareness creation needs to be emphasized and strategies to ensure that the local communities have access to information concerning effective hospital based management and treatment of the common signs and symptoms that children usually present with that subject them to the practice. Programs directed towards changing the attitude and perception of parents/caregivers should also be implemented to help curb down the practice. Furthermore, health promotion on personal and general hygiene practice in order to prevent some of the illnesses like diarrhea, and fever which are in most cases attributed to poor hygiene practices needs to be advocated for.

Further studies therefore need to be done to establish the association between oral hygiene and the occurrence of false teeth among children below the age of five years.