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Harmful Cultural Practices: Parents Perceived Effects of Traditional Uvulectomy On The under-five-children In Jigawa State, Nigeria.

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Abstract:
Introduction/Background:
Removing the uvula is called uvulectomy, the procedure can be viewed from two ways. As part of the western medicine to address condition like snoring, when it is medically acceptable treatment, but as part of traditional medicine to cure illnesses such as sore throat where it is considered dangerous.
Methodology
This research adopted cross-sectional descriptive design, using 133 sample size, using Yamane sample size determination, and systematic sampling technique was used to select the respondents out of which only 80 returned their instruments, self design questionnaire with reliability coefficient of 0.75 was used to collect data, and data collected were analysed using frequencies and percentages.
Results
The demographic variable showed that majority of children were within the age bracket of 0-12 months 55 (68.8%) out of which 49(61.3%) were males, and Hausa tribes 47(58.8%) were more than Fulani 30 (41.2%) as respondents. 72 (90%) of mothers agreed that their children had experienced traditional uvulectomy as against 08(10%) that did not experience it. The reason for the practice was cultural 56 (77.8%) of respondents affirmed this. Majority of the children 42(52.5%) had the procedure carried out by traditional barbers. Majority of children experienced bleeding, infection and stunted growth after the procedure.
Conclusion
It was conclude that strategy must be put in place to eliminate traditional uvulectomy because of its adverse effects.
Key Words: *Traditional uvulectomy, under-five children, Jigawa, Effects.*

I. Introduction/Background

Uvulectomy is the surgical removal of the uvula, a small piece of tissue that hangs in the back of the mouth when looking at the throat with the month open, a person may notice a small hanging piece of tissue located around the centre back of the month. This is the uvula, and if a person makes noise or even breathes hard enough, the tissue may sway or vibrate in response. Removing the uvula is called uvulectomy and the procedure can be viewed in two ways, as part of the Western medicine to address condition like snoring, it may be considered a medically acceptable treatment, but as part of the traditional medicine to cure illnesses such as sore throat, it is considered extremely dangerous[1]. Traditional uvulectomy is the surgical removal or excision of the uvula, usually by the traditional barber surgeon called "Wanzam" in Hausa Language Tradition and Culture are important aspect of any society, however some traditional and cultural beliefs or practices are harmful to society (such as tribal marks, genital cutting and traditional uvulectomy) others may not be harmful. A study in Ethiopia showed the uniform absence of the uvula in majority of the patients. The morbidity was high and mortality was not uncommon as seen in clinics. Hemorrhage and sepsis were major problems. The Amharic (Ethopia) Language is of semitic origin- and traditional health practices along with religion and cultural/customs and believed to have crossed over at the Southern tip of the Red Sea. Uvula cutting was believed by local health workers to be no more irrational in concept than a tonsillectomy in the West[3]. Traditional uvulectomy is a common practice among some tribes especially in the northern part of Nigeria and it is usually associated with traditional beliefs as local customs and practice[4]. It has been established that traditional uvulectomy is widely practiced in some African countries like Kenya, Sierraleone, Tanzania and Nigeria. Traditional uvulectomy is carried out by barbers and is hardly performed in hospital setting. This is normally done at birth to 1 year or 5 years and it is called "Belu-Belu" in Yoruba language. In many throat examination the uvula is either completely removed or amputated. The complication of hemorrhage usually brings the patient to the hospital[4,5]. The reason given for uvulectomy varies and includes fear of upper air way obstruction from an enlarged uvula leading to instant death. It is also seen as the sources of throat problems in child-hood such as vomiting, feeding

difficulty and hoarseness sometimes, it is removed before the seventh day after the birth of a baby as the religion dictates. During such events the Wanzamai (barbers) are highly honoured and enjoy a lot of gifts. These gifts include grains, money, food and drinks as well as fowl for each successful performed "operation" of uvulectomy. The consequences of this include injuries to palate and nopharyngeal tissues leading to transmission of infections and hemorrhage due to the use of unsterilized instruments. Unconfirmed statistics shared that about 3 children out of 30 are dying as a result of complications such as hemorrhage, obstruction of air-way due to aspiration, tetanus, hepatitis viruses, HIV, anaemia and septicemia 2,6. The process of traditional uvulectomy involves placing a stick or tongue depressor under the uvula and cut it with a curved, sickle –shaped knife. Although various reasons according to the practitioners is absolutely medicinal and traditional. Often, the procedure itself is part of birth or naming ceremony right. Therapeutic uvulectomy is claimed to be performed as a remody and cure for various ailments[6,7]. Despite the severe complications they present to physicians, people continue to perform uvulectomy for all throat problems both to the young and grown up individuals. Moreover, some have taken it as a common practice and believe they cannot desist from it, despite the fact they have no genuine reasons for such practice (Musa). The traditional uvulectomy, a procedure which consists of cutting part or the entire uvula is a common practice in sub-sahara Africa. It is carried out by traditional surgeons, who doubled as barbers using a sickle knife, performing other procedures such as incision and drainage of obsesses, circumcisions and teeth extractions (….

The uvula is assumed to be the organ responsible for all throat problems by these traditional surgeons therefore it should be removed. Cutting equipment are not cleaned with disinfectant or sterilized and there have been reported cases of use in upwards of 10 patients in a single session, thereby, exposing individuals to complications such as hemorrhage, anemia, septicemia, tetanus, risk of HIV and death. Traditional uvulectomy predisposes infants to early infection. The practice has been endangering thousands of innocent babies to great hazards, yet no civil society or non-governmental organization seems to be fighting against uvula removal whereas giving consideration to issue like this will significantly reduce other issues related to child mortality[4,8] (John). In Hausa ethnic group traditional uvulectomy is systematically performed on the 3rd day after birth before the naming ceremony to prevent death due to the swelling of the uvula. It is done as a treatment for throat infection (Ahmed) Traditional uvulectomy are common therapeutic or ritualistic procedures that are performed in various countries throughout Africa and the Middle East. They have been traced back to 11th Century Spain, 19th Century England and France, where they were used to core stuffering[9]. In the Hausa-speaking communities of Nigeria and Niger, traditional uvulectomy is performed as part of a Muslim naming ceremony on the seventh day after birth. This ritual is thought to prevent death from swelling of the uvula, which could burst and kill the neonate. In fact, uvula in Hausa means throat herb in Niger, and it is believed that the uvula should be cut prophylactically, just like weeds in the field. These ritualistic uvulectomy are usually performed by an apprenticed barber-surgeon, who identifies a diseased uvula by looking for a finger imprint after pressing on the child's forehead or by identifying a swollen, red, white or long uvula. The barber then recites verses from the Koran and an inaudible prayer that is thought to protect the child and to guide the barber. The uvula is completely or partially excised using a sickle-shaped knife. Hemostatis is obtained with herbal providers. The uvula is then placed on the forehead of the child and later hangs on the wall in his or her home. During the ritual, the child's head is shaved, and circumcision may also be performed. Other variations of the practice include using a reed fork in morocco, twisted strands of horsehair in Ethopia and a hot knife in Egypt[10,11] complications following the surgery are common and include tetany, hemorrhage and infections[10,11]. Uvulectomy is an unnecessary and potentially dangerous mutilation as it results in various complications including heamorrhage, septicemia, cellulitis of the neck, peritionsillar abscess, pneumothorax, paraphoryngeal abscess and pheryngo-Laryngo cale[11,12,13]. Amputate the uvula with non-sterilized sickle-shaped knives without any form of anasesthesia, after which they apply a mixture of herbs to the stump on the scft palate. Numerous severe complications have been found in association with the procedure heamorrhage and anemia, oropharyngeal infection, callulitis of the neck, septicemia, tetanus, risk of HIV, peritonsillar and parapheryngeal abscesses, aspiration with consequent upper air-way obstruction and lary diseases, infant and child morbidity and even death 12,13.

The reviewed literature had shown the harmful effects of traditional uvulectomy. Therefore this study have the following objectives as highlighted below.

Objectives of the Study:

* to assess the effects of uvulectomy on respondents.
* to assess the practice of uvulectomy among the selected respondents.
* to determine the predisposing factors to uvulectomy among the selected respondents.
* to assess the nature of instruments used in carrying out traditional uvulectomy.

Research Questions: The study answered the following questions:

* What are the demographic variables of the selected
* What is the level of practice of traditional uvulectomy among the selected respondents?
* Why will the traditional uvulectomy be performed?
* Where will the traditional uvulectomy be performed.
* What is the nature of the instruments used in performing traditional uvulectomy?
* What are the perceived effects of traditional uvulectomy on respondents?

Statement of Problem

Unconfirmed statistics shows that about three (3) children out of thirty (3) are dying as a result of complications following traditional uvudectomy, such as hemorrhage, obstruction of air- way due to aspirations, tetanus hepatitis, risk for HIV, anemia and sephcemia (Tango) carrying out a study on why the traditional uvulectomy was carried out will assist in designing a campaign strategies on the reduction of the harmful practices in the society. Therefore, this study was to assess the perceived effects of traditional uvulectomy in Gujungu community of Taura Local Government area of Jigawa State.

II. Research Methodology

Research Design:

The design adopted for the research was the cross sectional descriptive design: This design was adopted in order to describe the variables of interest as they occurred in the study without manipulating any of the variables.

Research Setting:

Jigawa state is one of the 36 states of the federation (Nigera). It is located in the Northern Zone, it has 27 local governments. Gujungu town is located in Taura local government of Ringim Emirate. The Taura local government was established in 1991 out of Ringin local government sequel to that year's nation wide creation of additional local governments. The Local Government Area is bounded by Ringin local Government to the West, North by Garki and Gagarawa local Government to the East while to the South by Miga.

Study Population

The study population consisted of parents who brought their children to the only primary health centres in the village between December 2012 and March 2013. The total attendents the centre in 2012 was 200. It was this population that was used in determining the sample size for the study.

Sample Size And Sampling Technique

The sample size was determined using Yamane sample size determination process.

$$n = \frac{N}{1 + N(e)^2}$$

where is the sample size

N = total number of population

E = the level of precession

$$n = \frac{200}{1 + 200(0.05)^2}$$

= 133.33

:- N (sample size) was 133.

Systematic sampling technique was used to selected 133 respondents for a period of 4 months. This became necessary because of the very low patronage of the clinic by patients.

Instrument for Data Collection

The instrument for the study was a structured questionnaire, it has two sections A on demographic variable while sections B and C centred on assessment of traditional uvulectomy practice and reasons for the practice.

Validity And Reliability of the Instrument-

The face validity of the instrument was determine by EENT specialists while the reliability yielded 0.75 using spearman brown correlation coefficient.

Method of Data Collection

The questionnaire was administered to the respondent by the researcher. One hundred and thirty three respondent received the instruments out of which only 90 returned them and 10 of the instruments were returned

unattempted. In the light of this, only eighty respondents attempted their questionnaire very well and they were used for the study.

Method of Data Analysis

The chairman of local government was informed of the study through the supervisory councellor for health of the local government. The local head of Gujungu Village was equally informed of the study. They all gave their permission to conduct the research. Informed consent of the respondent was gained through the information on the instrument.

III. Results

Table – Demographic Data of Respondents

AGE	**Frequency (F)**	**Percentage(%)**
0 - 12 months	55	68.8
2 - 3 years	17	21.2
4 – 5 years	08	10
Total	**80**	**100**
Gender	**F**	**%**
Male	49	61.3
Female	31	38.7
Total	**80**	**100**
Tribe	**F**	**%**
Hausa	47	58.8
Fulani	30	41.2
Others	0	0
Total	**80**	**100**
Religion	**F**	**%**
Islam	75	92.8
Christianity	02	02.5
Others (Specify) Preacher	03	03.7
Total	**80**	**100**
Occupations	**F**	**%**
Farming	47	58.8
Civil Servants	30	41.2
Self employed	0	0
Others Specify (Jobless)	06	07.5
Total	**80**	**100**

Table 1 above showed that majority of the respondents were within the age bracket of 0-12 months 55(68.8%), male 49(61.3) while female 31(38.7%) had experienced traditional uvulectomy. The practice was more common among Hausa 47 (58.8%) than Fulani 30(41.2%). This result showed that Hausas were more involved in the practice more than fulanis. Majority of respondents 75(93.8%) were Muslims while 02(02.5%) were Christians; 42(52.5%) of respondents were farmers, 09(11.3%) civil servants while 23(28.7%) of respondents were self employed and 06(7.5%) were jobless.

Table 2: Practices of Uvulectomy

		Yes		**No**	
		Freq.	**Percent**	**Freq.**	**Percent %**
1.	Did your child have uvulectomy	72	90%	08	10%
2.	What was the cause of uvulectomy				
	A. Culture	56	77.8%	=	=
	B. Throat problems	0	0	=	=
	C. Prevention of respiratory infection	16	22.2	=	=
3.	Where was the traditional uvulectomy performed?				
	A. At home				
	B. Common resting place of people	55	68.8	=	=
	C. Market	11	17.5	=	=
		14	13.7	=	=
4.	Who took the child to the place for the uvulectomy?				
	A. Mother				
	B. Father	14	17.5	=	=
	C. Other Specify (mother-inlaw)	05	06.3	=	=
		61	76.5	=	=
5.	Who performed the procedure?				

	A. Traditional birth attendant	31	38.8	=	=
	B. Traditional barber	42	52.5	=	=
	C. Herbalist	07	08.8	=	=
6.	What type of instrument was used?				
	A. Modern instruments	0	0	=	=
	B. Traditional instruments	80	100	=	=
	C. No idea.	0	0	=	=
7.	How was the instrument cleansed?				
	A. Bleach	0	0	=	=
	B. Water	54	67.5	=	=
	C. Reces of cloth	26	32.5	=	=
	D. Flames	0	0	=	=

The table 2 above, showed that the practice of traditional uvulectomy was common in the Gujungu Community because 72(90%) of respondents agreed that their children had the procedure done while just negligible number 08(10%) explained that their children did nto have the procedure. The reason for the practice was cultural as 56(77.8%) of respondents agreed on this. Majority of those that had the procedure done, agreed that the procedure was carried out at home 55(68.8%), 11(17.5%) in the common resting place of people in the community while 14(13.7%) agreed that the procedure was carried out on their children in the market. Majority of the chileren 42(52.5%) had the procedure carried out by traditional barbers. Usually, mother-in laws carried the children to the place where the procedures was carried out, this accounted for 61(76.5%), traditional instruments were mostly used for the procedure as all the respondents agreed with this, water was the oly material used to clean the instrument 65(67.5%).

Table 3: Perceived Effects of Uvulectomy (Traditional).
Which of the complication was experienced by your child/children after the procedure of traditional uvulectomy)

	Variables	Yes		No	
		Freq.	**Percent**	**Freq.**	**Percent %**
1.	A. Bleeding	71	88.8	09	11.2%
	B. Infection	48	60%	32	40%
	C. Fever	54	67.5%	26	32.5%
	D. Inability to breath	44	55%	36	45%
	E. Speech Problems	52	65%	28	35%
	F. Death	09	11.3%	71	88.7%
2.	Is the child physically active after the procedure?	12	15%	68	85%
3.	Which physical problems did you notice?				
	A. Growth retardation				
	B. Loss of Weight	14	17.5	=	=
	C. Muscle Wastage	42	52.5	=	=
		24	30%	=	=
4.	Which of this emotional problem expressed?				
	A. Persistent crying	38	47.5	=	=
	B. Apathy	04	05%	=	=
	C. Refusing food	36	45%	=	=
	D. Others Specify (restlessness)	02	02.5%	=	=
5.	Was the child active and played with other children after the procedure?	10	12.5%	70	87.5%

Table 3 above showed that 71 (88.8%) of the children exposed to traditional, uvulectomy experienced bleeding after the procedure, while 48(60%) experienced infections, 54 (67.5%) experienced fever, 44 (55%) of respondents exposed to the procedure experienced in ability to breath properly after the procedure, 52 (65%) experienced speech problems while 09 (11.3%) died after the procedure. In terms of physical activity of the children after the procedure, 68 (85%) of the children were not active after the procedure, 42 (52.5%) expressed loss of weight, 38 (47.5%) expressed that the children pet up persistent cries while 70 (87%) refused to play with other children after the procedure.

The outcomes of the study had shown the devastating and harmful nature of the traditional uvulectomy to the children even to the point of death if is pertinent to find away of eliminating this harmful cultural practice.

IV. Discussion Of Findings

From the demographic point of view, it showed that majority of the mothers agreed their children had traditional uvulectomy. It was predominantly carried out for children with ages range from 0-12 months and accounted for 68.8%. This showed that majority of children would have had their uvula cut before naming[4,5,6,7,13]. The study showed that male children were more exposed to traditional uvulectomy than female children 49(613%) as against 31(38.7%). It was more practiced among Hausa tribes than Fulani tribes 47(58.8%) as against 30(41.2%). It was mainly performed by traditional barber surgeon called "Wanzam" in

Hause Language, tradition and culture are associated with the procedure2,6,7,13. The procedure is usually performed at home as it was observed in table 2 that 55(68.8%) of children had the procedure. Carried out on them at home and they were carried to the area for the procedure majorly by in-laws 61(76.5%) and the procedure was executed through the use of traditional instrument that were not steamed, they were only washed by ordinary water[2,4,5,13]. Table 3, showed that the most prevalent complication was bleeding 71(88.8%) which might be due to tissue damage and severing of blood vessel,[4,5,13] 48(60%) of the children experienced infections after the procedure due to the use of unsterilized traditional instruments[2,13]. It was equally discovered that 54(67.5%) experienced fever which might not be unconnected with infections, [2,5,4] also, 44(55%) of the children exposed to the procedure experienced breathing difficulty which might be due to swelling and severe damage to the throat, [10,12,13] 52(65%) of the children experienced speech problem after the procedure which might be related to tampering with the nerves and 09(11.3%) of children died after the procedure. This has added to the wave of infant mortality2,4,8,10. It was observed that 68(85%) of children that had the procedure were not physically active after the procedure, 42(52.5%) developed loss of weight after the procedure, 38(47.5%) of children were crying unabated after the procedure and 70(87%) of children could not play with other children[4,5,8,13].

V. Conclusion

The study showed that the practice of traditional uvulectomy remained the cultural practice of Gujungu Community of Taura local government area. The incidence of traditional uvulectomy was still high due to cultural believe that uvula if not cut could allow children to develop child-hood diseases. There must be a strategy to put an end to this harmful cultural practice in order to attain one of the MDGs goal of reducing the infant mortality. As a matter of urgency, health information and education of the community should be instituted.

VI. Recommendation

The community should be educated on the adverse effects of the traditional uvulectomy. They need to be informed that Medical Practitioners should be informed anytime their children is having throat problem. They should equally be discouraged on the believe that presence of uvula can aggravate child-hood disease.

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