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ABSTRACT

Introduction: Children are usually very vulnerable to such abuses by the traditional healers since consent is only obtained from the parents who believes in the benefits derived from traditional uvulectomy.

Purpose: To assess the perception of traditional uvulectomy and associated factors among mothers of under five-year children (0-59 months) in Sokoto state.

Methods: A cross sectional-study was conducted to assess the perception of traditional uvulectomy and associated factors among 320 mothers of under-five year children selected by multi stage sampling technique from 1st January-31st March 2021 in Sokoto State, Nigeria. A set of pre-tested, semi-structured interviewer- administered questionnaire was used to collect data on the research variables. Data was analysed using IBM[®] SPSS version 22 statistical package.

Results: Majority 136(42.5%) of the respondents were between 25-34 years with a mean age of 29.9± 8.3 years. Most 304 (95.0) were Hausa's and Muslims 315 (98.4). Fulltime house wives constituted 234(73.1%) of the respondents, while those with children between 1-5 were 244(76.2%). Almost two-third (65.0%) of the respondents had inappropriate perception on traditional uvulectomy (TU). Two hundred and fifteen (67.2%) of the respondents believed traditional uvulectomy should be done for under five years' children. Most (57.2%) of them perceived it is not necessary for government to come up with a law to abolish the practice of TU in the society. Majority (59.9%) of the respondents believed TU should be done for under five-year children as a tradition. Statistically significant association was observed between age, tribe and educational status of the respondents with perception of TU; ($p=0.041$), ($p=0.002$,) and ($p = 0.018$) respectively.

Conclusion and Recommendation: This study revealed a high proportion of the respondents with inappropriate perception of traditional uvulectomy and attributed most of the childhood illness to the uvula. This underscore the need for governments at all levels to intensify action on enlightenment campaign and education of the general public through mass media and in all health facilities across the state on the dangers of TU.

Keywords: *Perception, Mothers, Traditional Uvulectomy, Sokoto*

INTRODUCTION

Tradition is an age long established doctrines and beliefs transferred from generation to generation, upheld and guided by community members(1). Traditional uvulectomy is a surgical form of traditional medical practice whereby the palatine uvula is partially or totally removed by traditional healers whom most of the times are traditional barbers(2). Traditional uvulectomy(TU) is one of the harmful traditional practices carried out on children(1). The traditional uvulectomist inherit the skills from their predecessors with no formal medical training(3). The practice of TU falls into one of two categories: ritual uvulectomy and therapeutic uvulectomy(4). Ritual uvulectomy is performed routinely, usually at birth(5, 6).

The uvula has its own natural advantages of lubricating oropharyngeal mucosa, serving for language communication, boosting immunological function and in conjunction with the soft palate it closes the nasopharynx, therefore, preventing aspiration and regurgitation of food or water into the nose(7).

In the 4th century BC Aristotle and Hippocrates referred to the uvula as a source of inflammation and oedema, capable of causing suffocation(8). Uvulectomy has been described by the Byzantine Physicians as far back as the Greek age (324-1453AD)(6).The practice of uvulectomy is rarely indicated in the orthodox medical practice by otolaryngologist but the practice of traditional uvulectomy is widespread in Sub-Saharan Africa, the Maghreb, Israel and Northern Nigeria (9). Variations of the practice include using a reed fork in Morocco, twisted strands of horse hair in Ethiopia(5) and a hot knife in Egypt(6), The age at which TU is performed vary from community to community, reports shows that the procedure of TU is normally done at birth to 1 year or 5 years of age(5, 10), the incidence of the procedure decreases as the age of the children increases(11). In Ajibade et al study(10) most (68.8%) of the children that had TU were aged 0-12 months, 21.1% aged 2-3years and 4-5 years accounts for 10%. Uvulectomy is commonly done during infancy, this could be because throat infections are common during this period(11). In a study done by Linto et al, the peak age was 51% in children that were in the age range 15-45 days, 34.8% aged 14 days and below, 11.9% were 46 days to <6 months old, while a few 2.2% were aged 6 months to 2 years (11).In a hospital based study among neonates presenting as emergencies showed most of the uvulectomies (52.4%) were done before the 7th day of life(4). Epidemiological data on Traditional uvulectomy are few, this may be attributed to the fact that most of the procedures are done in traditional settings(12).

Reasons for performing ritual uvulectomy is it facilitates breast-feeding and speech, it ensures better health throughout life, that it decreases thirst, it prevents infants from choking; and prevents infant diarrhoea(4, 5). There is an important difference between ritual and therapeutic uvulectomy in terms of the reasons given for the procedure, therapeutic uvulectomy is performed as a remedy for respiratory ailments, cough, hoarseness, laryngitis and stuttering are all conditions thought to be alleviated by surgery(5). The reasons for traditional uvulectomy varies, which may be therapeutic or ritual depending on the locality, whatever the reasons, is to fulfil parental indigenous beliefs and cultural practices which is made possible by the traditional healers(4). Traditional uvulectomy is performed with non-sterilised knives, without anaesthesia, after which a mixture of herbs is applied to the stump on the hard palate(13). Numerous severe complications has been reported in association with traditional uvulectomy, they include severe haemorrhage and

anaemia (4), hepatitis(14), oropharyngeal infection, cellulitis of the neck, septicaemia, tetanus, risk of HIV, peritonsillar and pharyngeal abscesses, aspiration with consequent upper airway obstruction and child death(10). Moreover, TU can be complicated by jaundice, neck infection, pharyngeal dryness, pain for many days after the procedure, change in voice, disturbance in sleep pattern, regurgitation of breastmilk from the nostril and cavernous sinus thrombosis(15), Elyajouri et al(14) reported a case of Grisel's Syndrome in an eight month eight baby following TU. The outcome of this procedure varies, in Niger, where by the age of five years 19.6% of the population has had TU, complications of traditional uvulectomy account for 7.8 per 1000 cases of hospital admission for children below 15 years of age, notable complications from their study were infections(including Tetanus),haemorrhage and passage of cut pieces of uvula down the respiratory tract (12).

The procedure persists in developing countries probably due to low socio-economic status and non-formal level of education(16). In Sub-Saharan Africa, the practice of TU is very common among children and the benefits perceived to be derived from the belief that uvula leads to various childhood diseases(16)In a one-year prospective survey of 385 parents of children aged 15yrs and below presenting to the Maiduguri state University Teaching hospital, Nigeria, to assess the parent's reasons and perception of TU in children, showed that the commonest disease perception attributed to the uvula was frequent throat infections in 102(26.5%). other perceptions include failure-to-thrive 43(11.2%) and some multiple disease occurrence which includes diarrhoea and vomiting (16).

Children are usually very vulnerable to such abuses by the traditional healers since consent is only obtained from the parents who believes in the benefits derived from TU (16).Some studies(4, 17, 18) reveals it was more prevalent on the male children. There is report of son preference nearly in all tribes and male sex is preferred and considered a pride to the family and community, thus immediate traditional cares is given if there is any perceived signs of illness(7). Traditional uvulectomy has been described as unscientific, unsupervised practice and potentially dangerous which can lead to complications and death (6, 10,13, 19). Several studies (7,10, 11) conducted in Nigeria and other countries has shown that mothers have various disease perception attributed to the uvula. This study therefore aimed to assess the perception of traditional uvulectomy and associated factors among mothers of under five-years children (0-59 months) in Sokoto state, Nigeria, in order to provide an avenue for appropriate interventions that will help in reducing maternal attribution of childhood illnesses to the uvula and reducing under five morbidity and mortality.

MATERIALS AND METHODS

This cross-sectional study was carried out among mothers of under- five year children in Sokoto state, Nigeria between 1st January to 31st March 2021.

Sokoto state, one of the six states of the North-western zone of Nigeria, has a projected population of 5,474,534 based on 2006 census(20). The total number of women of child bearing age is 1204397 and 1,094,907 children under five years. The state is divided in to 3 senatorial zones, namely; North, West and East zones, it has 23 Local government Areas (LGAs), 5 of which are urban and 18 are rural and a total of 244 political wards. Using the Fisher's formula for calculating

sample size for cross-sectional studies(21), a total of 320 respondents were recruited into the study, a 50% prevalence regarding perception of TU was used due to lack of previous study in the area, a precision of 5% and an anticipated response rate of 95% were used. The eligible participants were selected by multistage sampling technique. Stage 1: two LGAs each from 5 urban and 18 rural Local Government Areas (LGAs) respectively were selected using simple random sampling technique by balloting (Sokoto North and Sokoto South LGAs were selected in the urban and Bodinga and Dange-Shuni LGAs were selected in rural). Stage2: two wards were selected from each of the selected urban and rural LGAs by simple random sampling technique using balloting option. Stage 3: One settlement was selected from each of the selected wards in the urban and rural LGAs respectively by simple random sampling using balloting option. Proportionate allocation was done (in direct proportion to the number of eligible study subjects) in the selected settlements. Stage 4: house numbering was done and using systematic sampling technique, a one in three houses was selected and in stage 5: one eligible mother child pair was selected using simple random sampling by balloting option, in a house where there is more than one eligible study subject (more than 2 mothers of under-five (U5) years children or more than 2 under five years' children) simple random sampling technique by balloting was used to select the eligible subject to be enrolled in to the study.

A semi-structured, interviewer-administered questionnaire was developed and used to obtain information on socio-demographic characteristics of the respondents, respondents' perception of TU and associated factors. The questionnaire was reviewed by senior researchers in the Department of Community Health of the Usmanu Danfodiyo University, Sokoto to ascertain content validity. It was then pretested on 32 purposively sampled mothers of U5 children in Shagari LGA of Sokoto State, Nigeria. Some questions were rephrased for clarity based on the observations made during the pretesting. Seven sixth year level medical students of the Usmanu Danfodiyo University, Sokoto and three medical records of staff of the Usmanu Danfodiyo University Teaching Hospital, Sokoto assisted in questionnaire administration after pre-training on conduct of survey research, the study objectives, and questionnaire administration.

Ethical clearance was obtained from the Ethics committee of Sokoto State Ministry of Health, Sokoto, Nigeria. Permission to conduct the study was obtained from the administration of respective LGAs selected for the study, while written informed consent was also obtained from the participants before data collection. Respondents' perception on TU was categorized as either appropriate or inappropriate.

STATISTICAL ANALYSIS

Data collected was cleaned, entered into and analysed using the IBM® SPSS version 20 statistical package. Frequency runs were done for further editing and cleansing of the e-data. Frequency distribution tables were constructed; and cross tabulations were done to examine relationship between categorical variables. Chi-square and Fisher's exact tests of independent association was used to test for relationship between categorical variables. All levels of significance were set at $p < 0.05$.

RESULTS

Socio-demographic characteristics of the respondents

The mean age of the respondents was 29.9 ± 8.3 years, most 136 (42.5%) of them were between 25-34 years, and majority 315 (98.4%) were Muslims and Hausa's 304 (95.0%). A larger proportion of the respondents 140(43.8%) had Quranic education, while primary, secondary and tertiary levels of education constituted 26(8.1%), 75(23.4%), 70(21.9%) respectively and only 9(2.8%) had no any form of education. Most 234(73.1%) of the respondents were full-time Housewives, followed by civil servants 62(19.4%) and students 6(1.9%). More than two-third 244(76.2%) of the respondents had between 1-5 children (as shown in Table1).

Respondents' perception of traditional uvulectomy

Two hundred and fifteen (67.2%) of the respondents believed traditional uvulectomy should be done for under five years' children, the remaining 105(32.8%) did not. Over fifty percent (58.8%) of the respondents were of the opinion that they will not advice their relation practicing TU to stop. Most (65.0%) of the respondents believed that they can be influenced by other people to accept TU. Majority of the respondents 161(50.3%) of them believed that it is necessary to advocate to government to engage in media campaign against traditional uvulectomy, on the other hand 159(49.7%) did not. Most of the respondents 183(57.2%) perceived it is not necessary for government to come up with a law to abolish the practice of TU in the society.

Among the 215 respondents who believed TU should be done to U5,121(59.9%) stated that it is part of their tradition, while others believed that it can treat throat infection 28(13.9%), prevents throat infection 23(11.4%), prevents recurrent vomiting 11(5.4%), prevents recurrent fever 9(4.5%), prevents chronic cough 5(2.5%), prevents rejection of feeds 3(1.5%) and prevents death from swollen uvula 2(0.9%). Of the 105 respondents that do not believe TU should be done for U5 children, stated their reasons as, it is not necessary in 52(49.7%), fear of complication 48(45.7%) and preference for medical care in 5(4.8%) as shown in table 2.

Factors associated with respondents' perception of Traditional uvulectomy

Whereas there was no association between religion ($p= 0.143$) and the occupation ($p=0.983$) of the respondents with perception of TU, it was however, found to be associated with age, tribe and level of education of the respondents: ($p= 0.041$), ($p= 0.002$ and) ($p= 0.0018$) respectively, as shown in table 3. The proportion (72.3%) of the respondents aged ≤ 34 years with inappropriate perception of TU was statistically significantly higher ($\chi^2 =0.239$), ($P= 0.041$) compared to those (27.7%) aged ≥ 35 years. The proportion (63.1%) of the respondents who are Hausas with inappropriate perception of TU was statistically significantly higher compared to Yoruba's (0.9%) and Igbo's (0.3%), ($P=0.002$). The proportion of the respondents with inappropriate perception of TU was statistically significantly higher among those with informal education (52.7%) compared to those (47.3%) with formal education ($\chi^2 = 0.04$), ($P =0.018$)

Table 1: Socio demographic characteristics of the respondents

Variables	Frequency (<i>n</i> = 320)	Percent (%)
Mothers' age (years)		
15 – 24	90	28.1
25 – 34	136	42.5
35 – 44	71	22.2
≥ 45	23	7.2
Tribe		
Hausa/Fulani	304	95.0
Yoruba	5	1.6
Igbo	1	0.3
Others	10	3.1
Religion		
Islam	315	98.4
Christianity	5	1.6
Educational level		
None	9	2.8
Qur'anic only	140	43.8
Primary	26	8.1
Secondary	75	23.4
Tertiary	70	21.9
Occupational status		
House wives	234	73.1
Civil Servant	62	19.4
Self Employed	11	3.4
Unemployed	7	2.2
Student	6	1.9
Parity		
1 -5	244	76.2
>5	76	23.8

Table 2: Respondents' perception of traditional uvulectomy

Variables	Frequency (<i>n</i> = 320)	Percent (%)
Do you believe traditional uvulectomy should be done for under five years?		
Yes	215	67.2
No	105	32.8
If Yes, why		
It is a tradition	121	59.9
It helps to treat throat infection	28	13.9
It prevents throat infection	23	11.4
It prevents recurrent vomiting	11	5.4
It prevents recurrent fever	9	4.5
It prevents chronic cough	5	2.5
It prevents rejection of feeds	3	1.5
It prevents death from swollen uvula	2	0.9
It not necessary	52	49.2
Due to fear of complication	48	45.7
I prefer medical care	5	(4.8)
Do you consider it necessary for your relation or neighbour to do TU for his child?		
Yes	202	63.1
No	118	36.9
If your relation is practicing TU do you consider it necessary to advise him to stop?		
Yes	132	41.3
No	188	58.8
Do you believe you can be influenced by others to accept TU?		
Yes	208	65.0
No	112	35.0
Do you believe it is necessary to advocate to government to engage in media campaign against TU?		
Yes	161	50.3
No	159	49.7
Do you consider it necessary for government to come up with a law to abolish the practice of TU in the society?		
Yes	137	42.8
No	183	57.2

Overall perception of the respondents regarding Traditional Uvulectomy among the under-five children

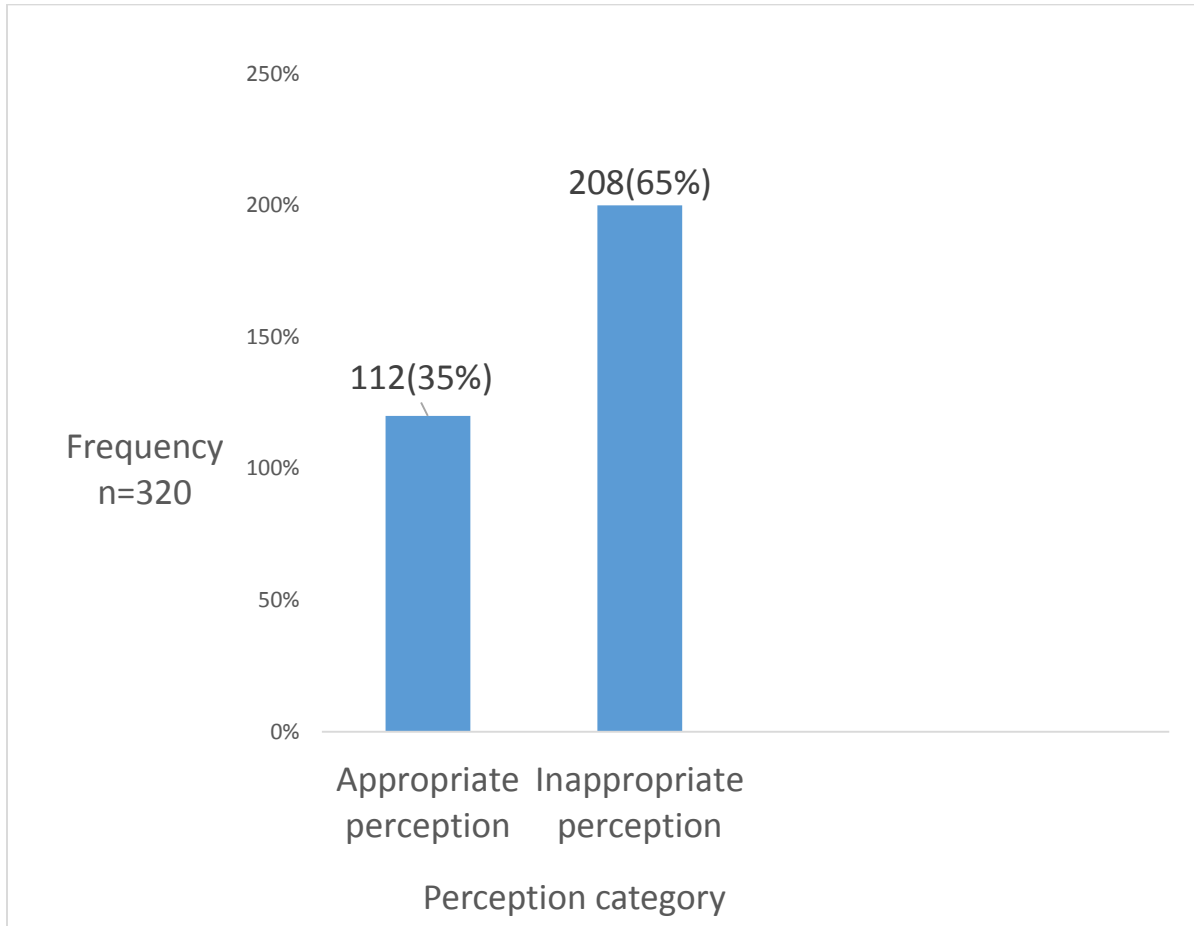


Figure 1: Overall perception of the respondents regarding Traditional Uvulectomy among the under-five children

The proportion of respondents with appropriate perception of TU are 112(35.0%), while majority 208(65.0%) have inappropriate perception.

Factors associated with respondents' perception of Traditional uvulectomy

Table 3: Association between socio- demographic characteristics of the respondents with perception of traditional uvulectomy

Variable	Perception category		Test statistic <i>p</i> value
	Appropriate n (%)	Inappropriate n (%)	
Mothers' age (years)			
≤ 34	81(72.3)	145(69.7)	$\chi^2 = 0.239$ <i>p</i> = 0.041
≥ 35	31(27.7)	63(30.3)	
Tribe			
Hausa/Fulani	102(31.9)	202(63.1)	Fishers exact <i>p</i> = 0.002
Yoruba	2(0.6)	3(0.9)	
Igbo	0(0.0)	1(0.3)	
Religion			
Islam	110(34.4)	205(64.1)	Fishers exact <i>p</i> = 0.143
Christianity	2.(0.6)	3(0.9)	
Educational level of respondents			
Informal	59(52.7)	112(53.8)	$\chi^2 = 0.040$ <i>p</i> = 0.018
Formal	53(47.3)	96(46.2)	
Occupation of the respondents			
Employed	22(19.6)	51(24.5)	$\chi^2 = 0.983$ <i>p</i> = 0.321
Unemployed	90(80.4)	157(75.5)	

DISCUSSION

The respondents age in this study ranged from 20-49 years, with a mean age of 29.9± 8.3 and majority 136 (42.5%) were between 25-34years of age. This is similar to the finding of a study by Linto et al(11) who reported most of the respondents were in the age range 25-34 years. Large proportion (43.8%) of the respondents in this study had Quranic education and only (2.8%) had no any form of education and housewives (73.1%) constitutes the highest occupation of the respondents, this is in keeping with the finding of a study by Isa et al(16) whose report showed most of the respondents had no formal education and are unskilled workers, but in contrast to the findings of Linto et al(11) whose findings reported only few of the respondents have never been to school but also reported most were unemployed. In the current study, overwhelming majority of the respondents were Muslims (98.4%) and Hausa's (95.0%), this is not surprising as the study was conducted in predominantly Muslims and Hausa's communities, however, this corroborate the findings of a study by Ajibade et al(10) in Jigawa state, Nigeria, where the most of the respondents were predominantly Hausa's and Muslims.

Two hundred and fifteen (67.2%) of the respondents believed traditional uvulectomy should be done for under five years' children, this is consistent with the findings of Owibingire et al in Tanzania were majority (90.3%) of the respondents believed uvula causes ill health (22) and another study by Elene et al which showed majority of the respondent believed that the practice

of TU should continue(23) but in contrast to the finding of Linto et al who reported majority (51.3%) of the respondents believed TU is harmful (11). In this study, over fifty percent (58.8%) of the respondents were of the opinion that they will not advice their relation practicing TU to stop, this is in agreement with the finding of a previous study (11) that reported 67.0% of their studied respondents will support their family members to practice TU, but in contrast to the finding of a study done in South west Nigeria in which majority of the respondents had the opinion that they will not recommend TU for others (2).

Most of the respondents in this study (65.0%) believed that they can be influenced by other people to accept TU, it is also compatible with the findings of Alebachew et al who reported majority of the respondents were influenced by traditional uvulectomy practitioners, followed by family members, traditional birth attendants and friends to practice TU(7). Most of the respondents (50.3%) in this study believed it is necessary to advocate to government to engage in media campaign against traditional uvulectomy, this is in keeping with the finding of a study done in Eritrea(11) in which majority (65%) of the respondents believe that they will support the eradication of the practice of TU) but in contrast to the finding of a study done in Axum which showed most (53.6%) of the respondents believed they will not support eradication of TU as it is against their culture(24).

Majority (59.9%) of the 215 respondents believed TU should be done for under five-year children as a tradition this is consistent with findings of other studies (7, 10) but in contrast to the finding of Linto et al whose majority (68.3%) of the respondents believed TU is useful because it relieves vomiting and swallowing problem(11) and another study done in Nigeria that reported frequent throat infection (26.5%) as the commonest disease perception attributed to the uvula, other perceptions in their study were frequent fever (7.0%), rejection of feeds (3.6%), recurrent vomiting(0.8%), chronic cough(0.5%), recurrent diarrhoea(0.3%) and frequent abdominal pain(0.3%)(16). In this study, 13.9% believed TU is for treatment of throat infection(16, 22), some of the respondents (11.4%) in the present study perceived TU is for prevention of throat infection(16). The perception that presence of uvula is a cause of recurrent vomiting in 5.4% of the respondents has been found to be similar to other studies (7, 16), 4.5% of the mothers in the present study believed it is for recurrent fever(7, 16, 22), while few (2.5%) of the respondents had the opinion that TU is a remedy for chronic cough (7, 16, 22), The uvula probably because of its length in the oropharynx was perceived to be the cause of chronic cough in children(16). With respect to the symptoms ascribed to the uvula rejection of feeds (1.5%) was also perceived by some respondents in this study (7, 16) and 0.9% of the studied respondents believed it is preventing death from swollen uvula, there are several other studies that have reported similar findings (7, 12, 24), also another report from Ethiopia showed the commonest disease perception attributed to the uvula was failure to suck (23.8%), followed by fever (18.7%), irritability(17.3%), vomiting (15.1%) and perioral dryness (13.7%)(7), this is in contrast to our finding which showed the main perceived indication for TU was tradition, followed by belief it is a treatment for throat infection, preventing throat infection, recurrent vomiting, recurrent fever respectively, while only a few of the respondents in this study had the opinion that TU is a remedy for chronic cough, rejection of feeds and preventing death from swollen uvula.

Of the 105 respondents that do not believe in TU in under five children, the reasons given in this study were, it is not necessary in 49.7%, fear of complication (45.7%), this is consistent with the finding of Owbingire et al(22) who reported the majority of his study participants believed cutting the uvula was dangerous and preference for medical care.

The proportion of respondents with appropriate perception of TU in this current study was 35.0%, while majority (65.0%) had inappropriate perception, this finding is in consonance with the finding of Linto et al who also reported majority of their studied respondents (65.0%) had negative perception for TU(11).

Factors association with perception of traditional uvulectomy

The proportion (72.3%) of the respondents aged ≤ 34 years with inappropriate perception of TU was statistically significantly higher ($\chi^2 = 0.239$), ($P = 0.041$) compared to those (27.7%) aged ≥ 35 years. The proportion (63.1%) of the respondents who are Hausas with inappropriate perception of TU was statistically significantly higher compared to Yoruba's (0.9%) and Igbo's (0.3%), ($P = 0.002$), but all the tribes had inappropriate perception of TU. this is not surprising as TU is a common practice among all tribes especially among the Hausa's in Northern part of Nigeria associated with local customs and practice.(2, 4, 12, 25). The respondent's religion was found not to be significantly associated with respondent's perception of TU, this is in keeping with the finding of Linto et al(11). The proportion of the respondents with inappropriate perception of TU was statistically significantly higher among those with informal education (52.7%) compared to those (47.3%) with formal education ($\chi^2 = 0.04$), ($P = 0.018$), this is compatible with the findings of a study by Isa et al that showed the higher the level of education the lesser attribution of disease to the uvula (16) but in contrast to the finding of a report from Eritrea(11) that showed no association between the educational level and attitude towards TU. The respondent's occupation in the present study was not significantly associated perception of TU, this is in contrast to the finding of an earlier study (16).

CONCLUSION

Most of the mothers in this study have inappropriate perception on traditional uvulectomy and attribute childhood illness to the uvula. Factors found to be associated with perception of Traditional Uvulectomy among the mothers of under five in this study were; maternal age, tribe and educational status.

RECOMMENDATIONS

Health education of the communities through mass media and in health facilities on the dangers of Traditional Uvulectomy and also designing strategies to improve community orthodox health seeking behaviour whenever there is parental suspicion of childhood illnesses attributed to the uvula is another way of preventing Traditional Uvulectomy. A nationwide research should be conducted to address this harmful tradition on children.

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