Prevalence and Clinical Profile of Traditional Uvulectomy in Ekiti, South West, Nigeria

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Abstract

Aim: The practice of traditional uvulectomy was very common especially in Sub-Saharan Africa. This study aims to determine the prevalence of traditional uvulectomy among residents of Ekiti, South West Nigerian.

Methodology: This was a hospital based cross sectional study conducted among patients who were seen at the GOPD of two tertiary health institutions in Ekiti, South West Nigeria, from February, 2019 to August, 2019. Data collected include their socio-demographic characteristics, information related to removal of uvula and its complication.

Results: A total of 253 patients were interviewed out of which 68 had uvulectomy done, given a prevalence of 26.9%. Of the 68 patients that had uvulectomy done, 52 (76.5%) were performed by Wanzamai. Major reason given by the respondents for uvulectomy was pain in the throat in 61 (89.7%) patients. Major complication noted after uvulectomy was painful swallowing in 19 (28.0%) respondents. 156 (61.6%) respondents claimed that there was no benefit in removing uvula.

Conclusion: Traditional uvulectomy persists in developing countries due to strong cultural beliefs attached to the practice. It is usually performed during childhood period. There is a need to intensify awareness campaign against these ugly trends so as to prevent major morbidity and mortality.

Keywords: Prevalence; Clinical profile; Traditional; Uvulectomy; Nigeria

Introduction

Traditional uvulectomy, a procedure which consists of cutting part or the entire uvula, is a common practice in sub-Saharan African countries [1]. It is carried out by itinerant traditional surgeons who double as barbers using a sickle knife, performing other procedures such as incision and drainage of abscesses, circumcisions, and tooth extractions [2-4]. The uvula is assumed to be the organ responsible for all throat conditions by these traditional surgeons, therefore, gets attached to the practice. It is usually performed during childhood period. There is a need to intensify awareness campaign against these ugly trends so as to prevent major morbidity and mortality.
Methodology

This was a hospital based cross sectional study conducted among patients who were seen at GOPD of two tertiary health institutions (Federal Teaching Hospital, Ido Ekiti and Ekiti state Teaching Hospital, Ado Ekiti) from February, 2019 to August, 2019 to determine the prevalence of uvulectomy. Both tertiary institutions apart from rendering primary and secondary health care services, they also serve as referral centers in Ekiti state and the surrounding states of Ondo, Osun, Kwara and Kogi state. A pre-tested semi structured, interviewer administered questionnaires were used to collect data from 253 patients who gave consent to participate in the study. Inclusion criteria includes patients above age of 16 years and have given consent to participate in the study. Those that had orthodox form of uvulectomy were excluded from the study. The information that were collected include their socio-demographic characteristics, reason(s) for removal of uvula, where, who and how it was removed, complication and benefit of its removal. Approval to carry out the study was given by the ethical and research committee of the hospital. Data obtained were analyzed using IBM SPSS Statistics Software Version 20.0 (2011) and presented in simple tables and charts.

Results

A total of 253 patients were interviewed out of which 68 had uvulectomy done, given a prevalence of 26.9%. Their ages ranged from 17 years to 95 years with a mean of 41.92 ± 15.16 SD years. There are 139 (54.9%) males and 114 (45.1%) females given a male to female ratio of 1:1.2 (Figure 1). The highest response was noted among the age group of 21 years to 40 years representing about 52.2% (Figure 2). Majority (41.5%) were civil servants followed by practicing business in 29.2% of the patients. Educational level showed that majority (59.7%) had tertiary education. Yoruba constituted the predominant ethnic group (79.8%) followed by Ibo (11.1%). Most (88.1%) practice Christianity, 8.3% practices Islam while 3.6% of the patients practices other religions (Table 1). Out of the 68 patients that had traditional uvulectomy done, 52 (76.5%) were performed by Wanzamai (Northern traditional healers), 10 (14.7%) was done by the native doctors while 6 (8.8%) by the patient’s grandfather. Reasons given by the respondents for removing their uvula are pain in the throat in 61 (89.7%), swelling in the throat 4 (5.9%), difficulty with swallowing 2 (2.9%) and persistent throat discomfort in one (1.5%) of them. Majority of the procedures were done at Sabo area (a settlement for majority of Northerner in a town or city) in 30 (44.1%), and 22 (32.4%) others are as shown in Table 2. Complications noted after uvulectomy were majorly painful swallowing in 19 (28.0%), bleeding 10 (14.7%), infection of the throat 2 (2.9%). However majority 37 (54.4%) did not noticed any complication. About (70.0%) of the respondents did not know that there are associated complications with uvulectomy, but 24.1% knew that there are complications while 5.9% were not sure. Fifty-eight (22.9%) of the respondents, thought that they could recommends the procedure to other people. Majority of the respondents 156 (61.6%) claimed that there was no benefit in removing uvula, 70 (27.7%) claimed that there was benefit while 27 (10.7%) were not sure of the benefit. Long time effect of those that did the surgery was that there was no more throat pain in 32 (64.0%), improvement in swallowing in 17 (34.0%) and slurred speech was said to have been corrected in one patient.

Discussion

Uvulectomy by traditional practitioners in Africa has been an age-long practice. Our present study showed a prevalence of 26.9 %. A prevalence of 32.0% was recorded in another study by Adoga et al. [7], although their study was inclusive of those in childhood age group. The highest response in our study was among the age group of 21 years to 40 years representing about 52.2% as compared to another hospital based study by Adoga et al. [7], was 44.8% in the age range of 11 years to 20 years and 41.2% in the age group of 0 years to 10 years. This shows that uvulectomy was a common procedure in children and young adults. Majority of our respondents had their uvula removed
at age less than 20 years. The lower prevalence recorded in this study may also be due to the fact that this procedure was not common in the south west unlike in the northern part of the country where it been done as part of birth or naming ceremony right. Also the initial beliefs and cultural practices with many local traditional healers believing and preaching that the uvula is the main organ responsible for all throat and chest problems and therefore it should be removed as early as possible in childhood [2,5,14]. In our study, majority (76.5%) of the amputated uvula was done by Wanzamai. In Nigeria, this group of people does these surgical procedures and most of time they are found in a location called Sabo in most towns in Nigeria. This is also observed in other study [19]. Majority (61.6%) of our respondents believed that there was no benefit in removing uvula. Most of them (70.0%) were not aware of any associated complication with traditional uvulectomy. Likewise few of our respondents could recommend traditional uvulectomy for other people. However, long time effect on those that did the surgery in this study was that there was no more throat pain in 32 (64.0%), improvement in swallowing in 17 (34.0%) and slurred speech was said to have been corrected in one patient.

Conclusion

The traditional uvulectomy still persists in developing countries due to strong cultural beliefs attached to the practice. A prevalence of 26.9% was recorded in our study. The procedure is usually done during childhood period, and majority was not aware of complications that could arise from the practice. There is need to intensify awareness campaign by individuals and government against these ugly trends so as to prevent major morbidity and mortality.

References