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## ASSESSMENT OF THE KNOWLEDGE, ATTITUDE AND PRACTICE OF CHILD BEARING AGE MOTHERS TOWARDS TRADITIONAL UVULECTOMY AT SELECTED HEALTH FACILITIES OF ERITREA, IN 2015

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### ABSTRACT

**The aim:** is to assess the Knowledge, Attitude and Practice (KAP) of the child bearing age mothers towards uvulectomy. **Methodology:** The Methodology of the study was quantitative descriptive cross sectional health center and health station based study, in Asmara during the months of February-June 2015. Non-probable quota sampling technique was used to select the respondents and a self-designed interview based questioner was used to direct and collect data. The targeted respondents were 300 child bearing age mothers who have last child aged 5 years or below. **Results:** The results of the study were 27% didn't have any knowledge regarding uvulectomy, 43.3% were found to have inadequate knowledge, 28.3% had moderate knowledge and 1.4% had adequate knowledge. Regarding attitude and practice 65% had negative attitude and 68.6% had not practiced uvulectomy. This results were significant at  $p=0.00$  for each factor. Chi-square test was used to see the association of biographic data in relation to KAP, and only age was found to have association with KAP. Logistic regression analysis was used to see if there is association among KAP, and shows as the level of knowledge towards uvulectomy increases, the attitude decreases besides that the practice of traditional uvulectomy also decreases. **Conclusion:** The main reason for inadequate knowledge was found to be lack of formal education, hence we recommend that, formal education, especially health education should be provided. Even though there is high negative attitude and low practice comparing with other studies done in Ethiopia and elsewhere in Africa, those who are practicing should not be disregarded.

### KEYWORDS

Knowledge, Attitude, Practice of child bearing age mothers and Fre-selam health station.

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### INTRODUCTION

Eritrea is located in the horn of Africa. Eritrea has 9 ethnic groups and have cultures are rich and varied as their compositions. The country has beneficial traditional practices such as breast feeding, settling quarrels, social gathering and others that can be

examples for the external world. On the other hand, there are harmful traditional practices that affect the health and social well-being of women and children in the country. Some of these practices include female genital mutilation (FGM), early marriage (EM) and marriage by abduction (MBA), uvulectomy, bloodletting, cosmetic tattooing and eyebrow incision are widely practiced with no or little attention to hygiene<sup>1</sup>. Traditional practices vary by different ethnic group. All of the above practices are associated with risks like massive bleeding, infection, transmission of HIV/AIDS and many other diseases. In particular, the issue of their possible role in HIV/AIDS transmission has been raised by many researchers and concerned bodies<sup>2</sup>. In order to develop appropriate and effective preventive measures towards such harmful health practices, the extent of the problem should be investigated. Therefore, this study is aimed at assessing the Knowledge, Attitude, and Practice towards uvulectomy in child bearing age mothers in both Edget health center and Fre-selam health station<sup>3</sup>. Uvulectomy is the surgical removal of the uvula in which the procedure involves cutting of the uvula and sometimes the near-by structures such as the tonsils<sup>4</sup>. The uvula is a small cone-shape structured soft tissue that hangs down from the center back of the mouth (hangs from the lower border of the soft palate) above the throat and between the two lymphoid tissues (tonsils). This is the uvula, and if a person makes noise or even breathes hard enough, the tissue may sway or vibrate in response it helps to prevent choking during swallowing, used in producing certain sounds necessary for language communication and, it has some glandular tissue indicating that it can produce saliva<sup>5</sup>. A patient who undergoes uvulectomy may experience an increased risk of choking and it permanently alters the inside of the patient's mouth<sup>6</sup>.

Traditional instruments such as a sharp blade, horsetail hair or thread attached to a loop are used for the cutting of these important structures in which the cutting equipment are not cleaned with disinfectant or get sterilized. Whichever instrument is used the process starts after an attendant or the mother firmly holds the child. Then the child's

tongue is pulled out and a flat piece of wood is placed in the mouth to prevent injury. The practitioner inserts the thread or the horsetail hair through a hollow stick in the mouth to trap the uvula, which is then cut by pulling the strings or by the use of a sharp blade. Sometimes following this procedure the tonsils are made to bleed after being scratched by a sharp object, and other procedures such as incision and drainage of abscesses, and circumcisions are also performed; the uvula is assumed to be the organ responsible for all throat problems by these traditional surgeons therefore it should be removed. In other places 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 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. This uvulectomy is normally done at birth to 1 year or 5 years. In many throat examinations the uvula is either completely or partially removed, hemorrhage is the usual complication which brings the patient to the hospital. The reason given for uvulectomy varies, and includes fear of upper air way obstruction from an enlarged uvula leading to instant death<sup>7-9</sup>. It is also seen as the sources of throat problems in childhood 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<sup>10</sup>.

Traditional uvulectomy are common therapeutic or ritualistic procedures that are performed in various countries throughout Africa and the Middle East and it had been traced back to 11th Century Spain, 19<sup>th</sup> Century England and France<sup>11</sup>. In Nigerian 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, and in Nigerian Muslims at naming ceremony on the seventh day after birth<sup>12</sup>.

The procedure of Uvulectomy may easily introduce harmful micro-organisms which could lead to serious complications. These complications could be either local or disseminated (systemic)<sup>13</sup>. The local complications are the most prevalent ones and include; speech problems, injury to the tongue, broken teeth as a result of a struggle, local infection, possibility of no teeth or deformity of teeth, excessive bleeding, long term dental problems, injuries to palate and nasopharyngeal tissues, upper airway obstruction, neck abscesses and cellulitis. And some of the systemic complications include; sepsis, tetanus, HIV/AIDS and anemia<sup>14,15</sup>.

## OBJECTIVES OF THIS STUDY

### General objective

To assess the Knowledge, Attitude and Practice of the child bearing age mothers at Edget health center and Fre-selam health station towards uvulectomy.

### Specific objectives

1. To assess the Knowledge of respondents regarding harmful effects of uvulectomy.
2. To determine the Attitude of the respondents towards uvulectomy.
3. To assess the Practice of uvulectomy among the selected respondents.
4. To determine the predisposing factors to uvulectomy among the selected respondents.
5. To assess the types and method of cleaning of instruments used in carrying out traditional uvulectomy.
6. To assess the association between respondents demography and their Knowledge, Attitude and Practice towards uvulectomy.
7. To determine the association between Knowledge, Attitude and Practice.

### Research hypothesis ( $H_0$ )

The assumption is that there will be no Knowledge of the child bearing age mothers towards uvulectomy with strong positive Attitude that results to highly prevalent Practice.

## METHODOLOGY

### Study design

The study was quantitative descriptive cross sectional study.

### Study area

Edget health center, Fre-selam health station.

### Study population

Mothers of child bearing age (age of 15 to 49), who visited the EPI (Extended Program Immunization), and IMNCI units of the mentioned health facilities in one month time (N= 1050).

### Criteria for sampling

Inclusion criteria- Females at age group between 15 and 49, Women who have at least one child, The last child must be 5 and below years old.

Exclusion criteria-Women who don't fulfill the inclusion criteria, In-volunteers who fulfill the inclusion criteria, Women with any disability that hinders communication and understanding.

### Sample size

Sample size was calculated using Daniels formula - There were 300 respondents from both health facilities.

### Sampling techniques

Non-probable quota sampling technique was used to select the respondents who fulfilled the inclusion criteria.

### Validity

The validity of the tool was established based on the related studies and it was modified according to the suggestions and recommendations given by the consulted statistician and supervisors.

### Reliability

To ensure the reliability of the data, self- interviewed method of data collection was used.

### Pilot study

10% of the total sample size at Akria health center to test the questionnaire for a period of 3 days in the month of February.

### Method of data collection

The data was collected over a period of 4 weeks from February to March of 2015 in SAHC and Fre-selam health station using questionnaire based interview with each and every respondent.

## **Development of questionnaires**

The development of questionnaires was based on the literature review of similar studies. The questionnaire was compiled and discussed by researchers and supervisors. Changes suggested were implemented.

## **Description of the questionnaires**

The questionnaire was developed in English language that consists of two parts:-

### **Part one: demographic variable**

Which includes address, age, religion, ethnicity, occupation, educational statues, number of children and type of family.

### **Part two**

Questionnaires regarding Knowledge, Attitude and Practice of uvulectomy.

### **Scoring procedure**

In the interview based questionnaire there was a total of 33 questions the scoring procedure explained in Table No.1.

## **RESEARCH VARIABLE**

### **Dependent variable**

Knowledge, Attitude and Practice of the child bearing age mothers towards uvulectomy.

### **Independent variables**

The independent variables, characteristics of the respondents, divided in to meaningful Categories; include age, religion, educational level, and type of family.

### **Data entry and Analysis**

The data was organized in frequency distribution table, analyzed in terms of percentage and presented in different tables and graphs based on the type of data. The instruments that were used to conduct this research are pen, paper, calculator and computer. The data obtained was statistically analyzed using SPSS software version 20. Chi-square test was used to assess the correlation among demographic data and KAP ( $p=0.05$ ). T-test was used to confirm the statistical significance of the result and logistic regression analysis was used to assess the association among KAP.

### **Ethical consideration**

Permission was inquired from ACHS and administration of the study area, and the respondents

were informed about the study (permission obtained from each respondent, and the purpose of the study was explained to them). Those who do not accept the consent was not included in the research.

## **Presentation and Analysis of the Result**

The Table No.2 represents the distribution of respondents according to basic demographic characteristics at the time of the study in both health centers. Looking at age distribution, 26% of the individual respondents were aged 15-24, 59% of the respondents were aged 25-34 and 15% were 35-49 age group. When we see the other characteristics of the respondents, 78% were Christian and 22% were Muslim. The respondents varied considerably with respect to educational level that 2% had never been go to school 7% were elementary level, 24% were junior, 58% were high school level and 8% were college level. Moreover, 86% of the respondents were unemployed and the remaining 14% were employed. When we see according their family type 12% were joint and 88% were nuclear. Regarding ethnic group 91% were Tigrigna, 5% were Tigre and 4% were Saho.

### **Knowledge**

The Figure No.1 shows that Percentage distribution of respondents with respect to whether they have any information about uvulectomy, out of the total sample size (which is 300), 99% (297) had information about uvulectomy and the rest 1% (3) had not information.

The Figure No.2 says that Percentage of responses among respondents who claimed to have information about uvulectomy, assess the type of information the respondents know about uvulectomy, out of those who claimed to have information about uvulectomy ( $N=297$ ). Concerning the information given, harm full practice because of the complications that can arise as a result of the procedure (valued 33.7%), harm full practice because it eliminates the functions of uvula (27.9%), performed to prevent tonsillitis and uvulitis (31%), performed to relieve vomiting, feeding and swallowing problems(30%), and uvulectomy prevent thirsty and dryness during sunny days (16.2%).

Figure No.3 shows the Percentage distribution of responses by respondents about the source of the

information in those who claimed to have information about uvulectomy (297), source from where the respondents got the information about uvulectomy. Society (49.5%) had higher value as a source of information, health facility (40.7%), family (14.5%), mass media (11.8%) and experience had the lowest value (8.1%).

Figure No.4 shows that Percentage distribution of respondents with respect to whether they know any functions of uvula, out of the total sample size, 46% (138) of the respondents know function of uvula and the rest 54% (162) does not know.

Table No.3 shows Frequency and percentage distribution of responses among respondents' who claimed to know the functions of uvula (N=138), out of those respondents who claimed to know functions of uvula, 128(92.8%) of them know that uvula protects from infections, 6(4.3%) know that it protects you from choking, 2(1.4%) knows that it helps in speech, and 2(1.4%) knows that it produce saliva.

Table No.4 shows that Percentage distribution of respondents with respect to their definition of uvulitis, majority of the respondents (83.7%) defined uvulitis as a cause to vomiting, swallowing problem and fever. The other 7.6% of the respondents' defined uvulitis as "sign of throat infection", 5.7% as "elongation of uvula related to exposure to sun light", 1% of the respondents defined it as "cause of death", and the remaining 2% were not able to define uvulitis.

The Table No.5 that the percentage and frequency distribution related to the causes of uvulectomy; 60.3% due to culture, 51% due to throat problems, 3% to prevent respiratory infections, 30.7% to prevent vomiting, 4.7% to prevent death, 7.3% to relieve swallowing and feeding problems and the last 1.7% said that they don't know the causes.

Table No.6 shows that frequency and percentage distribution in relation to the surgeon who performs the procedure, 299(99.7%) said the procedure is performed by traditional surgeon and 1(0.3%) mother said by medical surgeon.

The Figure No.5 shows knowledge on instruments used to perform the procedure, 150(50%) responded it's performed by metal cutter and tongue depressor,

19(6.3%) said by scissors, 11(3.7%) claimed by blade, 2(1%) using knife and the remaining 150(39%) responded that they don't know what type of instruments are used.

Figure No.6 presents the reply of the respondents to their knowledge on cleaning method of the instruments used for uvulectomy, out of 300(100%), 144(48%) of respondents they do not know the method of cleaning, 102(34%) said by hot water, 50(16.7%) by flames, 3(1%) by alcohol and the remaining 1(0.3%) told the cleansing method is using bleach.

Using percentage distribution Figure No.7 presents respondents' belief on the adequacy of instrumental level of cleanliness as, 77(25.7%) respondents they believe it is not adequate, 73(24.3%) believe that it is adequate and the majority 150(50%) they reply as don't know.

According to Figure No.8 shows that out of 300 samples, 167(55.7%) claimed that they do not know any complication of uvulectomy but 133(44.3%) were found having some knowledge regarding complications of uvulectomy.

The Figure No.9 try to classify the types of complications related to uvulectomy, out of 133, infection or communicable diseases rated 74.4%, bleeding rated 43.6%, fever with irritability and death rated 9.8% each, damage to the surrounding area as a complication rated 4.5% and inability to breath and speech problems rated 1.6% each.

Table No.7 depicts about Frequency and percentage distribution of the respondents regarding their level of knowledge. Out of the total sample size 300(100%), 81(27%) didn't have any knowledge regarding uvulectomy, 130(43.3%) were found to have inadequate knowledge, 85(28.3%) had moderate knowledge and 4 (1.4%) had adequate knowledge.

To determine the correlation of demographic data with knowledge of uvulectomy Chi-square test was used ( $P>0.05$ ), there was association between age and knowledge level of the respondents ( $p=0.03$ ) but there was no significant association between religion ( $p=0.227$ ), educational status ( $p=0.055$ ) and type of family ( $p=0.625$ ) of the respondents with their level of knowledge regarding uvulectomy.

Table No.8 depicted that the distribution of age with the level of knowledge is shown in frequency and Percentage form. out of those who had no knowledge of uvulectomy 34.6% were aged 15 to 24, 50% were aged 25 to 34, and 15.4% were aged 35 to 49. Out of those who had inadequate knowledge 29.2% were aged 15 to 24, 58.5% were aged 25 to 34, and 12.3% were aged 35 to 49. Out of those who had moderate knowledge 14.1% were aged 15 to 24, 67.1% were aged 25 to 34, and 18.8% were aged 35 to 49. Those who had adequate knowledge were four (4), aged from 25 to 49.

The Table No.9 and 10 illustrated the T-test results that show association among adequate knowledge and inadequate knowledge of the respondents. The proportion of women with adequate knowledge is about 0.3, and the proportion of women with inadequate knowledge is about 0.7. We have conducted a t-test to test the null hypothesis that the proportion of women with adequate knowledge is the same as the proportion of women with inadequate knowledge. The result shows that the proportion of women with adequate knowledge is significantly smaller ( $p=0.000$ ) compared with the proportion of women with inadequate knowledge.

#### Attitude

The Figure No.10 showed that Percentage distribution of respondents with respect to their support to eradicate the practice of uvulectomy.300(100%) samples, 195(65%) told that they support eradication of uvulectomy but the rest 105(35%) they do not.

Based on Figure No.11, Percentage distribution of respondents with respect to their support to eradicate the practice of uvulectomy out of 195(100%) respondents (those who support eradication of uvulectomy), 129(66.1%) they strongly support its eradication, 44(22.6%) moderately and 22(11.3%) they fairly support eradication of uvulectomy.

Figure No.12 shows that Percentage distribution of respondents towards their perception of uvulectomy. Majority of the respondents 154(51.3%) replied as uvulectomy is harmful and on contrary 95(31.7%) replied as it's useful, the remaining 35(11.7%) said it's both useful and harmful, and the 16(5.3%) said "don't know".

Table No.11 showed that Frequency and percentage of responses among respondents' who claimed uvulectomy as harmful, 'why it is harmful?'.From those who respond uvulectomy is as harmful practice, the reasons were due to its complications (46.1%), related to uvula's advantages (35.1%), because it is not medically approved (11.5%) and because uvula is a body part (10.5%).

Table No.12 depicted Frequency and percentage of responses among respondents who claimed uvulectomy as useful, 'why it is useful?'.From the respondents who replied uvulectomy as useful practice, because it relieves vomiting and swallowing problems (68.3%), in order to prevent uvulitis and tonsillitis (28.5%), and because it prevents thirst and dryness of throat during sunny days(13.0%).

Figure No.13 shows that Percentage distribution of respondents with respect to whether they practice uvulectomy in the future. Related to whether they will practice uvulectomy in the future, 62.7% said 'No', 35.6% said 'Yes' and 1.7% said that they do not know.

Table No.13 showed that frequency and percentage distribution of the respondents regarding their attitude. Out of the total sample size 300(100%), 195 (65%) have negative attitude regarding uvulectomy and the rest 105(35%) have positive attitude.

In correlation of demographic data with attitude similarly as knowledge chi-square test was used having  $p>0.05$ . The results show that there was strong association between age and attitude level of the respondents ( $p=0.009$ ) but there was no significant association between religion ( $p=0.133$ ), educational status ( $p=0.173$ ) and type of family ( $p=0.157$ ) of the respondents with their attitude regarding uvulectomy.

Table No.14 depicted that Frequency and percentage distribution regarding the correlation of age with respect to their attitude regarding uvulectomy. Out of those who had negative attitude towards uvulectomy (195), 20% were aged 15 to 24, 64.1% were aged 25 to 34, and 15.9% were aged 35 to 49. Out of those who had positive attitude (105), 36.2% were aged 15 to 24, 50.5% were aged 25 to 34, and 13.3% were aged 35 to 49.

Table No.15 and 16 explained that T-test results that show association between negative and positive attitudes of the respondents. The proportion of women with negative attitude is about 0.65, and the proportion of women with positive attitude is about 0.35. We have conducted a t-test to test the null hypothesis that the proportion of women with negative attitude is the same as the proportion of women with positive attitude. The result shows that the proportion of women with positive attitude is significantly smaller ( $p=0.000$ ) compared with the proportion of women with negative attitude.

### Practice

The Figure No.14 showed the percentage distribution of respondents with respect to where would they go if their child got uvulitis. Presents the response to where would they go if their child got uvulitis, 195(65%) told that they would go to traditional surgeon, 95(31.7%) to health facility and the rest 10(3.3%) said they would have used home remedy (like Geiso - leaves used to prepare traditional drinks).

The Figure No.15 showed the Percentage distribution of respondents with respect to practice of uvulectomy on their last child, 208(69.3%) responded as 'No' and 92(30.7%) said 'Yes'.

Table No.17 depicted that frequency and percentage distribution with respect at what age was the practice of uvulectomy done on the last child of those who undergone the practice of uvulectomy, 15 up to 45 days after birth (51.1%) and in 34.8% it is done 14days and below of life time.

Figure No.16 showed that Percentage distribution of purpose of the practice among respondents who practiced uvulectomy on their last child. Through this presentations out of the 92 participants who undergone uvulectomy is due to throat problems (13%), to relieve vomiting (13%), culture (2%) and to relieve swallowing and feeding problems(6%)

Figure No.17 showed Percentage distribution of respondents with respect to the support of their family members to the practice of uvulectomy. In response to the question "Does your family support the practice of uvulectomy?", 200 (66.7%) responded as 'Yes' and 100 (33.3%) said 'No'.

Table No.18 illustrated that frequency and percentage distribution of respondents with respect to the support of their family members to the practice of uvulectomy. Out of the family, parents are the main supporters (80.5%) of uvulectomy.

Figure No.18 showed that percentage distribution of respondents who practiced uvulectomy on their last child (N=89) with respect to whether there were complications, 29.4% experienced complications but the remaining 70.6% didn't experience any complication.

Table No.19, Frequency and percentage of respondents on the complications after the practice of uvulectomy on the last child shows that the main complications after the practice of uvulectomy were fever and irritability (78.6%), followed by infections and communicable diseases (32.1%), bleeding (14.3%) and inability to breathe (3.6%).

Table No.20, Frequency and percentage distribution of the respondents regarding their practice. Out of the total sample size 300(100%), 206 (68.6%) have not practiced uvulectomy and the rest 94(31.4%) have practiced.

The correlation between the demographic data and practice of uvulectomy was assessed using chi-square test using  $p > or = 0.05$ , according the results there was significant association between respondents age and practice of uvulectomy ( $p=0.016$ ) but there was no association between religion ( $p=0.08$ ), educational status ( $p=0.212$ ) and type of family ( $p=0.11$ ) with the practice of uvulectomy.

Table No.21, Frequency and percentage distribution regarding the correlation of age with respect to their practice of uvulectomy. Out of those who had practiced uvulectomy (206), 20.9% were aged 15 to 24, 63.6% were aged 25 to 34, and 15.5% were aged 35 to 49. Out of those who had not practiced uvulectomy (94), 36.6% were aged 15 to 24, 50.5% were aged 25 to 34, and 12.9% were aged 35 to 49.

Table No.22 and 23: T-test results that show the association among the respondents who practiced uvulectomy and those who did not practiced. The proportion of women who practiced uvulectomy is about 0.31, and the proportion of women who didn't is about 0.69. We have conducted a t-test to test the

null hypothesis that the proportion of women who practiced uvulectomy is the same as the proportion of women who didn't. The result shows that the proportion of women who practiced uvulectomy is significantly smaller ( $p=0.000$ ) compared with the proportion of women who didn't practiced uvulectomy in their last child.

Table No.24: Logistic-regression analysis results, show the association among KAP. To test the correlation between Knowledge, Attitude and Practice towards uvulectomy logistic regression method of analysis was used, here age and religion was taken as controls, Knowledge and Practice as independent variables and Attitude as dependent variable, in the results the odds of having a negative attitude towards uvulectomy for women with no knowledge on child bearing age were very small by -20.608 compared with women with adequate knowledge on child bearing age. The odds of having a negative attitude towards uvulectomy for women with inadequate knowledge on child bearing age were very small by -19.451 compared with women with adequate knowledge on child bearing age. Similarly, the odds of having a negative attitude towards uvulectomy for women with moderate knowledge on child bearing age were very small by -18.041 compared with women with adequate knowledge on child bearing age. The odds of having a negative attitude towards uvulectomy for women who did not perform uvulectomy for their last child were about 15.974 times greater than for women who did perform uvulectomy for their last child. So Knowledge and Attitude were found to be inversely correlated and both attitude and practice were directly correlated. This means, as the level of knowledge towards uvulectomy increases, the attitude decreases besides that the practice of traditional uvulectomy also decreases.

## DISCUSSION

### Demographic Characteristics

The distribution of respondents according to basic demographic characteristics at the time of the study in both health centers. Looking at age distribution, 26% of the individual respondents were aged 15-24, 59% of the respondents were aged 25-34 and 15%

were 35-49 age group. When we see the other characteristics of the respondents, 78% were Christian and 22% were Muslim. The respondents varied considerably with respect to educational level that 2% had never been go to school, 7% were elementary level, 24% were junior, 58% were high school level and 8% were college level. Moreover, 86% of the respondents were unemployed and the remaining 14% were employed. When we see according their family type 12% were joint family and 88% were nuclear. And also regarding ethnic group 91% were Tigrigna, 5% were Tigre and 4% were Saho.

### Knowledge level

Out of the total sample size 99% had information about uvulectomy and the rest 1% didn't have any information about uvulectomy. Concerning the information given, harm full practice because of the complications that can arise as a result of the procedure (valued 33.7%), harm full practice because it eliminates the functions of uvula (27.9%), performed to prevent tonsillitis and uvulitis (31%), performed to relieve vomiting, feeding and swallowing problems(30%), and uvulectomy prevent thirsty and dryness during sunny days (16.2%). Regarding the source, society (49.5%) has higher value as a source of information, health facility (40.7%), family (14.5%), mass media (11.8%) and experience has the lowest value (8.1%). Reasons for the above results could be that uvulectomy has been practiced for long time as cultural practice. Since it is a cultural practice the society becomes main source of the wrong information about uvulectomy. Related study by Alene and Edris, Ethiopia Dembia region (2002) 99.4% from the respondents replied that they knew uvulectomy as THHP. Similar study done in 2011 at same country but different region by NCTPE shows that, 45.8% had information about uvulectomy; main source of information was health facility 28.8% and 62.5% know uvulectomy as harmful practice.

In case of the knowledge regarding the functions of uvula 138 (46%) of the respondents knew functions of uvula and the rest 162 (54%) didn't know any function of uvula. Out of those respondents who knew any function of uvula, 128(92.8%) of them

told that uvula protects from infections, 6(4.3%) know that it protects you from choking, 2(1.4%) knows that it helps in speech, and 2(1.4%) knows that it produce saliva. The above result has occurred because the society may not think that uvula is functional and there is inadequate information given about its functions.

Regarding the causes of uvulectomy, 60.3% due to culture, 51% due to throat problems, 3% to prevent respiratory infections, 30.7% to prevent vomiting, 4.7% to prevent death, 7.3% to relieve swallowing and feeding problems and the last 1.7% said that they don't know the causes. This could be because there is higher cultural implication in our society. In relation to the question concerning the surgeon who performs the procedure, 299(99.7%) said the procedure is performed by traditional surgeon and 1(0.3%) mother said by medical surgeon. Similarly in a study done by Ajibadel, Okunlade and Kolade, Nigeria (2013) all of the children 80(100%) had the procedure carried out by traditional barbers<sup>16</sup>.

Concerning the cleansing method of the instruments used for uvulectomy, out of total 300, 144(48%) of respondents they do not know the method of cleaning, 102(34%) said by hot water, 50(16.7%) by flames, 3(1%) by alcohol and the remaining 1(0.3%) told the cleansing method is using bleach. In relation to this a study done by Ajibadel, Okunlade and Kolade, Nigeria (2013) shows that water was the only material used to clean the instrument 65(67.5%), and the other one is recess of cloth 26(32.5%). Following to this respondents were asked about the adequacy of cleaning, 77(25.7%) respondents thought that it is not adequate, 73(24.3%) thought that the cleaning is adequate and the majority 150(50%) they reply as don't know. The reason for those who replied as don't know might be, because they only care about the acute symptoms due to uvulitis rather than further instrumental complications.

Concerning their knowledge on complications of uvulectomy, out of 300 respondents 167(55.7%) claims that they do not know any complication of uvulectomy but 133(44.3%) were found having knowledge regarding complications of uvulectomy. The response of respondents who claims to know,

infection or communicable diseases rated 74.4%, bleeding rated 43.6%, fever with irritability and death rated 9.8% each, damage to the surrounding area as a complication rated 4.5% and inability to breath and speech problems rated 1.6% each. Most respondents replied they have knowledge regarding complications, may be because of the informal educations given by the mass media and health facilities. And in a study done by Alene and Edris, Ethiopia (2002), of the total respondents, 1008(85.4%) replied that they had knowledge about AIDS and 911(90.4%) of these individuals reported that the use of nonsterile materials exposes to HIV/AIDS infection<sup>17</sup>.

To determine the correlation of biographic data with knowledge of uvulectomy Chi-square test was used ( $P > \alpha = 0.05$ ), there was association between age and knowledge level of the participants ( $p=0.03$ ) but there was no significant association between religion ( $p=0.227$ ), educational status ( $p=0.055$ ) and type of family ( $p=0.625$ ) of the participants with their level of knowledge regarding uvulectomy.

The proportion of women with adequate knowledge is about 0.3, and the proportion of women with inadequate knowledge is about 0.7. We have conducted a t-test to test the null hypothesis that the proportion of women with adequate knowledge is the same as the proportion of women with inadequate knowledge. The result shows that the proportion of women with adequate knowledge is significantly smaller ( $p=0.000$ ) compared with the proportion of women with inadequate knowledge.

#### Attitude

Out of the total sample size, 195 (65%) said 'YES' in respect to their support to eradicate the practice of uvulectomy, whereas the rest 105 (35%) said 'NO'. Out of those who said 'YES' (195), 129 (66.1%) strongly support the eradication, 44 (22.6%) moderately support the eradication and the rest 22 (11.3%) fairly support the eradication of uvulectomy. The reasons for difference in the strength of the respondents support for eradication could be due to, their demographic background, level of knowledge, cultural influence, and previous experience. In similar study conducted by Alene and Edris, (2002) in Dembia Northwest Ethiopia shows

1067(90.9%) do not support eradication and 107(9.1%) said yes for eradication of uvulectomy<sup>9</sup>. And another study done in Ethiopia different region in 2011 by NCTPE committee 62.1% supported eradication.

Out of the total sample size, 154(51.3%) perceive uvulectomy as harmful practice, 95 (31.7%) as useful, 35 (11.7%) as both harmful and useful practice, and the rest 16 (5.3%) said they do not know. The reasons behind those who said both useful and harmful might be, on one side they think uvulectomy relieves the acute symptoms of uvulitis, and on the other side it is not medically approved plus fear of its complications. From those who respond uvulectomy is as harmful practice, the reasons were due to its complication (such as bleeding, infection, damage to surrounding area etc) (46.1%), related to uvula's advantages (35.1%), because it is not medically approved (11.5%) and because uvula is a body part(10.5%). And from the respondents who replied uvulectomy as useful practice, because it relieves vomiting and swallowing problems (68.3%), in order to prevent uvulitis and tonsillitis (28.5%), and because it prevents thirst and dryness of throat during sunny days(13.0%). In a study done in Nigeria, the commonest disease perception attributed to the uvula was frequent throat infections, 102(260.5%), other perceptions include failure-to-thrive, 43(111 .2%), and some multiple disease occurrence which includes diarrhea and vomiting<sup>18</sup>.

Out of the total sample size, 107 (35.6%) said that they will practice uvulectomy in the future, whereas 188 (62.7%) said that they will not practice uvulectomy in the future and the rest 5 (1.7%) were not sure what will they do regarding the practice of uvulectomy in the future. In a study done by NCTPE committee in Ethiopia Hamer, Dassenech, and Nyangatom regions (2011) 62% promised not practice uvulectomy in the future<sup>19</sup>.

In correlation of biographic data with attitude similarly as knowledge chi-square test was used having  $p>0.05$ . The results show that there was strong association between age and attitude level of the participants ( $p=0.009$ ) but there was no significant association between religion ( $p=0.133$ ),

educational status ( $p=0.173$ ) and type of family ( $p=0.157$ ) of the participants with their attitude regarding uvulectomy.

The proportion of women with negative attitude is about 0.65, and the proportion of women with positive attitude is about 0.35. We have conducted a t-test to test the null hypothesis that the proportion of women with negative attitude is the same as the proportion of women with positive attitude. The result shows that the proportion of women with positive attitude is significantly smaller ( $p=0.000$ ) compared with the proportion of women negative attitude.

### Practice

Out of the 300 respondents, 195 (65%) said that they would go to health facility if their child get uvulitis, whereas 95 (31.7%) said that they would go to traditional surgeon to perform uvulectomy, and the rest 10 (3.3%) said that they would go to nowhere and treat their child with home remedies (like Geiso - leaves used to prepare traditional drinks) if the child getsuvulitis. Going to health facility after uvulitis has higher score, this can be due to fear of the procedure as it is traditional, fear of HIV/AIDS transmission and other complications.

Out of the total sample size 208 (69.3%) did not perform the practice of uvulectomy on their last child and the rest 92 (30.7%) did practice uvulectomy on the last child. A study by Ajibade, Okunlade and Kolade, Nigeria 2013, 72(90%) of respondents agreed that their children had the procedure done while just negligible number 08(10%) explained that their children did not have the procedure. Absence of uvulectomy is two times less than the presence and this might be because of being aware of complications of uvulectomy mainly transmissions of communicable diseases. In another study in the northern city of Gondar Ethiopia, 86% of the 853 children under-five years who were examined had undergone uvulectomy<sup>20</sup>.

The age distribution of the respondents' last child were, 36 (12%) were 45 days or below, 233 (77.7%) were from 46 days to 1 yr. years old, 7.7% were from 2 to 3 years old, and the rest were from 4 to 5 years old. The frequency and percentage distribution with respect at what age was the practice of

uvulectomy done on the last child of those who undergone the practice of uvulectomy were, 32 (34.8%) 14 days and below, 47 (51.1%) 15 days to 45 days, 11 (11.9%) 46 days to 6 months and the rest 2 (2.2%) were at the age 6 months to 2 years. Uvulectomy is more commonly done during infancy period; this could be because throat infections are common during this period. Comparing with the study done by Ajibade, Okunlade and Kolade, Nigeria (2013) shows that, 55(68.8%) were between 0-12 months, 17(21.1%) aged between 2-3 years and 4-5 years accounts for 8(10%), therefore this shows that as age increases the practice for uvulectomy decreases.

Out of those who had performed uvulectomy on the last child reasons for the practice were culture (2%), throat problems like uvulitis, tonsillitis or dryness (13%), to relieve vomiting (13%), and swallowing or feeding problems (6%). Here the percentile coverage of culture is very low; this could be most of those who believe uvulectomy as cultural practice didn't practice it. A study done by Ajibade, Okunlade and Kolade, Nigeria (2013) shows that, the reason for the practice was cultural as 56(77.8%) of respondents agreed on this, throat problems 0(0%) and prevention of respiratory infection16 (22.2%).

In our study out of those who undergone the practice of uvulectomy on their last child 92 (30.7%), 27 (29.4%) said that there were complication after the practice of uvulectomy and the rest 65 (70.6%) said that there were no complication after the practice. Those complications are bleeding (14.3%), and infection (32.1%), and there symptoms like fever and irritability (78.6%), and inability to breathe (3.6%). In a related study regarding complications after the practice by Ajibade, Okunlade and Kolade, Nigeria (2013) shows 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. This suggested that fever and irritability has higher

percentage; may be due to infection and pain related to the procedure.

Out of the 300 respondents 200 (66.6%) said that their family support the practice of the uvulectomy, whereas 100 (33.3%) said that their family does not support the practice. And out of those 200 whose their family support the practice of uvulectomy, 80.5% (161) of the respondents' are parents (mainly mothers) who support the practice, 6% (12) of them were in-laws, 4.5% the respondents' husbands, and the rest 9% (18) said that, the whole family support the practice. Regarding the family support on related study by Ajibade, Okunlade and Kolade, Nigeria (2013), shows mother-in laws carried the children to the place where the procedures was carried out, this accounted for 61(76.5%), father 5(6.3%) and mother14 (17.5%).

The correlation between the demographic data and practice of uvulectomy was assessed using chi-square test using  $p > \text{or} = 0.05$ , according the results there was significant association between respondents age and practice of uvulectomy ( $p=0.0168$ ) but there was no association between religion ( $p=0.08$ ), educational status ( $p=0.212$ ) and type of family ( $p=0.11$ ) with the practice of uvulectomy.

The proportion of women who practiced uvulectomy is about 0.31, and the proportion of women who didn't is about 0.69. We have conducted a t-test to test the null hypothesis that the proportion of women who practiced uvulectomy is the same as the proportion of women who didn't. The result shows that the proportion of women who practiced uvulectomy is significantly smaller ( $p=0.000$ ) compared with the proportion of women who didn't practiced uvulectomy in their last child.

#### Hypothesis test

The odds of having a negative attitude towards uvulectomy for women with no knowledge on child bearing age are very small by -20.608 compared with women with adequate knowledge on child bearing age. The odds of having a negative attitude towards uvulectomy for women who did not perform uvulectomy for their last child are about 15.974 times greater than for women who did perform uvulectomy for their last child. Knowledge and

Attitude were found to be inversely correlated and both Attitude and Practice were directly correlated. This means, as the level of Knowledge towards uvulectomy increases, the Attitude decreases besides that the Practice of traditional uvulectomy also decreases. Overall result of our respondents' shows that, there is Knowledge about uvulectomy even though it is inadequate, there is more negative Attitude than positive and the Practice is low, so based on the above results we were obliged to reject the null hypothesis.

### **Limitations of the study**

Less population coverage, the study is restricted only to child bearing mothers in Edget and Fre-selam health centers. Lack of previous studies done related to uvulectomy in Eritrea. Shortage of time (time allocated for carrying out the research is limited).

### **Recommendations**

Based on the results of this study the following facts are to be recommended: Educating people about physiological and anatomical functions of uvula and complications of uvulectomy through mass media and at health facilities. Sensitizing the community

about harmful effects of traditional uvulectomy by conducting structured teaching program at each health facility and evaluating its effectiveness by conducting researches. The ministry of education should incorporate formal education about the uvula and ill effects of traditional uvulectomy, in cooperation with other health related educational programs starting from elementary school. Ministry of health should conduct a rural and home based research to address the current prevalence of traditional uvulectomy, since it is more common in those areas. Contribution of ministry of health (MOH) on structured, continuous and sustainable health education program on addressing the issue of uvulectomy and associated problems. Medical practitioners should be informed that, they have to educate people who came with their children having throat problems, should be discouraged on the believe that the presence of uvula can aggravate childhood diseases. A national wise research should be conducted to address the current situation of traditional uvulectomy.

**Table No.1: Level of knowledge on practice**

S.No	Level of knowledge on practice	Scores	Level
1	Knowledge	Out of 6	0-(no knowledge) 1and 2-(inadequate) 3 and 4-(moderate) 5 and 6-(adequate)
2	Attitude	Out of 1	0-positive 1-negative
3	Practice	Out of 1	0-no practice 1-had practiced

**Table No.2: Distribution of demographic data  
Respondent to socio demographic data using frequency and percentage**

S.No		Covariate	Full Sample (n=300)	Edget (n=219)	Fre-selam (n=81)
1	Age Group	15-24	77 (26%)	61 (28%)	16 (20%)
		25-34	178 (59%)	127 (58%)	51 (63%)
		35-49	45 (15%)	31 (14%)	14 (17%)
2	Religion	Christian	233 (78%)	155 (71%)	78 (96%)
		Muslim	67 (22%)	64 (29%)	3 (4%)
3	Ethnic Group	Tigrigna	272 (91%)	197 (90%)	75 (93%)
		Tigre	16 (5%)	11 (5%)	5 (6%)
		Saho	12 (4%)	11 (5%)	1 (1%)
4	Education Level	Illiterate	7 (2%)	5 (2%)	2 (2%)
		Elementary	22 (7%)	19 (9%)	3 (4%)
		Junior	73 (24%)	60 (27%)	13 (16%)
		High School	173 (58%)	119 (54%)	54 (67%)
		College	25 (8%)	16 (7%)	9 (11%)
5	Occupation	Unemployed	259 (86%)	193 (88%)	66 (81%)
		Employed	41 (14%)	26 (12%)	15 (19%)
6	Number Of Children	1	100 (33%)	70 (32%)	30 (37%)
		2	68 (23%)	49 (22%)	19 (23%)
		3	57 (19%)	41 (19%)	16 (20%)
		4 or more	75 (25%)	59 (27%)	16 (20%)
7	Family Type	Joint	35 (12%)	32 (15%)	3 (4%)
		Nuclear	265 (88%)	187 (85%)	78 (96%)

**Table No.3: Frequency and percentage distribution of responses among respondents' who claimed to know the functions of uvula (N=138)**

S.No			Number	Percentage
1	Functions of uvula	It protects you from infection(A)	128	92.8%
		It protects you from choking(B)	6	4.3%
		It helps in speech(C)	2	1.4%
		It produce saliva(D)	2	1.4%
		Total	138	100.0%

**Table No.4: Percentage distribution of respondents with respect to their definition of uvulitis**

S.No			Number	Percentage
1	How do you define uvulitis?	Elongation of uvula as the sign of throat infection.	23	7.6%
		Elongation of uvula related to direct exposure to sun light.	17	5.7%
		Elongation of uvula that lead to vomiting, swallowing problems and fever.	251	83.7%
		Elongation of uvula that lead to death.	3	1.0%
		Don't know.	6	2.0%
		Total	300	100%

**Table No.5: Frequency and percentage distribution of responses with respect to the causes of uvulectomy**

S.No			Number	Percentage
1	Cause of uvulectomy	Culture(A)	181	60.3%
		Throat problems (like uvulitis, tonsillitis, dryness)(B)	153	51.0%
		To prevent respiratory infection(C)	9	3.0%
		To prevent death(D)	14	4.7%
		To relieve vomiting(E)	92	30.7%
		To relieve, swallowing and feeding problem(F)	22	7.3%
		Do not know(G)	5	1.7%

**Table No.6: Frequency and percentage distribution of respondents with respect to the surgeon who performs the procedure**

S.No			Frequency	Percentage
1	Surgeon	Traditional surgeon	299	99.7%
		Medical surgeon	1	.3%
		Total	300	100.0%

**Table No.7: Frequency and percentage distribution of the respondents regarding their level of knowledge**

S.No	Knowledge level	Frequency	Percentage
1	No knowledge	81	27%
2	Inadequate knowledge	130	43.3%
3	Moderate knowledge	85	28.3%
4	Adequate knowledge	4	1.4%
5	Total	300	100%

**Table No.8: The distribution of age with the level of knowledge is shown in frequency and Percentage form**

S.No	Age in years	Knowledge level							Chi-Sq P-Value (2sided)	
		No knowledge		Inadequate knowledge		Moderate Knowledge		adequate knowledge		
		Frequency	%	Frequency	%	Frequency	%	Frequency	%	
1	15-24yrs	27	34.6	38	29.2	12	14.1	0	.0	0.034
2	25-34yrs	41	50.0	76	58.5	57	67.1	4	100	
3	35-49yrs	13	15.4	16	12.3	16	18.8	0	.0	
4	Total	81	100	130	100	85	100	4	100	

**Table No. 9 and 10: T-test results that show association among adequate knowledge and inadequate knowledge of the respondents**

#### One-Sample Statistics

S.No		N	Mean	Std. Deviation	Std. Error Mean
1	knowledge level final	297	.2997	.45888	.02663

#### One-Sample Test

S.No		Test Value = 0.5					
		T	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
1	knowledge level final					Lower	Upper
	-7.524	296	.000	-.20034	-.2527	-.1479	

**Table No.11: Frequency and percentage of responses among respondents' who claimed uvulectomy as harmful, 'why it is harmful?'**

S.No			Frequency	Percentage
1	Reason	related to its complications(A)	88	46.1%
		related to uvula's advantage(B)	67	35.1%
		because uvula is a body part(C)	20	10.5%
		because it's not medically approved and accepted(D)	22	11.5%

**Table No.12: Frequency and percentage of responses among respondents who claimed uvulectomy as useful, 'why it is useful?'**

S.No			Frequency	Percentage
1	Reason	to prevent uvulitis and tonsillitis (A)	35	28.5%
		to relieve vomiting and swallowing problems(B)	84	68.3%
		to prevent thirst and throat dryness during sunny days(C)	16	13.0%

**Table No.13: Frequency and percentage distribution of the respondents regarding their attitude**

S.No	Attitude	Frequency	Percentage
1	Negative attitude	195	65%
2	Positive attitude	105	35%
3	Total	300	100%

**Table No.14: Frequency and percentage distribution regarding the correlation of age with respect to their attitude regarding uvulectomy**

S.No		Age in years	Attitude				Chi-Sq P-Value (2 sided)	
			Positive attitude		Negative attitude			
			Frequency	Percentage	Frequency	Percentage		
1		15-24yrs	38	36.2	39	20.0	0.009	
		25-34yrs	53	50.5	125	64.1		
		35-49yrs	14	13.3	31	15.9		
		Total	105	100.0	195	100.0		

**Table No.15 and 16: T-test results that show association between negative and positive attitude of the respondents**

#### One-Sample Statistics

S.No		N	Mean	Std. Deviation	Std. Error Mean
1	Q17	300	.65	.478	.028

#### One-Sample Test

S.No	Test Value = 0.50					
	Q17	T	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference
						Lower      Upper
1		5.438	299	.000	.150	.10      .20

**Table No.17: Frequency and percentage distribution with respect at what age was the practice of uvulectomy done on the last child of those who undergone the practice of uvulectomy**

S.No			Frequency	Percentage
1	At what age was the uvulectomy performed on the last child?	14 days and below 15 to 45 days 46 days to 6 months 6 months to 2 years	32 47 11 2	34.8% 51.1% 11.9% 2.2%
2		Total	92	100%

**Table No.18: Frequency and percentage distribution of respondents with respect to the support of their family members to the practice of uvulectomy**

S.No	Who support the practice of uvulectomy from your family members?	Frequency	Percentage
1	Parents	161	80.5%
2	Husband	9	4.5%
3	In laws	12	6.0%
4	All	18	9.0%
5	Total	200	100%

**Table No.19: Frequency and percentage of respondents on the complications after the practice of uvulectomy on the last child**

S.No	Complications		Frequency	Percentage
		Bleeding	4	14.3%
1		Infection and Communicable diseases	9	32.1%
		Fever and Irritability	22	78.6%
		Inability to breathe	1	3.6%

**Table No.20: Frequency and percentage distribution of the respondents regarding their practice**

S.No	Practice	Frequency	Percentage
1	Absent	206	68.6%
2	Present	94	31.4%
3	Total	300	100%

**Table No.21: Frequency and percentage distribution regarding the correlation of age with respect to their practice of uvulectomy**

S.No		Practice				Chi-Sq P-Value (2 sided)	
		Absent		Present			
		Frequency	Percentage	Frequency	Percentage		
1	Age in years	15-24yrs	43	20.9	34	36.6	0.016
		25-34yrs	131	63.6	47	50.5	
		35-49yrs	32	15.5	12	12.9	
		Total	206	100.0	94	100.0	

**Table No.22 and 23: T-test results that show the association among the respondents who practiced uvulectomy and those who did not practiced**  
**One-Sample Statistics**

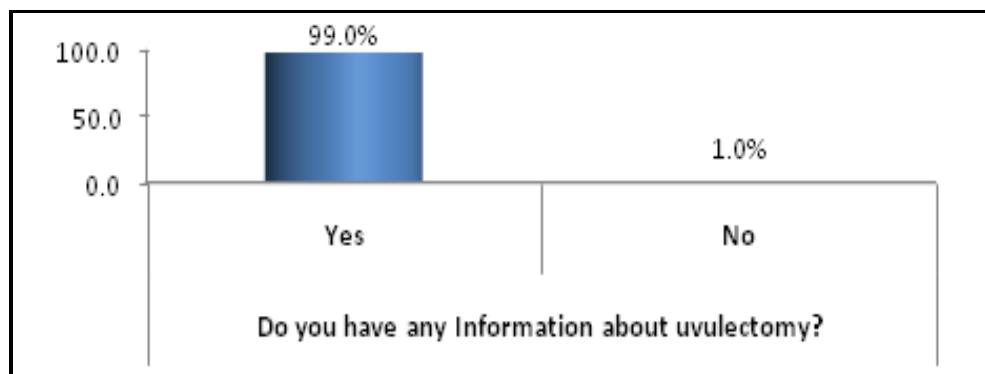
S.No	N		Mean	Std. Deviation	Std. Error Mean
1	Q23	300	.31	.464	.027

**One-Sample Test**

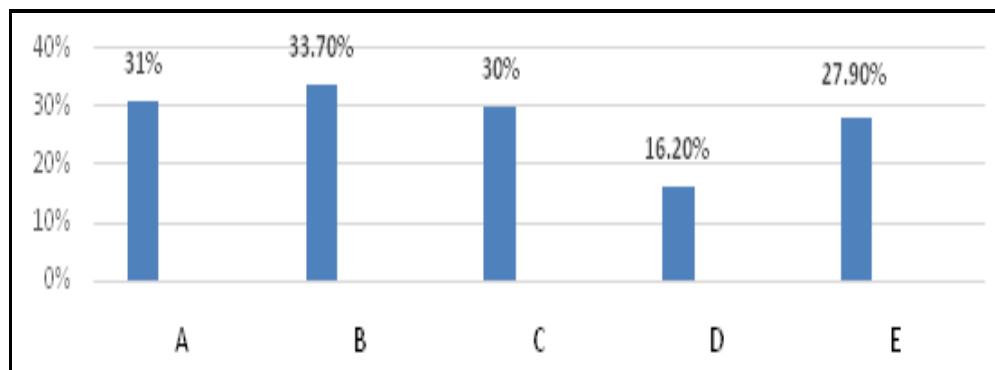
S.No	Q23	Test Value = 0.50					
		t	Df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
						Lower	Upper
1		-7.047	299	.000	-.189	-.24	-.14

**Table No.24: Logistic-regression analysis results, show the association among KAP**

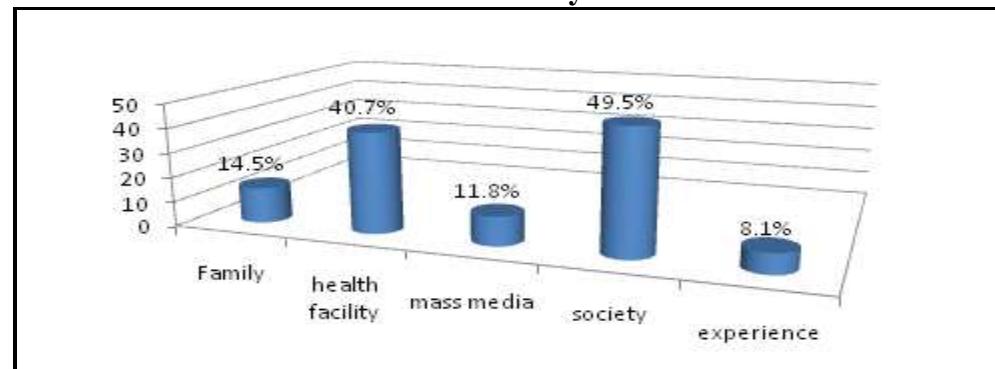
S.No		B	S.E.	df	Sig.	Exp(B)	
1	Knowledge Level	Adequate Knowledge			3	.000	
		No Knowledge	-20.608	20094.454	1	.999	.000
		Inadequate Knowledge	-19.451	20094.454	1	.999	.000
		Moderate Knowledge	-18.041	20094.454	1	.999	.000
2	Practice level	Present Practice	2.771	.355	1	.000	15.974
3	Age	35-49yr	---	---	2	.588	
		15-24yr	-.452	.567	1	.425	.636
		25-34yr	-.087	.520	1	.868	.917
4	Religion	Christian	-.093	.425	1	.826	.911
		Constant	18.589	20094.454	1	.999	1.183E8



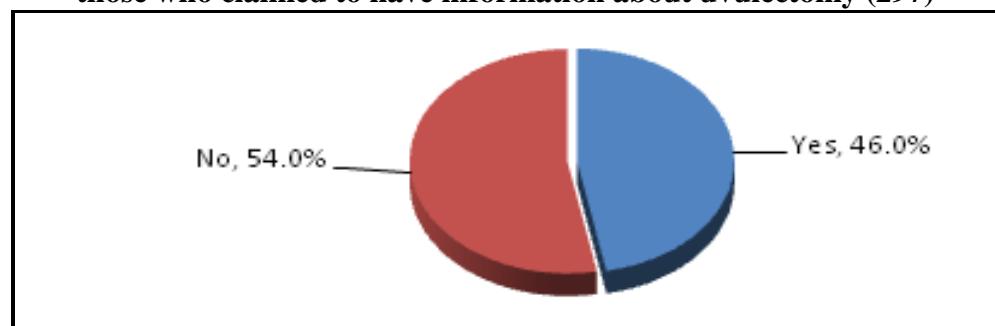
**Figure No.1: Percentage distribution of respondents with respect to whether they have any information about uvulectomy**



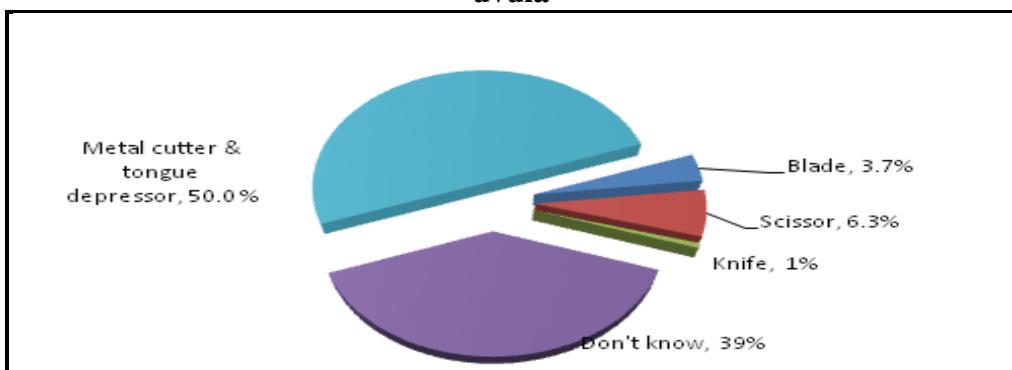
**Figure No.2:** Percentage of responses among respondents who claimed to have information about uvulectomy



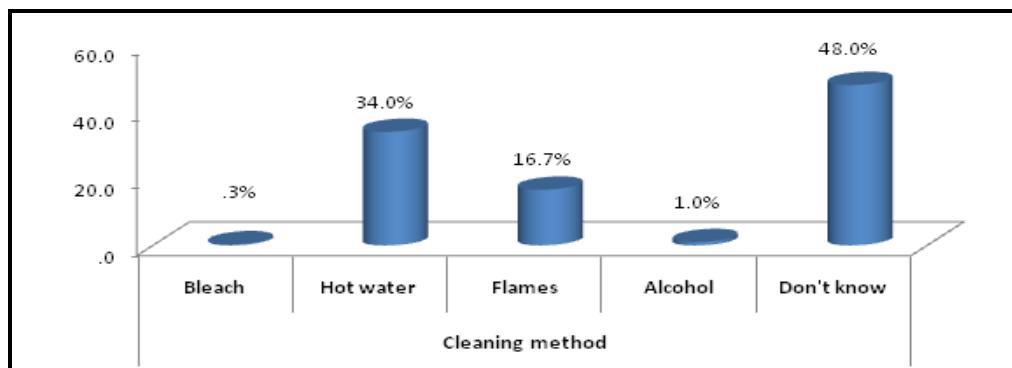
**Figure No.3:** Percentage distribution of responses by respondents about the source of the information in those who claimed to have information about uvulectomy (297)



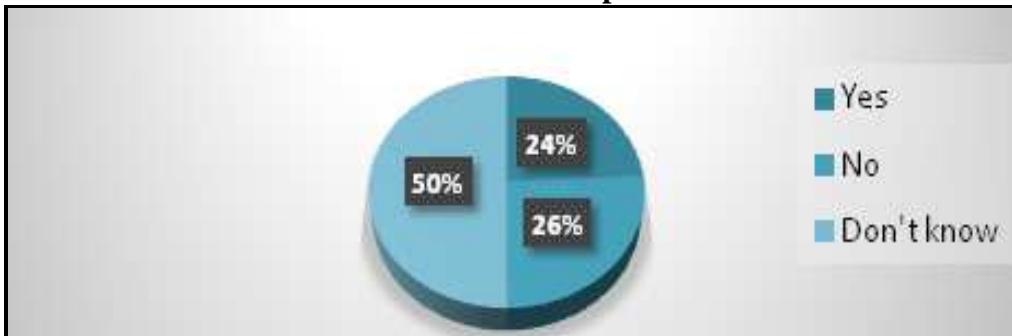
**Figure No.4:** Percentage distribution of respondents with respect to whether they know any functions of uvula



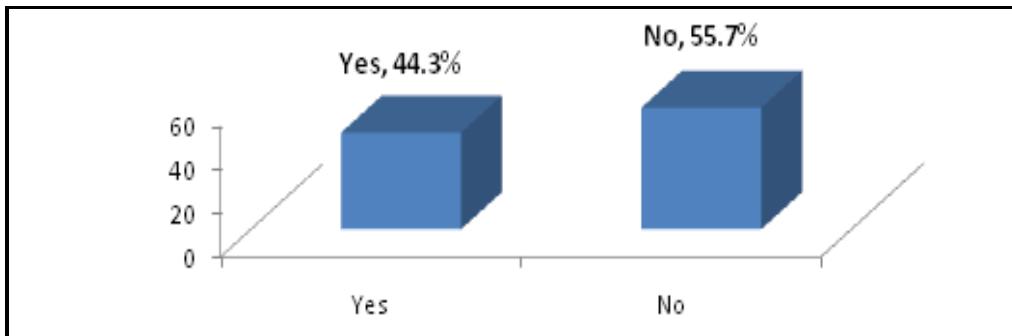
**Figure No.5:** Percentage distribution of respondents with respect to their knowledge on the instrument with which the procedure is performed



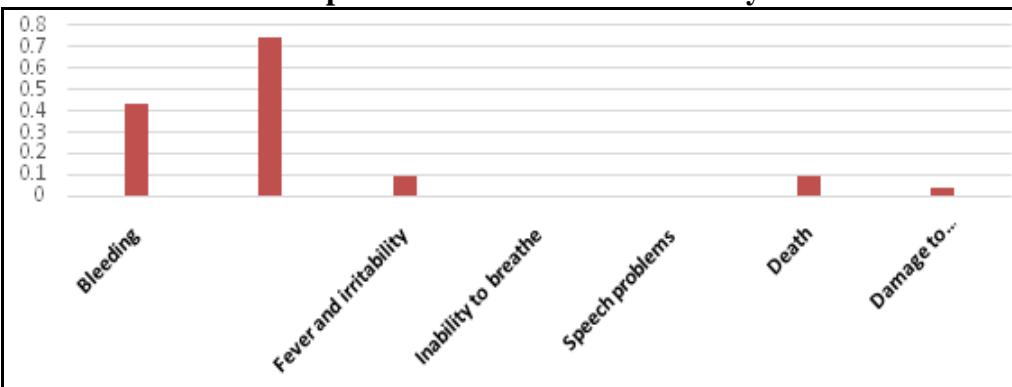
**Figure No.6:** Percentage distribution of respondents with respect to their knowledge on cleaning method of instrument used for procedure



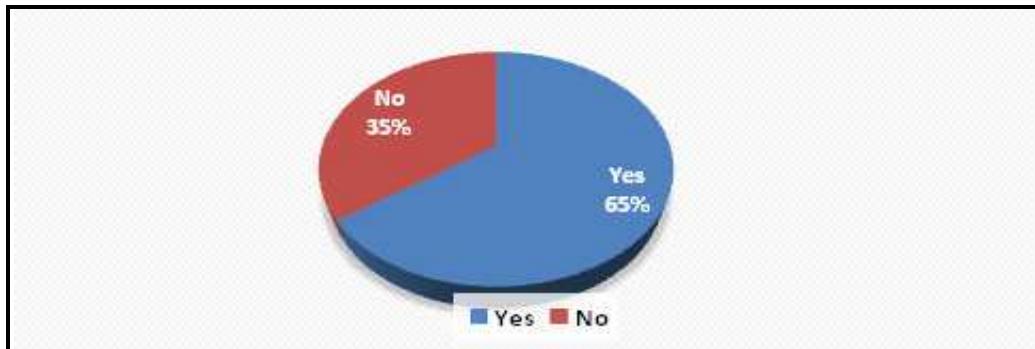
**Figure No.7:** Percentage distribution of respondents with respect to their belief on adequacy of instrumental level of cleanliness



**Figure No.8:** Percentage distribution of respondents with respect to whether they know any complications related to uvulectomy



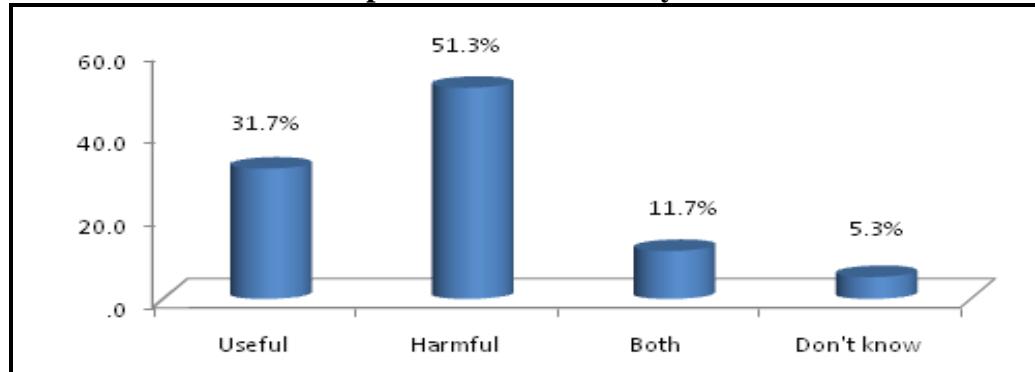
**Figure No.9:** percentage distribution of responses among respondents who claimed to know complications related to uvulectomy



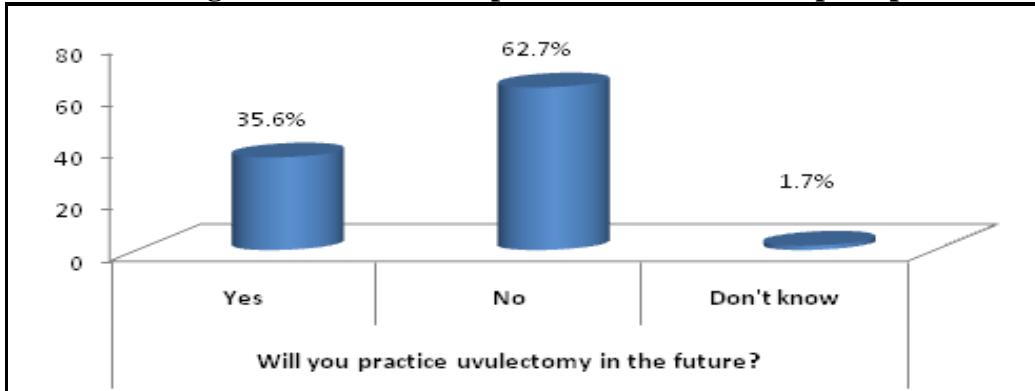
**Figure No.10:** Percentage distribution of respondents with respect to their support to eradicate the practice of uvulectomy



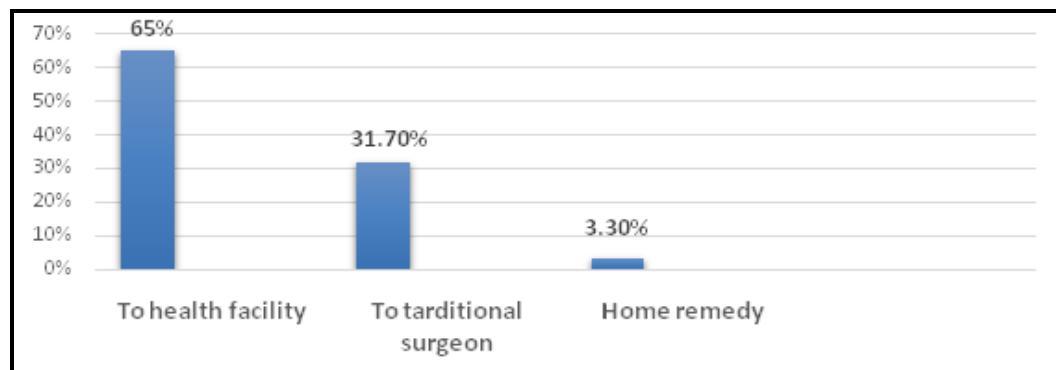
**Figure No.11:** Percentage distribution of respondents with respect to their support to eradicate the practice of uvulectomy.



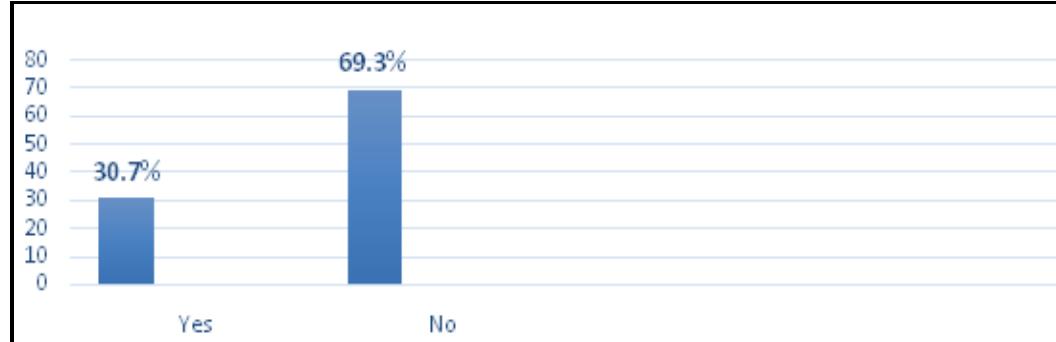
**Figure No.12:** Percentage distribution of respondents towards their perception of uvulectomy



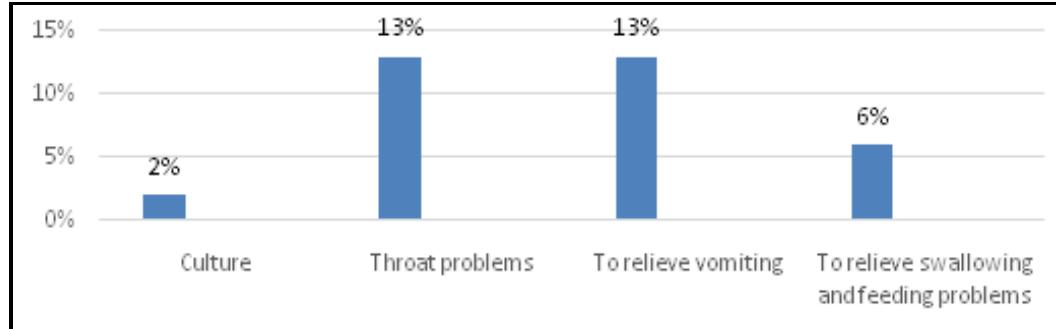
**Figure No.13:** Percentage distribution of respondents with respect to whether they practice uvulectomy in the future



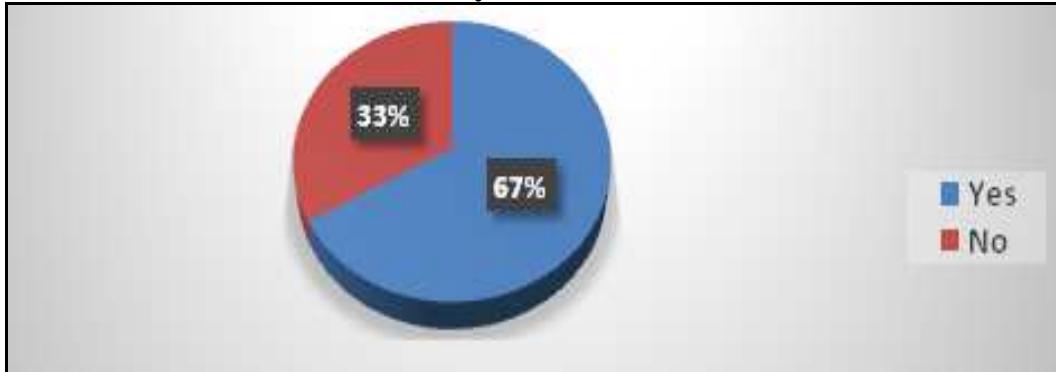
**Figure No.14:** Percentage distribution of respondents with respect to where would they go if their child got uvulitis



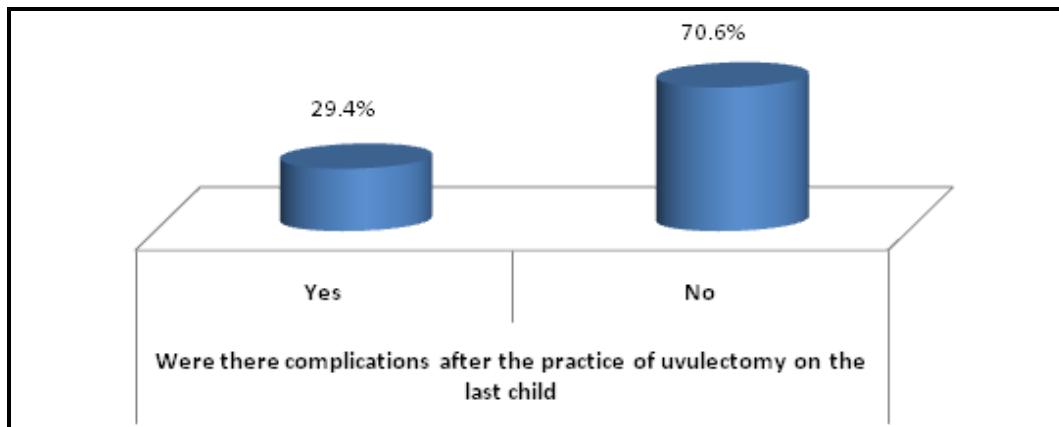
**Figure No.15:** Percentage distribution of respondents with respect to practice of uvulectomy on their last child



**Figure No.16:** Percentage distribution of purpose of the practice among respondents who practiced uvulectomy on their last child



**Figure No.17:** Percentage distribution of respondents with respect to the support of their family members to the practice of uvulectomy



**Figure No.18: Percentage distribution of respondents who practiced uvulectomy on their last child (N=89) with respect to whether there were complications**

## CONCLUSION

This study provides about the Knowledge, Attitude and Practice of child bearing age mothers towards uvulectomy at Edget health center and Fre-selam health station. The findings of this study indicates the total score of Knowledge they have about uvulectomy (any information regarding uvulectomy including functions of uvula and complications related to the procedure), their point of view towards eradication of the practice (Attitude) and presence of Practice on the last child. The strength of association between the adequate and inadequate level of knowledge shows that, the proportion of women with adequate knowledge is significantly smaller ( $p=0.000$ ) compared with the proportion of women with inadequate knowledge. The strength of association between positive and negative attitude towards the procedure shows that, the proportion of women with positive attitude is significantly smaller ( $p=0.000$ ) compared with the proportion of women negative attitude, and similarly the results concerning practice shows that the proportion of women who practiced uvulectomy is significantly smaller ( $p=0.000$ ) compared with the proportion of women who didn't practiced uvulectomy in their last child. As our result shows, the correlation of selected demographic data with the dependent variables, only age had significant association with KAP. Finally the correlation among the dependent variables shows that, as the level of knowledge towards uvulectomy increases, the attitude decreases besides that the practice of traditional uvulectomy also decreases.

Overall result of our respondents' shows that, there is Knowledge about uvulectomy even though it is inadequate, there is more negative Attitude than positive and the Practice is low, so based on the above results we were obliged to reject the null hypothesis.

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## CONFLICT OF INTEREST

We declare that we have no conflict of interest.

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