



Cultural Beliefs On Causes Of Cleft Lip And/Or Palate Among Parents/Caretakers: A Multicenter Study

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Introduction

- The beliefs and attitudes of people play major role in regards to how one perceives and response towards any physical deformity.
- Cultural views and opinions have a key role in people's belief systems concerning etiology of medical conditions and illnesses.
- Beliefs with regard to aetiology of clefts are not always scientifically based.
- Cultural factors have an impact on the attitudes and behaviour toward cleft lip and palate as well as the causation and treatment of these conditions.
- Previous study has shown that in diverse multicultural societies, the variety of cultures represent diversification in beliefs about disability and family life (Olasoji 2007).
- examples of beliefs on aetiology of cleft

Tribes in Nigeria:

- witchcraft, evil spirit or devil (Oginni and Asuku, 2010).
- the Yoruba people: supernatural forces (evil spirits, ancestral spirits)
- Hausa/Fulani people : "will of God". (Olsoji, 2006).

South Africa:

- being cursed
- mothers had handled sharp objects during an eclipse (Patel and Ross, 2003).
- punishment by the ancestors
- eating poisoned rabbit meat (Dagher and Ross 2004)

Mexico

- solar eclipse (Castro 1995)

Objective:

To identify the cultural beliefs on causes of cleft lip and/or among parents and caretakers of cleft patients in a multiracial and multiethnic background society of Malaysia.

Design:

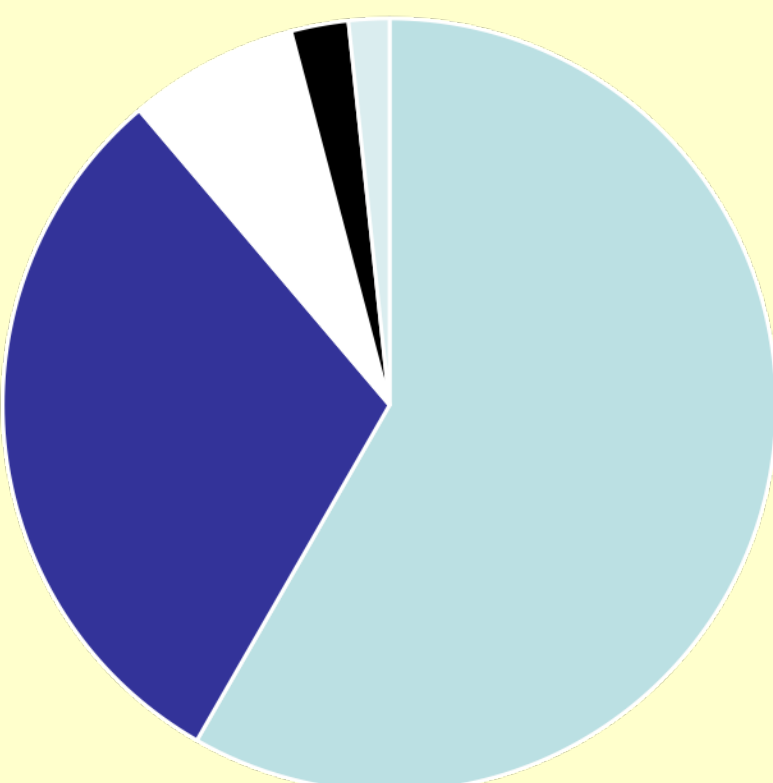
A descriptive cross-sectional multicenter study involving parents/primary caretakers of cleft patients. They were interviewed with questions from an adapted proforma to elicit their cultural beliefs on the aetiology of cleft. The study involved three centers providing cleft care from different regions of Malaysia; Hospital Kuala Lumpur (HKL), Hospital Universiti Sains Malaysia (HUSM), Kubang Kerian, Kelantan and Hospital Queen Elizabeth Kota Kinabalu (QEH), Sabah

Results

-295 respondents from various ethnic groups and cultural back rounds

Malays: 172 (58.3%)
Indigenous Sabah: 90 (30.5%)
Chinese: 21 (7.1%)
Indian: 7 (2.4%)
Indigenous Peninsular Malaysia and Sarawak: 3 (1.7%).

DISTRIBUTION OF RACE



■ MALAY
■ SABAH
■ CHINESE
■ INDIAN
■ SARAWAK, INDIGENOUS PENNINSULAR



The beliefs of parents/caretakers on the cause of cleft lip and/or palate n=295		
	n	%
teasing others	2	0.7
father went fishing	45	15.3
cleaning fish	7	2.4
god's will	53	18.0
inherited	24	8.1
nutritional	1	0.3
perinatal trauma	1	0.3
diet	3	1.0
broken glass antenatal	3	1.0
consanguinity	2	0.7
antenatal trauma	16	5.4
fruit picking	11	3.7
carpentry	8	2.7
slaughter animal	3	1.0
hurting animal	3	1.0
ancestral curse	2	0.7
looking at cleft pt antenatal	3	1.0
sewing/scissors	6	2.0
cleaning drains, house	4	1.4
fathers action/words during antenatal	1	0.3
mothers action/words antenatal	1	0.3
lunar eclipse	2	0.7
father cut sugarcane antenatal	1	0.3
total	202	68.5
Unsure/don't know	93	31.5

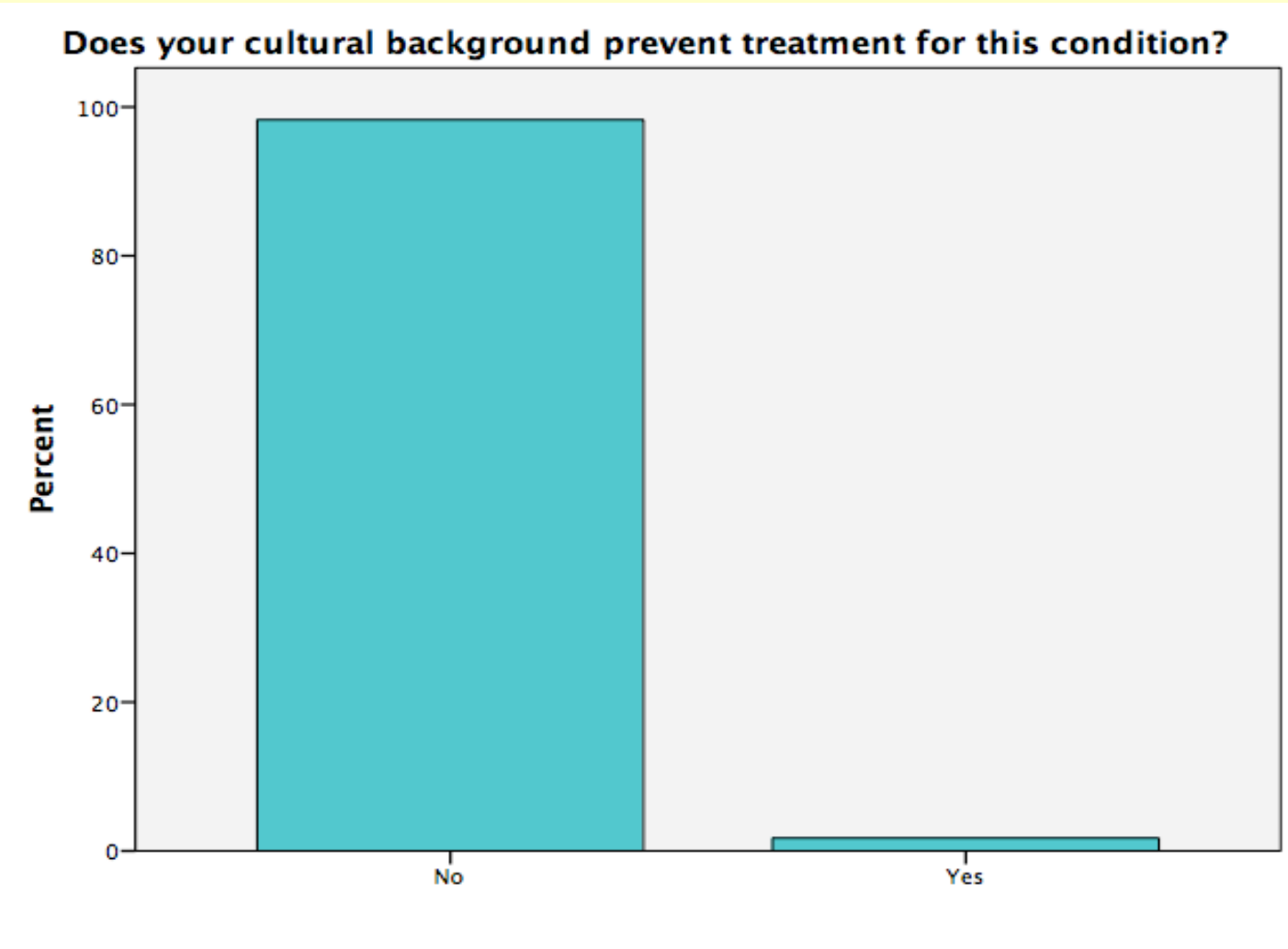
BELIEFS AMONG MALAYS n=172		PERCENTAGE	
	n	(%)	
teasing others	1	0.6	
father went fishing	35	20.3	
cleaning fish	6	3.5	
god's will	50	29.1	
Inherited condition	19	11.0	
perinatal trauma to mother	1	0.6	
Diet/food consumption	3	1.7	
broken glass	2	1.2	
consanguinity	1	0.6	
antenatal trauma to mother	1	0.6	
slaughter animal	1	0.6	
Animal cruelty	2	1.2	
ancestral curse	1	0.6	
looking at a cleft patient	1	0.6	
father cut sugarcane	1	0.6	
unsure	47	27.3	
Total	172	100.0	



BELIEFS AMONG INDIANS		
	n=7	PERCENTAGE (%)
father went fishing	2	28.6
consanguinity	1	14.3
lunar eclipse	2	28.6
unsure	2	28.6
Total	7	100.0



BELIEFS AMONG SABAHANS		RESPONDENTS (N)	PERCENTAGE (%)
		N=90	(%)
teasing others	1	1.1	1.1
father went fishing	8	8.9	8.9
god's will	2	2.2	2.2
Inherited condition	2	2.2	2.2
broken glass	1	1.1	1.1
antenatal trauma to mother	13	14.4	14.4
fruit picking	11	12.2	12.2
carpentry	8	8.9	8.9
slaughter animal	2	2.2	2.2
Animal cruelty	1	1.1	1.1
ancestral curse	1	1.1	1.1
looking at a cleft patient	1	1.1	1.1
sewing/scissors usage	3	3.3	3.3
fathers action/words during antenatal	1	1.1	1.1
mothers action/words antenatal	1	1.1	1.1
unsure	34	37.8	37.8
Total	90	100.0	100.0



Does Your Cultural Background Prevent Treatment for Cleft?

NO: 285 (98.3%)
YES: 5 (1.7%)

Discussion

• To the authors' knowledge, this is the first study to investigate the cultural beliefs on causation of cleft in the multiethnic and multiracial community of Malaysia

•We see this study as an opportunity to document the beliefs among our community for future generations. It can be a way of preserving a part of our culture related to orofacial cleft. Some may find these beliefs to be silly or irrelevant in the current modern age of technology and modernization however, we think preserving these beliefs will preserve our identity as a multiethnic and multicultural nation for future generations

•Cultural views and opinions also have a key role in people's belief systems concerning etiology of medical conditions and illnesses. Beliefs with regard to aetiology of clefts are not always scientifically based. Cultural factors have an impact on the attitudes and behaviour toward cleft lip and palate as well as the causation and treatment of these conditions. Previous study has shown that in diverse multicultural societies, the variety of cultures represent diversification in beliefs about disability and family life.

•Among the Malays, some believe that fishing may cause cleft in an unborn child while among the Chinese, it could be cleaning drains. For the Indians, a lunar eclipse while pregnant maybe the cause, and for the Sabahans, its fruit picking using an apparatus locally known as 'galah'.

•Even so, a rather significant number of respondents with 31.5% (n=93) of them stating that they were unsure of their cultural beliefs on causation of cleft lip and/or palate. We attribute this to a younger cohort of couples/parents with cleft children. They represent a newer generation of young adults who may not be aware of their cultural beliefs on the cause of cleft. As with many of these beliefs, they are stories being passed down from generation to generation and tend to fade or even disappear over time.

•In spite of all the different beliefs across the different race and ethnic backgrounds, 98.3% (n=290) respondents agreed that their cultural beliefs and background did not prevent seeking treatment for their cleft child. This is rather reassuring as it shows that a lifelong compliance to surgeries, interventions and appointments in cleft care is not hindered by their cultural beliefs

Conclusion

There is a wide range of cultural beliefs among the multiethnic society of Malaysia in regards to causes of cleft. It shows the colorful and diverse beliefs among parents/caretakers of our cleft patients. Even so, it does not prevent them from seeking and continuing treatment for children with cleft lip +/- palate