PERCEPTION TOWARDS CLEFT LIP AND PALATE AMONG PATIENTS ATTENDING ASSOSA HOSPITAL, DENTAL CLINIC, ASSOSA ETHIOPIA

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ABSTRACT

Back ground:- The perceptions of parents and community toward the nature, cause, effect and treatment of cleft deformities are important to the therapeutic process as well as the social and emotional development of the patients. Cultural belief has a profound effect on the treatment of cleft palate and cleft lip.

Objective: - The aim of this study is to assess the perceptions towards cleft lip and palate among patients attending Assosa Hospital, Dental, Clinic, Assosa, Ethiopia.

Method:- Across sectional study will be conducted among patients coming for treatment using random sampling methods. Data will be collected using structured questionnaire by directly interviewing patients and analysis of data will be done using SPSS window version 17 software.

Result:- Results will be presented using tables, chi-square (X2) will be used to determine if there is significant association between the variables.

Conclusion and Recommendation:- Conclusion will be made based on the result of the study and recommendation will be forwarded to the concerned bodies.

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ACRONYMS AND ABBREVIATIONS

CDRW – Compacted Disk Rewritable

CLP – Cleft Lip and Cleft Palate

DDM- Doctor of Dental medicine

JUSPR – Jimma University Students Research preparation

mm3 – Millimeters Cubes

PI – Principal Investigator

SPSS – Statistical Package for Social Sciences Soft ware

WE – Western Ethiopia

X2 – Chi-square

DM – Diabetes Mellitus

JUSHDC – Jimma University Specialized Hospital, Dental Clinic

CHAPTER ONE

INTRODUCTION

1.1 Back ground

Definition:

Cleft lip and cleft palate are an orofacial birth defects in which the tissues of mouth or lip do not form properly during fetal development (1). If the cleft does not affect the palate structure of the mouth it is referred to cleft lip.

Cleft is formed in the top of the lip either as a small gap or an indentation in the lip (partial or incomplete cleft) or it is continuous in to the nose (complete cleft).

Lip cleft can occur as one side (Unilateral) or two sided (bilateral). It is due to the failure of the fusion of maxillary and medial nasal process (formation of primary palate). (1).

Palate cleft can occur as complete (Soft and hard, palate, possibly including a gap in the jaw) or incomplete (a hole in the root of the mouth, usually as cleft soft palate). When cleft palate occurs, the Uvula is usually split, it occurs due to the failure of fusion of the lateral palatine process, the nasal septum, and/or the median palatine process (formation of the 20 palate) (2).

Cause

The suspected causes of CLP include environmental insults (i.e) maternal diseases, chemotherapy radiation, alcohol, excess retinoic acid and anticonvulsant medications and genetic factors take a role in first line.

Factors that increase the chance of congenital malformations also include Pregnancies in women older than 35, teenage pregnancies and increased consumption of teratogenic medications during early months of pregnancy.

Additional risk factors include lack of prenatal care during pregnancy, cigarette smoking, lack of a balanced diet and the chronic use of none prescribed drugs or substance abuse

Epidemiology

If parents without a cleft have a child with a cleft, the chance with that a subsequent baby will have a cleft is only 2-4%. If either parent has a cleft, the relative risks become about 4-5% for having a baby having with a cleft. If both parents have clefts, the risks are much greeter.

Cleft palate may impact on individuals self esteem, Social skills and behavior (3).

In United States, cleft occurs in 1:700-1000 birth, making it one of the most common major defects (4).

Studies on the incidence of oral clefts in several regions of the world, but mainly in Europe the incidence ranges from 1:1000 to 2.21: 1000. The highest incidence was Czechoslovakia 1.8/1000, France 1.75/1000, Finland 1.74/1000, Denmark 1.69/1000, Belgium and Netherlands 1.47/1000, Italy 1.33/1000, California 1.12/1000 and South America 1/1000. The data from Denmark and Finland appeared to be the most reliable (4).

All studies showed that higher incidence of cleft lip and or/cleft palate/ compared with cleft palate. There was a predominance of girls in the cleft palate group, while the cleft lip or palate group comprised mainly boys. The left side was affected twice as often as the right side. Black children had lower incidence than white children. An attempt was made in several report to clarify the cause of oral cleft but opinion are contradictory (5).

The study that take place in 1980-1989 cases were stratified by race (white and non white) but not by association with a major mal formation. During this period, a total of 457 new patients with cleft lip and cleft palate were identified from population of approximately 439,354 live births. The incidence of total clefts in live born infants was 1.36/1000 for whites and 0.54/1000 for non whites. White boys had higher incidence of cleft lip and cleft palate than white girls. Black boys had extremely law incidence of cleft lip, where as black girls showed a higher incidence of cleft palate alone (6).

The Epidemiological study in 1990 reported cleft of lip and combined lip and palate are twice as common in male. Isolated cleft palates are twice as common in female. Cleft lips, without cleft palate,

are most common in Native America than Orientals and Caucasians, and least common in Blacks. Conversely the isolated cleft palate is constant among ethnic groups.

Combined cleft lip and palate is most common presentation (50%), followed by isolated cleft palate (30%), Isolated cleft lip (20%) and least common is cleft lip and alveolus (5%) (5).

Considering the cleft deformities of all races grouped together, 50% are cleft lip and palate, 30-35% are palate only and 15-20% are cleft lip only (7).

Effect of CLP

Cleft palate may impact on individuals self esteem, social skills and behavior.
There is a research dedicated to psychosocial development of individuals with cleft lip/cleft palate. Self concept may be adversely affect by the presence a cleft lip/ cleft palate particularly among girls (3).

Research has shown that during the early preschool years (age 3-5), children with CLP tend to have self concept that is similar to their peers without a cleft. However, as they grow older and their social interaction increase, the children with cleft tend to report more dissatisfaction with peer relationships and higher level of social anxiety (3).

In past report showed the children born with defects where a bad human to the family, and they were concealed or neglected (8).

For example, a research done in Nepal shows that among community only of 45% accept the cleft lip and cleft palate patient, other 55% of the community neglected the individual with this conditions (9). The attitude of the patients and parent and community toward the nature, cause, effect and treatment of cleft lip and cleft palate are important to the therapeutic process as well as the social and emotional developments of patients (10).

1.2 STATEMENT OF THE PROPLEM

Many charitable organization conduct overseas missions to correct cleft lip and cleft palate, where surgical care is unavailable. However, little is known about perceptions, beliefs and cultural back grounds of cleft deformities, especially in developing countries like Ethiopia, where diversified ethical and cultural groups is. So it is worth mentioning to elicit societal perceptions of etiology, effects, awareness and treatments of cleft lip and cleft palate to maximize the surgical out comes and rehabilitation. Cultural diversities have a profound effect on the ways in which families and professionals interrelated cross-culturally and participate together in the treatment of cleft deformities (12).

Research suggest that interventions to be culturally sensitive because parental and extra familial concept may differ across varying cultures and ethnicities so understanding a set of beliefs in a given society is important, for example a rural Mexican beliefs, suggesting that a pregnant women is in danger of having a "hare lipped body during a solar eclipse" (11).
In China, some people believe that a pregnant Woman should not rabbit meat for fear of giving a birth to a baby with a "hare lip".

Cleft lip and cleft palate children present varying degrees of facial disfigurements; children may exaggerate the perceptions of others.
Social acceptance of children with cleft deformity is important to the child over all development as rejection in these children psycho social variables have been shown to affect the physical growth of children with cleft deformity, implying that improved parental and community acceptance may improve the children's overall growth as well (9).

Interventions need to be culturally sensitive because parental and societal contexts may differ across different countries therefore; holistic care delivery needs a proper understanding and identification of specific perceptions and beliefs associated with such conditions in general, particularly with congenital defects like cleft lip and cleft palate.

So, to formulate an effective awareness campaign, it must be directed at specific perception systems of the society involved.

Because, some literature suggest that, interventions with simple counseling sessions has been demonstrated to lead a prolonged improvement in parental adaptation to cleft lip and cleft palate for this counseling to be effective, it must be directed at specific belief system of the individuals or community in question. Because superstitious beliefs regarding the cause and means of prevention of the cleft lip and cleft palate vary widely between different countries (9, 14).

So, it is important to know the perception of our community to deliver effective treatment, prevention and counseling service for community as well as for cleft lip and cleft palate patients.

1.3 SIGNIFICANCE OF THE STUDY

This research is important in order to elicit some perceptions toward cleft lip and cleft palate regarding its causation, effects, and treatment options of the community of Assosa town and its surroundings, and to be base line for further investigations deep in the topic.

The paper also could give valuable information about perceptions toward cleft lip and cleft palate in Woliso community for charitable organizations like operation smile who have been operating CLP at different areas like in Addis Ababa, Jimma, Dire Dawa and other place.

The study also will try to solve the discrimination problems that can face the CLP patients in the community by pointing out the belief of the community toward the patients in order to teach the society the fact on the ground.

The finding of this research also will form abase line for formulating on effective awareness campaign tool relevant to education the puplic on etiology predisposing factors, effects and management options of CLP for people around Woliso and town in particular and for people of Ethiopia in general.

Finally the study was base line for further investigation or study in the filed to researchers who need to study about CLP because in Ethiopia no significant evidence about perceptions of CLP regarding awareness of the community, its effects, etiology and management suggestion.

CHAPTER TWO

LITERATURE REVIEW

IN SOUTH AFRICA

The study that took place in 2006 shows that the participants in study were not knowledgeable regarding cleft lip and cleft palate when patient coming in to the clinic and 35% continued to have trouble understanding the condition after receiving education from the cleft team. Beliefs about the cause of the cleft include: God, Witchcraft, ancestors punishing the mother, fate genetics and family history of the condition. Some participants indicated they were unsure of the cause (13).

A 2007 study looked at beliefs and practices of religious healers in South Africa. The most common belief regarding the cause of the clefts for both Muslim and Hindu healers was that it was God's will or because of an eclipse. Bothe groups also identified evil spirits, witchcrafts and genetics. Only healers form the Hindu group identified Karma as being a possible causes of a cleft lip and cleft lip and cleft palate for treatment of cleft, both groups used psychological treatment, and advised families to donate money to charity Muslim offered tarweez and prayer as treatment. While Hindus used fire or purification ceremonies consulation of an astrological chart or no treatment (14).

IN NIGERIA

A study as conducted in 2007 regarding the beliefs of mothers in Nigeria who had a child with cleft lip and cleft palate, about the etiology and treatment of CLP. The majority of mothers who identified as Hausa, /Fulani, be lived that their children being a cleft was an act of God. People from this group may feel less shame related to the condition and also may be less likely to have it repaired.

Most mothers from the Yoruba ethnic group identified evil sprites or Punishment from ancestors as being the cause of the cleft other beliefs include courses, not having food during pregnancy or hereditary/environmental factors (15).

IN AMERICA

Another literature done on the cultural beliefs of Afro-American of low socio economic status living in law income areas in the United States shows the beliefs about the case of CLP may similar to those seen in Africa. Some of these beliefs include Punishment for something the mother has done evil Sprits, or displacing a God (16).

IN CHINA

According to A 2006 study of people living in Hongkong Chines families with child's who has a cleft lip or palate may be less likely to go to speech pathologist or other non Doctors, so families may expect that their children's speech will improve as long as the child tries hard enough (17).

IN ARGENTINA

Research done in Argentina shows that the most parents (65.1%) do not perceive that their child's cleft is a serious condition and would not choose to terminate the pregnancy over delivery of such an affected new born (18).

There is some suggestion that parents of CLP perceive their children as less confident and less independent than their non cleft peers (19).

Richman reported in his research in 1976 that cleft children are rated by teachers as displaying greater inhibition of impulse than non cleft children (20).

IN INDIA

Research done in rural India shows that regarding causation of the cleft lip and palate 84% of the respondents as ascribed the cleft palate to God's will and 10% to sins committed in the past lives. Only 1% is knowledgeable about the influence of genetics (21).

Another research shows that adolescents with cleft reported as comparatively higher level of self confidence and self esteem a compared with subjects without cleft, yet they also expressed feeling to their parents that other were not accepting of them (22).

There is no relevant research done in Ethiopia regarding to the perception of cleft palate and lip.

CHAPTER THREE

OBJECTIVE

3.1 General Objective

- To assess perceptions toward cleft lip and palate among individual attending Assosa Hospital Dental Clinic.

3.2 Specific Objective

- To asses awareness of respondent regarding cleft lip and palate
- To asses feelings of respondents regarding effects of CLP
- To asses opinion of respondent's incase of etiology and treatment of cleft lip and cleft palate.
- To asses beliefs in cultural of respondents regarding etiology of cleft lip and cleft palate.

CHAPTER FOUR

METHOD AND MATERIALS

4.1 Study area and study period

- The study was conducted in St. Lukas Hospital Dental Clinic South West of Ethiopia Located in center of Woliso Town from March 22 to April 21 for about one month duration, 2012. Woliso town is 114Kms away from Addis Ababa. The town is characterized by tropical climate, warm temperature and wet season. The total population of Woliso is 7843.

4.2 Study design

- Cross sectional study was conducted

4.3 Population

4.3.1 Source population

- All people or individual coming for treatment to St. Lukas Hospital, DC.

4.3.2 Study population

- Patients attending St. Lukas Hospital DC greater than 18 years old at only one of the clinical visits and attendants less than 18 years old .
- on average 23 patients attend the DC per day

4.4 Sample size and sampling technique

Data was collected from 423 samples by using convenience method

4.5 Inclusion and Exclusion criteria

- All willing respondents greater than 18 years old was included in the study.

- Individuals in child age groups (according to WHO definition of child age) below age 18 years old were excluded due to difficulty of understanding the belief system of the society and full insight of perceptions due to their maturity status.
- People with hearing and speaking and disabilities also excluded because of communication reason. Patients who are acutely sicking were interviewed after treatment.

4.6 Measurements

4.6.1 Instruments

- A structured questionnaire were used to assess the perceptions towards cleft lip and cleft palate among patients coming for treatment at St. Lukas Hospital, dental clinic.
- The questionnaire has two sections

Section A

- About the socio-demographic status of the respondent's perceptions regarding etiology, effects and treatment options of CLP and awareness status of the respondents about CLP.

Section B

- Questions which assess about perception of etiology and effects of cleft lip and cleft palate was open ended in order to allow respondents fully express their perception (question no 2,3 and 5)
- Questions inquiring respondents awareness status and perception of treatment was close ended (question 1 and 4)

4.6.2 Variable

4.6.2.1 Independent variable

- Age, Sex, Religion, Ethnicity, Educational status, occupational and marital status of the respondent.

4.6.2.2 Dependent variable

- Awareness of cleft, lip and cleft palate

- Perception of effects causes and treatment option of clip.

4.6.3 Data collection technique

- Date was collected using structured questionnaire by 5th year dental interns who are practicing at JUSHDC. The respondents interviewed directly.

4.6.4 Data quality control

- The methods of questioning and filling the questionnaire was explained to the data collectors by the principal investigator. The respondents was motivated to answer the questions honestly by explain them the purpose of the study.
- Besides the principal investigator was there to supervise and cross check the data.

4.6.5 Data analysis and interpretation

- Data collected was cleared, entered into computer, analyzed and grouped using SPSS window version 17. The results was presented by using tables and chi-square (X2) was used to determine if there is any significant association between the variables.
- Data was analyzed properly using SPSAS window version 17

4.7 Ethical considerations

- Each participation the study were included in the study after variable informed consent.
- Ethical clearance was obtained from JUSRP.

4.8 Operational definitions

Awareness - The quality of being conscious about CLP

Beliefs - Immediate assurance or feeling in culture of respondents about CLP.

Effects – Results or outcomes of cleft lip and cleft palate

Opinion – Favorable impression or estimation of cleft lip/ cleft palate

Perception – A mental image about cleft lip and cleft palate.

Culture – Total way of life of individuals/community

Literate – Who can read and write

Illiterate – Who can’t read and write

CHAPTER FIVE

RESULT

In this study 423 four hundred and twenty three respondents were participated. The mean age of the study poplin was 45 range from 18-50 years. The dominant figures in the demographic characteristics were: sex, male 57.21%, Age range 18-28 51.77%, Religion Orthodocs 49.88% Ethnicity Oromo 67.14 educational status, higher educations 52.48, Occupation Governmental Employ 35.7% marital status, married 47.99%. (Table 1).

Table 1. Socio demographic characteristics of study subjects at St. Lukas Hospital dental Clinic, Woliso, SWE June 2012.

Variables		Frequency	Percent (%)
Sex	Male	242	57.21
	Female	181	42.79
Total		423	100.00 %
Age	18-28	219	51.77
	28-37	87	20.57

Variable	Category	Frequency	Percent
	38-37	56	13.24
	48-57	49	11.58
	>57	12	2.84
	Total	423	100.00 %
Religion	Orthodocs	211	49.88
	Muslim	89	21.04
	Protestant	84	19.86
	Other	39	9.22
	Total	423	100.00%
Ethnicity	Oromo	284	67.14
	Gurage	69	16.31
	Ahmara	23	5.44
	Other	47	11.11
	Total	423	100.00%
Educational status	Illiterate	37	8.75
	Literate	62	14.66
	10	73	17.26
	20	29	6.86
	Higher education	222	52.48
	Total	423	100.00
Occupation	Farmer	83	19.62
	Merchant	67	15.84
	Government employ	151	35.70
	Student	95	22.46
	House wife	24	5.67
	NGO	3	0.71
	Total	423	100%
Martial status	Single	163	38.53
	Married	203	47.99
	Divorced	36	8.51
	Widowed	21	4.97
	Total	423	100%

The individuals seen with clefts were identified rarely as their close Relations 2.60% and usually as unknown person just passing by 77.3%(table2)

TableS2. Relation of respondents with the individual who have CLP at woliso st. Lukas Hospita DC,June 2012.

Relation ship	Frequency	Percent (%)
Closed	11	2.60
Neighbor	23	5.44
S/income	62	14.66
Unknown	327	77.30
Total	423	100.00%

In the assessment of awareness status of the respondents about 82.5% of them have seen the CLP patients and about 9.69% were heard about them, but 7.81 % have no of idea about the patients. A significant majority of respondents provided one or more place were they saw the patients. Among the variety of places, At home 28.97% and Hospital 26.18% accounts the highest parentage and passing on read 10.58 At school 9.75 at market 9.19% At work 10.86% and other places 4.46% took the rest percent Table 3.

Table 3. awareness status of respondents about CLCP at st Lukas Hospital, Woliso, SWE, June 2012.

Awareness status	Respondents	Frequencies	Percentage
Idea about CLC	Have seen	349	82.50
	Heard	41	9.69
	Have no idea	33	7.81
	Total	423	100.00
Place of seen	At home	104	28.97
	Hospital	94	26.18
	By pass on road	38	10.58
	At work	39	10.86
	At school	35	9.75
	Market	33	9.19
	Other places	16	4.46
	Total	359	100

A significant majority of respondents provided one or more perceived affects of the defect among the variety of effects offered, Aesthetic problem is 27.92% and discrimination by others 20.94% are the highest percentage and the least one was eating and drinking problem which was 1.99% (Table 4).

Table 4. Perceptions of the effects of cleft lip and CLP at st Lukas Hospital DC. Woliso, SWE June 2012.

S.No	Perceptions of effects	Frequency	Percentage (%)
1	Aesthetic	196	27.92
2	Discriminate by other	147	20.94

3	Self isolated	79	11.25
4	Low self confidence	66	9.40
5	Marriage problem	43	6.13
6	Speech problem	43	6.13
7	Depression	041	5.84
8	I don't know	31	4.42
9	Unable to learn	26	3.70
10	Low chance to create friends	16	2.28
11	Eat/ drink problem	14	1.99
	Total	702	100%

Regarding reasons for the defects, majority of the respondents gave one or more perceptions of cause of the CLP among the reasons Development 82 19.48% and I don't know for the cause 18.05% was the highest and mother take wrong drug during pregnancy 0.48 was the least one.

The respondent also offered one on more cultural reasons for the defects. Among the variety of the reasons offered (34.74%) referred to it as God's curses(Table 5).

Table 5. Perceptions of the respondent regarding the cause of CLP at St Lukas Hospital Woliso, SWE, June, 2012.

Perceptions of cause	Frequency	Percentage

Variable	Response	Frequency	Percent
Perceptions of respondents	1. Developmental	82	19.48
	2. I dent	76	18.05
	3. Bacterial fugal	57	13.54
	4. Genetic disorder	49	11.64
	5. Trauma	43	10.21
	6. Hygienic problem	26	6.18
	7. God's will	24	5.70
	8. Evil sprit	23	5.46
	9. In heritance	20	4.75
	10. Mother take wrong drug during pregnancy	2	0.48
	11. unknown cause	19	4.51
	Total	421	100
Cultural perception	- God's curse	181	34.71
	- I don't know	103	19.77
	- Laughing of pregnancy mother at other	69	13.24
	- The r/sult of family sin	57	10.94
	- Evil sprit	39	7.49
	- Bad chance	23	4.41
	- Harm ful traditional drug	16	3.07
	- Fail were to accomplish promise	13	2.50
	- The result of negative attitude of family to other	13	2.50
	- Evil child	7	1.34
	Total	521	100

Treatment options supplied by the respondents includes surgery (51.54) I don't know (31.20%) Nothing (6.86) and other (10.40) eg taking pts to prayer houses (Table 6).

Table 6. Perception of respondents to the Rx done for the individuals? At st Lukas Hospital Woliso SWE, June 2012.

What was done for the individual	Frequency	Percentage
1. Surgery	218	51.54
2. Don't know	132	31.20
3. Nothing	29	6.86
4. Other	44	10.40
Total	423	100

CHAPTER SIX

DISCUSSION

Woliso St. Lukas Hospital offers service for different type of patients who came from different cultural origin and ethnic groups because of its location. For Example the patients come from the Ambo University Woliso campus may represents all the community of Ethiopia.

Most respondents were 18-28 years old is a reflection of the most active socioeconomic age group in the society. The respondents were relatively mature sample in terms of age and marital status.

The Observation that about 82.50% of the respondents have seen the patients with CIP, This provide information about the significant prevalence of CLP in Ethiopia particularly in Woliso and suggests that the affected individual are surviving patients. From this high percentage we can infer enough levels of awareness about the existence of cleft lip and palate due to the vesting of operation smile at Addis Ababa and Woliso who create awareness by giving both education and surgical treatment for the community. This doesn't necessary suggest high prevalence of CLP in this place but rather better awareness. Also about 9.69% of the respondents heard about the CLP patients this also shows the respondents aware about the defects. This result agrees will research done in Nigeria (15).

They were seen mostly at Hospital and at home W/C show there must be some types of discrimination which hinder them to be seen at other public place like at school market and on road. Mostly they went

Hospital for treatment other wise they may kept at home small no of pts who have got treatment may go to school on other public place as we can see from the date.

Respondents identified most individuals they had seen with CLP were unknown persons (77.30%) and 14.66% some one in the community and very rarely as close family relation (2.60%). This pattern reflects rejection and typical willingness to dissociate from what considered amiss for tune which agrees with research done in Nigeria (8).

Among the CLP patient seen by respondents 51.54% had been repaired surgically at Adds Ababa, Woliso. The respondents could not tell what had done for the individuals in 31.20% this may suggest that the respondents may not observed this closely because the respondents may not need to see them attentionaly because as we can see from table 4 most respondents perceive the patients look ugly. In addition for 6.86 of the cases Nothing was done this imply three are patients who had not get the opportunity of petting surgical treatment may be due to lack of information, financial problem or may be due to the perception of their family.

Most respondents perceive that the cleft lip and palate makes the individuals with CLP ugly facial appearance. This is in agreement with finding some researches (25) between they lose the most sensitive part of the tissue for appearance the lip and the teeth (anterior). Discrimination self isolation and low self confidence are the other effects of the effect that the respondents offered. This are in the agreement with social perceptions of cleft lip and plate that the society may discriminate them but, in the sides of psychological effect son the individuals there had been a controversy or disagreements among many researchers (22,27).

The purpose of this research is not assessing the psychological effects in the patient of CLP but perception of effects of the respondents. Accordingly the respondents perceived differently the effects from the most high ugly facial appearance to the rare perception of eating and drinking problem. This pattern of perception may reflect. The value that the society give for appearance than basic needs like food and drinking that is necessary for life . This meant the community looks the effect of the clefts severely because it disfigures the individuals and the consequences are many as respondents perceived differently like marriage problem, difficulty to create friends unable to learn and others. The fear of the community is for social effects than for the patients or individuals with the defects. In the assessment of

perception of the causes of CLP most respondents offered developmental (congenital) defect is the most reason and other showed some type of ignorance to tell the reason. Other gave more scientific reasons like bacterial infection Genetic-disorder trauma (accident) to the individuals, hygienic problems, shortage of the diet during pregnancy, mother take wrong drug at pregnancy. Some respondents offered reasons that may go with cultural perceptions. This may reflect there is strong cultural belief or value in the community so the respondents were persuaded by their culture, to mix this cultural belief with their knowledge (scientific knowledge).

Most of the cultural reason given for the etiology of CLP was ascribed to God- like Gods curse or Gods will, the result of families sin, punishment for wrong doing, punishment of the God If the family commit false witness, fail to fulfill promise and there is some type of ignorance to give reasons, for the etiology what the culture dictate. This may be attributed to combination of modernization and semi rural study population Generally from among of perceived reason God's curse (will) was the major one. This is in agreement with finding in Nigeria Hausa / Fulani ethic group (15) as well as a rural Indian population (21) but it disagrees with the findings from the youbo and igno who associates the cause with evil sprit witch craft and devil (15,13).

Majority of a respondents did not agree with the cultural reasons for the etiology of the defects this tends credence to a shift from cultural perceptions which I attribute to increase in formal education.

An other cultural perceptions of respondents which were related with that the problem could have ancestries origin like the result of family sin, laughing of mothers at some one with the defects failure to fulfill promise, result of negative attitude the family have for others are agrees with Traditional African religion which is associated with a number of laws that must have been violated for a defect like a cleft to have occurred. This idea is in agreement with the documented opinion of Filipinos and Chinese (17,28).

It is an interesting and impressive of note that a majority of the respondents surgery and or a visit to the hospital as a remedy or treatment options. However 31.20% of the respondents didn't have any idea of correct treatment options to the situation. Measures like taking the individuals to pray house or doing noting were also offered This is not agree will the perceptions or the believes of the Buddhists, who considered a birth defect a fate for w/c nothing can be done can be likened to seeing or facial clefts as

aGift from God or will of God this belief or perception of treatment may be a deterrent for seeking treatment because the thinking may be After all, man can be wiser than (God,>. (24,23).

CHAPTER SEVEN

CONCLUSION AND RECOMMENDATION

The paper able to elicit that there is better awareness around Woliso and Woliso town. The individuals with cleft lip and palate usually seen around Hospital and home Rarely seen at school and at work place which shows there is discrimination in the society.

The most perceived effect of the cleft lip and palate discovered at my study area was aesthetic problem and that defect results in discrimination by others.

Perceived effects of the cleft lip and palate had more weight for the reflection of cultural values than scientific idea (un understanding of the cultural beliefs about the etiology of cleft palate and lip) was gained. Cleft lip and palates are seen often as God's curse.

The need for more enlightenment about etiology and treatment of cleft lip and palate is apparent. Fair know ledge of treatment option about cleft lip and palate were elicited sugary was the most perceived treatment option. The community have fair understudying about treatment option but not the etiology of cleft lip and palate.

RECOMMENDATION

Successful and complete cleft care need recognition and consideration of cultural diversity about etiology and treatment options. I apine that it is probably in sufficient to provide surgical remedies alone for the clefts Based on the finding of this study, and effective culturally sensitive public health awareness package should be put in place for the population for Woliso in particular and for Ethiopia in

general because the sample of study was maximum enough to generalize widely. This recommendation or public program also may work in many places in Ethiopia, because there is strong cultural agreement among the community of Ethiopia.

(Generally the detrimental perceptions must be de bunked through an effective health education about the correct and scientific effects of cleft lip and awareness campaign specially designee toward social life hinders perceptions of etiology of cleft lip and palate)

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ANNEX –II

Questionnaire

Section A. Socio demographic Status of respondents

1. Age ____________
2. Sex A) male B) Female
3. Religion A) Muslim
   B) Orthodox
   C) Protestant
   D) Others (specify)
4. Ethnicity A) Oromo
   B) Ahamara
   C) Gurage
   D) Other (SpecifY)

5. Educational status A) Illiterate

B) Litterite

i) Primary school

ii) Secondary school

iii) Higher education

6. Occupational A) Farmer C) Government employed

B) Merchant D) Others (spfy)

7. Marital status A) Single (Un married) C) Divorced

B) Married D) Widowed

Sections B

1. Awareness status

A. Regarding cleft lip and cleft palate individuals

i) I have seen them before

ii) I have never seen them before but heard about them

iii) I have no idea about them

B. if you have seen before, where do you seen them?

i) Hospital/clinic

ii) Market place

iii) By pass on road

iv) At work place

v) At school

vi) At home

vii) Others (specify)

C. What is your relationship with them?

i) Close relationship

ii) Neighbor /distancrelaction

iii) Same one in the community

iV) Unknown person

D. What treatment was done for the individuals?

i) Surgery

ii) Nothing

iii) I don't know

iv) Others (specify)

2. What do you think is the effect of CLP on individuals social physical and Psychological development?

____

____

____

3, In your option opinion what is the cause of this condition?

____

____

____

4. What can be done to help some on in this condition?

____

____

____

5. What are the beliefs about this condition in your culture explain this occurrence?

____

____

____