

# Beliefs about Traditional Uvulectomy and Teething: Awareness and Perception among Adults in Tanzanian Rural Setting

Sira Stanslaus Owibingire<sup>1</sup>, Edson Rwehumbiza Kamy<sup>2</sup>, Karpal Singh Sohal<sup>3</sup>

<sup>1</sup>DDS, M. Dent (OMFS). Lecturer, Department of Oral and Maxillofacial Surgery, Muhimbili University of Health and Allied Sciences.

<sup>2</sup>DDS. Clinician, Department of Dental services, Peramiho Hospital.

<sup>3</sup>DDS, MDent candidate, Postgraduate Student, Department of Oral and Maxillofacial Surgery, Muhimbili University of Health and Allied Sciences.

Received: December 2017

Accepted: January 2018

**Copyright:** © the author(s), publisher. It is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

## ABSTRACT

**Background:** Teething has been associated with varieties of childhood illnesses. Traditional uvulectomy has been an ongoing practice in some societies. Both teething and traditional uvulectomy have strong linkage to beliefs, values and practices. This study aimed at documenting the awareness and perception of society regarding traditional uvulectomy and beliefs about teething in Tanzania. **Methods:** A cross sectional study was conducted in central region of Tanzania, encompassing adult population, who were obtained by stratified two stage sampling technique. The oldest person per household was interviewed. A questionnaire consisting of questions regarding traditional uvulectomy and beliefs about teething was used to collect data. Analysis of data was done using computer program SPSS version 19 whereby the level of significance for Chi-square was set at p-value of  $\leq 0.05$ . **Results:** A total of 371 participants were included and of these, 90.3% believed that long uvula may cause ill health. The notion of prolonged cough indicates unhealthy uvula was found in 86.8% of participants. With regard to teething, 60.6% considered a child born with teeth means a curse in family. Symptoms that are perceived to be caused by teething include diarrhoea (84.6%) and fever (54.4%). Other reported symptoms include drooling of saliva, crying vomiting and irritability. **Conclusion:** Majority of society members still link illnesses in children with either elongated uvula and/or teething. Awareness on traditional ways of treating diseased uvula may be detrimental as people's awareness tends to influence their practice. Deliberate efforts should be put forward to educate pregnant women during their visits to antenatal and natal clinics especially in the rural areas regarding oral health of children.

**Keywords:** Teething, Uvulectomy, childhood illness, awareness, perception.

## INTRODUCTION

Culture defines the norms of a given group regarding family, life, birth, childrearing, aging, and death as well as recognition of illness and care-seeking practices.<sup>[1]</sup> Health practices and health beliefs vary widely between cultures, and the socio-economic factors having as much influence on health as do the medical interventions.<sup>[2,3]</sup> Frequently reported examples of such practices and beliefs include female and male circumcision, body piercing and intra-oral mutilations such as uvulectomy and the removal of deciduous teeth follicles.<sup>[2]</sup>

The act of traditional uvulectomy which entails partial or radical removal of the uvula by traditional

countries especially of Sub-Saharan Africa, Middle East and some Asian countries serving for traditional/customary reasons, and/or as a preventive, therapeutic or ritualistic surgical procedure.<sup>[4,6]</sup> Ritual uvulectomy is performed routinely at birth as part of a birth or naming ceremony, whereas, therapeutic uvulectomy is performed as a remedy for various ailments.<sup>[4,5]</sup> Unlike the uvulopalatoplasty performed by an otolaryngologist to treat snoring or obstructive sleep apnea, the traditional uvulectomy is performed by traditional healers, elderly laymen and barbers using either a pair of scissors, sickle shaped knife, a reed fork, twisted strands of horsehair, and/ or a hot knife.<sup>[4,6,7]</sup>

In Tanzania, apart from uvulectomy, other misbelief existing about the oral health especially of children is regarding teething and its associated symptoms. Teething is defined as a physiological process by which a tooth moves from its site of development within the jaws to its final functional position in the oral cavity.<sup>[8]</sup> It is experienced by almost all human beings and most children get their

### Name & Address of Corresponding Author

Dr. Karpal Singh Sohal  
DDS, MDent candidate, Postgraduate Student,  
Department of Oral and Maxillofacial Surgery,  
Muhimbili University of Health and Allied Sciences of  
Hippocrates.<sup>[4,5]</sup> It is a practice reported in several

first tooth around 6 months of age and have a complete set of 20 deciduous teeth by 30 months of age.<sup>[9]</sup> The relationship between eruption of teeth and general health of child has been documented for over 5,000 years, and it has been associated with significant morbidity.<sup>[10,11]</sup> Parental perceptions and beliefs about teething often influence the symptomatology a child experiences with tooth eruption.<sup>[9]</sup> Different communities associate children's ailments such as fever, diarrhea, vomiting, irritability, drooling, mouthing, and sleep disturbance with this developmental milestone of a child.<sup>[8,10,12]</sup>

Understanding the awareness and perception of a society regarding uvulectomy and teething is important because the information can be used to indicate the level of misbelief in Tanzanian society and likewise aid in designing continuous education programs for the society focusing on pregnant women. The aim of this study was to document the awareness and perception of society regarding the traditional uvulectomy and beliefs about teething in Tanzania.

## MATERIALS AND METHODS

### Study population

This cross sectional study was conducted in Igunga district in Tabora region found in central zone of Tanzania.

The sample comprised of people aged 18 years and above, who were obtained by stratified two stage sampling technique, with ward as a primary sampling unit. Then wards were listed alphabetically and by systematic sampling using sampling frame the first ward was selected followed by the every 5th ward in the list. From a total of 26 wards, only 6 wards were involved. One ward with nomadic inhabitants was purposively selected. The second unit was selection of one village from each of the 6 pre-selected wards. Villages were determined by simple random sampling after listing names of all villages in a ward and randomly picking one name. In a selected village, 64 households were involved. The direction of village to be followed was determined randomly through picking one paper among 4 papers each one bearing one name of the four compass directions. The oldest person per household was interviewed.

### Data Collection

A questionnaire was used for data collection. It consisted part for demographic data (age, sex, residence, and marital status) and questions regarding teething and diseased uvula.

The principal researcher conducted personal interviews in Kiswahili with the oldest person present in the household and information was filled in the questionnaire. Each filled questionnaire was given a serial number and at the end verification

was done to make sure the questionnaires were properly filled.

### Data analysis

Data was entered in a computer and analyzed using SPSS version 19 computer program. To facilitate studying the distribution of variables; Age was dichotomized into young adults ( $\leq 40$  years) and older adults ( $\geq 41$  years); Marital status was also dichotomized as singles (never married) and ever married (cohabiting, married, divorced, widow/widower); The level of significance for Chi-square was set at p-value of  $\leq 0.05$ .

### Ethical considerations

Ethical clearance to conduct the study was granted by Muhimbili University of Health and Allied Sciences Research and Ethical Committee. Permission to conduct the study was sought from district, ward and village authorities. A verbal consent was obtained from each participant after thorough explanation of the aim of the study and freedom to participation.

## RESULTS

### Socio-demographic characteristics

The study included a total of 371 participants. There were more female participants compared to the males. Males were 165 (44.5%) while female were 206 (55.5%) with male to female ratio of 0.8:1. The age range of respondents was 18 to 81 years, and overall mean age of the participants was  $38.04 \pm 13.2$  years. The mean ages for male and female were  $39.18 \pm 13.5$  years and  $37.14 \pm 12.9$  years respectively. The most prevalent age group was that of 18-29 years ( $n=118$ , 31.8%) followed by 30-39 years ( $n=105$ , 28.3%). Of all the participants, 279 (75.2%) were married.

### Traditional uvulectomy

In this study, out of all the participants, 90.3% ( $n=335$ ) believed that long uvula may cause ill health. There was no statistically significant difference within age groups and sex of participants in response to what was their belief about the relation between long uvula and ill health ( $p>0.05$ ). With regards to symptoms that are ascribed to diseased uvula, majority of the participants thought prolonged cough indicates unhealthy uvula (86.8%,  $n= 322$ ). Other symptoms included fever, pain/difficulty in swallowing, difficulty in breathing and vomiting. No significant difference was found between males and females with regards to ascribed symptoms to diseased uvula and it's mode of treatment. However, most of the older adults compared to younger adults believed prolonged cough and fever signify a diseased and elongated uvula and the difference was statistically significant [Table 1].

In response to awareness to traditional ways of treating diseased uvula, 83% ( $n=308$ ) of the

participants were aware of the traditional methods. On inquiring about the traditional methods that are used, 46.6% (n=173) knew that cutting with a sharp edged instrument was the ultimate treatment, while 60.6% (n=225) knew about smearing the uvula with local herbs. There was no statistical difference in awareness about traditional ways of treating diseased uvula between males and females. When awareness regarding the same matter was compared between younger and older adults, the latter had more awareness on this aspect, and the difference observed was statistically significant ( $p < 0.05$ ) [Table 1].

Majority of the participants (80.1%, n= 297) believed that cutting of uvula is dangerous for life though they reported varying severity of danger. When comparing the belief between males and females, no statistical difference was seen. With regards to age groups, the older adult believed cutting of uvula is dangerous compared to younger adults with the difference being statistically significant ( $p=0.024$ ).

### **Teething**

Out of all participants of this study, more than a half (60.6%, n=255) considered a child born with teeth means curse in family and about 1/3 of them (37.5%, n= 139) believed that child born with teeth means that the child is hot tempered or is miraculous. There was no statistically significant difference within age groups, marital status and sex in response to what was participant's belief about natal teeth.

Only 38.8% (n=144) of the participants responded to the question "what action would you take in case a child is born with a tooth?". Of these, 70.8% (n=102) reported that they would take the child to an elder person nearby for consultation. Analysing the response to this question by sex, age and marital status of the participants, there was a significant difference noted as far as sex and age were of concern [Table 2].

Majority of the participants (95.7%, n=355) had the notion that the eruption of teeth should always follow a specific pattern, in contrast to 3.2% (n= 12) who thought otherwise and minority (1.1%, n=4) did not have any idea on this subject matter. There was no statistically significant difference that was observed with respect to age and marital status, however, 97.6% of female and 93.3% of males believed that eruption of teeth should follow specific pattern, and this observed difference was statically significant ( $p= 0.047$ ).

Regarding what the society perceives when a child's teeth erupt without following a specific order, 68.2% (n=253) of the participants gave their views, of which 95.3% (n 241) regarded it as a sign of curse/ the child is cursed, while remaining 4.8% (n=12) thought it as a positive sign, like a blessing to the family, or prosperity to the child. The belief

that abnormal teeth eruption pattern signifies curse was more in females and those individuals who had ever been married compared to their counter parts with the observed differences being statistically significant (sex,  $p= 0.015$  and marital status,  $p=0.000$ ).

Almost all study participants (93.5%, n=347) believed that primary teeth eruption caused illnesses in children whereas 1.6% of participants (n=6) didn't know the impact of primary teeth eruption to the health of a child. Age of the participants had no impact on this belief, however, sex and marital status showed statistically significant difference with female and those participants who ever married having this belief ( $p=0.003$  and  $p=0.000$  respectively).

With regards to symptoms that are perceived to be due to teething, majority of the participants described diarrhoea (84.6%, n=314) followed by fever (54.4%, n=202) to be associated with teething. Vomiting and irritability were the least signs associated with primary teeth eruption with frequency of 1.3%, and 2.4%, respectively. Other symptoms that were reported included drooling of saliva and crying. The distribution of the participants according to reported symptoms has been elaborated in [Table 3].

## **DISCUSSION**

The traditional practice of uvulectomy is age-long practice that is widespread in African counties like Chad, Niger, Nigeria, Morocco, Tanzania, Kenya, Mali, Ethiopia and Sudan, as well as the Arabian peninsula.<sup>[2,4,6,13-17]</sup> In this study majority of participants believed that long uvula may cause ill health. Such a belief was reported by Haddock and Chiduo<sup>[15]</sup> almost five decades ago in Tanzania and this signifies that traditional practices and beliefs are handed down from one generation to another as part of culture.

In the current study it was found that majority of the participants thought prolonged cough indicates unhealthy uvula among many symptoms that are ascribed to diseased uvula. Other symptoms included fever, pain/difficulty in swallowing, difficulty in breathing and vomiting. There are several other studies that have reported similar belief about uvula causing illness.<sup>[2,13-15,18]</sup> Most of the symptoms that are attributed to diseased uvula usually represent underlying medical conditions which require prompt treatment and not merely uvulectomy. The most common reason for traditional uvulectomy is upper respiratory infection.<sup>[14]</sup> Sawe et al.<sup>[7]</sup> in their study reported that the final diagnosis in patients who were brought to hospital following uvulectomy included pneumonia, malaria, severe anaemia, malnutrition, tuberculosis and bronchitis.

**Table 1: Socio-demographic characteristics of participants in relation to beliefs, perceived symptoms and treatment of diseased uvula.**

	Sex			Age		
	Male N (%)	Female N (%)	p-value	18-40 N (%)	40+ N (%)	p-value
Uvula cause illness	131 (91.5)	184 (89.3)	0.478	211 (88.5)	124 (93.9)	0.078
<b>Perceived Symptom of diseased uvula</b>						
Prolonged cough	142 (86.1)	180 (87.4)	0.709	199 (83.3)	123 (93.2)	0.007
Fever	41 (24.8)	53 (25.7)	0.846	39 (16.3)	55 (41.7)	0.000
Pain on swallowing	7 (4.2)	4 (1.9)	0.194	7 (2.9)	4 (3.0)	0.956
Difficulty in swallowing	5 (3.0)	8 (3.9)	0.659	6 (2.5)	7 (5.3)	0.161
Failure to breath	3 (1.8)	3 (1.5)	0.784	4 (1.7)	2 (1.5)	0.908
Vomiting	1 (0.6)	1 (0.5)	0.875	2 (0.8)	-	0.292
Treatment in hospital	111 (67.3)	139 (67.5)	0.967	170 (71.1)	80 (60.6)	0.38
Cutting with sharp edge	78 (47.3)	95 (46.1)	0.824	97 (40.6)	76 (57.6)	0.002
Local herbs	98 (59.4)	127 (61.7)	0.658	125 (52.3)	100 (75.8)	0.000
Cutting uvula dangerous	128 (77.6)	169 (82.0)	0.285	183 (76.6)	114 (86.4)	0.024

**Table 2: Social demographic character of participants against action taken upon seeing a neonatal tooth.**

		What will participant do if finds that a child is born with a tooth			P-value
		Will get it extracted N (%)	Will consult an elder person N (%)	Will do nothing N (%)	
Age (years)	18-40	11 (9.2)	89 (74.8)	19 (16)	0.023
	> 40	7 (28)	13 (52)	11 (20)	
Sex	Male	10 (16.4)	34 (55.7)	17 (27.9)	0.002
	Female	18 (9.6)	68 (81.9)	7 (8.4)	
Marital Status	Single	-	18 (78.3)	5 (21.7)	0.132
	Non-Single	18 (14.9)	84 (69.4)	19 (15.7)	
Total		18 (12.5)	102 (70.8)	24 (16.7)	

**Table 3: Social demographic character of participants against perceived symptoms of teething.**

Symptoms of teething	Sex			Age			Marital Status		
	Male N (%)	Female N (%)	p-value	18-40 N (%)	40+ N (%)	p-value	Single N (%)	Married N (%)	p-value
Diarrhoea	127 (77)	187 (90.8)	0.000	197 (82.4)	117 (88.6)	0.112	35 (68.6)	279 (87.2)	0.01
Fever	73 (44.2)	129 (62.6)	0.000	115 (48.1)	87 (65.9)	0.001	13 (25.5)	189 (59.1)	0.000
Vomiting	-	5 (2.4)	0.04	1 (0.4)	4 (3.8)	0.04	-	5 (1.6)	0.369
Irritability	5 (3)	4 (1.9)	0.5	5 (2.1)	4 (3)	0.574	3 (5.9)	6 (1.9)	0.084

Majority of the participants in the current study had awareness regarding traditional treatment modalities for managing a diseased uvula. The reported traditional methods that were known included smearing the uvula with local herbs and cutting the uvula with a sharp edged instrument. Use of sharp objects which are unsterile has been documented in various literatures<sup>[2,4,6,7,17]</sup> and use of local herbs has likewise been documented.<sup>[2,18]</sup> Almost half of the participants were aware of traditional methods used in treating what was perceived to be a diseased uvula. This raises concerns particularly in rural population where health facilities are scarce, since having such awareness implies the possibility of embracing the practice.

In the developed world, uvulectomy is done as treatment for conditions like snoring and sleep apnea, however, no literature has documented this as one of the reasons for practising traditional uvulectomy in this part of world.<sup>[17]</sup> The outcomes of traditional uvulectomy are vast, ranging from mild to life threatening. The recognized complications following traditional uvulectomy

include haemorrhage, anaemia, septicaemia, tetanus, risk of the Human Immunodeficiency Virus (HIV) infection, pain, and death.<sup>[4,6,7,16,17]</sup> The findings of the current study show that more than three quarters of the participants believed that cutting of uvula is dangerous for life and despite this, the practice is still carried out in Tanzania with an estimated prevalence of 3.6%<sup>[6]</sup> and it is done secretly as it is an illegal practice.<sup>[4]</sup>

In the present study, the belief that prolonged cough and fever strongly signifies a diseased uvula, and also the awareness on treatment modalities and their outcome was more in older adults. This can be credited to the circumstance that, the older adults mostly inherit strong cultural and tradition beliefs and together with effect of life long experience, thereby coming to such conclusions. On the other hand, younger adults have wider exposure to different information provided by the media, thus they learn what is in modern practice.

Just as with traditional uvulectomy that has been practiced since times of Hippocrates<sup>[4,5]</sup>, teething has also been held responsible for a wide variety of childhood illnesses since ancient times.<sup>[10,11]</sup> There

are references to teething difficulties in the Homeric hymns from around 1200 BC and in the prayers of early Indian literature around 1000 BC<sup>[10,19]</sup> Hippocrates claimed that children experiencing teething suffered from itching gums, fever, convulsions, and diarrhoea, especially when cutting their eye teeth (canines), the beliefs which were shared by many other philosophers of his time.<sup>[9,19]</sup>

Teeth do not erupt randomly but rather follow a pattern whereby the lower central incisors usually erupt first and the molars last. Teeth tend to emerge in pairs, with the lower teeth erupting prior to the upper teeth, and girls often get their teeth earlier than do boys.<sup>[9]</sup> Majority of the participants in this study had the notion that the eruption of teeth should always follow a specific pattern and if the pattern was not normal then it is regarded by most as a sign of curse or the child is cursed. The impact of labelling a child as cursed in most instances leads to stigmatization of the child in concern by the parents and society at large, eventually denying him/her some of the basic needs like education. Additionally, with constant stigmatization the child may be affected psychologically as well. These beliefs about teething were more in female participants and this signifies that males either takes less attention or are less worried about children's development milestone issues in society. Apart from an abnormal eruption pattern that is of concern in society, natal teeth (teeth that are present at birth) and neo-natal teeth (teeth that erupt in the first month of life) were another subject of interest that was investigated upon in this study. The reported incidence of natal teeth is between 1 in 2000 live births and 1 in 6000 live births.<sup>[19]</sup> In the current study, more than a half of the participants considered a child born with teeth meant a curse in/to family while others believed it's a sign that the child is hot tempered or is miraculous. Nagaraj et al.<sup>[20]</sup> documented that the presence of natal teeth was related with supernatural powers, ill-luck and belief that the child would bring misfortune to the family and would become a witch. The myths regarding natal and neonatal teeth are found in different societies globally, though the origin of such myths cannot be easily traced, but their wide spread can be attributed to the intercontinental trades and travelling that have been carried out since ancient times.

In this study one out of six participants reported to do the right practice in case finds a child is born with teeth, while the rest reported either to do extraction or consult elderly. With two third of participants reporting to consult the elderly on this issue indicates the extent of dilemma existing, also this assures that the traditional belief about teething will continue to persist in society. Moreover, the fact that elderly inherit strong cultural and tradition

beliefs, the likelihood of practicing traditionally accepted methods once they are consulted is high. Teething has been subject of interest in different parts of the world. From medical professionals to grandmothers, everyone seems to have a list of symptoms they believe are linked to teething.<sup>[9]</sup> Teething associated symptoms are both local and systemic according to reports from different literature. In studies of widely varying designs, researchers have identified diarrhoea, fever, vomiting, irritability, drooling, appetite disturbance, sleep disturbances, restlessness, coughing, and rash as symptoms associated with teething.<sup>[3,8,10,11,19-21]</sup> Similar responses were found in this study.

Although the tooth itself seems to play no active role in the process, the dental follicle is a rich source of eicosanoids, cytokines, and growth factors and, thus, may contribute to some of the localized symptoms seen with teething which are inflammatory or irritating in nature.<sup>[9,10]</sup> It is thus quite plausible that teething may lead to local symptoms and less if any of systemic effects.<sup>[8]</sup> It is important to remember that the period of teeth eruption in children coincides with the period when passive immunity due to maternal antibodies is waning, and likewise, at the same period the child is exposed to a wide variety of childhood illnesses.<sup>[9,19]</sup> Due to this temporal relationship, teething often is held responsible for these childhood illnesses.<sup>[9]</sup> The misconceptions and myths of linking signs and symptoms of some childhood diseases with the teething may prove to be detrimental to the general children's wellbeing and health since there is consequently a substantial delay seeking for appropriate medical care.

## CONCLUSION

Majority of society members still link illnesses in children with either elongated uvula and/or teething. Most of the participants had awareness on traditional ways of treating diseased uvula, and this may be detrimental as people's awareness tends to influence their practice. Similarly, teething has been falsely linked to various childhood illnesses by majority of individuals, especially women. It is recommended that there is a need to educate people more about the facts of dentistry. It is responsibility of health professionals especially dentists to debunk harmful dental myths and promote the scientifically sound facts. Deliberate efforts should be put forward to educate pregnant women during their visits to antenatal and natal clinics especially in the rural areas regarding oral health of children.

## REFERENCES

1. Butani Y, Weintraub JA, Barker JC, Loustaunau M, Sobo E, Strauss R, et al. Oral health-related cultural beliefs for four

- racial/ethnic groups: Assessment of the literature. *BMC Oral Health*. 2008;8(1):26.
2. Johnston NL, Riordan PJ. Tooth follicle extirpation and uvulectomy. *Aust Dent J*. 2005;50(4):267–72.
  3. Rai A, Menon I, Ds A, Singh A. Association between taboos in dentistry and oral health behavior among adult population of Ghaziabad. *J Dent Spec*. 2016;4(1):14–20.
  4. Kawia H, Kahabuka F, Mbawala H. Parental deceptive information: A case of traditional uvulectomy Kawia. *Tanzania Dent Jour*. 2014;18(2):76–80.
  5. Hunter L. Uvulectomy - The making of a ritual. *South African Med J*. 1995;85(9):901–2.
  6. Machumu R, Fabian-Taylor F. The practice of uvulectomy and related complications among children aged below 6 years in Ilemela district, Mwanza, Tanzania. *Tanzania Dent Jour*. 2008;15(1):10–4.
  7. Sawe HR, Mfinanga JA, Ringo FH, Mwafongo V, Reynolds TA, Runyon MS. Morbidity and Mortality following Traditional Uvulectomy among Children Presenting to the Muhimbili National Hospital Emergency Department in Dar es Salaam, Tanzania. *Emerg Med Int*. 2015;2015:1–5.
  8. Wake M, Hesketh K, Lucas J. Teething and tooth eruption in infants: A cohort study. *Pediatrics*. 2000;106(6):1374–9.
  9. Markman L. Teething: Facts and Fiction. *Pediatr Rev*. 2009;30(8):59–64.
  10. Macknin ML, Piedmonte M, Jacobs J, Skibinski C. Symptoms associated with infant teething: a prospective study. *Pediatrics*. 2000;105(4):747–52.
  11. McIntyre GT, McIntyre GM. Teething troubles? *Br Dent J*. 2002;192(5):251–5.
  12. Kahabuka FK, Mugonzibwa EA, Mwalutambi S, Kikwilu EN. Diseases and conditions falsely linked with “nylon teeth” myth: a cross sectional study of Tanzanian adults. *Tanzan J Health Res*. 2015;17(2):1–10.
  13. Kunii O, Tanaka Y, Lewis A, Wakai S. Uvulectomy and Other Traditional Healing Practices: Traditional Healers’ Perceptions and Practices in a Congolese Refugee Camp in Tanzania. *Trop Med Health*. 2006;34(4):159–66.
  14. Mboneko K, Fabian F. Traditional uvulectomy and reported complications in under-five children in Mkuranga district Pwani region, Eastern Tanzania. *Tanzania Dent J*. 2006;12(2):65–9.
  15. Haddock D, Chiduo A. Uvulectomy in Coastal Tanzania. *Cent African J Med*. 1965;11(11):331–4.
  16. Tshifularo M, Orl MM, Sa FCS. Post-tonsillectomy haemorrhage following traditional uvulectomy in an adult patient. *SA Fam Pr*. 2005;47(1):4.
  17. Adoga AA, Nimkur TL. The Traditionally Amputated Uvula amongst Nigerians: Still an Ongoing Practice. *Isrn Otolaryngol Print*. 2011;2011(December 2009):704924.
  18. Prual A, Gamatie Y, Djakounda M, Huguet D. Traditional uvulectomy in Niger: A public health problem? *Soc Sci Med*. 1994;39(8):1077–82.
  19. Ashley MP. It’s only teething...a report of the myths and modern approaches to teething. *Br Dent J*. 2001;191(1):4–8.
  20. Nagaraj A, Ganta S, Yousuf A, Pareek S. Enculturation, myths and misconceptions regarding oral health care practices among rural female folk of Rajasthan. *Ethno Med*. 2014;8(2):157–64.
  21. Owais AI, Zawaideh F, Bataineh O. Challenging parents’ myths regarding their children’s teething. *Int J Dent Hyg*. 2010;8(1):28–34.
- Tanzanian Rural Setting. *Ann. Int. Med. Den. Res*. 2018; 4(2):DE25-DE30.

**Source of Support:** Nil, **Conflict of Interest:** None declared

**How to cite this article:** Owibingire SS, Kanya ER, Sohal KS. Beliefs about Traditional Uvulectomy and Teething: Awareness and Perception among Adults in