

Extrapulmonary Tuberculosis In Hadhramout -Yemen

RETROSPECTIVE STUDY OF 269 CASES

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Abstract:

Background: Tuberculosis is a disease of poor countries and a major public health issue. In the recent years, there has been an increase in the occurrence of extra pulmonary tuberculosis (EPTB) world over. Very little data is available regarding the present situation of EPTB in our country.

Objective: To describe the types of the extra-pulmonary tuberculosis (EPTB) cases in Hadhramout governorate.

Methodology: A retrospective study of 269 cases was conducted at national center for public health laboratory-Hadhramout branch, private histopathology laboratory in Al-Mukalla city; and national tuberculosis control program- Hadhramout branch. All cases diagnosed as EPTB (diagnosed on histopathology and/or microbiology) between January 2010 and December 2015. Data was retrieved from medical records.

Results: A total of 269 patients were included in the study. There were 137 (50.9%) female & 132 (29.1%) male. 28.6% of the patients were aged between 15-24 years, followed by age group 25-34 (25.3%) & pediatric group (16.4%). The most common site of EPTB was the lymph nodes 205 (76.2%) followed by abdominal (Intestinal and/or peritoneal) (8.6%).

Conclusion: Our study concludes that lymph nodes are the most common site of EPTB detected in 205 (76.2%) of our patients. The delay in identification results in significant morbidity and mortality.

Keywords: Extrapulmonary tuberculosis (EPTB), Lymph Node Tuberculosis (LNTB), Hadhramout.

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ملخص:

خلفية: السل هو مرض ينتشر بكثرة في الدول الفقيرة و يعتبر مشكلة صحية عامة و رئيسية في السنوات الأخيرة حدث ازدياد ملحوظ في الإصابة بمرض السل خارج الرئة على المستوى العالمي

الاهداف: وصف انواع السل خارج الرئة في محافظة حضرموت

المنهجية: اجريت دراسة استرجاعية من الملفات الطبية على ٢٦٩ حالة في كلا من المختبر المركزي بالمحافظة ، البرنامج الوطني لمكافحة السل والمختبر الخاص بالفحص النسيجي بمدينة المكلا من يناير ٢٠١٠م الى ديسمبر ٢٠١٥م

الحالات المشخصة هي سل خارج الرئة

النتائج: من مجموع ٢٦٩ كان هناك ١٣٧ اناث و ١٣٢ ذكور

اكبر عدد من المرضى كان بين سن ١٥-٢٤ سنة، المكان الأكثر شيوعا للإصابة بالسل خارج الرئة كانت العقد الليمفاوية

الاستنتاج: تخلص هذه الدراسة أن الغدد الليمفاوية هي المكان الأكثر شيوعا للإصابة بالسل خارج الرئة و التأخير في تحديد النتائج في معدلات الاعتلال والوفيات سيكون كبير

كلمات البحث: مرض السل خارج الرئة ، سل العقد الليمفاوية ، حضرموت

Introduction:

The growing concern world-wide regarding the reproductive health implications of Female Genital Mutilation (FGM). Is evident from the number of publications on the subjects from different parts of the world.(1)

Female Genital Mutilation (FGM) refers to the partial or total removal of female external genitalia for non-medical reasons.(2) According to the World Health Organization (WHO) (FGM) include all procedures which involve the partial or total removal of external genitalia or other injury to the female genital organs whether for cultural or any other non-therapeutic reason.(3) Four types have been identified, and the form or the other is practiced in 28 African countries, in a few countries in the Arab Peninsula, among minorities in Asia, and among migrants from these areas who have settled in Europe, Australia and North America.(4)

Despite the fact that it is associated with many short-term and long-term harmful physical and psychological side effects (5,6), it is estimated that more than 130 million girls and women world-wide have been genitally mutilated; about three million girls, mostly under the age of 15 years, still undergo the order each year (7).

In Yemen (costal area) the practice of FGM is wide spread (Hodied, Hadramout, Aden) (97%, 96%, 82%) respectively, while this practice is decrease in mountainous, plateau and desert region.(8)

In Islamic Law it is apparent that scholars agreed on the permissibility of circumcision in general, but they disagree on its obligation for both sexes and on whether it was a Sunna, or whether it is only obligatory to men, and it brings nobility to female, but none of them said that it was forbidden for women.

In Yemen 2005, the Ministry of Public Health emitted decision to stop the circumcision practice for girls from all workers in general and specific services. This study is aimed to know the effect of this decision on attitude of people in medical and social media toward FGMs.

Objectives:

General Objective:

Identify attitude of medical and social community medium toward female circumcision.

Specific Objectives:

1. To identify attitude of girls parents and health workers about female circumcision and their reasons.
2. To identify attitude of religious leaders about female circumcision and their evidences.

Oethodology:

Community based cross sectional, descriptive study, was conducted in costal area of Hadramout Government to determine the attitude of community about female circumcision from (January-Aril/2005).

The sample size was 605 selected non-randomly (convenience method) by interview all parents (200 fathers aged between (20-67), 200 mothers age up to 35) who seek health services, an addition to health workers who present at that places during this period (145 health workers) and agreed to participate in our study aged (less than 359).

We also interviewed 60 religious scholars to know the opinions of Islam about female circumcision. The data were obtained in 3 questionnaires

- The first are related to parents which including age, education level, area, their opinions, reasons of agreement and reasons of disagreements.
- The second one related to health workers: the same like above.
- The third one religious scholars which including: their opinions and their evidences.

The raw data were calculated manually, while the results were presented in tables, graphs using computer programs (Excel, Word and PowerPoint).

Results:

- Most the parents fathers and mothers are approve with female circumcision (78.5, 77.5%) respectively. With different causes belief in cleaning at the top of causes (father 59%, mother 57.7%).
- Refusal of circumcision by father as well mothers for different reasons, (28.9%, 38.9%) due to absence of religious need.
- As for health workers the study shows that 55.2% of them approving female circumcision, 35.9% refusing, 8.9% having undefined positing, and most of them have been influenced by ministerial decree mentioned before hand.
- Concerned the religious men, 75% agree on female circumcision as and obligation defined by (Sharia). 25% deny, with conservation, its being an obligation. They content themselves with commencing on it as (honour to women).

- 72.2% of the religious category indicate that there is a prophetic saying (Hadith) concerning the question of female circumcision (Hadith: Khamsun min alfitrah...and Ashimmi wa la tan-haki...).
- 25% say that there is a week Hadith about the matter. But throughout our revising previous

similar studies, we find out different objects and results, yet they all coincide with what we achieved. That is the percentage of people approving of the matter is bigger than the percentage of those refusing it.

Table 1: Attitude of fathers toward female circumcision according to age group, residence and education in Al-Mukalla, Shiher and Al-Ghail.

Background Characteristic	Agree		Non-determine		Disagreement		Total
Age Group (Years)	F	%	F	%	F	%	
20-35	82	95	2.5	3	18	15.5	116
36-51	74	57	2.6	2	18	23.4	77
52-67	71.4	5	-	-	2	28.6	7
Total	78.5	157	2.5	5	38	19	200
Residence							
Urban	80	120	2.7	4	26	17.3	150
Rural	74	37	2	1	12	24	50
Total	157	78.5	5	2.5	38	19	200
Education							
Illiterate	13	68.4	1	5.3	5	26.3	19
Primary	62	81.6	3	3.9	11	14.5	76
Secondary	44	78.6	1	1.8	11	19.6	56
University	38	77.6	-	-	11	22.4	49
Total	157	78.5	5	2.5	38	19	200

Table 2: Reasons of agreement of fathers toward female circumcision among 157 fathers.

Reason	F	%
Cleanliness	85	59
Required by religion	50	31.8
Tradition	19	12.1
Preservation of virginity	3	1.9
Non determine	-	-
Total	157	100

Table 3: Reasons of disagreement of fathers toward female circumcision among 38 fathers.

Reason	F	%
Not required by religion	11	38.9
Bad tradition	9	23.7
Painful experience	1	2.6
Causes medical complication	7	18.4
Against dignity of woman	1	2.6
Non determine	9	23.7
Total	38	100

Table 4: Attitude of mothers toward female circumcision according to age group, residence and education in Al-Mukalla, Shiher and Al-Ghail.

Background Characteristic	Agree		Non-determine		Disagree		Total
Age Group (Years)	F	%	F	%	F	%	
20 and less	21	70	2	6.7	7	23.3	30
More than 20	134	78.8	5	3	31	18.2	170
Total	155	77.5	7	3.5	38	19	200
Residence							
Urban	115	79.3	3	2.1	27	16.8	145
Rural	40	72.7	4	7.3	11	20	55
Total	155	77.5	7	3.5	38	19	200
Education							
Illiterate	37	77.1	1	1	10	20.8	48
Primary	81	82.7	2	2	15	15.3	98
Secondary	29	69.1	3	3	10	23.8	42
University	8	66.7	1	1	3	25	12
Total	155	77.5	7	7	38	19	200

Table 5: Reasons of agreement of mothers toward female circumcision among 155 mothers

Reason	F	%
Cleanliness	88	57.7
Required by religion	44	28.3
Tradition	18	11.6
Preservation of virginity	2	1.3
Non determine	3	1.9
Total	155	100

Table 6: Reasons of disagreement of mothers toward female circumcision among 38 mothers.

Reason	F	%
Not required by religion	11	28.9
Bad tradition	7	18.4
Painful experience	1	2.6
Causes medical complication	7	18.4
Against dignity of woman	5	13.2
Non determine	7	18.4
Total	38	100

Table 7: Attitude of health workers toward female circumcision according to age group, sex and occupation.

Background Characteristic	Agree		Non-determine		Disagree		Total
Age Group (Years)	F	%	F	%	F	%	
20-35	46	53.5	9	10.5	31	36	86
36-51	28	57.1	4	8.2	17	34.7	49
52-67	6	60	-	-	4	40	10
Total	80	55.2	13	8.9	52	35.9	145
Sex							
Male	43	65.2	4	6	19	28.8	66
Female	37	46.8	9	11.4	33	41.8	79
Total	80	55.2	13	8.9	52	35.9	145
Occupation							
General Practitioner	10	27.8	4	18.2	22	61.1	36
Operating Technician	15	78.9	2	10.5	2	10.5	19
Nurse	41	69.5	4	6.8	14	23.7	59
Midwife	14	45.2	3	9.6	14	45.2	31
Total	80	55.2	13	8.9	52	35.9	145

Table 8: Reasons of agreement of health toward female circumcision.

Reason	F	%
Cleanliness	31	38.7
Required by religion	37	46.2
Tradition	3	3.8
Preservation of virginity	6	7.5
Non determine	3	3.8
Total	80	100

Table 9: Reasons of disagreement of health toward female circumcision.

Reason	F	%
Not required by religion	12	23
Bad tradition	7	13.4
Painful experience	6	11.5
Causes medical complication	19	36.5
Against dignity of woman	7	13.4
Non determine	1	1.9
Total	52	100

Discussion:

Regarding to our study which done about attitude of female circumcision of parents, health worker and Islamic – religious leaders, we found that the highest percentage of agreement 82% in young parents group age (female >20, 20 – 35 male), this reflect to awareness religion and for cleanness reasons. While the percentage of disagreement (19%) which is due to it is not required by religion, bad tradition as well as causes medical complication. Through this we found that the attitude of parents doesn't affected by residence and level of education.

In contrast, we found in other study done in Yemen (1997) the percentage of agreement is high in old parents and rural and with low level of education (illiterate) the cause of this result may due to traditional and cleanness reason. While the percentage of disagreement in same study high more than agreement, this result due to bad traditional and against religion.(9)

About health workers, we found 82.2% of all samples were agreement with female circumcision. The operating techniques were more agreement in as much as 27.8% affected by cleanness and required by religion. And about 35.9% of samples were disagreement. The G.P. were more disagreement in as much as 61.1% affected by medical complication and not required by religion. In contrast in the other study, we found 75% of health worker were agreement affected by traditional 25% was disagreement.(10)

The attitude was not affected by age since generality was agreement in all age groups.

The study shows that all religions scholar agreement (by variant) [Imam preacher, religion scholar, mufti, Judge, marriage official and Islamic caller] and 75% of all entirely that the circumcision is religion a known duty, they deducted by Hadith Saheh 72.2%, Hadith Daef 20.9% and Holy Quran text 6.9% and they apprised many positive excuses as it is wanted sunna, noble deed for women and reduce the desire which insure their virtue. Most of them heard about the minstrel decision and their opinion not affected by it.

However, some of them don't comment due to closeness. And other hanged that the minstrel decision western complete to destroy the virtue and to abnegate Sunna from the Islamic virtual.

Our result agree completely with that found in other researches as in female circumcision in costal area of Hadramout in May 2002(9).

Conclusion:

- Yemeni society still agrees with female circumcision despite ministry decision in September 2001 and some of research that done to prevent this phenomenon.
- From our research, we found majority of samples that study has been done in it are agreed (parents, health workers and scholar religious).
- The scholar religious rest on agreement to 72.2% due to Hadeeth Saheih and only 20.9 due to Hadeeth Dhaef.
- The most causes of agreement in all samples are cleanliness and required by religion whereas disagreement in present due to not required by religion and other reasons (not determine) but health workers due to not required by religion and causes medical complication.

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