

Cleft Curse: Cultural Connotations of Cleft Lip and Palate in México City, México
Andi Kezh

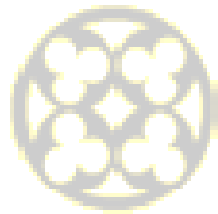
ABSTRACT

BACKGROUND: Cleft lip and Cleft Palate (CLP) are one of the most common congenital facial deformities occurring in approximately 1 in every 700 births globally. Causal beliefs on CLP vary from biomedicine based in biological science to cultural mythology dictated by geographical regions and ethnicity groups. Negative perceptions and beliefs associated with CLP have contributed to further implications such as societal prejudice, and even stigmatization and marginalization. Mythical beliefs on CLP can also influence the treatment of the condition, which can lead to health disparities if cross-cultural medical education is not used. Identifying causal beliefs of CLP from a multicultural perspective can inform medical and social providers to improve care. There is a significant lack of data on CLP causal beliefs from in the country of México, which has the second highest recorded prevalence of CLP births in Latin America.

OBJECTIVE: Through a medical anthropology theoretical framework, this study investigates the causal beliefs of CLP, factors contributing to these beliefs, and their current implications in the northern region of México City, México. Ultimately, this research can inform medical and social providers to improve CLP care from a multicultural perspective, and in turn improve the quality life for those with CLP in northern México City, as well on a global scale. **METHODS:** Convenience sampling was used to recruit 13 adults ages 18-60 years within the cleft community in northern México City to complete a semi-standardized written questionnaire. Data analysis was conducted using Grounded Theory (GT) via qualitative thematic coding and quantitative basic measurement. Additionally, this study is considered Participatory Action Research (PAR) to encourage participants to reflect on the CLP condition that affects their community in México City.

RESULTS: Most participants state biomedical explanations for their personal beliefs, while external beliefs within the greater community are rooted in cultural mythology. The data reveal participants state an eclipse of the moon is the believed the cause of CLP they heard from those around them, alongside rumors that the mother or parents are to blame for the cause of CLP. Some participants use 'Labio Leporino' or harelip, though most participants use the more inclusive biomedical term, 'Labio y Paladar Hendido', or Cleft Lip and Palate. Most participants state positive experiences with CLP, though some social stigma is still present. This suggests communities and parents in the region are becoming more accepting of the CLP condition. All the participants state biomedical treatments for CLP based in biology, while two participants also describe cultural treatments heard within their community involving the Mexican traditional practice of 'Curanderismo'. Since all the participants were specifically selected due to their personal connection to CLP, the data suggest there is an association between familial or hereditary history of CLP and biomedical explanations of the condition.

CONCLUSIONS: Biomedical and cultural systems can coexist in an intertwining manner, and do not necessarily have to be in opposition to one another. Participants demonstrate that it is possible for individuals to believe Mexican cultural mythology within their community and still acknowledge the biomedical standard simultaneously, while reflecting little to no negative implications that other studies have indicated such as social stigma and lack of necessary medical intervention. Thus, belief systems rooted in cultural mythology pose little threat to CLP care if they are implemented alongside biomedical systems. Clinical implementation of medical pluralism and cultural competence is essential to bridge the gap between myth and medicine, belief systems and medical systems, and between patient and caregiver to provide comprehensive care.



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