Consanguinity among the Saudi Arabian population

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Abstract
This study was conducted on 3212 Saudi families to investigate the prevalence of consanguineous marriages. The families were interviewed and the information on the relationship between the husband and wife was obtained. The overall rate of consanguinity shows that 57-7% of the families screened were consanguineous. The most frequent were first cousin marriages (28-4%) followed by distant relative marriages (15-2%) and second cousin marriages (14-6%).

The families were grouped according to the province of their origin and the consanguinity rates were calculated accordingly. There were slight differences in the consanguinity rates in the five provinces, which ranged from 52-1% to 67-7%. In each province first cousin marriages were the most frequently encountered pattern, ranging from 17-9% to 40-9%. The inbreeding coefficient (F) was calculated for each province and ranged from 0-020 to 0-030.

Within each province, there were several significant differences among the populations in the different areas. The highest rate of consanguinity was 80-6% in Samtah and the lowest rate was around 34% in Abha in the South Western province.

These results place Saudi Arabia among the countries of the world with a high rate of consanguinity. The possible consequences of increased consanguinity are presented and discussed.

Consanguinity refers to the marriage of parents with a recent common ancestor. Consanguineous mating (inbreeding) is an important phenomenon genetically as it brings about an increase in homozygous genotypes and a decrease in the corresponding heterozygous form. Consanguinity is common in several populations of the world though the consanguinity rates vary from one population to another. Furthermore, there is variability between different tribes, communities, and ethnic groups within the same country.

Worldwide, a wide variation in the consanguinity rates among various ethnic groups have been reported. In European populations the rates are generally less than 0-5%, while in North Africa and southern and western Asian populations 22 to 55% of all unions are consanguineous. In the majority of the US States cousin marriages are illegal under the statutes passed in the 19th and 20th centuries.

In the Arabian populations several studies have shown that consanguinity varies between and within each country with a wide range of prevalence. Reports from Saudi Arabia indicated significant differences. Chaleyby and Tuma encountered 18-9% consanguinity in hospital visitors compared to 31-4% in obstetric inpatients. More recently, in a study of 500 females, the consanguinity rate was shown to be 50% in Riyadh. Reports from the other Arab populations also show a high rate of consanguinity, ranging from 10-6% in Bahrain to 56-4% in Iraq (table 1), though a more recent report from Bahrain shows a prevalence of 39-4% in 1995.

Although consanguinity is associated with increased gross fertility, morbidity and mortality are shown to be higher, thus resulting in comparable numbers of surviving offspring in both consanguineous and non-consanguineous matings. Several genetic disorders, congenital malformations, and reproductive wastage are more frequent in consanguineous marriages. A study on hereditary hearing impairment, an autosomal recessive disorder,
showed that the disorder occurred more often in consanguineous matings in Saudi Arabia. A high prevalence of inborn errors of metabolism and congenital malformations in Saudis is believed to result from a high rate of consanguinity, though the relationship between consanguinity and other genetic diseases awaits studies of consanguineous and non-consanguineous marriages in Saudis.

We initiated this study to determine the prevalence of consanguinity in the Saudi population in different parts of the country and to compare the results with those reported in other Arabs and neighbouring populations.

Materials and methods
The study was conducted in different areas of Saudi Arabia according to a statistically designed household screening plan, during a national study to determine the prevalence of diabetes mellitus in Saudi Arabia (Project No AT-MW-10). Each area was divided into sectors and randomly distributed sectors were selected for screening. In every sector every tenth street, and on every street every tenth house, was selected for screening. The local health centre was contacted to obtain essential information on the household. Thereafter, the family was contacted and invited to participate in the study. The visit was made by the investigators and one technical staff and a nurse on a mutually agreed day. Fewer than 5% of the families contacted declined to be included in the study. A total of 3212 Saudi families participated in the study; they lived in different areas of Saudi Arabia as shown in the sketch map (figure). A purpose designed questionnaire...
was filled in by an Arabic speaking interviewer. The questionnaire included an enquiry about the family relationship of the husband and wife and the level of consanguinity, if any (that is, first cousin, second cousin, or others). Further subdivision was carried out according to the origin of each family within the province. The data were fed into the computer and compared and contrasted with the rate of consanguineous and non-consanguineous marriages.

Results
Of the total 3212 families included in this investigation, 1852 were found to be consanguineous, an overall rate of consanguinity of 57.7%. In the five provinces the rates of consanguinity ranged from 52.1% to 67.7%, and in each province first cousin marriages were generally the favoured type (table 2).

Within each province the different localities were separated and the prevalence of consanguinity was calculated in each area. Differences were encountered in the consanguinity rates in each area (table 3), where the minimum rate was around 34.3% in Abha and the highest was 86.6% in Samah, both in the Southern Province. In addition, differences were also observed in the prevalence of first cousin, second cousin, and other forms of marriage between relatives. In most areas first cousin marriages were more prevalent, while in others second cousin marriage occurred at a higher prevalence. In some areas other forms of marriage between relatives were more common (table 3). The inbreeding coefficient (F) was calculated for each province and ranged from 0.02 to 0.03. The average inbreeding coefficient in the overall Saudi population was 0.024.

Discussion
This study shows the prevalence of consanguinity in Saudi Arabia and places Saudi Arabia in the same rank as Kuwait, Jordan, Iraq, Pakistan, Egypt, and the United Arab Emirates. The consanguinity rates in Saudi Arabia and other Arab countries are significantly higher than in the South and North Americans, Europeans, South Africans, eastern Asians, and the populations in the Oceanic countries.

Within Saudi Arabia the prevalence of consanguineous marriages differs from one area to another. First cousin marriages occur at the highest prevalence in most of the regions, though in some of the regions second cousin and other marriages between relatives are observed at a high rate.

The inbreeding coefficient (F) also placed Saudi Arabia among the countries of the world with a high rate of inbreeding. In western coun-
ttries where consanguineous mating occurs at a frequency, the inbreeding coefficient is low, for example in Canada (Roman Catholics) F = 0.00004 – 0.00007, in the United States (Roman Catholics) F = 0 – 0.0008, in Latin America, F = 0 – 0.003, in southern Europe, F = 0.001 – 0.002, and in Japan F = 0.005. However, in populations with higher consanguinity rates the values are higher, for example, in India (Andra Pradesh) F = 0.02 and in the Samarians, a group numbering around only 500 people who have been genetically isolated for over 3000 years, F = 0.04. ¹ Saudi Arabia, with a range around 0.02 – 0.03 and an average of 0.024, occupies an intermediate position.

There are several underlying factors which may operate to encourage consanguineous marriages. In Saudi Arabia, the high rate of consanguinity may be attributed to social and traditional factors and to the desire to keep property within families. Similar indications are shown in a neighbouring country with similar customs and beliefs. The main factors that inspire consanguinity include social and economic benefits and more stable marriages among cousins, where the male and female grow up in the same or similar environment of the family and therefore adjust more easily after the marriage. In addition, marriage between relatives is considered beneficial as it maintains the family fortunes within the same family structure. Anthropologists have long agreed that the main achievement of consanguineous marriages is the inheritance of family structure and property. ² ³

Several studies have described aspects of reproductive behaviour, reproductive wastage, morbidity and mortality, and genetic effects of consanguineous matings. The major harmful effect of consanguinity is a higher frequency of autosomal recessive diseases in the offspring and frequently an increased rate of morbidity and mortality. The excess mortality is shown to be directly related to the degree of inbreeding. ⁴ ⁵ ⁶ ⁷ ⁸ ⁹ ¹⁰ ¹¹ ¹² ¹³ ¹⁴ ¹⁵ ¹⁶ ¹⁷ ¹⁸ ¹⁹ ²⁰ In addition, congenital malformations and inborn errors are believed to occur at a higher prevalence in cousin marriages. ²¹ ²² ²³

In Saudi Arabia, several genetic disorders (mostly autosomal and X linked recessive) are prevalent. The most thoroughly investigated are sickle cell disease, haemoglobinopathies, and enzymopathies (glucose-6-phosphate dehydrogenase deficiency). ²⁴ ²⁵ ²⁶ ²⁷ ²⁸ ²⁹ ³⁰ ³¹ ³² ³³ ³⁴ ³⁵ ³⁶ ³⁷ ³⁸ ³⁹ ⁴⁰ People with two or more of these abnormal genes are frequently encountered and interaction between these genes influencing the clinical presentation are common. ⁴¹ ⁴² ⁴³ ⁴⁴ ⁴⁵ ⁴⁶ The number of homozygous cases, for example, sickle cell anaemia and glucose-6-phosphate dehydrogenase (G6PD) deficient females, observed in the different areas of Saudi Arabia is significantly higher compared to the number of expected cases obtained using Hardy-Weinburg equilibrium. ⁴⁷ This disturbance of Hardy-Weinburg equilibrium is believed to be because of the high rate of consanguinity in the Saudi population. Little information is available on the prevalence of other genetic disorders and congenital anomalies, but these disorders are not uncommon. ⁴⁸ ⁴⁹

Further studies are under way to determine the consanguinity rates in relation to morbidity and mortality in this population, and may show other interesting findings and correlations.

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6 Al-Hussein M, Al-Banyan M. Rate of consanguineous marriages in Saudi population. Symposium on Medical Genetics in the Setting of the Middle Eastern Populations, Riyadh, 1993A.
13 Al-Arrayed S. Consanguinity in the State of Bahrain. Symposium on Medical Genetics in the Setting of the Middle Eastern Populations, Riyadh, 1993A.
16 Ozand PT, Rashid MS. Inborn errors of metabolism in the Middle East. Symposium on the Epidemiological Transition/Transition and Health in Developing Countries, Riyadh, 1994A.
17 Sakati N. Congenital malformation as a health problem model in developing countries. Symposium on the Epidemiological Transition/Transition and Health in Developing Countries, Riyadh, 1994A.
22 Granger HR. Marriage conditions in a Palestinian village. Parts I & II. Helsinki: Sodendrom, 1931.