

Traditional Rituals and Customs for Pregnant Women in Selected Villages in Southwest Uganda

Florence Beinempaka, RN, BNSc, MNS,¹ Basil Tibanyendera, BA Med, PhD,²
Fortunate Atwine, BNSc, MNSc,¹ Teddy Kyomuhangi, BA, MPHL,³
Jerome Kabakyenga, MBChB, MPH, PhD,³ Noni E. MacDonald, MD, MSc, FRCPC⁴

¹Department of Nursing, Mbarara University of Science and Technology, Mbarara, Uganda

²Department of Education, Mbarara University of Science and Technology, Mbarara, Uganda

³Maternal Newborn and Child Health Institute, Mbarara University of Science and Technology, Mbarara, Uganda

⁴MicroResearch Canada and Department of Paediatrics, Dalhousie University, Halifax NS

INTRODUCTION

Uganda has significantly improved its mortality rate in children under age five, but maternal mortality remains high and 2015 Millennium Development Goal 5A will not be achieved. The Ankole sub-region in southwestern Uganda is approximately 400 km south of the capital, Kampala, with an estimated population of 2.9 million. It has 71 000 births per year and an average lifetime parity of six. In this sub-region, many mothers are cared for and deliver in their rural villages with traditional birth attendants, and travel to hospital only for complications.

The purpose of this study was to determine what potentially harmful and helpful Ankole traditional pregnancy and birth rituals are being practised, in order to support development of culturally acceptable prevention and intervention strategies to improve maternal and newborn outcomes.

METHODS

As previously described,¹ in each of the 10 randomly selected villages in the Ankole sub-region, eight to 12 discussants with maternal/newborn care roles were selected with help from the Village Health Team (volunteer

community health workers with limited health training) to participate in qualitative focus group discussions (FGD). The discussants included traditional birth attendants, mothers, fathers, grandmothers, herbalists, and village child specialists. Individual informed verbal consent was obtained before commencing each FGD, and participation was voluntary throughout. Each FGD was conducted in the vernacular language (Runyankole), and was recorded, transcribed verbatim, translated into English, and analyzed qualitatively for study themes including care of pregnant mothers and traditional birthing rituals and customs.

The study was approved by the Mbarara University of Science and Technology Institutional Ethical Review Committee, funded by Save the Children Uganda and Healthy Child Uganda, and supported with mentoring from MicroResearch.

RESULTS

A total of 67 women and 37 men participated in the FGDs. All noted that child-bearing was held in high esteem. The following traditional pregnancy and birthing rituals were identified:

- Planting potato stems is prohibited as it is believed that frequent prolonged bending encourages the umbilical cord to wrap around the baby's neck.

Key Words: Pregnancy, maternal mortality, traditional practices, prenatal risks, peripartum risks, Sub-Saharan Africa

Competing Interests: None declared.

- Herbs are ingested orally and inserted vaginally throughout pregnancy as it is believed this cleanses the unborn baby.
- For maternal/infant health, it is believed that a pregnant woman should avoid seeing or burying a dead person or animal, seeing someone drowning, seeing a burning house, or seeing someone committing suicide or the rope used to commit suicide.
- Pregnant women must avoid staying seated at the eating place in order for the baby to cry easily at birth (Runyankole term *okugundiira*).
- The husband must not have sexual relations with any other woman during the pregnancy even if she is his co-wife. Resumption of sexual activity is prohibited for one month after delivery (*okwita akagyere*).
- Home delivery is preferred, even for young adolescent mothers, as traditional birth attendants and traditional practices and customs are greatly trusted.
- Trust in village health teams is greater than in health care workers and the formal health care system.
- Delivery takes place in the kneeling position, not supine, in the bedroom at the side where the husband normally sleeps. The husband may be called in to hold the wife in labour.
- The placenta is given due attention with formal burial as it is regarded as another baby.
- Referral to the local hospital is resorted to only if serious complications arise. In these cases the most common outcome is death of the mother, the baby, or both.

- Post-delivery, mothers must spend four days indoors with the baby (*ekiriri*).

DISCUSSION

Several Ankole maternal traditional pregnancy and birth customs run contrary to practices recommended by the World Health Organization. These include vaginal insertion of herbs, home delivery (even of adolescents) without a skilled birth attendant, and hospital referral delayed until serious complications arise. Some rituals are harmless, and others are potentially helpful. For example, maternal activity is encouraged during pregnancy, as is time to rest, bond, and establish breastfeeding post-delivery. The husband's avoidance of sexual activity with another woman decreases the risk of sexually transmitted infection, and his participation in the delivery supports the woman. Low trust in health care workers and in referral to a hospital or health facility may be due to the observed association between referral and maternal or neonatal deaths. Health care practitioners need a full understanding of these rituals in order to modify them for improved maternity care. Enhancement of Village Health Teams' understanding of the importance of prenatal care, combined with protocol development to improve earlier recognition by the Village Health Teams of prenatal and peripartum risks to support earlier referral, could improve outcomes.

REFERENCES

1. Beinempaka F, Tibanyendera B, Atwine F, Kyomuhangi T, MacDonald NE. The practice of traditional rituals and customs in newborns by mothers in selected villages in southwest Uganda. *Paediatr Child Health* 2014;19:72.