

## ***“We are the Granaries of the Clan”*: The Effect of Cultural Beliefs and Practices on Pregnancy and Birth Outcomes in Northern Uganda**

### **Introduction:**

The purpose of this study was to explore how cultural beliefs and practices of northern Ugandans affect birth outcomes. Northern Uganda is recovering from a 26-year civil war with the Lord’s Resistance Army (LRA). The war resulted in over 1.8 million individuals displaced and depletion of basic resources and infrastructure. The infant mortality rate in Uganda is one of the highest in the world, at 63/1,000 live births and a maternal death rate of 440/100,000 live births.

Two research questions were:

- What are the cultural beliefs and practices associated with neonatal death and stillbirth among northern Ugandans?
- How do these cultural beliefs and practices affect the birth outcomes of the local Ugandan women?

### **Methods:**

A qualitative descriptive design was used in this study conducted at St. Mary’s Lacor Hospital and School of Nursing in Gulu, Uganda. A PhD nurse researcher and graduate student conducted four audio-recorded focus groups and one individual interview in English. Extensive field notes were prepared from observations conducted in hospitals, rural clinics, and local villages over a 3-week period.

The data were analyzed using inductive analytic methods. Each of the transcripts was transcribed verbatim and coded independently. The researchers met to discuss and agree on recurring patterns and themes. The qualitative data software management program, NVIVO 9.0, was used to assist in the management and organization of the data. Confirmation of themes was done with one of the participants, a northern Ugandan nurse midwife who is considered an expert in pregnancy and childbirth in this region.

### **Results:**

A convenience sample of 29 English-speaking northern Ugandan nursing instructors, students, and healthcare providers were interviewed. A majority identified as members of the Acholi tribe; 21 were female with an average age of 30 years; and all had prior healthcare experience. The two themes were:

1. *Women are the Granaries of the Clan*, captures the social oppression of women within the clan structure and lack of autonomy to make their own decisions about pregnancy and childbirth.

2. *Good Medicine/Bad Medicine*, addresses the simultaneous and often contradictory practices of using traditional healers, such as witchdoctors and traditional birth attendants, and at the same time as accessing modern health clinics for immunization and HIV treatments.

### **Discussion/Significance:**

Certain cultural beliefs and practices of northern Ugandans facilitated the health of mothers and newborns, whereas others were detrimental. Healthcare providers who partner with northern Ugandans to promote positive maternal and newborn health outcomes must be knowledgeable about traditional beliefs and practices in order to provide culturally sensitive and relevant interventions.

Leininger's three modes of nursing actions were used as a framework.

- *Preservation/maintenance* – Maintain and support the role of the “trusted” traditional birth attendants in remote villages where there is no access to modern health care services.
- *Accommodation/negotiation*- Arrange for mothers who deliver in the hospitals or clinics to retain the placenta and umbilical cord.
- *Repatterning/restructuring* – Educate the men as well as the women in the Ugandan villages about the dangers of consulting a witchdoctor for labor complications and instead of a certified birth attendant.

**Submitted by Dr. Martha Baird, shared with permission.**