THE INFLUENCE OF CULTURAL PRACTICES AND GENDER DYNAMICS ON MATERNAL HEALTH IN UGANDA.

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The Millennium Development Goals (MDGs) spell out Maternal Health as one of the major issues to handle as for the Millennium Summit (MDG 5). This was due to the high ratios of maternal deaths especially in developing countries (WHO, 2007). Women form a big percentage of the population in Uganda and their contribution to the labor force is very vital which makes their health an area of great interest. Cultural practices and gender dynamics in society perpetuate some of the maternal health problems that women experience today. This issue made the study about the influence on maternal health in Uganda very necessary. The study employed both qualitative and quantitative methods of research. Being a comparative study, it was carried out in Eastern Uganda (Mbale), Western Uganda (Kabale) and Central Uganda (Mukono).

The study findings identified the use of herbs as the major cultural practice that is common in the three regions that can lead to poor maternal health. This was coupled by the use of Traditional Birth Assistants (TBAs) who encourage herbs, and home deliveries. The other cultural practices mentioned included early marriages, domestic violence, female genital mutilation and food taboos. However, on other factors given, lack of antenatal visits, diseases, over-bleeding, miscarriage and poor health services were also given. Favorable perceptions towards cultural practices that affect maternal health were observed. Issues of gender dynamics identified rotated around male dominance, domestic violence, work overload and neglect and all these negatively influence maternal health.

The recommendations made include sensitization of communities against the use of dangerous cultural practices, and gender equality sensitization programs that could reduce on domestic violence may include maternal health campaigns and improvement on the health services for the community.

Reducing maternal mortality requires a national strategy to bring about three essential changes: a societal commitment to ensuring safe pregnancy and birth; improvements in access to, and quality of, health care; and commitment to the special needs of girls and women throughout their lives.

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