

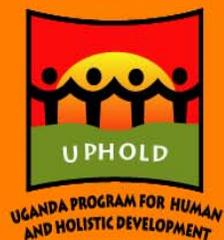
THE ROLE OF CULTURE IN THE UPTAKE OF PUBLIC HEALTH PROGRAMS: *A CASE STUDY OF BIRTH PRACTICES IN ARUA DISTRICT, UGANDA*

*Presentation for the Annual Scientific Conference,
Makerere University Medical School and IPH*

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Uganda Program for Human and Holistic Development

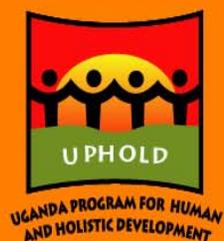




Presentation Outline

- Background
- Objectives
- Methodology
- Findings
- Conclusions
- Recommendations



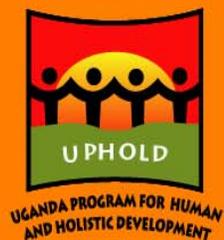


Background: Reproductive Health

Indicator	Uganda*	Sub-Saharan Africa**
Maternal mortality ratio (per 100,000 live births)	505	921
Infant mortality rate (per 1,000 live births)	88	100
Births attended by skilled health staff (% of total)	37%	42%
Percent Women receiving ANC from Skilled Health Professional (% total)	92%	71%

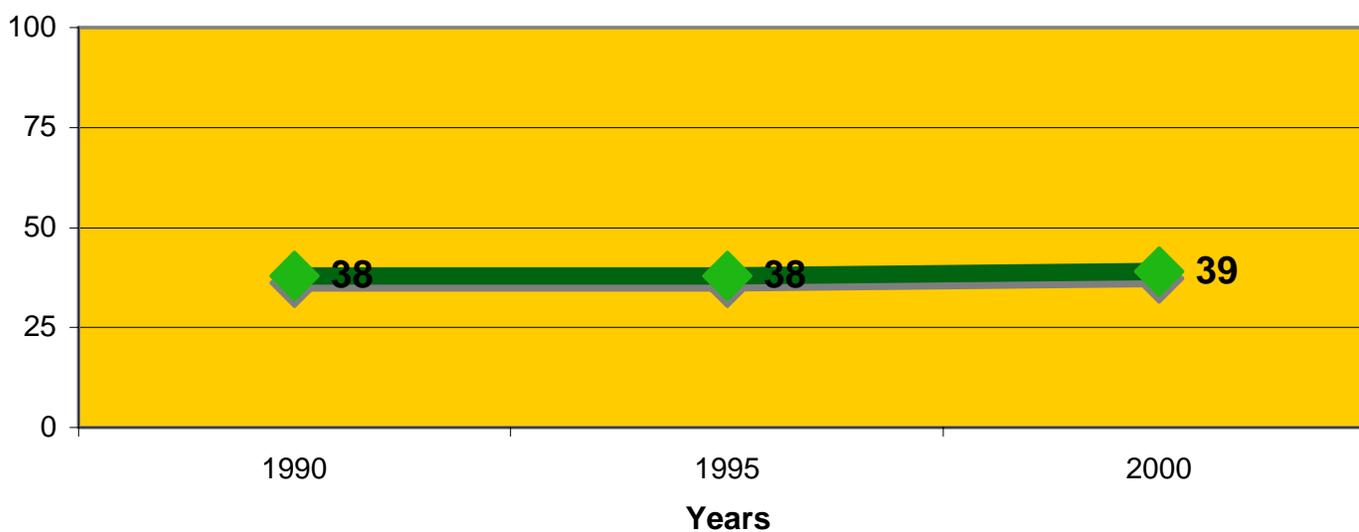
Source: *UDHS/ HSSP II
 ** World Bank

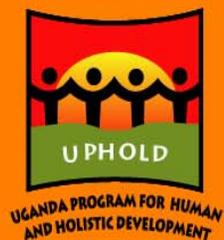




Background: Reproductive Health

**Births Attended by Skilled Health Staff in Uganda
(1990-2000)**



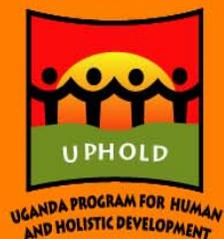


LQAS, Anecdotal Evidence & Culture

- 96.4% of women in Arua attend antenatal care (ANC) at least once in a health facility
- 30.4% of women in Arua delivered from a health facility
- Anecdotal evidence gathered during LQAS feedback review sessions indicated that **culture** influences a mother's choice of delivery location

“A mother is considered a woman if she can successfully deliver herself from home”

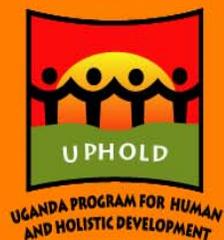




Objectives

- To understand why local women attend antenatal care but do not delivery in the health centres
- To gain insight into delivery practices from local women's perspective to guide programming
- To identify the barriers to delivering at the health centre from local women's perspectives

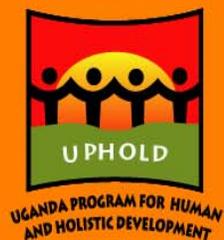




Methodology

- Anecdotal Evidence from LQAS Review Meetings
- Literature Review
- Focus Groups Discussions (4)
 - *Arua District: Ajja & Oluko Sub-counties*
 - *Nebbi District: Jang-okoro & Erussi Sub-counties*
- Key Informant Interviews
- Qualitative Data Analysis
- Triangulation

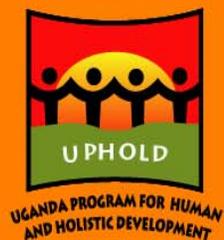




Findings: Key Issues

- *Culture*
- *Antenatal*
- *Care*
- *Safe Delivery*
- *Services (accessibility, cost, quality)*





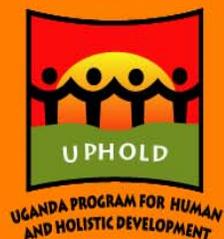
Culture

The culturally based concept of being labeled a **coward** if you deliver at the health facility is now a thing of the past

*“There used to be those days when women were called **cowards** if you delivered from a health centre but now they don’t talk about being a coward if you deliver from a health centre”*

-Traditional Birth Attendant, Varra Sub-county, Arua District





Culture

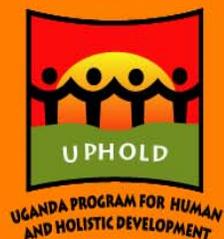
Local women observe cultural traditions during the pregnancy but these do not apply to choice of delivery location

- *For example they did not care the manner in which the placenta was disposed*

“At the health centre they dispose of the placenta in the pit latrine which is not a problem for us”

-Mother, Ajia Sub-county, Arua District





Culture

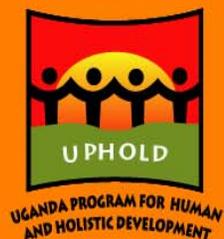
Health workers' perspectives differ from local women's perspectives

- Health workers continue to blame culture
- Local women raise issues related to service quality and accessibility

“Women deliver from home because of cultural influence, she is considered a coward and not brave if she chooses to deliver in a health unit.”

-Midwife, Adumi Oje HCII





Antenatal Care

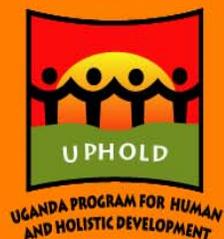
Women attend antenatal care to see if the pregnancy will be safe, so they do not have problems during delivery

Women attend...

- *to see if the fetus is alive and positioned well*
- *to see the month they are in*
- *to receive medicines and multi-vitamins*
- *to be educated*

“Even if you delivery at home you should attend antenatal care.” - Mother, Ajia Sub-county, Arua District





Mother's Concept of Safe Delivery

A safe delivery does not depend on delivering with a skilled health professional:

"It's important to deliver in a good way"

-Mother, Ajia S/C, Arua District

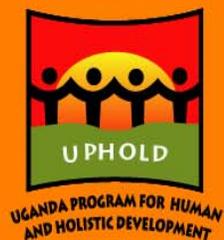
"[Safe delivery] means, throughout the pregnancy you don't have any problem, you don't get complications during delivery and the baby is fine"

-Mother, Ajia S/C, Arua District

"If you go to your antenatal care and take care of yourself during pregnancy you have a safe delivery."

-Mother, Erussi S/C, Arua District





Attitudes of Health Workers

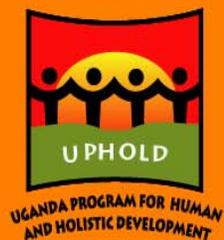
Health worker's poor attitudes are a barrier to delivering in health centres:

“Delivery at the health centre is good if you get friendly staff but if the staff are rude, the women will not go there.” -Mother, Ajia S/C, Arua District

“If you do not come to deliver [at the health centre] prepared and with the right tools and supplies then they [nurses/ midwives] chase you away and tell you to go your own way.” -Mother, Erussi S/C, Arua District

A mid wife with a positive attitude found in one HC III



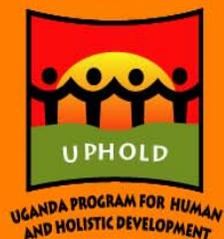


Delivery Environment & Comfort

The **lack** of adequate infrastructure affects quality and comfort posing barriers to delivering in health centres:

- Lack of supplies, sheets, basins, razors, gloves, etc...
- Insufficient labour beds so they lie on concrete while waiting
- No latrines
- No privacy
- Nowhere to prepare food





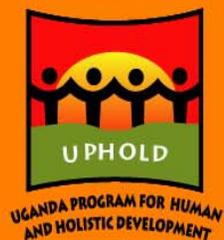
Accessibility

Maternity services are not easily accessed when a woman is labour preventing many from delivering in the health centre

- Distance is too far to travel during labour & no transport
- No one to watch young children at home
- Midwife not present or Health Centre is closed

“This past Tuesday there were four women who came to deliver in the night and when they arrived at the health centre there was no one there so they walked to my home and I delivered them all” **TBA, Varra Sub-county, Arua District**



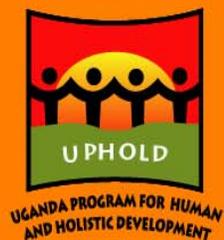


Cost

Health services in Uganda are “free” but the indirect costs are prohibitive for many and a barrier to delivering in health centres

- Women must purchase their own supplies
- Required to purchase fuel or ambulance

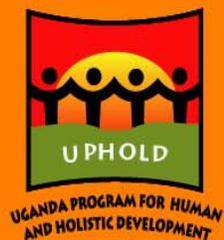




Conclusions

- Culture does not seem to be a barrier
- Attitudes of health workers prevents women from delivering in health centres
- Service quality is also a barrier
- Women's definition of safe delivery does not depend on location nor on assistance from skilled health professional

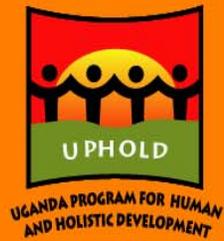




Recommendations - I

- Instill respect for other human beings, human rights approach
- *Commit to and establish* women-friendly reproductive services- it can be done
- *Sensitization and mentoring* to change the mind-set of health workers to consider every woman as a person deserving humane care





Recommendations - II

- Commitment to improving access to and quality of existing services – Yellow Star Programme
- Listen to women and use this to determine what works for them to be achieved through community dialogue and consumer advocacy

