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The practice of traditional rituals and customs in newborns by mothers in selected villages in southwest Uganda

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Between 1990 and 2011, neonatal mortality dropped from 32 to 22 per 1000 live births globally, but has remained above 30 per 1000 live births in Africa. Many neonatal deaths are preventable with support for healthy pregnancies, deliveries and newborn care. Continuation of traditional pregnancy/birth rituals may be placing some mothers/neonates at risk. The Ankole region of Uganda has a population of approximately eight million, and approximately 10,000 live referral hospital births annually. However, most babies are born at home in their villages because women avoid going to the hospital unless complications occur. The purpose of the present study was to determine what potentially harmful traditional pregnancy/birth rituals were practiced in the Ankole region, and to develop Village Health Team (VHT; volunteer community workers with limited health training) mitigation strategies.

METHODS

Ten villages were randomly selected to participate in focus group discussions (FGD) regarding traditional pregnancy/birth customs. For each village FGD, eight to 12 individuals were purposively selected with VHT help. FGD invitees included maternal/newborn caregivers (eg, traditional birth attendant, grandmother or father, herbalist or village child specialist). Individual informed verbal consent was obtained. Open-ended prompts were used to initiate discussions. Sessions were recorded, transcribed verbatim and analyzed qualitatively for study thematic areas including pregnancy, newborn baby, umbilical cord and placenta – all categories with specific traditional rituals and customs.

The study was approved by the Mbarara University of Science and Technology Institutional Ethical Review Committee (Mbarara, Uganda).

RESULTS

A total of 67 women and 37 men participated. They noted that child bearing in Kinyankore culture was held in high esteem, was sacred and shrouded in mystery, delicacy and sanctity. The following potentially risky traditional pregnancy/birthing rituals were described:

During pregnancy

- Herbs are orally ingested and vaginally inserted to cleanse the unborn baby through to term (ie, infection risk).

Postdelivery

- Handling and disposal of the placenta as though it is another living baby – risk of postdelivery infection of much-handled placenta with transfer back to mother or baby.

For the newborn

- The newborn's head is moulded on a 'borning' fire (forcefully bent to shape over fire lit for the birth)
- The mother's first milk is prohibited because it may make the baby ill so it is given other fluids (ie, no colostrum given but instead potentially contaminated liquids)
- Cord care: cutting baby's cord with a reed; adding mother's or friends' spit and/or materials such as dust, herbs, cow-dung powder and/or soot to the cord/stump to encourage healing (ie, infection risk).
- For babies born in a health facility, traditional rituals are practiced when the baby goes home to the village.

CONCLUSION

Many Ankole traditional pregnancy/birth customs contravene WHO recommended health care practices. VHTs need to understand these traditions to provide better maternal/neonatal care in their villages. Prevention steps may include providing VHTs with context-based education to help them better counsel both pregnant women and community members against risky practices. Protocols are needed to enhance VHTs' recognition of women/newborns at risk for ritual-related complications needing close follow-up and early referral to hospital.

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