SOCIAL-CULTURAL NORMS INFLUENCING THE UTILIZATION OF CHILD DELIVERY AND NEONATAL CARE SERVICES AMONG KARIMOJONG MOTHERS IN NADUNGET SUB-COUNTY, MOROTO DISTRICT

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A DISSERTATION SUBMITTED TO THE DEPARTMENT OF SOCIAL WORK AND ADMINISTRATION, SCHOOL OF SOCIAL SCIENCES IN THE PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF BACHELORS DEGREE IN SOCIAL WORK AND SOCIAL ADMINISTRATION OF MAKERERE UNIVERSITY

OCTOBER, 2018
DECLARATION

I, Nayer Ursula, declare that this research report is my own work, drafted on progressively going through the research process, with close supervision from my academic supervisor. I present it for an award of a degree in Social Work and Social Administration at Makerere University.

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APPROVAL

This is to certify that the Research Report on the above topic by Nayor Ursula has been submitted for examination with my approval as her academic supervisor.

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ACKNOWLEDGEMENTS

I wish to acknowledge the following persons for their contribution to the successful completion of my course and above all, this dissertation;

The almighty God.

To my supervisor, for challenging and pushing me to unleash my potential in the field of research. She has patiently nurtured me in this period, and this work, is a result.

My family, for supporting me financially, emotionally, physically, academically and they are the reason that I reached where I am now.

My friends, especially my best friend Samuel, for always cheering me on, only the way you know how to, and encouraging me through this challenging journey, while putting up with me all the way.

All those that extended a helping hand to me when I needed it.
DEDICATION

To my parents, Mr. Angella Fred and Ms. Ilukol Paska.

*For, the journey of a thousand miles begins with a step...*

- *Lao Tzu*
LIST OF ACRONYMS

ANC: Antenatal Care

CEmOC: Comprehensive Emergency Obstetric Care

EmOC: Emergency Obstetric Care

FDGs: Focused Group Discussions

GoU: Government of Uganda

HC: Health Centre

MOH: Ministry of Health

VHT: Village Health Team

UDHS: Uganda Demographic Health Survey

UNESCO: United Nations Educational, Scientific and Cultural Organisation

UNICEF: United Nations Children’s Fund

WHO: World Health Organization

WHS: World Health Statistics
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CHAPTER ONE
INTRODUCTION

1.1 BACKGROUND OF THE STUDY

Every year, nearly 45% of all under 5 child deaths are among newborn infants, babies in their first 28 days of life or the neonatal period (World Health Organisation, 2016). Every day in 2015, 830 women died from preventable causes related to pregnancy and child birth (World Health Organization, 2016), and almost all maternal deaths (99%) happen in developing countries. Studies have indicated that among the many causes for the high maternal and infant mortality rates in developing countries, the most prominent one is that women give birth at home, with the help of traditional birth attendants, relatives, neighbors or even on their own (Lynn M Sibley, 2012). Moreover, most of these mothers and their partners, especially in rural areas, have more trust in the traditional birth attendants than in the trained birth attendants in health facilities, (Sundal, 2012). More than 40 million unattended births are in low and middle – income countries and in these countries, a larger percentage occurs in rural areas. In Uganda, 74% of the live births were attended to by skilled providers and 73% in the health facility, of which 90% of the births were to urban mothers, compared to 70% that were to rural mothers (Uganda Demographic Health Survey, 2016). This implies that mothers’ education and knowledge levels have an impact on their choice to either seek health services or not. Previous studies indicate that the major reasons for home births are; financial limitations, poor geographic accessibility of health facilities in terms of transport and distance, lack of decision making power among the women, inability to afford the medical supplies that are often compulsory at public health facilities, bad attitudes of health workers, preference for traditional birth attendants, socio-cultural norms surrounding childbirth among others. Efforts are being made to improve the health service delivery and accessibility in Uganda (Ministry of Health, 2015), so that mothers receive help from skilled health care providers during birth of their children and shortly after, and therefore, reduce the high maternal and infant mortality rates. The maternal mortality rates in Uganda however remain high at 320 per 100,000 live births (World Health Organisation, 2015) in comparison to the country’s targeted 131 per 100,000 live births by 2015 (Uganda Bureau of
Statistics, 2016), and the infant mortality rate is at 53 infant deaths per 1,000 live births, compared to the targeted 51 deaths per 1,000 live births, (Ministry of Health, 2015/15 - 2019/20). This therefore brings about questions as to why this is rampant in these regions, even with the continued efforts to improve health service delivery systems.

According to the Ministry of Health in 2014, the Uganda health care infrastructure includes Village Health Teams (VHTs) that are located in every village (at the lowest level), health centers, and hospitals (district/rural), regional and national hospitals. The Health centers (HCs) are graded in levels, that is, II, III, or IV, according to the services provided as well as the location. The VHTs situated in every village provide community-based preventive and promotive services. HC II, which is at parish level provides services of the VHTs as well as outpatient curative care, immunization, ANC, emergency maternal deliveries and outreach programs. HC III which is at the sub-county level undertakes all the services of HC II, in addition to inpatient care, maternal and laboratory services. HC IV provides all the services of HC III, including emergency surgery, blood transfusion, laboratory services as well as supervising HC II and HC III, and in theory should be able to function as a comprehensive Emergency Obstetric Care Services (Comprehensive Emergency Obstetric Care facility), (Ministry of Health, 2014). In Moroto district, there exist several health centers that are sponsored by the Government of Uganda namely; Moroto regional hospital (HC IV), Director of District Health Services Clinic (HC II), Moroto Army Barracks Dispensary (HC II), Nadunget (HC III). These health facilities, being sponsored by the government provide free medical services to the people, yet there are still cases unattended births. This implies that the government has taken into consideration that health services are made available to the population even to the village level. Issues to do with the utilization of these services therefore have to be looked as from the demand side, meaning that some factors are preventing individuals from utilizing health care services.

Africans in general have diverse norms, beliefs and practices that pose risks to their health, and most of these affect mothers and girls. These traditional cultural norms and practices vary from community to community, and they include; female genital mutilation, early marriage, forced feeding of women, traditional birth practices, son preference and its implications for the status of the girl child, female and twin infanticide, early pregnancy, dowry price, traditional medicine
usage, traditional birth attendants, among others. The WHO agrees that socio-cultural norms and practices limit the utilization of maternal and neonatal health services by mothers, in a way that some of them disapprove male involvement in the child delivery process and neonatal care, among others, which greatly affects mother’s maternal health, thus leading to health-related complications and sometimes death. With Karamojong having strong attachments to culture, it is only right to believe that there exist socio-cultural norms and practices that impact on the access to child delivery and neonatal care services from the health facilities by the mothers and thus luring the country from achieving its development objectives. It is therefore important to explore these norms from the view of the mothers so as to better inform policy makers in formulation of policies, with close reference to socio-cultural norms and practices in totality, and find ways of integrating them into the health system.

1.2 PROBLEM STATEMENT

Mothers in Uganda barely utilize reproductive, maternal, neonatal, and child health services, (Ministry of Health, 2013). The prevailing low utilization of the services happens to be one of the factors that have contributed to neonatal and maternal mortality in developing countries, due to the complications they face during this period, (Ministry of Health, 2015/2016). According to the United Nations Educational, Scientific and Cultural Organization (UNESCO), traditional cultural norms highly affect how people do things, what people do among others, since it defines what is considered normal, or abnormal in society. Africans, like any other individuals, have diverse and complex cultures and often rely on their norms to determine their health seeking behaviors, and they have both positive and negative impact, (Ministry of Health, 2015). It is therefore important to explore the different socio-cultural norms and practices that have a bearing to child delivery and neonatal care service utilization, so as to enable policy makers formulate appropriate ways to ensure service utilization.

1.3.1 GENERAL OBJECTIVE

To examine the socio-cultural norms influencing utilization of child delivery and neonatal care services among Karamojong mothers in Nadunget sub-county, Moroto District.
1.3.2 SPECIFIC OBJECTIVES

i. To find out the existing socio-cultural norms among Karamojong in Nadunget sub-county, Moroto District.

ii. To examine the influence of socio-cultural norms on child delivery and neonatal care services among Karamojong mothers in Nadunget sub-county, Moroto District.

iii. To find out other factors that influence the utilization of child care and neonatal care services among the Karamojong mothers in Nadunget sub-county, Moroto district.

1.4 RESEARCH QUESTIONS

1. Which socio-cultural norms exist among the Karamojong?
2. Which socio-cultural norms are related to child delivery and neonatal care services among the Karamojong?
3. What is the impact of the different socio-cultural norms on mothers and children?
4. What are the attitudes of mothers towards the socio-cultural norms?
5. What are the attitudes of mothers towards child delivery and neonatal care services in health facilities?
6. How do the socio-cultural factors influence the Karamojong mothers from accessing child delivery and neonatal care services?

1.5 HYPOTHESES

i. Socio-cultural norms influence the low utilization of child delivery and neonatal care services.

ii. Mothers who give birth at home face a risk of losing their lives or that of their babies.

1.6 JUSTIFICATION OF THE STUDY

Africans are known to have strong cultures that they are strongly attached to. Previous studies indicate that socio-cultural norms are among the limiting factors for mothers utilizing child delivery and neonatal care services (Calistus Wilunda K. O., 2015). It is on these grounds that the research intends to explore the different socio-cultural norms among the Karamojong mothers, that influence the utilization of child delivery and neonatal care services, so as to better
understand and appreciate them, thus finding ways for policy makers to integrate them in development plans.
The conceptual framework explores the relationship between the different variables of the study, that is, the independent variable, the dependent variable, and the mediating variables. The dependent variable happens to be the utilization of child delivery and neonatal care services by the Karamojong mothers, which is influenced either negatively or positively by the independent variables, which include the involvement of men and elders, teeth extractions, among others. These independent variables prevent the utilization of neonatal care and child delivery services in a way that mothers believe more on them to ensure the proper health of their children, although this is determined by the mediating variables, which are; spousal support among others,
that may hinder the utilization in a way that failure of the spouse to support a mother in ensuring better health care for the child may lead to one sided decision making, where the mother may resort to doing what she deems fit and beneficial to the child. This basically summarizes the relationship between the variables.

1.8 SCOPE OF THE STUDY

The study is going to be conducted in Nadunget Sub County in Moroto district, targeting six groups of individuals. Three groups of young mothers between the age of 18 to 30 years of age, one group of young men, one group of elderly women and another one group of elderly men. The mothers will be in position to avail information on the cultural norms that are currently of value to them, and the elder women will be able to point out the re-carrying norms. The aim is to gather information on the attitudes towards the socio-cultural norms in relation to their health seeking behaviors. Mothers will also be asked the contribution of gender and elders in influencing the choice of birth place and neonatal care services. The young males will be engaged find out the support they give the mothers in the wellbeing of their health and that of their children. The Traditional birth attendants may also be a relevant source of information, although they will be excluded among the respondents, and instead, since emphasis is not on their point of view of the services they provide to the mothers. Traditional healers may however be included in the groups of elders, so as to highlight the aspect of their contribution to the health care needs of the mothers and the children. The time intended for gathering the data is one week, whereby in the first two days of the week, concentration will be on getting permissions from the district and local leaders. The remaining five days of the week will be dedicated to mobilization of the population of interest, and thereafter conducting the focused group discussions, then concluding by cross checking the data collected.
CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION

A literature review involves information that is evaluating what other researchers have previously documented about a specific topic of research. It contains previous publications on the research problem, and therefore analyzing their strength and weaknesses in order to find the gaps that the intended research aspires to fill.

2.1 MATERNAL AND NEONATAL HEALTH CARE SERVICES AND THEIR UTILIZATION

The World Health Organization refers maternal health to the health of women during pregnancy, childbirth and the postpartum period. During pregnancy and the postpartum period, obstetric causes like hemorrhage, hypertensive disorders, sepsis and other post-partum infections, and obstructed labor have been said to be the leading causes of maternal mortality, which causes are avoidable with timely medical treatment. This is attributed to the three-delay model, (Sereen Thaddeus, 1994), which is the delay in deciding to seek care on the part of the individual, the family or both, the delay in reaching an adequate health care facility, and the delay receiving adequate care at the facility. Although, in the recent years, a sizeable number of deaths are attributed to pre-existing conditions, for example, HIV, TB, hepatitis, among others, as well as inadequate care and support for women in their pregnancies, (United Nations Development Programme, 2015). The assumption of this study is that the failure of the mothers and their families to decide to seek care during and after birth is the cause of maternal and child mortality, with the availability of adequate care at the health care facilities, and this indecisiveness is mainly as a result of sociocultural influences. The Ministry of Health in 2013 suggested that the three diseases that killed children below five years were pneumonia, malaria, diarrhea, and other infections like HIV, and these deaths were highest in Karamoja, Southwest, West Nile, and the western regions. These deaths are related to poor maternal utilization of child delivery and neonatal care services which could be improved with the access to emergency obstetrics care (EmOC) during pregnancy, child delivery and early childhood, so as to ensure skilled care of mothers and infants, as well as better preparing for the pre-existing conditions that may subject them to death should they lack help.
Several studies have been conducted, which explore the availability, accessibility, utilization, as well as quality of health care services as well as maternal and neonatal care services in particular. (Agnes Anyait, 2012) focused on the independent predictors favoring delivery in health facilities in Busia district, and some of them include: being of high socio-economic status, having had difficulty during previous delivery, preference of supine position for the second stage of labor, preferring health workers to dispose the placenta, not having difficulty with transport, depending on other people in planning on where to deliver from among others. (Madinah, 2016) concentrated on the barriers to the delivery of effective health services in Uganda, while Calistus Wilunda G. Q. in 2014 explored the different barriers to the utilisation of maternal services in Moroto and Napak districts. (Solome K Bakeera, 2009) on the other hand discovered that there are several barriers to healthcare service delivery and they exist for all wealth categories in Uganda. (Gideon Rutaremwa, 2015) also studied the determinants of maternal health service utilization, which he discovered varied on demographic and socio-economic factors. (Jonathan Izudi, 2015) in his research searched for the factors that influenced the utilization of postnatal services in Soroti District.

Most of these studies above focused on the barriers that influence the utilization of maternal health services, with much emphasis put on the supply side of the health services. A few of the studies look at the demand side for the services, of which they are merely listing the several factors, without zeroing any of them. The studies thus attest to the fact that mothers are making poor use of the maternal, child delivery and neonatal care services, which is a major concern of this research. The failure of the mothers to utilize the health care services is one of the causes of complications during pregnancy, child birth as well as the postnatal period, thus leading to death of mothers and infants. The determinants of the utilization of child delivery and neonatal care services vary from place to place, given the differences in conditions of the places and the diversity of cultures, especially in Uganda, considering that most studies have been conducted in several districts in Uganda, with little emphasis on Karamoja, and this is why this study is based on that Karamojong people.

2.2 SOCIO-CULTURAL NORMS

(United Nations Educational, Scientific and Cultural Organisation(UNESCO), 2001) defines culture as a set of distinctive spiritual, material, intellectual and emotional features of society or
social entity and it encompasses art, literature, lifestyles, ways of living together, value systems, traditions and beliefs. In other words, Culture concerns itself with socially transmitted behavior patterns, arts, beliefs, institutions and all other products of human work and thought, (Ministry of Gender, Labour and Social Development, 2006). World Health Organisation in 2017 suggests that our day to day health and wellbeing is greatly influenced by our cultures, since socio-cultural beliefs and practices are what usually define what’s normal or abnormal. This therefore means that culture has a bearing on most of day to day encounters, including the people’s perceptions and attitudes of things, for example, health and wellbeing, life interactions, relationships, among others. These traditional cultural beliefs and practices vary among people of different communities, and that what is regarded as acceptable and normal in a certain community, may not be normal in another community, thus indicating the complexity and diversity of culture, (General Assembly resolution 34/180, 1979). This is why it is important to understand cultural aspects of a given group of people independently without having to refer to another culture, which is important when understanding social interactions within communities. Ugandans have different socio-cultural beliefs and values that in some cases conflict with modern laws, and there is no denying the fact that they have a great impact on social harmony and development, as the case is in several African countries. The General Assembly resolution further agreed that most of these socio-cultural norms and practices negatively affect women, as well as children, for example, female genital mutilation, early marriage, forced feeding of women, traditional birth practices, son preference and its implications for the status of the girl child, female infanticide, early pregnancy, dowry price among others.

Traditional cultural norms, beliefs and practices have been discovered to have a great influence on people’s health seeking behavior, and most importantly, most of them are harmful to the health of women and children. Several studies have been conducted to indicate that socio-cultural norms and practices are among the factors influencing the utilization of child delivery and neonatal care services among mothers in developing countries. This is because most individuals have strong beliefs in their cultures; for it is what they have grown up believe in, thus making it difficult for them to approach health centers, since the health sector is not tolerant to some of these harmful traditional cultural practices. Calistus Wilunda G. Q. et al(2014) explored the several barriers impeding mothers from utilizing delivery services and discovered that socio-cultural factors, among others were the limiting factors to this. (Bantebya-Kyomuhendo, 2004)
discovered that cultural had a bearing to maternal mobidity without necessarily focusing on maternal care services. Besides, the research was conducted in 2004, and conditions keep changing and the data cannot be relied on. Another study by (Shanti Raman, 2016) focused on the cultural factors and beliefs influencing perinatal nutrition, and the data is not reliable given that neonatal care services are not only nutritional, but also immunization among others, which my study seeks to explore. Turinawe et al (2016) rather focuses on traditional birth attendants as avenues of ensuring male involvement in maternal health. Most of these studies however explore the roles, participation as well as integration of the TBAs in child delivery, maternal care and in general – institutional delivery services. It can be acknowledged that TBAs are regarded as part of the socio-cultural norms and practices, and yet there is need to explore other harmful norms and practices, especially among the Karimojong, who have a rich culture that is yet to be explored.

2. 3 EMERGING GAPS

1. Most of the studies mainly concentrate on the discovery of the factors influencing utilization of services in general, and no understanding on the different socio-cultural norms and practices is done.

2. Some of the studies are quantitative in nature, without much emphasis on the views of the mothers which qualitative research seeks to explore.

3. Most of the studies on socio-cultural norms and practices are looked at in relation to general health seeking behavior, and yet the research seeks to explore the aspect or maternal and neonatal health care services.
CHAPTER THREE

METHODOLOGY

3.1 INTRODUCTION

This section is mainly comprised of the descriptions of the study design, as well as defining the specifics of the study population. There is coverage of sample size selection, the data collection process methods of choice, as well as the analysis of data that was collected. The challenges faced and ethical considerations will also be included.

3.2. RESEARCH DESIGN

The research was qualitative in nature, with the aim of exploring the influence of a given variable, on another. The study population included mothers of reproductive age, as well as makes, both elderly and youth from selected villages in Nadunget sub-county, Moroto district, depending on the availability of the selected samples. The study was strictly qualitative, given that it required to understand the socio-cultural norms existing among the Karamojong, and how they impact on utilization of maternal and child health services. The data collection method comprised of 6 Focused Group Discussions, given that FGDs allow free expression of the respondents and also allows the interviewer to probe further for information, and 3 key informant interviews. Four FGDs were conducted with the mothers, one was held with men, and the other one with the elders. The key informant interviews held were with an elder selected from the FGD with the elders, health representative in one of the selected villages, and a representative of community-based organization that deals with maternal health issues. Two case studies were selected from two participant mothers of the FGD, based on the rich information they provided during the discussions, as an insight on their past personal experiences of the child delivery and neonatal health care management. The interviews were recorded with the consent of the respondents, and the nonverbal communication from the respondents was highly observed and noted for effective analysis.
3.3. POPULATION OF THE STUDY
The study population included Karamojong mothers of reproductive age of 19-35 years, who had given birth in the last five years, including two that were pregnant, young men between the age of 21-35 years, as well as elderly mothers between 45-70 years, and elders between 45-75 years of age, which ensured an overview of the prevailing socio-cultural norms in the region. It should be noted that girls as early as 15 years are regarded as ready for marriage and child bearing, thus the existence of teenage mothers. Both male and female elders were also be engaged, to get insights of their thoughts on the socio-cultural norms, as well as their contribution to the formulation, implementation and maintenance of the socio-cultural norms in the area. This is due to the fact that the main concern of the research was to analyze the socio-cultural norms in view of the mothers, and how they are influenced by the norms in the utilization of child delivery and neonatal care services.

3.4. SAMPLE SIZE AND SELECTION PROCEEDURES
The respondents were selected purposively, based on the characteristics of the study population explained above, and they were engaged in the Focused Group Discussions. The FGDs included 6-7 individuals each, and the key informant interviews were held with 3 selected key informants; an elder selected from the FGD with the elders, health representative in one of the selected villages, and a representative of community-based organization. Local leaders (LC I chairman) from the community come in handy in the identification of the study population, and also the mobilization of some of the participants for the discussions.

3.5. DATA COLLECTION METHODS AND PROCESS
The data collection methods included Focused Group Discussions, which required developing a FGD guide that ensured that mothers freely gave their opinions regarding circumstances of child birth and neonatal health care needs, as well as their management of these needs. Key informant interviews with key informants were conducted and required a key informant interview guide. During the FGDs, and key informant interviews, a recorder was used, with permission from the respondents thus capturing all the relevant information and be able to critically analyze it. Notes were taken during the interactions with the respondents, in line with the pauses and hesitations in the recordings, thus capturing the non-verbal reaction to specific questions as observed in the
procession of the interviews, for example, pauses, frowning, shyness, sadness, smiling/laughter among others.

3.6. DATA ANALYSIS
Borrowing a leaf from Matthew B. Miles (1994), as of the focused group discussions and key informant interviews conducted in the collection of data, the data was transcribed, reduced where necessary, and thematic analysis was employed, where the themes were identified, divided into categories/subthemes, while identifying patterns/recurring themes, and then coded accordingly. The situations were then described for better understanding and variations of the themes. The coded data was then displayed, and reported – including the quotations, images among others from the data collected. There was then verification of the data and interpretation according to the themes and subthemes established.

3.7. RELIABILITY AND VALIDITY
The data to be collected is reliable and valid, given that there is evidence of the research problem. Data was collected first hand from the study population, and translated into English during the transcriptions by the researcher, who happens to know Ngakarimojong, and also there was adequate preparation for the data analysis. The information gathered is reliable due to the carefully selected sampling selection criteria which is purposive that was used and the information gathered from the participants was fast hand, by the researcher.

3.8. ETHICAL CONSIDERATIONS
Given the method of data collection that was used, that is FDGs an ethical issue arose from the need to ask the respondents whether to record in the course of the interview or ignoring their consent and use the recorder anyway so as to be able to capture all the information for better analysis.

Another issue that arose was having the mothers interviewed with so much supervision from their partners and the LC I, thus asking for their permission, or ignoring them and interviewing the mothers anyway with only their consent.
3.9. CHALLENGES AND LIMITATIONS

1. One of the challenges that arose was the reluctance of participants to give information freely, since they looked at me as young, which might intimidate them.

2. Another challenge was getting the participants to spare their time for an interview, since in the community where the research took place, women are always on the move looking for income for their families to survive on, and the males at that time were occupied by the traditional marriage rituals of one of their colleagues. The participants were however notified prior to the interview to ensure their participation in the research.

3. Participants, and the LC I chairman also expected money for participation in the research, which was a challenge given the limited resources, and the sensitivity of the information they were to give, which may have been altered by seeing money given to participants.
4.0. INTRODUCTION
This chapter presents the study findings on the social-cultural norms influencing the utilization of child delivery and neonatal care services among Karamojong mothers in Nadunget sub-county, Moroto district. These findings were gathered using focused group discussions with the study population, and key informant interviews with key informants with knowledge about the socio-cultural norms in the area. This chapter first explores the social demographic characteristics of the respondents and thereafter, findings based on themes or otherwise termed as the specific objectives of the study.

The study specific objectives included;

i. To find out the existing socio-cultural norms among Karamojong in Nadunget sub-county, Moroto District.

ii. To examine the influence of socio-cultural norms on child delivery and neonatal care services among Karamojong mothers in Nadunget sub-county, Moroto District.

iii. To find out other factors that influence the utilization of child care and neonatal care services among the Karamojong mothers in Nadunget sub-county, Moroto district.

It is therefore, in reference to the specific objectives of the study that the different sub themes are presented and discussed in this chapter.

4.1. SOCIAL DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS
A total of six focused group discussions and three key informants were conducted. Four FGDs were of women, of which two of them was of 7 elderly mothers each, between 45-70 (years), and the other two were of 6 younger mothers each, between 19-35 (years). The other two FGDs were of males, of which one consisted 7 elders between 45-75 (years), and the other was of 7 young men between 21-35 (years). Two of these groups, that is the elderly men and one of the elderly mothers were from Atedewoi village, and the other four were among individuals from Nawanatau in Nadunget sub-county. Most of the participants did not know their ages, especially the elderly, and they were just estimating them, by stating the fact that they have either started
receiving the Social Assistance Grant for Empowerment or not. This means that they are either below, or above 60 years of age, since the minimum age for the old benefitting in the Karamoja sub region is 60 years of age.

Basing on the respondents, all the males are married to at least one woman, and they all have children, who have been given birth to at home. Of all the females, one of them is a widow, and the rest are married and living with their husbands and children. Of all the female respondents, only one has never had a home delivery, and at least all of them confirmed to having had a miscarriage in the course of their motherhood, and the only one that has never lost a child or infant is the one that has never given birth to her children from home.

Some of the respondents, from the FGDs with the elderly women and men, were traditional herbalists, who confirmed to having attended to mothers and their children in illness, and all the women among the herbalists said they were traditional birth attendants who had ever aided mothers in child delivery. From among the respondents, some of the elderly worked closely with a Community based organization, to help the mothers and their children.

The thematic analysis was broken down in themes and subthemes as illustrated below. This information was got from coding all the themes from the focused group discussions and, the key informant interviews as well as the case studies.

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*Source: field*
4.2. EXISTING SOCIO-CULTURAL NORMS AMONG THE KARAMOJONG

This theme was intended to fathom the different socio-cultural norms existent among the Karamojong in Nadunget sub-county.

Just like any other social group, the Karamojong have a culture that they are strongly attached to, and this determines the way they carry out their day to day activities, and it is what they respect. (Ministry of Gender, Labour and Social Development, 2006) defines culture as socially transmitted behavior patterns, arts, beliefs, institutions and all other products of human work and thought. Basing on that definition, sociocultural norms may be said to mean the rules that a particular social entity or group of people use to weigh what is appropriate and inappropriate in behavior, values, expressions among others.

Participants mentioned several sociocultural norms that determine who they are and what they believe in, which include; animal sacrifice, tattooing, teeth extractions, gender roles, rites of passage, taboos, symbolic actions, traditional healers, elders among others. These different norms can be explained based on the meanings that the participants attached to them, as shown below;

4.2.1. Animal sacrifice

The Karamojong are known to be pastoralists that rear animals such as goats, sheep, cows, donkeys, camels, among others. This is why in most cases, animal sacrifice comes about as a way of appeasing a spiritual being, be it in celebration, or in times of sadness. It was discovered that animal sacrifice was common among the Karamojong, especially when there was a deviation from a certain norm, because, their belief is that a norm has been spoilt, and can only be corrected when an animal is sacrificed by the person that deviated from the norm. For example, a married woman is prohibited from sleeping out of her marital home with the baby, and if that happens, it calls for an animal ritual to be performed,

“**They say that the child’s carrier has slept out, so this taboo that has been broken goes and stays with the child and affects the child gradually, then the mother also catches it. The old women advice for the ritual to be made and the old man goes, the man gets a rum, gives it to the old women, who cut cut it, get the dung and smear it on the child, get**”
the fats and wrap it around the neck of the child, and then cook the rest of the meat and it is eaten.” (47-year-old mother from Atedewoi)

When there are any rites of passage ceremony, like birth and marriage especially, animals are sacrificed as offerings and a kind of celebration. When a woman gives birth, even if it is from the health facility, and animal is sacrificed in her honor and that of the child, which clearly indicates aspects of respect of culture, without which, the people would not device meaning from life.

4.2.2. Tabooing
Like in many communities with strong cultural norms, there exist several taboos among the Karamojong. Once a woman gets married to a man of a certain clan, she is required to adopt the culture of her husband, especially the one that taboos foods, since different homes taboo women from eating different food types, for example, the organs inside an animal like liver, kidneys, offals, among others. It is said that even when she is offered these foods outside her home, she is expected to reject them, or receive them but give them to another person to eat. Anything contrary to these taboos are considered to be a deviation of a norm, and a ritual must be performed or else there are negative repercussions.

“And then if you eat the things that they told you that you should not eat, if you give birth to this child, you will produce the child when it is dull, if it does not become dull, it will get disabled on the arm, if not the leg, if not the eye…” (25-year-old mother in Nawanatau)

There are especially several foods that a pregnant woman is prohibited from eating, with the belief that once she eats them, she will either get a miscarriage, or the baby will be given birth to with deformities. In most cases, this tabooing of foods is passed on to the children once they are born, and they carry it on for all their lives, although when the girl children grow and get married, it is their responsibility to inherit the norm of the clan of her husband, as well as the taboos, and the circle continues.

4.2.3. Tattooing
Several Karamojong have tattoo cuts all over their bodies, and most of these are seen as a form of beauty, like those on the face, on the back, arms and in several other parts of the body. The beauty marks are made when they are old enough to decide if to have them or not. There are
however tattoo cuts on the stomachs that are cut as a way to cure certain diseases, since the herbs are administered in those cuts once they are made.

There is something called the pancreas, it starts paining you, and when the evening reaches, it reduces, if it has not affected you in the morning, that is what is called the pancreas. Then they make cuttings, and then you start feeling better, and it stops making you sick, and the child too.” (55-year-old mother in Atedewoi)

The Karamojong believe that once a person gets stomach complications, it is only through the administration of local herbs through the blood that they will be healed. This is achieved by making small cuts through the skin, by an herbalist, and then after smearing the herbs in those cuttings, and this action is repeated for every time the person falls ill. The cuts are however done uniformly, creating space for the next herbal administration.

4.2.4. Teeth extractions

The Karamojong believe that a child’s canine teeth have to be extracted so that the child does not fall ill, and also to avoid the other teeth growing on top of each other. Even if a child falls ill and is taken to the hospital, the child will not get well unless the teeth are extracted by the traditional healer. After a few months when the child is born, the child is taken to the traditional healer so that the canine teeth are extracted from the gum. Also, when a child’s teeth start growing from the left-hand side, it is considered bad luck, and the canines are removed immediately, and that is when, they believe the child will grow up normally.

“It starts when the child gets sick, has diarrhea, is vomiting, you even take it to the health center and is given injections, until the teeth are removed, then the child gets better.”

(59-year-old elderly mother in Atedewoi)

In fact, one of the participants proudly confessed that all their teeth had been extracted and that it is only when the child’s canine teeth are extracted that the child will be well,

“Until the child’s teeth are removed, then in the future, other teeth grow, and cover up the gaps. Right now, all of us here, our teeth were removed, but other teeth grew and filled up the gaps.” (65-year-old elderly mother from Atedewoi)
This serves to show that the Karamojong are highly influenced by sociocultural norms that they would rather do as their ancestors did before them, so that they can stay any from unwanted consequences. People grow differently, and the same can be said about their teeth, which is why some children happen to develop “shark teeth” (permanent teeth that grow on top of the milk teeth), and others teeth grow after the milk teeth falls off. The Karamojong believe that the shark teeth grow out of the failure of the parents to unnaturally extract a child’s canine teeth, just at the point when they start to show on the baby’s gum, or even before that, as long as they feel them. This can be linked to culture, as it is something that they found being done, which they also happen to believe in, and thus practice to their children too.

4.2.5. Rites of passage

The most commonly celebrated rites of passage are birth, marriage, and transition into adulthood and to elders for the males specifically. When a child is produced, there are rituals that are carried out to welcome the child into the family, and it is in these ritual ceremonies that the child will be tabooed several foods that it should continue not consuming in their lifetime. There is merry making, feasting and drinking, which is spearheaded by the elders.

“When I give birth to it, they perform a ritual, they get milk, cucumber, they get meat, ghee, they collect blood, get beans, sorghum, all those things, then they perform them on this child here until the umbilical cord falls, then the elders also eat, the children also eat, everyone eats at the ceremony of this child,” said a 28-year-old mother from Nawanatau.

The same happens when there is a marriage ceremony, where there is drinking, feasting and merry making, but these are spear headed by the youth, and the elders only come in during the killing of the animals and cooking.

For the initiation into men, there are rituals that are performed, and for whoever is initiated is respected by all, in that no one is allowed to sit on his stool until instructed by the elder and a ritual is performed.

“There is a norm that was got long ago, got by the elders themselves, which they say, “ethapan”, an initiation rite. If it reaches time for a person that has been called to initiate, they will get a big bull, and they go to the initiation grounds (nakiriket). That is
another norm that is respected, they tie a rope around the head of the person, then smear cow dung, special mud for rites (emunyen) all over. Now for that norm, if you find the elders that have undergone that ritual sitting, you do not sit on their stools like for this elder now here.”, said a 25-year-old father in Nawanatau.

This clearly shows the merry making that the Karamojong enjoy in these ceremonies, where there is eating, drinking and enjoyments, which are all spearheaded by the elders, since they are the authority and have more experience in the culture.

4.2.6. Gender roles
The Karamojong being pastoralists see that the male are herding cattle, although in most cases they leave it in the hands of the younger males, and the women are the ones that stay home to take care of the children, as well as endeavor to cook, collect firewood and even go the extra mile to burn charcoal for sale. Gender roles among the Karamojong, just like in any other community are defined, in that women cannot do the work of men and also men may not even think of doing what the women are to do, but they instead gather around under shade to converse. This leaves the mothers in charge of the decision making for their children, where they choose how to manage the health of their children in the best way possible. A health care representative affirmed that most of the mothers approached the health centers alone or with friends, but rarely with their spouses. She said,

“You will find that most times, when the children are sick, it is the mothers that come with them for treatment, and sometimes, we tell them that they have to come with their husbands, so that they can check them”

This indicates the lack of spousal support in the health and wellbeing of the children, which is a demoralizing factor for the mothers, who may be afraid that they will be asked where their husbands are. When faced with such a situation, the mothers opt for borrowing medicine from another mother that had already visited the health facility earlier, which leads to under dosage of the children. The field officer of the community-based organization mentioned that,

4.2.7. Traditional healers
The traditional healers among the Karamojong are regarded as the first priority when it comes to diagnosis of diseases and treatment. In fact, there are some conditions such as the ‘evil eye’ that
they believe that can only be treated by the traditional healers, and not in the hospital, and once they suspect that a child has been attacked by someone with the ‘evil eye’, they are rushed to the traditional healers, who may also be termed as spiritualists who will perform rituals to heal the child.

“They are some people, who are evil (whispering), they have evil eyes, and can attack someone’s child. They find someone’s child being carried like this, and then attacks the child and it falls ill, then they take to the traditional healers. There are those traditional healers that their god has given her a gift, she can remove the evil eye. Once she is taken there, she just touches the child with the skin of an animal (ejamu), and the eyes will come out like that, and the baby gets healed.” (21-year-old father in Nawanatau)

It is no secret that the Karamojong consider the traditional healers in such high regard that they are even confident enough to know that specific diseases only require the expertise of the traditional healers, without which, a person may die. They maintain this by ensuring that they explore all the possible traditional healers available in the village before they can attempt to go to the health center, and this is encouraged by other people who recommend the different traditional herbalists. A key informant working with a community-based organization attested to this fact when she said,

“There are very many herbalists in the village in case she goes okay mothers hear that so and so herbalist is the best ehh... you know they're very many so one of them would be the best better than others now they go to one of the one who is best now if that one the fail if the sickness persists this one now refers to another one and say you also go and let her try hmmm.. let her try now if the go on rotating if this one has not tried they go on to the other one the other one.”

The whole notion cannot be separated from the influence of sociocultural norms, since peer influences as well as the culture aspect of beliefs in certain things are involved in this. Furthermore, an elder supported the claim that traditional healers are the first people that the Karamojong seek for when they need to take care of their health care needs. He mentioned that,

“When a person gets sick, they take to the traditional healer of the village, then the traditional healer checks them, either it can be a female traditional healer, or a male
traditional healer, then they can say that this child is sick, this child has failed me, then they take to the hospital, when it fails from the hospital, they bring back again to the traditional healer of the home, until they live.” (Key informant elder in Atedewoi)

Most of these decisions to seek help from the traditional healers are socially initiated, given that a mother is likely to follow the same line of treatment that another mother that she knows followed, as long as they proved to have worked.

4.2.8. Symbolic actions
The participants mentioned several symbolic actions that they said were practiced or carried out by their fathers and the fathers before them. They believe that after a woman gives birth, even if she does so from the health facility, she is supposed to bring the placenta back home with her so that it can be buried near the door of the hut.

“When the woman gives birth from the hospital, they bring the placenta back home and bury it near the hut. That place they bury it should never be stepped on, because it becomes a taboo. Whoever steps on it, should get a goat and sacrifice it and they sprinkle more water on it.”, said a 50-year-old elder in Ateedewoi.

Another practice, which according to some of the respondents is dying out is that after birth, a woman is not to eat anything, drink anything, or even take a birth, until the baby’s umbilical code falls off. A 40-year-old mother in Nawanatau confessed that,

“Even me, when I give birth in future, I will fast, not even any water to drink, not even food, until when the baby’s umbilical code falls off, then you can drink water and even eat food, and everything else that you are allowed to by your norm then they pull you from the house. They even cook food, they even collect blood the way that that woman is saying, then they get herbs and wash you out of the house that you have been...”

This clearly shows conservatism of the individuals, who believe in their culture, and even with the negative implications that may arise due to the engagement in the norm, would rather go ahead and do as their cultural norm dictates.

There happen to be several sociocultural norms existent among the Karamojong, and even if efforts have been made to sensitize them on some of the negative impacts of some of the norms,
they still go ahead to engage in them. This indicates a slow process in the transformation of their attitudes and perceptions towards their culture, and thus creating a need to integrate some of these norms within the health care system, so as to achieve better wellbeing of the individuals.

4.3. INFLUENCE OF SOCIO-CULTURAL NORMS ON CHILD DELIVERY AND NEONATAL CARE SERVICES AMONG THE KARAMOJONG

This objective seeks to examine the influence of the sociocultural norms on the utilization of child delivery and neonatal care services among the Karamojong. Given the different sociocultural norms in the previous objective, some of them have a positive impact on the health of mothers and children, while others however have a negative impact on their health, and in addition to that, may limit the mothers from utilizing the child delivery and neonatal care services from the health facilities. Basing on the three-delay model by Sereen Thaddeus (1994), the study assumed that the most prominent reason for the failure of the mother and her family to decide to seek care is sociocultural norms, which relationship is explored under this theme. Most of the sociocultural norms, in one way or another have an impact on the health of the mothers and children and they include the gender roles, contribution of the traditional healers, the contribution of the elders, teeth extractions, tattooing, tabooing, among others, as mentioned by the participants.

4.3.1. Teeth extractions

Most of the focused groups mentioned the act of teeth extractions for health reasons. For this they believe that the canine teeth are the ones that cause a child to fall ill, and thus they have to be extracted by a traditional healer from home. Once a baby falls ill at a tender age, they believe that the teeth are disturbing them, and also should the child not fall sick and remains with the canine teeth, the teeth will in the future grow on top of the other teeth, which they wish to avoid. This norm interferes with the health seeking behavior of the mothers, in that once a child first falls ill, it is rushed to the traditional healer to extract the teeth. Once this does not work, and they are tempted to seek medical attention from the health centers, since the child conditions worsens, they are likely not to go since the health personnel will be harsh on them for extracting the child’s teeth, especially when they go when the mouth is still swollen from the extractions. A 47-year-old elderly mother from Atedewoi admitted that,
“They will ask you “why did you remove the child’s teeth”, they will quarrel at you...”

This is likely to hinder the mothers from seeking neonatal care services, since they are tempted to first resort to the extraction of the children’s teeth, then thereafter, they wait for the mouth to heal fully before they can attempt to take to the health facility.

4.3.2. Traditional healers

As mentioned by the participants, traditional healers are seen as more credible and important than visiting the health facility to seek medical attention. Once a child falls sick, they are rushed to the traditional healer to be diagnosed, and it is only when the symptoms persist that the child is taken to the health facility for medical attention. In fact, one key informant from the community-based organization that focuses on traditional medicine in relation to maternal and child health said that,

“But you find that the first line of treatment in the villages, in the rural areas is being got from these herbalists, then when they are defeated, is when they go to the health centers, or modern health centers, that is when they go.”

Another key informant, who happens to an elder, as well as a traditional herbalist (emuron), talked about the traditional herbalists in high regard, which shows their importance in the health of the mothers and children. He said,

“The traditional healer knows what to do, they can say for example, you should get such and such an herb, or build such and such soil, or sacrifice such and such a goat, then you will find that they are healed. Just like also the hospital, a person can swallow a certain kind of medicine, then it fails, they take another one, it fails, then another one, and nothing, until they take another one and they heal.”

Basing on this information, the Karamojong regard the traditional healers as important in their health seeking behavior, and it is likely that they would rather first go and confirm with the traditional healers regarding their illnesses, and those of their children, and it is only when they fail, or when the situation is out of the hands of the traditional healers that they rush the patient to the health facility. In fact, there are conditions that they regard only manageable by the traditional healers, and that is why they rush their children to the traditional healer. An example
is the evil eye, where they believe that once an evil person looks at a child and casts their evil eyes, the child falls sick in that even the health personnel cannot work on them and perform a ritual that will remove the evil eyes from the child.

“Once you find the child vomiting whole night, then you realize that this one has been cast an evil eye, then you run with it…”, confessed a 20-year-old mother in the focused group in Nawanatau.

Not only are the traditional healers trusted actors in the welfare of the health of the mothers and they are children, they also happen to be the first people that are consulted, especially with health challenges that are considered to be spiritual in nature, or unexplainable. Perhaps, it is the faith of the mothers in the traditional healers, or merely sheer coincidence that the child gets healed from the “evil eye”, after visiting the traditional healers.

4.3.3. Tabooing

As has been discovered, the Karamojong subscribe strongly to their culture, especially the women, who closely observe what the culture dictates. We see that women among the Karamojong, especially the married women are prohibited from eating the internal organs of the animals, for example, offals/animal intestines (ngamolteng), liver (emany), pancreas (ecid), among others. They believe that once these are consumed, tragedies will befall them, in that the woman may never conceive, the pregnant woman will get a miscarriage, or if the pregnancy continues, the child given birth to will be born with defects among others. A 60-year-old elderly mother indicated this claim saying,

“The baby stays in the womb, but those are the ones that the baby’s intestines come out, or the (rectum)akimojong is also out. Meaning she had earlier eaten something that she is not supposed to, because she is greedy, like if they had gone to the abattoir she eats anyway, but she will be discovered, and when that happens, they tell her to tell her husband to bring a goat for sacrifice, then the baby’s intestines will stop coming out.”

When the woman defies the cultural norm, it calls for a sacrifice of an animal to cleanse her from any of the curses that come with it. It should be noted that the prohibition of women, more so pregnant mothers from eating these foods is likely to contribute to serious health challenges (food nutrition) to the mothers and their children, given that the foods are nutritious, as observed
by (Hoddinott, 2012). It is therefore likely that this hinders the mothers from utilizing the child delivery and neonatal care services, given that at the health facilities, the mothers are advised to eat nutritious foods, and yet this is seen by them as a taboo. Also, the scrutiny for the reasons for not eating these food stuffs carry no scientific basis whatsoever.

The taboos also come in the form where, once a woman gets married, she is decorated with beads that are smeared with ghee, and she is prohibited from ever removing these beads from both her waist or her neck. These beads become a hinderance to the health personnel who attend to these mothers during birth or antenatal checkups, and when the mothers notice that they are required to remove the beads, they may avoid visiting the health facility to save them from committing a crime against their culture. The key informant from the community-based organization attested to this fact saying,

“You find that these women, when they go to the health center, you know they go when they are dressed in their cultural wear, the “athuka”, beads, bangles, those things. Now when they go to health center, the health personnel advises them to first to remove all those things before treatment. They can remove all those things. Now you find that there are certain people that are not allowed to remove those things, once they remove those things, they assume that you have lost somebody, and again if they remove those things, returning them, you needed to kill some animals, to do some rituals to return them back in order to appease the gods.”

This indicates strong belief in culture, which even has them avoid to visit the health facilities when the children are sick, due to the fear of being reprimanded by the health workers.

4.3.4. The contribution of the elders
Cultural norms are not just a new concept, and they are what have existed and continue to exist through the years, like the 65-year-old elderly woman stipulated, in regards to their cultural norms,

“We found them there long time ago, with the elders who also found them there already.”

The elders play an important role in the observation of the several cultural norms, since they are the ones that teach their children and highlight what is right and wrong, and they are even very
active in participating in the cultural rituals, as it is common among the Karamojong. Their insistence to constantly remind the youth on the acceptable and expected behavior is likely to lead to a check and balance of the youth, and may hinder them from seeking health services, as they will be seen as defiant. In fact, a 30-year-old mother complained that,

“The elderly women are saying that the women have made them miss out now, since in other cultures, elders eat food, there is also local brew that they drink, then they curve for the baby shoes for when the child starts walking, then they tie on beads... so they have again missed those ceremonies.”

This says a lot about the elders, as they are of the view that the culture should be carried on and upheld in the society. More often than not, especially in African traditional cultures, elders are the most respected persons in the communities, and they are believed to even cast curses to people that may disrespect them or disagree with them. This is why, their say is most trusted and respected, and the mothers may believe that failure to follow as the elders recommend regarding their health and that of their neonates, they may be liable to curses of the elders. This is due to the belief that the elders are much more experienced than the youth, in that they are likely to attempt to help a mother deliver her baby, because the elderly women also believe that they survived child birth even in the times that health care services had not been introduced. In addition to that, the elderly women end up advising the mothers to take their children to traditional healers, say to extract teeth, since they may convince the mothers that that was the very same thing that saved them from falling ill while young, or even dying. This sociocultural norm of the involvement of the elders especially in the decision-making process of the mothers, leads to low utilization of the child delivery and neonatal care services.

4.3.5. Male involvement

It is no secret that male involvement in the health and care of children and women in this community is still far from being fully achieved. This basically comes from the gender roles that are defined among the people, where the men are seen grazing animals far from the home settlements, and the women staying home to care for the children, as well as collect firewood for both sell and home use. There is however a contradicting argument between the youth and the elderly regarding the contribution of the men in the wellbeing of the mothers and children, where, the men themselves and the young mothers in most the two focused groups confessed to
having men involved in the wellbeing of the mothers and children, as a 28-year-old mother indicated,

“The man is also around the child, it is not to say that the man is not there. How about another day when the child is badly off in the night, it is the man that escorts you to the hospital, it is the man who will tell you, “What is wrong with this child? Let us take it to the traditional healer to remove.”, and then you move in the night, it is the man that you move within the night.”

The elderly women however mentioned that the men are rarely involved, and that even when they try to pry and ask them for help, they are beaten by the men, and they only come to them for sexual pleasure whenever they need. A 55-year-old mother of five said that the men like to go under the trees to relax and discuss with fellow men, only to come back home to look for food, without having left anything back home. She said,

“He will go under his tree and sleep and he goes when there is his one thousand shillings that he might have got, and you dare say with your mouth, “You went earlier to such and such a job, did you get lucky and could have bought something?”, oh my dear, you will see a stick, and he will say that who is your son, who is your son, what are you saying, what are you saying, and I will come out of that house beaten because of food. He will ask for food and I will say there is nothing on the stove, as you can see, the fire is there, it hasn’t fed, the children are also hungry, I am also just here.”

In this case, the men are more concerned about the issues that affect them directly, for instance, they may actively involve in the traditional marriage ceremonies of a friend, since it is also their opportunity to look out for possible partner. In most of the focused groups with the women, some of them complained to having no man around to help them, even during the nights. One of the elderly women from Nawanatau in fact mentioned that the men only came around their huts when they wanted to be sexually pleased by their wives, and other than that, they even sleep out, claiming to be engaged with rearing their animals. This becomes hard for them to get closely involved in the wellbeing of their children, in the cases where they fall ill in the night, or even during the day. The women may therefore resort to an option that is more convenient for them, since the man is not available to assist financially to be able to reach the health facility, or even

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emotionally. The men’s perspective is usually that the work of taking care of the children entirely falls on the woman, and that there is no work for them there. In fact, once a woman is just fresh from giving birth, the men in this community usually isolate themselves from the women, believing that their presence may result into the conception of another child, and in deed, other men see them, as being greedy in case another child is conceived when the other is still young.

4.3.6. Symbolic actions

Based on the findings from most of the focused groups, it was discovered that some of the Karamojong mothers, due to their cultural background engage in practices that they believe to carry a bigger meaning beyond their own understanding. Symbolic actions would be a preferred term to explain this, since it is seen when women are prohibited to eat offals because she is believed to get a miscarriage or complications with the pregnancy and the child in the future. The other practices that may not be clearly explainable as to the reasons, but basically for the sake of the culture are the burying of the placenta, and the fasting of a woman after giving birth until the baby’s umbilical code falls off. The mothers prefer that even when they give birth from the hospital, they are to bring back their placentas home so that they bury them, and that they are not to be dropped as waste in a pit, like they do in the health centers. This may be a hinderance to seek health care during birth, since mothers are likely to be skeptical of whether they will be given back their placentas so they can do proper burial. However, much they confirmed that in most cases, the midwives are aware of their culture and usually allow them take back the placentas home, like a 55-year-old elder mentioned,

“She gives birth from there, then she sleeps. She comes back with the placenta, they do not drop it in the latrine, so they bring it and bury it.”

The health representative also commented saying,

“The mothers in most cases come to the health centers for services when they are very dirty. They do not shower and their clothing smells, yet you have to help her deliver. When they deliver, they can ask for the placenta to take it back home, and these days, we have accepted because it is the culture here.”
We cannot rule out the fact that some of the health personnel do not do this, and this leads to the mothers having to perform a ritual for they have deviated from a norm. This is seen as a hinderance to them, because some may not have the animals to use for the sacrifice, and thus, they are likely to stay home for birth, to avoid having to break a norm and be regarded an outcast among other community members.

4.4. OTHER FACTORS INFLUENCING UTILIZATION OF CHILD DELIVERY AND NEONATAL CARE SERVICES

Other than sociocultural norms, there are several other factors that are influencing the utilization of child delivery and neonatal care services among the Karamojong. Given on the previously reviewed literature, as per the Ministry of Health in 2014, the health sector infrastructure was upgraded to accommodate citizens up to the village level, with the presence of the village health team in every village to avail health care to the villagers. The health centers are also available in the parishes to enable the accessibility of the services to the individuals. Even with the presence of culture, there exist other factors that prevent mothers from utilizing the child delivery neonatal care services, and these vary from both the supply side, to the demand side. From the supply side, it is discovered that there is corruption, absenteeism of workers, as well as the lack of hospitality of the health personnel towards the patients. The others from the demand side include poverty, ignorance of the Karamojong among others, and some of these are presented below, basing on the findings.

4.4.1. Fear of confrontations of the health personnel

The mothers admitted that since they perform their cultural norms, some of the health workers on noticing may reprimand them for their actions. We have seen that it is mandatory for the mother to take the placenta home after giving birth, but some of the workers may not let them do that due to their nature of work to treat waste from the hospitals differently. A 23-year-old mother in the focused group with young mothers confessed that,

“And then if you take the child when the mouth is still swollen, they will slap slap you saying, who told you to take the baby, why is the baby looking like that? Then they tell you, “have and return your child to the traditional healer that you took it to yesterday.”
This attitude of the health workers is likely to prevent the mothers from utilizing the neonatal care services, because they fear that they will be reprimanded, and at the same time, they cannot go against their culture. The mothers complained that the health workers slap them as punishment for not following instructions. This behavior is likely to restrain mothers from approaching the health facilities when for child delivery and neonatal care services from the health facilities, with fear of being slapped when the health workers discover that they might have got help from the traditional healers prior to getting to the health facility.

4.4.2. Corruption tendencies in the health facilities

The Uganda public health structure as discussed in the literature review and background is known to provide free medical services to the nationals, and yet, most of the focused groups admitted to having to pay one thousand Uganda shillings and two thousand Uganda shillings for medical attention for children and adults respectively, at the health centers. This indicates tendencies of incompetence of the health workers who demand for money from the locals. Even though the health care infrastructure has tried to make health care accessible to every individual, even those in the hard to reach areas, it is unfortunate that the mothers are required to pay for the health services that they receive, and that of their children. It should be noted that the village has got a nearby health center, which is to benefit the villagers, but they are rather required to pay for them, yet by the time someone complains of paying a thousand Uganda shillings, it only means that they are really impoverished. Two young mothers in Nawanatau and an elderly woman from Atedewoi mentioned,

“When you go to the health facility, for example that hospital, they will ask you if you have money.” (28-year-old mother)

“Young children pay one thousand, and adults, two thousand.” (25-year-old mother)

“They do not want to go to health facility, and this is someone that fails to raise money to pay for the health facilities. So, someone will wonder that, “Now that I am going to give birth from the health facility, they are going to hold me back and demand for money, so I will just give birth from home, there is a God”” (70-year-old woman)
Moreover, there are cases of absenteeism of the health workers, where they only report for work for some days in a week, and on other days they do not, and even leave the health center locked. A 31-year-old mother in the focused group with mothers in Nawanatau complained,

“They can help you in maternity, they will check you also, and even the baby, they immunize. But they are not in the hospital every day, because they come back after a long time in that even the time that they told you to go back passes, like if it is in October, or May, and the baby reaches two months without being immunized.”

This leads to low utilization of neonatal care services, since there are no people to attend to the locals when they need the services. Once the mothers approach the nearby health facilities and find that they are locked with no one to attend to them, they are likely to seek the help of traditional healers that are near and within the community, and therefore rely on their help to help them revive the health of their children.

4.4.3. Poverty

The Karamojong remain one of the impoverished people in Uganda. Poverty has attributed to a certain lifestyle among the Karamojong, who try what they can to at least get something to eat. This condition is made worse by the climatic conditions of the Karamoja subregion, which limits them to charcoal burning as well as gathering of wood as livelihood activities. Sociocultural aspects may also be attributed to this, since they are not in position to use the diverse animals they have as a source of livelihood, but rather, they are attached to the animals. The information got from mothers in the focused groups was that they collect firewood and burn charcoal as a source of survival. It was mentioned that the case was dire to the point that even the pregnant women go to the wilderness to gather wood and burn charcoal, and it is in those cases that mothers sometimes give birth from the wilderness. When asked about the mothers that give birth from home, one elderly woman in the focused group with elderly women said,

“Like one can go for firewood and take many days there, and when her time reaches, she gives birth, so that is why they say that they give birth from home, but that is not what it is. The one that the baby finds in the bush, she just pushes from there and then they carry it here.”

Another 65-year-old woman said,
“But since there is hunger, someone, especially those that are mature enough may go to the bush to collect firewood and make charcoal, but when the labor pains start when she is still in the bush, she embraces the baby and covers it up, then she proceeds to hospital.”

When probed on whether there are mothers that prefer to give birth from home, the 55-year-old mother lamented that,

“They are there. There are some, they do not want to go to health facility, and this is someone that fails to raise money to pay for the health facilities. So, someone will wonder that, “Now that I am going to give birth from the health facility, they are going to hold me back and demand for money, so I will just give birth from home, there is a God”. So, she will end up giving birth from home.”

The poverty levels among the Karamojong result into failure to get transport to reach the health facilities, more so that they usually foot to the health centers, that are far for some villages. Given the three-delay model, (Save the Children, 2013) asserts that delay in recognition of danger signs and decision to seek care, delay in reaching an appropriate source of care, and delay in obtaining adequate and appropriate treatment are the three major delays that lead to maternal and child mortality. This therefore insinuates that the failure of mothers to reach the health facility in time may lead to complications, thus they resort to giving birth from home.

4.4.4. Ignorance
Ignorance may also be attributed to the low utilization of the child delivery and neonatal care services among the mothers in Nadunget sub-county. Most of the sociocultural norms would not take precedence of the health care of the locals if it was not for their ignorance about some of the health repercussions from engaging in the practices. For example, the extraction of the child’s teeth is believed to enable the teeth grow well, other than for the health purpose that they do it for. They are also either ignorant about family planning methods, or they refuse to use them, and this is what causes them to have unplanned pregnancies, and in most cases even fail to space their children for better caring of their health. One 60-year-old mother in Atedewoi mentioned,

“There are some men that are greedy, even when the child has not yet crawled, they impregnate the woman again, and then in future, that child is born when the other one is
still young. Those are the children that grow next to each other, and you find that they say that they should be taken for malnutrition treatment”

The participants clearly have little knowledge of the family planning techniques, and instead blame the outcomes on the man being “greedy”. Individuals are less likely to utilize the child delivery and neonatal care services if they are not aware of their existence, which is the case among the participants. They think that a man should avoid having sexual relations with his wife when the baby is still an infant, which is logically right, because the woman is likely to conceive another baby, and as mentioned by the 60-year-old mother in Atedewoi, the child is likely to become malnourished, due to lack of attention from the mother. It should be noted that most of these mothers with malnourished children are usually reprimanded by the nurses at the health center for not taking good care of their children, and this usually makes them avoid utilizing the neonatal care services. The health representative, regarding the matter said,

“You will find a woman carrying bringing a very thin child to the hospital, yet she is again pregnant... sometimes even, we really try to talk to them! “How can you allow to conceive(akikamar) when you are still breastfeeding this child?” . This is usually difficult for us and we end up first treating malnourishment. Actually, they even think that children should not eat some foods but only breast milk, which should not be the case.”

The encounter with the nurses at the health center becomes a challenge for the mothers, since in most cases, they may seem a bit rude when they are giving them advice, and are even likely to delay attending to them in the health centers due to the state of their children. This is all due to the ignorance of the individuals, or simply conservatism, which leaves them abandoning the use of family planning methods. In fact, the young women instead took pride in the number of children that they produce, even though some of the children die along the way. When asking the mothers about the number of children they had, they could not help counting even those that died as fetuses (miscarriages), or as children. They actually gave the impression that they give birth to children without abandon, since they said that they would give birth as long as God permits, and that it was still His will to take some, and leave you with others. This is why most of them took pride in giving birth to as many children as they can, without having to use family planning methods.
4.4.5. Unfavorable weather conditions

The mothers in Atedewoi mentioned that poor weather conditions, especially the rains hinder the locals from seeking medical attention from the health facilities. This is because the rains make the bushes grow, and also make the access roads muddy that the mothers cannot cross to the health centers.

“That is why we said last time that that health center has become very far, because during the rainy seasons, the bushes grow, and even when someone collapses, we fail to find ways to go through those bushes.” (55-year-old mother in Atedewoi)

The participants, especially those in Atedewoi complained of poor weather conditions as a limitation for the mothers utilizing the child delivery and neonatal care services. This happens in the rainy seasons, where the bushes over grow, making them impassable, since there is risk of encountering snakes and other dangerous animals in the bush. Also, the terrain is not the very best, since soil erosion is the order of the day during the rainy seasons, and this means that the roads get all muddy and difficult to pass to be able to access the health facilities. This makes it hard for the mothers who wish to access the health facilities for the child delivery and neonatal care services, due to the fear of encountering obstacles on the way, thus ending up delivering from home, with the help of friends, relatives or traditional birth attendants. This therefore leads to the low utilization of the child delivery and neonatal care services among the Karamojong mothers.
Cases
Two mothers from the two villages were interviewed to get insights on their personal experiences with child delivery and neonatal care service utilization and the influence of sociocultural norms. These were embarked on to illustrate how norms affect utilization of the child delivery and neonatal care services. These women are more comfortable giving birth at home due to the fact that sociocultural norms push them to do so. A 23-year-old mother of three narrated her experience of giving birth to her third child:

“When my pains came, I remembered the advice that the elderly women that help mothers in the community usually tell us, that “You know what, you should be strong, do you know when it will break? You do not know.”, I accepted that advice. I called the wife of my uncle, and then I asked her, “What is the time?” and she said, “It is four in the night.” I gave birth to a baby boy, when I came, I moved back slowly into the house, then I knelt down, and that woman held me, because there are those thought you have from when the mother is not home that they direct you to do this or that. So, I did not over shake, I just told myself that even if this child kills me, there will be nothing I will do. I strongly managed my child, I knelt down and pushed, and when others even heard the baby crying from outside. My uncle’s wife is the one that cut the umbilical code of the baby, then the placenta also came out, and they buried it near the hut. They cut the placenta using a spear, since we are people of the spear. They pulled it out like this and cut it, then they tied it up with feathers. That child of mine even survived, and nothing ever disturbed it.”

The experience of this mother at child birth clearly shows how sociocultural norms influence the low utilization of child delivery services at the health facilities. This happens in that the mother has more trust in the advice of the elderly women who have had more experience in child birth and would rather have them assist them during child birth than skilled health workers. In addition to that, the umbilical code of the baby, as she has narrated is cut by a spear, and then tied using feathers, because she is from the spear clan, which spear is not likely to be that safe, since it is used for domestic work or other things at home. She also talks of the cultural norm of burying the placenta near the hut, which influence was discussed earlier. This mother therefore prefers
the help of relatives in giving birth, yet the leading cause of maternal deaths come from the failure of mothers to get skilled care during delivery.

Another mother narrated her child birth experience saying;

"That time when I gave birth to my child, I gave birth at home. I gave birth and they cut the umbilical code with a bullet, then they were putting the ash all over the house. It is said that this spreading pf the ash helps the baby’s umbilical code to drop off. But this child started falling ill, whether it is which disease or which one, it was in and out of hospital all the time. When that one fell ill, one month will end and it will fall sick again, and you take to the hospital, then you return, but take them back again... they give the Karamojong herbs also, and wait, then again when you go to the health facility, you add that medicine too, and you mix giving the two."

This shows that the mothers give the children local herbs, and even sometimes alongside the medication they get from the health facilities. This may indicate the mother’s much trust in the healing power of the traditional healers, in that even when they get medication from the health facilities, they still go ahead to seek medication from the traditional healers for the child to get healed.

During the birth of her other child, the mother said that;

*My labor pains came, but they did not pain me so much, it was only the lower part of my belly that pained and I thought it was a disease. So, I continued working, and after some time, I told my mother that we should go to the hospital. Then we moved, and along the way, the baby came, and I gave birth on the road, we cut the baby’s umbilical code with a razor blade and tied with the threads that I was holding. We then came back home and only took the baby for immunization the next day.*

This serves to show the limited engagement of the men in the health care needs of the mothers during child birth. Here, just like in the previous interactions with the mothers, women are seen working to be able to feed the family, yet the men do not offer a helping hand in this. The men are not even able to offer help during the time that the women are pregnant, with little consideration that pregnant women, especially towards birth, ought to feed well and avoid heavy
work, so as not to affect their health. They are however seen working until the last bit when their labor pains come and thus ending up giving birth on the road or even in some cases the wilderness, where they gather wood from. This is all due to the defined gender roles in this society, that see that women find ways to provide for the family, while the men are busy herding cattle and making contributions in meeting that benefit them.
CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1. INTRODUCTION

This chapter presents a discussion of the study findings, summarizes the findings, drawing final conclusions and recommendations. The overall objective of this study was to examine the socio-cultural norms influencing utilization of child delivery and neonatal care services among Karamojong mothers in Nadunget sub-county, Moroto District. The specific objectives were to find out the existing sociocultural norms, then after examine those that have a bearing on child delivery and neonatal care service utilization, and later examining the other factors that may influence the utilization of child delivery and neonatal care services among the Karamojong mothers in Nadunget sub-county.

5.2. SUMMARY

In reflecting on the study objectives, the study identified different sociocultural norms existing among the Karamojong, which are basically the norms that govern their existence, and in addition, they dictate what is right or wrong in their everyday life. There are sociocultural norms among those discovered that were analyzed to have an influence on the utilization of child delivery and neonatal care services, by initiating the avoidance of health facilities, as well as seeking for the trusted option of local healers that they much believe in.

The socio-cultural norms include; animal sacrifice, tabooing, tattooing, rites of passage, traditional healers, elders, extraction of children’s teeth, symbolic actions, as well as gender roles and the involvement of the males in ensuring the health and wellbeing of the mothers and children is catered for. Among those, some of them contribute to low utilization of the child delivery and neonatal care services from the health facilities, although there are also other factors, apart from the sociocultural norms discovered, that contribute to the low utilization among the participants. These factors include the corruption in the health centers which sees the health workers in the health centers requesting for money for the bed for the patients, poor weather conditions, especially the rainy seasons that make the pass ways to the health centers
impassable for the mothers, fear of being punished by the health workers from the hospitals, and poverty that has the pregnant mothers collecting firewood from the wilderness and away from home.

5.3. CONCLUSIONS

Maternal and child mortality rates are still high in Uganda, and most of them are from the rural population. Of all the mothers in the focused groups, at least all of them had either lost a child below 5 years of age, or got a miscarriage in their lifetime as mothers. This is why the improvements in the public health sector have been made to ensure the accessibility of health services, even for citizens in the hard to reach areas like the Karamoja sub-regions. The village health team members in the villages have been of help to the locals in providing quick first aid and they are trained to treat simple diseases like malaria and then refer locals in cases they are unable to handle. Even with the availability of health facilities, mothers in Rupa and Nadunget sub-counties fail to fully utilize the services, as discovered due to the sociocultural norms that hold them back, as well as other conditions.

With the help of several organizations that have taken interest in maternal and child health in the sub region, some mothers are adhering to their advice by endeavoring to take their children to the health facilities, and giving birth from the hospitals. Most of the young mothers in the focused groups said that they had given birth to at least one of their children in the health facilities, and also taken their children for medical attention to the health centers, which only indicates that their attitudes towards health care is changing for the better. Some of the sociocultural norms are however still impeding the utilization of health care services due to the fact that even with sensitization of the communities, transformation of attitudes of the people towards culture is more of a gradual process that takes some time to be achieved. Besides, some of the communities in the sub-regions have yet to be explored.

There are also other contributing factors that are preventing the mothers from utilizing the child delivery and neonatal care services in Nadunget sub county, and these challenges cannot be ignored. The community-based organizations and Non-government organizations have tried linking with the herbalists, although they are not able to reach all the communities in the
subregion. Also, the some of the health care facilities that are constructed by donors are helping the locals, although there is lack of monitoring in these facilities, to ensure that the health workers are providing services to the locals, especially to know whether or not they are at station of appointments. The study discovered that some of the health workers do not report for duty and only go on specific days, and in addition to that, the health facilities are closed in most cases.

The Karamojong still have strong attachment to cultures, and in this study, elders are discovered to be the strongest advocators of the cultural norms. The ignorance of the youth towards the manipulation of the elders is another contribution to the cultural norms insistence, since the young mothers claim that the elders say that the youth have made them miss out on the feasting, eating of meat that comes with every animal sacrifice that are made in the name of culture, which they are usually in charge of.

5.4. RECOMMENDATIONS

The government of Uganda should continue to involve all the stakeholders in a move to see that the Karamojong are sensitized, since they are still strongly attached to their culture. It is important for stakeholders to understand the different cultural norms in the area, and pick out those that are truly affecting the mothers’ and children’s health, so as to see that ways are devised on how to approach the community on the dangers and risks that the norms are having to their health.

Given that the elders are an important element of the culture, there is need to engage the elders, and thus understanding their opinions and suggestions to save the health situation of the locals, especially the mothers and children.

The health sector needs to embrace the contribution of the traditional healers in formulation of policies, so that they are integrated within the health service delivery for the community members, since they are several within the community and that the community has more trust in them since they believe that they have survived all their lives with the help of traditional healers, even before the health facilities came to existence. More emphasis should be out on the traditional birth attendants, so that they are trained in safer ways to care for mothers during birth.
Community based organizations and NGOs that are working on health in the region, for example, Save the Children, United Nations agencies, among others need to device means of linking with the traditional healers, traditional birth attendants and herbalists, so that they are trained to handle the mothers and children. This is because they are the nearest to the locals, and they are among the determinants of the health of mothers and children especially, since they are the ones faced with health challenges most of the time.

The government of Uganda needs to constantly find ways to reach out to the local community, so as to ensure that the concerns of the locals are heard. Little efforts are made to monitoring of the health workers in the local communities, which has been discovered to be risky since no disciplinary actions are made towards those that are corrupt.

A community-based approach needs to be employed by the government to ensure that locals are empowered in all aspects of their lives. This will ensure that citizens are in position to take care of their own needs, and also own the community development projects that they may come up with.

5.5. AREAS FOR FURTHER RESEARCH

Emphasis should be made on the contribution of elders in the social change of the Karamojong, since they are the main determinants of culture.

Investigation into the health personnel in public health care facilities should be made, so that to discover the challenges that they may face in provision of health services to a culturally rich community, as well as a hard to reach area. This can be done by approaching and interviewing mothers that are at the health facilities seeking for health care for their children.

Documentations of previous local studies in the area needs to be examined, so as to ensure rich building of literature to better direct the future studies.
APPENDIX

DATA COLLECTION TOOLS

FGD Guide for Study Population

Introduction

Hello. My name is __________________. I am currently conducting a research on the influence of socio-cultural norms on the utilization of child delivery and neonatal care services in Nadunget sub-county Moroto district, as a partial fulfillment for award of a Bachelor’s degree in Social Work and Social administration of Makerere University. The study is focusing on influence of socio-cultural norms on the health seeking behaviors of mothers, and other contributing factors like the influence of men and elders, in Nadunget sub-county. You have been selected to participate in this study not because anything is known about you, but purely by chance to represent other people that live in this community. What you tell me will be strictly confidential, and remain for purposes of research.

Initial Details of the participants

1. Description of participants (include age)
2. Location details
3. Age of group participants

Awareness, availability, accessibility and utilization of maternal and neonatal care services

4. Main health related problems that mothers and their neonates face in this community.
5. Coping measures with the problems mentioned—internal and external measures
6. Have you ever used maternal and neonatal care services?
7. What was your experience using the services?
8. What circumstances pushed you to use/not to use the services?
9. Who determines whether or not a mother needs use the health facility? (probe: how it is determined)

Attitudes and perceptions towards socio-cultural norms

10. When you critically look at this community, are socio-cultural norms existent? (probe: the different socio-cultural norms existent)
11. Which of the socio-cultural norms that you have mentioned above would you say surround child delivery and neonatal health care? *(probe: birthing position, FGM, etc)*

12. Some people say that mothers avoid using health facilities during child birth and when their children are ill, what do you think about this?

13. Why does it happen in the way you have mentioned above? *(probe for the reasons)*

14. In your own opinions, what can be done to encourage mothers to use child delivery and neonatal care services?

15. From all that we have discussed, what are your suggestions on the contribution of the following to maternal and neonatal health care?
   a) Contribution of elders
   b) Male involvement
   c) Contribution of health personnel

16. Is there anything else that you we haven’t talked about, and you feel we need to discuss?

*Thank you for taking time to contribute your views and experiences*
Interview Guide for Key informants

(Health Personnel, Community Based Organization, Elder)

Introduction

Hello. My name is _________________. I am currently conducting a research on the influence of socio-cultural norms on the utilization of child delivery and neonatal care services in Nadunget sub-county Moroto district, as a partial fulfillment for award of a Bachelor’s degree in Social Work and Social administration of Makerere University. The study is focusing on influence of socio-cultural norms on the health seeking behaviors of mothers, and other contributing factors like the influence of men and elders, in Nadunget sub-county. You have been selected to participate in this study not because anything is known about you, but purely by chance to represent other people that live in this community. What you tell me will be strictly confidential, and remain for purposes of research.

Please record the following information

1. Name Division
2. Name of respondents
3. Position/designation of respondent

General
1. What health related services are always provided to mothers in this Community? (Probe for child delivery and neonatal care services)
2. What is the attitude of people towards these services? (Probe for effect of socio-cultural norms on the attitudes)
3. Which socio-cultural norms affect mothers and children?
4. How do these norms affect maternal and child health?
5. Who determines whether a mother should seek for health services?
6. What other alternatives are there if they do not seek for health services?
7. What challenges do mothers face in managing their health and that of their children in this community?
8. What can be done to help mothers maximize utilization of health services in this community?
Closing the discussion

1. Is there anything else we have not discussed that you would like to talk about?

Thank you for taking time to contribute your views and experiences
Figure 1:

*Health center II in Nawanatau*
REFERENCES


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