

**CULTURAL PERSPECTIVES ON MATERNAL DEATHS AMONG THE BASOGA OF
EASTERN UGANDA**

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**A DISSERTATION SUBMITTED TO THE DIRECTORATE OF RESEARCH AND
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DECLARATION

I NAMUSUSWA HARRIET MUKASA, hereby declare that this Dissertation titled “*CULTURAL PERSPECTIVES ON MATERNAL DEATHS AMONG THE BASOGA OF EASTERN UGANDA*” is my original work, and it has never been submitted for an academic award to any university or other higher education institution.

Signature _____ Date _____

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APPROVAL

We certify that this Dissertation titled “*Cultural Perspectives on Maternal Deaths Among the Basoga of Eastern Uganda*” by Namususwa Harriet Mukasa has been under our supervision and that it meets the requirements for the award of a Master of Arts in Religious Studies degree of Kyambogo University.

Signed..... Date.....

Dr. A. P. Isiko

Signed..... Date.....

Dr. Nankindu Prosperous

DEDICATION

To my beloved family members who have supported me morally, financially, and through constant prayers as well as encouragement which has enabled me to succeed. But above all my parents Mr. and Mrs. Mukasa for the words of hope they instilled in me every time to ensure that I finish my course.

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LIST OF ABBREVIATIONS

ANC:	Antenatal Care
CHWS:	Community Health Services
CL:	Cultural Leaders
COL:	Community Leaders
FGD:	Focus Group Discussions
H.I.V:	Human Immune Virus
LC1:	Local Council One
MDG:	Millennium Development Goal
MOPH:	Ministry of Public Health
SDG:	Sustainable Development Goal
TBA:	Traditional Birth Attendants
UBOS:	Uganda Bureau of Statistics
UDHS:	Uganda Demographic Health Survey
UN:	United Nations
VHT:	Village Health Team
WHO:	World Health Organization

ABSTRACT

This study aimed at exploring and analyzing the cultural beliefs and explanations of maternal deaths among the Basoga. Specifically, the study aimed at establishing rituals performed by the Basoga on maternal deaths, and the influence of modernity and Christianity on Busoga society's cultural context of maternal deaths. The study adopted a qualitative research paradigm alongside an ethnographic design. The study population included the relatives of the deceased, cultural leaders, community leaders, and Traditional birth attendants. A sample size of 25 respondents was used for the study. Individual in-depth interviews, focus group discussions, and observation methods were mostly used in the field during data collection. In this study, the researcher used a semi-structured interview guide, a focus group discussion guide, and an observation guide as data collection tools. The study findings indicate that Busoga society holds unique cultural beliefs and explanations for maternal deaths, they believe so much in witchcraft, and attribute maternal deaths to malevolent intent directed towards expectant mothers, often by jealous or vengeful individuals within their social circle. There is need to emphasize spiritual and cultural interventions alongside biomedical care for maternal health. Many rituals are performed on maternal deaths, including the last funeral rites. These practices serve as cultural expressions of mourning and respect for the deceased, these rites are thought to ward off death that might target other mothers in the same family maternally. Modernity and Christianity have influenced the Basoga society's cultural context of maternal deaths. With modernity, infrastructures, science, and technology have been developed. These have helped the expectant mothers to access proper medical care rather than relying on belief in witchcraft that leads them to access treatment from a shrine which do not have adequate medical care. The researcher concluded that the Basoga hinge on the cultural explanations for maternal deaths, despite the existence of bio-medical hospitals.

CHAPTER ONE

INTRODUCTION AND BACKGROUND TO THE STUDY

1.0 Introduction

According to studies conducted in Uganda, life circumstances are often interpreted through traditional beliefs (Isiko & Serugo, 2021). Adeboye (2016) describes cultural perspectives on maternal death as a contradictory phenomenon: while traditional practices may suppress the emotional response to maternal death, cultural beliefs also foster a heightened appreciation for life among surviving family members. Despite advancements in scientific understanding of maternal health, maternal deaths persist, and many African societies rely on cultural constructs to explain these deaths (Adeboye, 2016).

Maternal death evokes profound grief and suffering (Asogwa et al., 2022; Dartey et al., 2019; Molla et al., 2015) with grieving often enduring and intensifying over time (Chappell et al., 2015; Cauldwell et al., 2015). Seeking and finding meaning in the loss can mitigate complicated grief (Keene et al., 2010; Molla et al., 2015) a process often influenced by cultural perspectives and traditions (Dartey et al., 2019). However, the occurrence of maternal death can also challenge these beliefs, leading to existential crises (Lawrence, Appiah-Kubi & Lawrence, 2022).

In various cultural contexts, established norms dictate how maternal deaths are acknowledged, expressions of grief, the duration of mourning, and commemoration practices (Addai, 2016; Ruddock, 2022). Societal tendencies often downplay maternal death as if it stemmed from religious and traditional beliefs (Hidalgo, 2021). This chapter gives a full background to the understanding of maternal deaths in Uganda and Busoga region specifically. The rationale of this

study was to progress the understanding of cultural perspectives on maternal death among the Basoga of Eastern Uganda.

1.1 Background to the Study

Globally, more than 800 women die daily due to causes related to pregnancy and childbirth (UNFPA, 2023). According to the World Health Organization (2023) one woman dies every two minutes from complications related to pregnancy or childbirth. Recent data from the UK and Ireland indicated that from 2018 to 2020, 229 women died during pregnancy or up to six weeks postpartum, due to pregnancy-specific causes or aggravated conditions, marking a 24% increase compared to 2017-2019, with a 19% increase excluding COVID-19 deaths (Iacobucci, 2022). Furthermore, during the same period, 289 women died between six weeks and one-year post-pregnancy. In the United States, Hoyert (2021) reported maternal death rates in 2021 as 20.4 deaths per 100,000 live births among women under 25, 31.3 for those aged 25-39, and 138.5 for women aged 40 and above.

Sub-Saharan Africa accounted for 70% of global maternal deaths in 2020 (UNICEF, 2023), with many African countries falling short of achieving Sustainable Development Goal (SDG) 1A, which aimed to reduce the maternal deaths ratio (MMR) by 75% between 2015 and 2030. The United Nations (2019) has renewed its commitment to Sustainable Development Goal (SDG) 3.1, aiming for fewer than 70 maternal deaths per 100,000 live births by 2030. According World Health Organization (2019), the leading causes of maternal death include hemorrhage, prolonged or obstructed labor, sepsis, pregnancy-related disorders like eclampsia, and complications from unsafe abortions (Say, Chou, Gemmill, Tunçalp, Moller, Daniels, & Alkema, 2014, p.5). Izugbara,

Wekesah, and Adedini (2016) reported that Nigeria alone experiences approximately 58,000 maternal deaths annually, the highest absolute number globally.

According to the Uganda Demographic and Health Survey [UDHS], (2022) Uganda's maternal deaths ratio was 385 deaths per 100,000 live births in 2019. These statistics highlight significant maternal health challenges globally, particularly in Africa, despite advancements in medical science. Busoga sub region remains highly marginalized, with the second highest maternal health challenges and figures indicate that 126 mothers die annually due to childbirth complications in the region, second to Kampala at 180 per 100,000 live births. (Uganda Bureau of Statistics, 2022). This is alarming, Karamoja region had a rate of less than 12 mothers who die annually per 100,000 live birth, yet the region seems to be worse off in terms of healthcare delivery

This study is situated within the field of anthropology, which encompasses the comprehensive study of humanity (Nanda & Warms, 2020). While various disciplines such as sociology, psychology, economics, history, and others systematically investigate human aspects, anthropology distinguishes itself by integrating four subfields spanning natural sciences, social sciences, and humanities, offering a nuanced exploration of human societies worldwide, both historically and presently. The specific subfield under examination, cultural anthropology, encourages innovative thinking about contemporary cultures and societies through critical analysis and rich ethnographic exploration.

Recent literature reflects diverse investigations within this domain. For instance, Suyitno et al. (2023) explored the cultural significance of ritual traditions among the Osing people of Banyuwangi, Indonesia. Marabele et al. (2020) investigated the impact of cultural factors on maternal death rates in rural villages of Limpopo Province, South Africa. Omer et al. (2021)

conducted a qualitative study in Pakistan examining how social and cultural practices influence maternal deaths. However, none of these studies have focused specifically on cultural perspectives on maternal deaths. Thus, this study aims to contribute to the existing body of knowledge by providing insights into cultural perspectives on maternal death within the Busoga tradition.

Although there is a substantial body of literature on moral function of death among the Basoga of Uganda (Isiko & Serugo, (2021), determinants of maternal deaths in Uganda (Atuhaire & Kaberuka, 2016), and the role of witchcraft (Isiko, 2019), there remains a notable absence of studies specifically addressing maternal deaths from a cultural standpoint among the Basoga. Maternal death is defined as the death of a woman due to complications during pregnancy or childbirth (Busoga Health Forum, 2023). Data indicate persistently high maternal deaths rates in the Busoga sub-region despite ongoing efforts and substantial investments in reproductive health services (World Health Organization, 2021).

The collaboration between the Ugandan government, the World Health Organization (WHO), and the Korea International Cooperation Agency (KOICA) underscores efforts to enhance maternal and child health services in the Busoga sub-region, with a USD 10 million project targeting Bugiri, Buyende, Iganga, Kamuli, and Mayuge Districts. Despite advancements in scientific research and substantial resource allocations, Uganda continues to experience elevated maternal death rates, with 368 deaths per 100,000 women aged 15-49 nationwide, and notably higher rates of 389 per 100,000 in Busoga (UBOS, 2021). This study contends that alongside scientific investigations and significant investments, there is a critical need to explore cultural perspectives to comprehensively understand maternal deaths.

1.1.2 The Context of Maternal Deaths, Rituals and Culture

To situate the study in its interpretive framework and analytical lens, key concepts within the study have to be understood. Thus, both scholarly and operational definitions of such concepts as; cultural beliefs, ritual, and maternal death, and how the various concepts are related to each other. Maternal death refers to the death of a woman, regardless of the cause of death (obstetric or non-obstetric), occurring during pregnancy or within 42 days after pregnancy termination (World Health Organization [WHO], 2015). In this study, the researcher adopted the World Health Organization's conventional definition of maternal death because it is technically recognized as such in the medical profession and thus nothing less or more than what is medically stated can mean maternal death. Therefore, maternal death in this study will be operationalized in terms death of women during childbirth. The relationship between death and culture cannot be underrated for various scholars have sought to find cultural explanations for death and also specifically maternal deaths (Isiko & Serugo, 2021; Marabele et al., 2020; Omer et al., 2021).

Cultural perspectives highlight that “culture is the result of different beliefs, such as religious creeds, social beliefs and norms, habits, and values transmitted over generations that, through social interactions and inter-generational transmission, influence individual decisions and policies of countries and regions (Marini, 2016). Thus, Cultural beliefs are shared concepts and conceptions among people that guide how they interact with each other, with their gods, and with other groups. They are distinct from knowledge in that they are not verified analytically or scientifically (Greif, 1994). In this study, therefore, the term cultural perspective is construed as the beliefs, attitudes, and values that bear on the sociocultural activities of Basoga people regarding death, particularly maternal death.

In an attempt to understand cultural perspectives, rituals are an indispensable element of cultural perspectives. Rituals are Symbolic actions taken by many groups to commemorate a significant occasion or restore order (Mwandayi, 2011). Rituals as “symbolic activities help us, together with our families and friends, to express our deeper thoughts and feelings about life’s most important events (Post, 2015, p.5). Rituals then become a ‘representation of cultural performances and rites of passage which mark a people’s life experience. Properly construed rituals are an expression of people’s thoughts, emotions, social organization, and cultural identities (Baloyi, 2014). Rituals are effective means of giving life’s events significance and provide a means of expressing and containing emotion. Rituals with such transcendental meanings are typically shared within groups, allowing a community to come together, observe, and interpret an event for its survival. A ritual thus upholds a certain collective identity (Mwandayi, 2011). It is no mistake than to say that one of the recognitions shared by the Basoga people is the importance of death rituals. Death rituals are customs that involve a variety of activities, including funeral ceremonies, body disposition, soul preparation for the hereafter, gatherings of living relatives, and ongoing communication with the deceased's spirit (Rouse, 2005b). Thus, in this study death or burial rituals will mean those practices or acts performed either by close bereaved family members, cultural leaders, and traditional birth attendants on rituals on the dead body, or during burial and funeral practices of victims of maternal deaths, which have traditionally been performed by the Basoga ethnic group.

The myths about the origin and causes of maternal death among the Basoga of Eastern Uganda are deeply rooted in cultural beliefs and traditional explanations. There majorly four myths that often intertwine with notions of the supernatural, ancestral spirits, and social norms.

Myth 1: Supernatural Causes: Among the Basoga, it is commonly believed that maternal deaths can be caused by supernatural forces, including witchcraft and malevolent spirits. The idea that unseen forces can influence health outcomes is prevalent in many African cultures. This is highly observed in the study by Isiko (2019) who quoted that in many African societies, including the Basoga of Uganda, maternal deaths are often attributed to witchcraft and the wrath of ancestors. Such beliefs underscore the perceived power of supernatural forces over life and death

Myth 2: Ancestral Wrath: Another prevalent belief is that maternal deaths are the result of angered ancestral spirits. This can occur if the ancestors are displeased with the actions or behaviours of individuals or their families. The Basoga hold a strong belief in the influence of ancestors. Maternal deaths are sometimes seen as a punishment from the ancestors for not adhering to traditional customs or for neglecting ancestral rituals as noted by (Nalwoga, 2019).

1.2 Statement of the problem

Despite notable strides in improving access to maternal and child health (MCH) services within Uganda's health sector, maternal deaths remain a pressing issue nationwide, particularly in the Busoga Sub-region, where cultural beliefs surrounding maternal deaths are prominent yet frequently overlooked in discussions and interventions (Isiko, 2019; UBOS, 2017). Historical data indicate that there has been a progressive decline in maternal deaths in Uganda for the last twenty years from 2000 to 2020, although in 2019 Uganda registered a high maternal death rate of 579 per 100000 live births (WHO, 2019). Whereas there have been biomedical explanations and significant resources for maternal health generally and ending maternal deaths in particular, statistics from the Uganda Bureau of Statistics (UBOS, 2020) and the (World Health Organization, 2021) point to a non-responsive picture for Busoga particularly. Maternal death rates remain

alarmingly high in Busoga (448 deaths per 100,000 live births), surpassing the national average of 336 deaths per 100,000 live births (MOH, 2021; UBOS, 2023). There is extensive scholarly literature on maternal deaths globally for instance, in South Africa, Marabele et al. (2020) studied the cultural factors contributing to the maternal death rate in rural villages of Limpopo Province. In Pakistan, Omer et al. (2021) carried out a qualitative study about the influence of social and cultural practices on maternal deaths. In Uganda, Isiko & Serugo (2021) have studied death and morality by looking at cultural perspectives on the moral function of death. Despite the extensive scholarly literature, there is a noticeable lack of studies exploring cultural perspectives on maternal deaths, which hold particular significance in traditional societies like the Busoga Sub-region. This study confers that investigating these often-neglected cultural perspectives among the Busoga regarding maternal deaths could serve as a critical step in integrating such beliefs into efforts aimed at addressing the persistently high rates of maternal deaths.

1.3 General objective of the Study

The general objective of the study was to explore and analyze the cultural beliefs and practices of the Basoga on maternal deaths.

1.4 Specific Objectives

The objectives of the study were:

1. To explore the cultural explanation of beliefs surrounding maternal deaths among the Basoga.
2. To analyze rituals performed by the Basoga on maternal deaths.

3. To analyze the influence of modernity and Christianity on Busoga society's cultural context of maternal deaths.

1.5 Research Questions

The research questions interrogated in this study were as follows:

1. What are the cultural explanation of beliefs surrounding maternal deaths among the Basoga?
2. Examine the rituals performed by the Basoga in situations of maternal deaths.
3. Explain the influence of modernity and Christianity on Busoga society's cultural context of maternal deaths.

1.6 Scope of the Study

1.6.1 Geographical scope

The study was carried out in Bugweri County, situated within Busoga Sub-region of Eastern Uganda. Busoga kingdom is situated in eastern Uganda immediately north of the equator, Busoga is bounded by Lake Kyoga to the north, the Victoria Nile to the west, the Mpologoma River to the east, and Lake Victoria to the south. The Basoga are a group of Bantu people found in the eastern part of Uganda also known as the Busoga Region which consists of districts of Mayuge, Luuka, Namutumba, Kaliro, Jinja, Kamuli, Bugiri, Iganga, Namayingo, Bugweri and Buyende. Busoga kingdom is divided into 11 counties and these include Busiki, Bulamogi, Kigulu, Bugweri, Luwuka, Bukooli. Buzaya, Budiope and Bugabula. Butembec and Bunya. Bugweri County falls under Bugweri District and encompasses several Sub-counties including Busembatya Town

Council, Buyanga, Ibulanku, Igombe, Makuutu, and Namalemba. The researcher chose Bugweri because as an insider, she has witnessed mothers die in spite the existence of healthy centers in each sub county and a nearby referral hospital Iganga. Due to the high number of maternal rates in recent years the researcher purposely chose the Basoga in Bugweri County to represent the Basoga.

Still, in 2017, Busoga Sub-region had the second-highest maternal deaths rate in Uganda, following Karamoja (UBOS, 2017), but as of 2022, it ranked second after Kampala (UBOS, 2022) [See appendix 7: map of Uganda showing distribution of maternal death rates]. Forero et al. (2018) suggest that qualitative studies examining the socio-cultural context of a specific area benefit from the researcher's familiarity with the setting.

The geographical area of study is illustrated in the map below

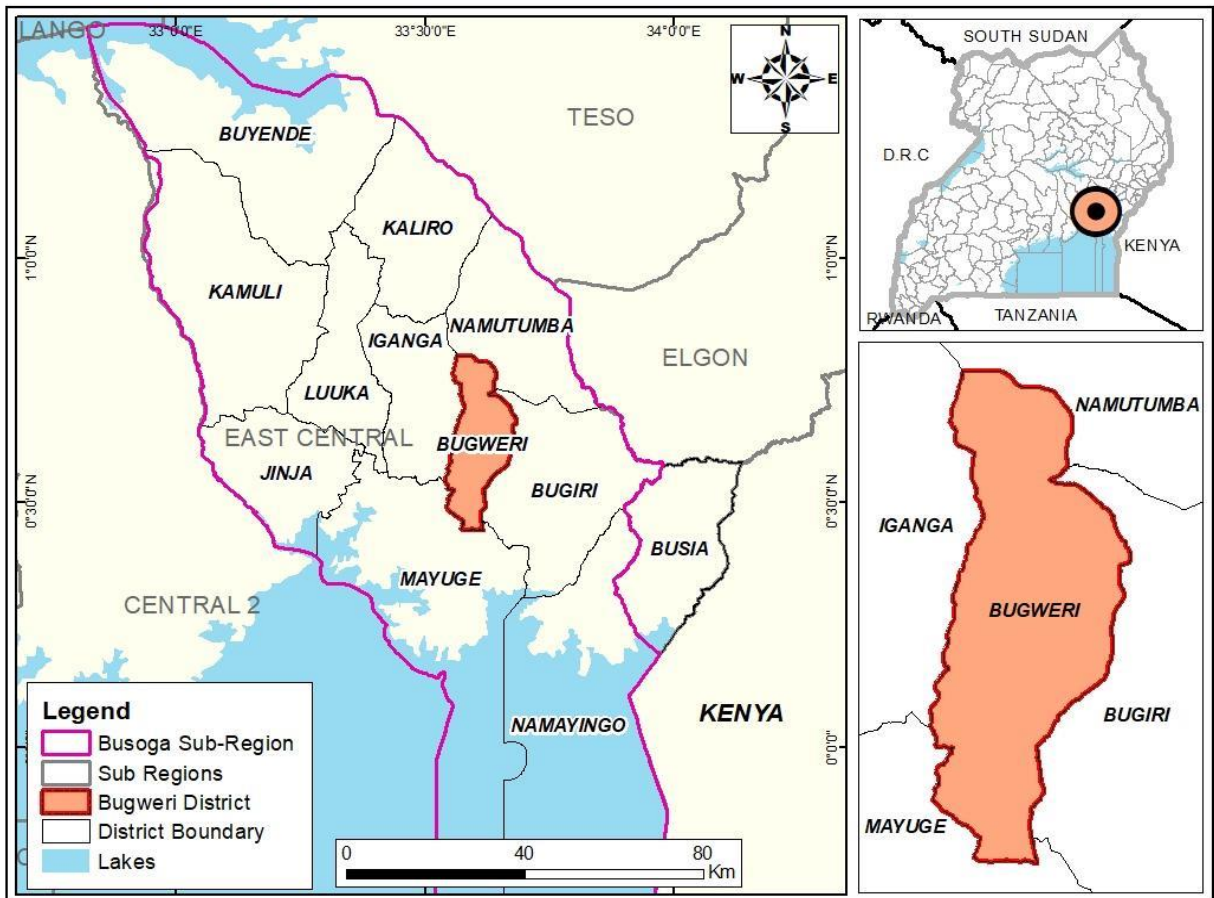


Figure 1. 1: A map of Busoga highlighting Bugweri district

1.6.2 Time scope

The study examined cultural beliefs and traditional death rituals among the Basoga people concerning maternal deaths. The study considered data from the period 2020 -2023. This period was selected because of rampant maternal death in Busoga during that time, 448 deaths per 100,000 live births compared to the national figure of 336 per 100,000 live births. (MOH, 2021). Busoga sub region had the second highest maternal health challenges and figures indicate that 126 mothers die annually due to childbirth complications in the region, second to Kampala at 180 per

100,000 live births. (Uganda Bureau of Statistics, 2022) The study was also carried for period of 12 months that ranging from November 2023 to August, 2024.

1.6.3 Content scope

The study aimed to explore and understand the cultural beliefs, death rituals, and burial practices of the Basoga people concerning maternal deaths. Specifically, it focused on three main aspects: cultural explanations for maternal deaths among the Basoga, witchcraft, ignoring traditional medicine, annoying the spirits, curses, Traditional rituals observed by the Basoga in response to maternal deaths, and the influence of modernization and Christianity on the Basoga cultural context of maternal deaths.

1.7 Significance of the Study

This study holds implications for practice concerning cultural beliefs and ideologies surrounding maternal deaths. Understanding how cultural perceptions surrounding childbirth contribute to maternal deaths can enable Ministry of health, nurses, midwives, and other healthcare providers to deliver culturally sensitive care and develop effective programs aimed at reducing maternal death rates, particularly in the Busoga Sub-region. Interventions that do not consider these cultural factors are likely to be less successful in addressing maternal deaths. Regarding rituals performed during and after maternal deaths, this study provides insights into their significance within the Busoga community. The findings highlight that certain rituals aid mourners in coping with grief and provide hope for a positive afterlife for the deceased. This study is therefore significant to the Busoga community as it underscores the importance of embracing these rituals.

Furthermore, the study addresses the influence of modernity and Christianity on cultural perspectives regarding maternal death. Modern medical practices now acknowledge and respect the cultural traditions and beliefs of the Busoga community, ensuring that care following maternal death and handling of the deceased aligns with cultural norms. This approach could serve as a model for other communities where modernization conflicts with traditional practices. Insights gleaned from cultural beliefs and ideologies surrounding maternal death can inform governmental and Ministry of Health efforts to enhance maternal health services for women in Busoga. This may necessitate a comprehensive strategy involving increased investment in primary and emergency healthcare, as well as the training, equitable compensation, and deployment of more midwives to rural areas to save the lives of mothers and their infants.

1.8 Limitations to the study

There were financial challenges during the study that the researcher conducted. This was because conducting focus group discussions required some amount of money 60,000 thousand shillings. It was compulsory to pay this money because it was for consultation as the respondents claimed that they had left their household chores to come and provide information to the researcher. Moreover, moving from one place to another during the interviews necessitated a lot of money because the researcher was to move to many villages to collect the necessary data. Therefore, moving to deep villages meant using a lot of money for transport and also paying the chairpersons of the villages who helped in identifying the respondents. This limited the researcher from accessing many TBAs who are mainly found deep in the village, these could have heard a lot of information on the rituals performed on maternal deaths, as they sometimes witness the death of these mothers in their homes.

Some respondents felt uncomfortable with revealing some information. They thought that the public would condemn them; especially the unskilled traditional birth attendants due to their limited education on matters connected to maternal reproductive health. Yet they have assisted many mothers to give birth, which is among other causes of maternal deaths in Busoga. This took the researcher time to convince them, she showed them the introductory letter from the department. Unfortunately, most of them were illiterate and could not internalize what was in the letter. However, finally, the researcher assured them that the research was purely academic. This affected the researcher; in that they could have reserved some genuine data on the cultural causes of maternal death in the region. This could have been of great importance in helping to alleviate the problem of maternal death in the region.

The researcher realized a methodological limitation where the study relied on interview respondents who were only advanced in age. Their narrations of the burial processes and rites in society were not always coherent due to memory loss. They may have left out some information, which would have enhanced the validity and objectivity of the information. Moreover, studies have shown that as age increases, older respondents appear to differentiate less sharply among different aspects of their lives. That is why also most of them found it difficult to answer the last objective of the study.

1.9 Definition of operation terms

Maternal Death: Maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, regardless of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes (World Health Organization, 2019).

Taboos: Taboos are social or cultural prohibitions against certain actions, behaviors, or discussions, often based on moral or religious beliefs. They serve to uphold cultural norms and can vary significantly between different societies (Azimjonovna, (2024).

Sacrifices: Sacrifices are offerings made to deities, spirits, or ancestors, often in the form of animals, food, or other valuable items, intended to appease or seek favor from supernatural beings (Benson, 2001).

Spirits: Spirits are non-physical entities often believed to inhabit the natural world, representing the essence of individuals or forces. They can be seen as guardians, protectors, or vengeful beings depending on cultural beliefs (Koss, 2010).

Ancestor's Ancestors are individuals from whom one is descended, particularly those who have passed away. They are often revered in many cultures, serving as a source of guidance and spiritual connection for the living (Campbell, Hill, & Hageman, 2016, p.1).

Witchcraft: 'witchcraft' is the use of mystical powers for wicked purposes and is usually applied or practiced in secrecy. The motives of witchcraft are to cause harm, pain and kill the victim. witchcraft is held to be inherently evil and even when there is community approval for its application, members are aware that it is going to have disastrous effects upon those it is to be applied (Isiko,2019).

1.10 Literature Review

This section evaluates relevant literature about the three main components of the study: cultural explanation of beliefs surrounding maternal deaths, rituals associated with maternal deaths, and the impact of modernity and Christianity on the cultural understanding of maternal deaths in Africa.

1.10.1 Theoretical framework

This study was guided by Existential phenomenology theory which is a philosophical approach that combines existentialism and phenomenology to explore human existence through the lived experiences of individuals (Owen, 1994). According to Choifer (2018) it emphasizes understanding the world from the first-person perspective, focusing on how people perceive and make sense of their experiences. Existential phenomenology has been significantly shaped by philosophers Martin Heidegger in 1927, later advanced by Jean-Paul Sartre Maurice and Merleau-Ponty in 1943 and 1945 respectively.

The Existential Phenomenology Theory is relevant to the Study of African Cultural Beliefs and Practices on Maternal Deaths in Uganda because Existential phenomenology helps in understanding the subjective experiences of African women in Uganda regarding maternal health. According to, Rukundo, Brennaman, Cumber, and Nambozi (2020) focusing on the lived experiences, researchers can gain insights into how these women perceive and interpret their maternal health practices and the impact of these practices on their lives. Merleau-Ponty's emphasis on embodiment is particularly relevant. It allows for an analysis of how Ugandan women experience pregnancy and childbirth, revealing how cultural beliefs shape their health behaviors

and outcomes. For instance, traditional practices during childbirth can be examined through the lens of embodied experience (Merleau-Ponty, 2012).

Heidegger's concept of being-in-the-world is useful for contextualizing maternal health practices within the broader cultural, social, and economic environment of Uganda. This perspective can uncover how these practices are influenced by and contribute to the community's worldview (Heidegger, 1962). Sartre's ideas about authenticity and freedom can explore how Basoga women navigate cultural expectations and make choices regarding their maternal health. This can highlight tensions between traditional practices and modern healthcare options, showing how women exercise their agency within cultural constraints (Sartre, 1956). The major criticism is the emphasis on subjectivity, which can be seen as limiting the objectivity required in empirical research. The highly personal and interpretive nature of existential phenomenology might lead to challenges in generalizing findings.

1.10.2 Cultural Beliefs and Explanations on Maternal Deaths

Various scholars have contributed significantly to elucidating cultural beliefs and explanations surrounding maternal deaths in Africa (Adedini et al., 2016). Whyte (2014) contends that parental curses, particularly those directed toward daughters, possess mystical potency influencing outcomes such as prosperity or sorrow, especially in challenging circumstances like childbirth. Among the Ndembu of Zambia, powerful curses are cited as explanations for maternal deaths (Buchowski, 2018). Similarly, among the Abaluyia of Kenya, curses are believed to exacerbate conditions leading to miscarriages that can progress to maternal death (Buchowski, 2018). Conversely, among the Nyole of Uganda, maternal deaths are pronounced when pregnant women

disrespect elders, leading offended elders to invoke curses due to their significant social authority (whyte, 2014).

In African communities, there exists positive community sentiment towards commemorating mothers who die during childbirth through rituals that provide psychosocial support and aid in coping with loss (Mpiani, 2023). These rituals involve community and familial participation, including spending time with the deceased, creating lasting memories, and upholding familial connections even after death. For instance, in South Cameroon, Geschiere (2005) observed that upon the death of a mother during childbirth, men are expected to kindle a central campfire symbolizing the worth and honor of the deceased. This gathering serves as a venue for transmitting moral teachings, fostering social cohesion, and sharing communal memories.

A study on death and mourning rituals among the Akan of Ghana highlighted gendered roles, where men oversee funeral rites while women assume roles as professional mourners (Mpiani, 2023). This cultural framework reflects values emphasizing the importance of honoring maternal figures and maintaining social order amidst loss. Witchcraft, sorcery, and magic are also perceived explanations for maternal deaths in many non-western societies (Omer, Zakar, Zakar, & Fischer, 2021). These practices are viewed as malevolent acts intended to harm individuals through supernatural means, with beliefs varying in intensity across cultures.

In Zambia's Mwami district, Makuka (2020) notes the cultural significance of correctly performing funeral rites for women who die during childbirth to maintain familial harmony and prevent spiritual disturbances. Failure to observe these rites may lead to unrest among ancestral spirits and potential psychological distress among surviving family members. Overall, while

scholarship on death in Africa has traditionally focused on broader mourning practices, maternal deaths warrant distinct attention due to their cultural complexity and societal impact.

In many Ugandan tribal groups, cultural beliefs and traditional practices play a pivotal role in maternal health. In the study by Kyomuhendo (2003, p.3) it was noted that traditional birth attendants (TBAs) are often preferred over modern medical practitioners due to their understanding of local customs and spiritual practices. In the recent study by Ayebare et al., (2021) it was discovered that maternal deaths are frequently attributed to spiritual factors, such as witchcraft or ancestral displeasure, which may deter families from seeking modern healthcare.

The Baganda, the largest ethnic group in Uganda, they have rich cultural beliefs that influence their perceptions of maternal deaths. Traditionally, maternal mortality is often linked to spiritual causes such as witchcraft, curses, or the displeasure of ancestors (Kyeya, 2017). In Baganda culture, maternal deaths are frequently attributed to supernatural forces. Women may be thought to have offended the spirits or ancestors, leading to complications during childbirth (Kyomuhendo, 2004).

The Banyankole tribe attributes maternal deaths to both biomedical and traditional causes. There is a belief in the influence of evil spirits and the importance of rituals to protect pregnant women and newborns. In Banyankole culture, maternal deaths are often viewed through a dual lens of biomedical and traditional explanations, with rituals performed to appease spirits believed to protect the mother and child (Kyomuhendo, 2003).

Among the Acholi, maternal deaths are frequently attributed to the violation of cultural taboos or the influence of malevolent spirits (Acire, Bagonza and Opiri, 2023, p.2). The Acholi place significant importance on traditional healers and rituals to ensure safe childbirth. In Acholi culture,

maternal deaths are often seen as a consequence of breaking cultural taboos or the work of malevolent spirits. Traditional healers play a crucial role in addressing these spiritual concerns (Orach, 2000)

The Bagisu believe that maternal deaths can be caused by both medical and supernatural factors. There is a strong emphasis on the role of traditional birth attendants (TBAs) and the use of herbal medicine to prevent complications during childbirth. The Bagisu attribute maternal deaths to both medical issues and supernatural causes, with traditional birth attendants and herbal remedies playing a pivotal role in maternal care services (Matovu, 2016)

1.10.3 Ritual Performance surrounding Maternal Deaths

Various scholars have undertaken extensive research on ritual practices surrounding maternal death in Africa (Hidalgo et al., 2021; Jindra & Noret, 2011; Lubega et al., 2022; Ruddock, 2022; Setsiba, 2008). African communities observe communal funeral and burial customs following maternal deaths, reflecting cultural values and beliefs that provide social and psychological support to the bereaved (Omonisi, 2020;Hidalgo et al., 2021). These rituals allow grieving individuals to express their emotions openly and maintain social bonds with family and friends, thereby facilitating the healing process (Lubega et al., 2022). Jindra and Noret (2011) argue that the growing elaborateness of maternal death rituals in modern Africa is influenced by evolving social and political dynamics, reminiscent of historical practices observed in previous centuries in regions like the western Gold and Slave Coasts, Congo (Brazzaville), Angola, and Kinshasa.

Ritual performances play a significant role in addressing maternal deaths in various Ugandan tribal groups and these rituals often reflect cultural beliefs and practices that influence health-seeking

behaviors, community support, and responses to maternal mortality (Say, 2014). Below is an overview of ritual performances among different tribal groups in Uganda supported by works of different scholars

In the recent study by Kisekka (2022) it was noted that among the Baganda, rituals surrounding childbirth and maternal health are deeply embedded in their cultural practices. Traditional rites are performed to invoke protection from ancestral spirits and ensure safe delivery. Failure to perform these rituals can be associated with maternal deaths. Traditional childbirth rituals among the Baganda are believed to protect the mother and child from harm. These rituals include offerings to ancestral spirits and specific rites performed by cultural leaders. According to Lubega et al. (2022) rituals such as preparing the dead body, bathing it up, cleaning it up, dressing it well and wrapping it up in bark clothes are integral to ensuring a safe delivery. The failure to perform these rituals is often blamed for complications during childbirth. Rituals conducted before and after childbirth are crucial for ensuring the safety of both mother and child; neglecting these practices can lead to tragic outcomes.

In a study by Beinempaka et al. (2014), the Banyankole, rituals surrounding pregnancy and childbirth focus on the spiritual well-being of the mother. They conduct ceremonies to seek blessings from the ancestors, which are believed to protect against complications during childbirth. Rituals also involve traditional healers, who play a critical role in maternal health. Ceremonies performed to seek the favor of ancestors are crucial in ensuring safe deliveries among the Banyankole, as they believe these spirits influence maternal outcomes (Kyomuhendo, 2003)

Ruddock (2022) highlights the belief among Africans that anything or anyone in contact with the deceased during maternal death is considered unclean or polluted, necessitating ritual cleansing

before and after burial (Addai, 2016). This cleansing involves washing the deceased's body, cleaning items they used, and purifying the household with herbs to prevent further misfortune (Ruddock, 2022). Mourning customs among African communities extend beyond burial, with specific rituals and practices observed for an extended period to honor and remember the deceased (Setsiba, 2008). These practices may include refraining from certain activities, wearing mourning attire, and organizing commemorative ceremonies to celebrate the deceased's transition into ancestor ship. In summary, while there are significant studies on ritual practices surrounding death in Africa, maternal deaths necessitate specific ritual responses due to their unexpected and unique nature, requiring communities to safeguard against the unforeseen impacts through culturally significant rituals.

The Baganda, another major ethnic group in Uganda, also place significant emphasis on rituals and ancestral spirits, but there are differences in practices and beliefs. Similar to the Basoga, the Baganda perform rituals to honour and appease ancestral spirits, but their practices might involve more elaborate ceremonies and specific roles for clan leaders. The Baganda perform intricate rituals involving clan leaders and community elders to honour the deceased and seek the ancestors' blessings (Rashidah, 2012). The Baganda use specific objects in their rituals, such as the "omubala" (a traditional cloth) and other symbolic items that may differ from those used by the Basoga. "Ritual objects like the omubala are essential in Baganda ceremonies, serving as symbols of respect and continuity (Kisekka, 2022).

The Acholi, from Northern Uganda, have distinct practices that focus on the concept of "cen," a spirit believed to cause harm if not properly addressed. The Acholi believe that cen, or restless spirits, can cause illness and death, including maternal deaths. Rituals are performed to cleanse

and protect the living from these spirits. Acholi rituals involve specific rites to cleanse the living and ensure the peaceful rest of the spirits (Kembel, 2015, p.6). The Acholi often perform healing ceremonies, known as "ajwaka," which involve traditional healers who mediate between the living and the spirit world. "Ajwaka ceremonies are central to Acholi practices, aimed at restoring harmony and health in the community (ACHOLILAND, 2018).

The Banyankole from Western Uganda have rituals that focus on fertility and the well-being of the community, with specific ceremonies for maternal deaths. Banyankole rituals emphasize fertility and the continuation of life, with ceremonies designed to honor the deceased and ensure the fertility of surviving family members. Fertility rites among the Banyankole are crucial, as they link maternal deaths to broader concerns about community well-being and continuity (Kwabaho, Mukasa, and Nyakato, 2023). Rituals often take place at ancestral homesteads, with family members performing specific rites to honour the deceased and seek blessings for the future. Ancestral homesteads serve as focal points for Banyankole rituals, reinforcing familial and ancestral bonds (Beinempaka, 2015, p.2).

1.10.4 Modernity, Christianity, and Cultural context of maternal deaths in Africa

In Sub-Saharan Africa, the impact of Modernity and Christianity on cultural perceptions and practices related to maternal healthcare has been both transformative and complex (Asteray, 2021; Ganle, 2015; Newbrander et al., 2014; Tessema et al., 2021). These influences have significantly shaped attitudes toward maternal health provision and utilization, with varying consequences observed across different contexts and regions.

Christianity, for instance, has exerted considerable influence on health-seeking behaviors, although the extent varies within and between countries (Newbrander et al., 2014). A study by Newbrander et al. (2014) highlighted barriers in the Middle East and North Africa where women are often required to be accompanied by male relatives to access maternity care, impacting their autonomy and decision-making. In Northern Ghana, Ganle (2015) documented challenges faced by Muslim women in accessing skilled maternal healthcare due to healthcare providers' lack of sensitivity to religious customs and obligations. Similarly, studies have explored the role of faith-based influences on maternal healthcare utilization, identifying religion as a barrier in contexts such as Nigeria, where obtaining consent from religious leaders or family members is often necessary for women to seek antenatal care (Fagbamigbe & Idemudia, 2015).

On the other hand, Modernity has been associated with improvements in maternal health outcomes, particularly through advancements in education and healthcare services (Caldwell, 1979; Morrison & Jütting, 2005; Thaddeus & Maine, 1994). Increased levels of formal education among women have been consistently linked with better health and reduced maternal death rates (Caldwell, 1979; Thaddeus & Maine, 1994). This underscores the importance of education not only as a proxy for socioeconomic factors but as a crucial determinant of maternal health outcomes in its own right.

Furthermore, scientific advancements have played a critical role in understanding and addressing maternal health challenges, though gaps remain in applying scientific knowledge effectively in diverse settings (Dennis, 2016; Dennis & Castro, 2014). Studies have elucidated conditions like pre-eclampsia and peripartum cardiomyopathy, highlighting the need for tailored medical interventions to improve maternal health globally (Dennis & Castro, 2014; Dennis & Castro, 2014). While traditional cultural orientations continue to influence perceptions of maternal health

and mortality in African societies, the impact of Modernity and Christianity has introduced significant shifts in these ideologies. Understanding these influences is crucial for developing effective strategies to enhance maternal healthcare provision and utilization across Sub-Saharan Africa.

In the study by Mirembe et al. (2009), it was noted that the advent of modern healthcare has brought about significant changes in maternal health. However, access to quality healthcare services remains a challenge, particularly in rural areas. Also scholars, Cumber et al. (2022) noted modernity has introduced family planning, antenatal care, and skilled birth attendance, yet these services are often underutilized due to cultural barriers and lack of awareness. In the recent survey by Ajegbile (2023), the gap between modern healthcare services and cultural beliefs often results in the underutilization of available maternal health services, leading to preventable maternal deaths.

Magunda et al. (2023, pg. 2) noted that maternal health outcomes vary significantly between rural and urban settings in Uganda. Urban areas often have better access to healthcare facilities and education, which contributes to lower maternal mortality rates. However, in rural communities, traditional beliefs may still dominate (Magunda et al., 2023, p. 5). Urbanization has shifted some health-seeking behaviors, yet in rural settings, traditional beliefs and practices continue to pose significant challenges to reducing maternal mortality (Sanyu et al., 2014, p. 1).

Engaging communities through education about the importance of maternal health can bridge the gap between modern healthcare and cultural practices. Scholars Nikbakht Nasrabadi, Sabzevari, & Negahban Bonabi, (2022) Programs that incorporate both traditional beliefs and modern medical knowledge can empower women to seek necessary care while respecting their cultural context.

Community-based education initiatives that blend modern health practices with cultural beliefs can significantly improve maternal health outcomes by fostering trust and understanding (Kizza et al., 2019).

1.10.5 Conclusion

Existing literature reveals extensive scholarly studies into cultural perspectives and burial rituals within diverse African communities. Most studies on maternal deaths and cultural practices focus broadly on Uganda or other regions in Africa without delving deeply into specific ethnic groups. Existing literature may not adequately address how gender roles within the Basoga community influence maternal health practices and beliefs, there is often a disconnect between traditional practices and modern healthcare approaches, with little research on how these can be integrated. Much of the existing research on maternal health focuses on quantitative data, neglecting the qualitative aspects of cultural beliefs and practices, the role of ancestral spirits in maternal health is often under-researched, particularly in how these beliefs affect maternal health decisions and the effects of migration and urbanization on the cultural beliefs and practices surrounding maternal health are not thoroughly examined. In order to address these gaps in the literature, a study focused on the Basoga of Eastern Uganda was needed to enhance understanding of the cultural dimensions of maternal health and contribute to the development of culturally sensitive healthcare interventions.

1.11.0 Research Methodology

This section addresses the methodological considerations inherent in addressing the research questions. Specifically, it encompasses the research approach or paradigm, research design,

selection of the research site, characterization of the population and sampling procedures, methods and instruments utilized for data collection, strategies employed for data analysis, and the ethical considerations guiding the study.

1.11.1 Research Design

The study employed an ethnographic design, a qualitative method where researchers observe and/or interact with participants in their natural settings (Bogdan, 2016). Ethnographic research aims to describe and interpret cultural beliefs, rituals, practices, and behaviors within specific cultural groups, such as the Basoga people in this study. In this study, the investigator traveled to Busoga and immersed herself in households affected by maternal deaths. Interviews and focus group discussions were conducted with relatives of the deceased, exploring their cultural perspectives on maternal death. The objective was to gain deeper insights into their actions, motivations, and thought processes concerning maternal deaths. Throughout this process, careful attention was paid to capturing a blend of knowledge, beliefs, customs, and ritual practices among the study population in response to maternal death occurrences in their community.

The ethnographic approach involved studying people within their natural environment, often in their homes where they felt comfortable discussing the research questions. Face-to-face interviews were conducted to gather rich, detailed narratives. The researcher also engaged in participant observation, actively immersing herself in the daily lives of the participants. This included observing the emotional responses of respondents, such as instances where some became visibly emotional, expressing feelings of grief and disappointment as they recalled their losses. The researcher responded empathetically, offering consolation and acknowledging the emotional weight of their experiences. This interaction was crucial in establishing rapport and trust, allowing

for a deeper understanding of the cultural dynamics surrounding maternal deaths among the Basoga. Non-verbal cues and body language were also observed and analyzed to further interpret the meanings conveyed by participants during these interactions.

1.11.2 Research Approach

In this study, a qualitative research paradigm was employed. This approach was chosen because it aligns to understand and interpret the subjective perspectives, experiences, emotions, and lived realities of participants regarding cultural views on maternal deaths among the Basoga (Alshenqeti, 2014). The qualitative approach was deemed appropriate as it facilitated a profound exploration and comprehension of cultural perspectives surrounding maternal death among the Basoga. By focusing on the "how" and "why" of research inquiries, qualitative methods provided valuable insights into cultural beliefs and interpretations of maternal deaths, ritual practices associated with maternal deaths, and the impacts of modernity and Christianity on the cultural milieu of maternal death within Basoga society. This approach enabled the capture of nuanced aspects of participants' experiences and perceptions concerning maternal deaths, aspects that are not easily captured through quantitative data alone.

1.11.3 Study Population

The study population consisted of individuals who had experienced the loss of a close relative or friend due to maternal death. These participants were chosen because of their proximity to the victims during their lives and their direct involvement in the rituals performed following maternal deaths. Traditional birth attendants, locally known as 'Mulelwa's', were included due to their perceived wealth of knowledge regarding cultural explanations related to maternal deaths within

the Basoga community. Cultural leaders, particularly clan leaders, were selected for their deep understanding of Basoga cultural practices and norms, particularly those associated with death rituals and practices. Community leaders, including local council members, were also included in the study as they were often informed about deaths in the community, attended burials, and witnessed the rituals conducted. They were regarded as custodians of knowledge, especially concerning traditional practices within the community (Isiko, 2019).

1.11.4 Sample Size

Due to the purely qualitative nature of this study, aimed at exploring the cultural beliefs and practices of the Basoga concerning maternal deaths, determining an initial sample size proved challenging. Initially, the researcher planned to interview a minimum of 30 participants, comprising 12 close family members of deceased individuals, 6 cultural leaders, 6 traditional birth attendants (Mulelwa's), and 6 community leaders. However, theoretical saturation, where no new information or themes emerged from additional interviews, was reached after conducting in-depth interviews with 25 participants. This sample size aligns with recommendations from qualitative researchers, who suggest that most qualitative studies involving 20 to 30 participants typically achieve theoretical saturation by the 25th respondent (Mwita, 2022, p.1). Thus, the decision to conclude data collection from 25 participants was based on ensuring comprehensive coverage of the study's concepts and themes.

The study comprised a sample size of 25 participants selected from Bugweri County. This included 11 close family members of deceased individuals, 4 cultural leaders, 5 community leaders, and 5 traditional birth attendants (see appendix 6). These participants were chosen based on their

significant knowledge and understanding of the cultural beliefs and ritual practices associated with maternal deaths among the Basoga people.

1.11.5 Sampling Methods and Techniques

1.11.5.1 Snowball sampling technique

Snowball sampling is a non-probability sampling technique often used in qualitative research to identify and recruit participants who are hard to reach or belong to specific, often insular communities (Rahman et al., 2023). In the context of a study exploring and analyzing the cultural beliefs and practices of the Basoga on maternal deaths, snowball sampling was particularly effective due to the sensitive and culturally specific nature of the topic. This study employed a snowball sampling technique to identify families in Bugweri County who had experienced maternal deaths at the time of data collection. Initially lacking specific information on such families, the researcher visited a health center that directed her to a family that had lost a daughter to maternal death. The mother of the deceased was interviewed, providing valuable insights into cultural explanations and rituals associated with maternal deaths. Subsequently, participants were referred from one interviewee to another within the community, leveraging their attendance at burials and familiarity with affected families. Ethical clearance from the University facilitated referrals from health units in Bugweri County offering maternal health services, ensuring access to pertinent individuals. Naderifar, Goli, and Ghaljaie (2017) highlight the practical advantages of snowball sampling as an informal method to access target populations efficiently, thereby saving time and transportation costs in locating suitable respondents.

1.11.5.2 Purposive Sampling

Purposive sampling is a non-probability sampling technique used in qualitative research. It involves selecting participants based on specific characteristics or criteria relevant to the research question (Creswell & Poth, 2018). Researchers use their judgment to choose individuals who can provide rich, relevant, and diverse insights into the phenomenon being studied.

For community leaders, including local council members, close family members of the deceased, mothers, sisters, traditional birth attendants (Mulelwa), and cultural leaders such as clan leaders, the researcher utilized purposive sampling. This technique was chosen because these individuals were directly involved with maternal deaths, possessed firsthand knowledge of associated rituals, and were recognized for their understanding of Busoga cultural practices and norms, particularly concerning death rituals. By purposively selecting participants believed to be well-informed about cultural practices and beliefs surrounding maternal deaths in Busoga, this study aimed to capture comprehensive insights into these important cultural phenomena.

1.11.6 Instruments of data collection

The study used four data collection methods including interviews, focus group discussion, document review, and observation as explained in the subsections below.

1.11.6.1 Interviews

In this study, face-to-face interviews were chosen as the primary data collection method because they enabled close interaction with participants, including relatives of the deceased, cultural leaders, traditional birth attendants, and community leaders. Twenty-five people were interviewed,

both males and females, each interview lasted approximately twenty minutes. This approach allowed these individuals to articulate their cultural beliefs and practices surrounding maternal deaths in their own words, providing rich, detailed accounts that could be probed for deeper insights (Knott, Rao, Summers, & Teeger, 2022, p.1). Questions were adapted and elaborated as needed to ensure clarity, particularly when discussing the influence of modernity and Christianity on Busoga's cultural perspectives of maternal deaths, which were unfamiliar to some participants.

Interviews were conducted at locations chosen by participants for convenience and accessibility, typically shaded areas outdoors due to the region's hot weather conditions. Conducting interviews in these settings provided a comfortable environment conducive to open dialogue. The use of the Lusoga language was integral as it allowed participants to express their beliefs and lived experiences fluently, especially concerning topics such as witchcraft, clan spirits, and various rituals associated with maternal deaths before, during, and after burial.

A semi-structured interview guide (see Appendix 1) was employed, designed with open-ended questions to facilitate comprehensive exploration of Basoga cultural beliefs and practices related to maternal deaths (Belina, 2023). This approach offered flexibility for probing responses and expanding on participants' explanations. Notes were taken in notebooks, with respondents identified by pseudonyms to protect their anonymity and ensure confidentiality. Pseudonyms aided in organizing data while maintaining participant privacy.

To capture detailed responses accurately, a voice recorder was used with participants' consent, supplementing written notes to ensure comprehensive data collection (Berazneva, 2014, p.1). Recording interviews enabled the researcher to capture nuances in participants' voices and expressions, providing a more complete dataset for analysis. Overall, these methodological choices

were crucial in gathering in-depth insights into the cultural dynamics surrounding maternal deaths among the Basoga community in Busoga Sub-region, Eastern Uganda.

1.11.6.2 Focus Group Discussions

According to Akyıldız et al., (2021), focus groups are small groups of six to ten individuals who discuss a specific issue or topic. Focus groups have the potential to produce more data and knowledge than other methods, because they provide participants with an environment that encourages free and open communication (Nyumba, Wilson, Derrick, & Mukherjee, 2018). Focus group discussions (FGDs) were conducted in Nawansega village comprising of eight participants, encompassing females aged above 65. Focus group discussions (FGDs) were convened with close family members of deceased individuals from various families who had experienced maternal deaths who were not involved in individual interviews. Each FGD comprised eight participants. According to Polit and Beck (2017), 6-12 participants are suitable for generating rich discussion in FGDs. The participants included relatives and sisters of the deceased, chosen for their extensive experience with maternal deaths and their active involvement in burial rituals within the Basoga community.

A focus group discussion guide, containing open-ended questions (see Appendix 2), was developed to facilitate the discussions. These questions aimed to explore participants' perspectives on cultural beliefs and practices surrounding maternal deaths among the Basoga people. The discussions were coordinated with the assistance of the local council chairperson (L.C.I), whom the researcher had contacted beforehand to organize the venue and schedule. The FGDs took place at the mosque compound in Nawansega trading center, providing a neutral and accessible location

for participants. To encourage attendance and participation, each participant received a facilitation fee of fifteen thousand shillings.

1.11.6.3 Document review

In this study, secondary sources also played a crucial role as the researcher reviewed and analyzed various documents containing pertinent information related to maternal deaths in Busoga. These sources included published medical journals such as the "Busoga Health Forum" and internet-based resources like articles from the New Vision addressing maternal deaths in Busoga. Additionally, data provided by district officials on maternal deaths in the Bugweri district was utilized. These documents were selected for their relevance to the study's focus on cultural beliefs and practices surrounding maternal deaths in Busoga. The use of secondary sources was deemed appropriate due to their accessibility in public domains, cost-effectiveness, and perceived accuracy, particularly with internet-based sources. This method enabled the researcher to gather comprehensive background information and contextual data, which complemented the primary data collected through interviews, focus group discussions, and observation. A documentary review tool was used (see appendix 4).

1.12 Trustworthiness, creditability and dependability of tools

The study employed multiple methods to investigate cultural beliefs, practices, and rituals surrounding maternal deaths in Busoga. Through interviews and focus group discussions, the researcher gathered firsthand experiences and perspectives from individuals knowledgeable about Busoga's cultural perspectives on maternal death. In order to ensure trustworthiness, creditability and dependability of tools, the researcher conducted individual interviews and focus group

discussions and adjusted the tools based on feedback to ensure they are culturally appropriate and effective in eliciting relevant information.

The researcher also sought feedback from cultural experts and community leaders familiar with Basoga traditions and maternal health and their suggestions were incorporate to refine the tools. The researcher also used multiple methods (interviews, focus groups and documentary review) and sources (different participant groups) to gather comprehensive data hence cross-verify the information to enhance credibility and after conducting interviews or focus groups, summarize the key points and seek participants' confirmation. This ensured the accuracy of the data collected. The researcher also ensured that she spent significant time in the Basoga community to build trust and understand the cultural context deeply and this engagement helped in collecting more authentic data.

1.13 Data Management, Presentation and Analysis

1.13.1 Data Management

Data collected from the three methods were systematically organized according to the study's three research objectives. Audio recordings of interviews conducted in Lusoga were transcribed into English, ensuring anonymity by replacing names. When multiple respondents expressed similar views, anonymity was preserved, or the respondent providing a more detailed explanation was cited. To maintain reliability, transcribed texts were compared against the original audio recordings. All completed materials were securely stored on a password-protected computer in a word processing file to safeguard confidentiality and maintain data integrity.

1.13.2 Presentation

The data collected from the study was presented narrative form as rich, detailed narratives that described participants' experiences and perspectives in their own words. This method highlighted the depth and complexity of the data. Key quotes and excerpts from the data were used to illustrate and support the findings. These quotes provided a voice to the participants and enhanced the credibility of the study.

1.13.3 Data Analysis

The researcher used content analysis which involved systematically categorizing textual information to identify patterns, themes, or biases. The transcripts were coded for recurring patterns and key phrases. Codes such as "witchcraft," "traditional healer," "Christian prayer," and "hospital treatment" were identified. These codes were then categorized under broader headings such as "Traditional Beliefs," "Modern Healthcare Influences," and "Religious Practices. The inductive approach was employed to analyze the data, utilizing a structured framework predetermined from the study's specific objectives. Each interview transcript was thoroughly reviewed by the researcher to identify recurring themes and determine the prevalence of similar viewpoints among respondents. Summarizing statements were crafted for each element discussed during the interviews, facilitating open coding and thematic analysis.

1.13.4 Ethical Considerations

The researcher obtained a letter of introduction from the Department of Religious Studies and Philosophy office, which was utilized to introduce herself to the study informants, facilitating easy identification and establishing the relevance and authorization of the study. Participation in the

study was voluntary, with the researcher first explaining its purpose and objectives to potential participants. To uphold anonymity and confidentiality, participants were not identified by their actual names; instead, pseudonyms were used: cultural leaders' respondents were coded as CL, community leaders' respondents as COL, relatives of the deceased as ROD, and Traditional Birth Attendants' respondents as TBA. Each interview was conducted privately in a quiet setting to ensure the privacy of discussions and prevent interference from outsiders. Data collected were securely stored in the researcher's password-protected notebook, laptop, and phone to restrict access. Hard copies and other written materials were stored in a secure location, and audio recordings were retained for reference purposes.

CHAPTER TWO
CULTURAL EXPLANATION OF BELIEFS SURROUNDING MATERNAL DEATHS
AMONG THE BASOGA

2.1 Introduction

This chapter provides an in-depth explanation of the cultural beliefs surrounding maternal deaths within the Busoga community. It offers an analysis and presentation of insights gathered from Traditional Birth Attendants (TBAs), families who have experienced maternal deaths, cultural leaders, and village authorities. Addressing the first specific objective and the corresponding research questions, the chapter aims to elucidate the cultural perspectives on maternal deaths prevalent in the studied society. It is organized into the following thematic sections: Terminologies and Descriptions of Maternal Deaths, Cultural Beliefs and Ideologies Regarding Maternal Deaths, and Causes of Maternal Deaths in Busoga.

2.1.1 Terminologies and Descriptions of Maternal Death

Language plays a crucial role in expressing cultural nuances, as evidenced in this study which explores maternal deaths among the Busoga through the lens of the Lusoga language, unique to the Basoga people. Finding from a cultural leader in Bulugodha village reveal that, in Busoga culture, a woman's ability to bear children is central to her identity and status within the community. Successful childbirth is celebrated as a victory, symbolizing the woman's triumph over adversity and death. Conversely, maternal death is viewed as a tragic loss and a mark of failure, often leading to societal blame and scrutiny, particularly directed towards the husband for choosing a woman who did not survive childbirth.

The study according to the sister of the deceased in an individual interview in Namiganda village revealed that the Basoga community has developed distinctive terminologies and concepts to articulate and comprehend maternal deaths within their cultural framework. One prominent concept is “*okufila mulutalo lwo’kuzala*” which translates to ‘dying in the battle/war of giving birth.’ This symbolic description likens childbirth to a battle or war due to its arduous and perilous nature, akin to soldiers facing uncertainty and danger in combat.

According to Basoga’s cultural beliefs, childbirth is viewed as a battlefield where the mother confronts significant challenges and risks, including the possibility of her death or that of both herself and the baby¹. This comparison highlights the intense physical and emotional struggle involved in childbirth, likening it to a situation where determination and endurance are necessary to overcome potentially life-threatening obstacles. For instance, the portrayal of maternity obstetric violence, where health personnel may mistreat or exert force on laboring women, is seen as akin to soldiers facing discipline in combat. Moreover, the study delves into naming practices for children born to mothers who die during childbirth. Children born after their mother’s death are named differently based on the circumstances: “*Atwalanhe*” when the child survives but the mother does not, and “*Batwalanhe Kituubi*” when both mother and child die before delivery². These names reflect the cultural significance attached to maternal survival and the emotional weight associated with maternal deaths in Busoga society.

¹ COL, Buwoya village, interview 21/2/2024

²CL, Nkombe village, interview 21/2/2024

Overall, the use of language and cultural symbols such as ‘war’ and ‘battle’ in describing childbirth highlights the profound cultural meanings and perceptions surrounding maternal deaths among the Basoga. It underlines how cultural beliefs and practices shape understanding of reproductive health outcomes and contribute to societal norms and values concerning childbirth and maternal deaths. Other terminologies associated with Busoga's cultural conception of maternal deaths are variously described and analyzed under various beliefs and practices in the subsequent subsections.

2.1.2 Cultural beliefs and Ideologies about Maternal deaths

Cultural beliefs involve learned and shared perceptions within groups, while ideologies reflect sets of opinions or beliefs held by individuals or groups. In the context of this study, cultural beliefs are understood as attitudes, values, and beliefs that shape the socio-cultural practices of the Basoga people concerning maternal deaths. The study identified that the Basoga community’s understanding of the causes of maternal deaths extends beyond their socio-cultural norms to encompass broader contextual factors. This section will first present cultural explanations for maternal deaths and subsequently explore other related causes as articulated by the participants.

Cultural explanations for maternal deaths refer to socio-culturally rooted factors that are believed to contribute to maternal deaths within the study area. These explanations are embedded in the cultural customs, beliefs, practices, and values of the Basoga, significantly influencing women’s behaviors during the perinatal period, thereby increasing the risk of maternal deaths. The study identified four primary cultural explanations provided for maternal deaths: excessive consumption of local herbs, lack of use of local herbs during pregnancy, curses, and witchcraft. These factors illustrate how cultural beliefs shape perceptions of maternal health outcomes and influence practices related to maternal care within the Basoga community.

2.1.3 Belief in Traditional Medicine

Findings from the FGD in Buyanga village indicate that the Basoga community places significant trust in the therapeutic attributes of Indigenous herbs, specifically those known as “*okumenha*”, which are believed to aid in managing pregnancy and childbirth complications by relaxing cervical muscles or promoting dilation³. This herbal mixture typically includes *Amakaba gemboli* (potato leaves), *Amakaba gamwogo* (cassava leaves), *olugelogelo*, *Ekiyugeyuge*, and *Ekinhalisa* respectively, sourced from local gardens and nearby bushes during the final month of pregnancy. Locally harvested herbs are preferred over local medicine market alternatives, which are sometimes distrusted due to commercial interests.

During labor, expectant mothers are encouraged to consume ample quantities of these herbal preparations to intensify labor pains and facilitate cervical dilation. The community views non-adherence to using these herbs during pregnancy as a negative practice. Additionally, pregnant women partake in bathing rituals involving these herbs, immersing themselves in a basin filled with them for approximately thirty minutes, typically starting from the seventh month of pregnancy. The bathroom is preferred for this ritual to contain water splashes during application.

According to participants in FGD at Buyanga village, expectant mothers also ingest “*Emumbwa*”, clay bars believed to originate from places where dogs give birth⁴. Dogs considered robust animals that deliver easily compared to other animals like goats, symbolize the strength of the woman in

³ FGD, Nawansega village, interview 20/2/2024

⁴FGD, Buyanga village, interview, 21/2/2024

enduring childbirth. *Emumbwa* is believed to provide strength during labor due to its mineral content, including iron and calcium, and its ability to preserve the herbal mixture. The clay bars are crushed using a broken pot for better mixing with water before consumption.

Traditionally, mothers-in-law play a pivotal role in acquiring these herbs and *Emumbwa* for their daughters-in-law, driven by their care and concern for their sons' wives and future grandchildren. They ensure that only beneficial herbs are obtained, as there are concerns about malicious individuals using harmful herbs for malevolent purposes. Basoga culture attributes these herbs with the ability to ease childbirth and alleviate symptoms such as morning fever and heartburn.

In Busoga culture, the use of these local herbs during childbirth is considered customary, although the frequency and specific types of herbs used may vary. Despite widespread community belief in their effectiveness, influences from education and religion have led some mothers to perceive these traditions as associated with the occult, sometimes resulting in a reluctance to use them during childbirth, which can contribute to complications and maternal health risks.

One participant recounted:

“Eira einho, abakazhi balinhanga obulezhi bwebatyamangamu nga endha ya myezhi musanvu okuyambakhu mu kugazhiya amagumba gaibwe. Aye enhakhu dhinho abaghala tibabikola, basalawo khulongosebwa ekyetagisa sente nhingi nga ghebadhifunhira ekiseera kiba kibisegho inho ekileteera omukhazhi okufa”.

(Translation: In the past, mothers had traditional herbs that they used for bathing during the seventh month of pregnancy, which were believed to help strengthen the mothers' bones. However, nowadays, young women no longer follow this practice; instead, they

choose expensive C-sections. Sometimes, by the time they gather enough money for the operation, it's too late, leading to maternal deaths).⁵

In Busoga, there exists a profound belief in the efficacy of local medicine, particularly among expectant mothers. According to Basoga tradition, these local herbs play a crucial role in facilitating childbirth by softening the bones of mothers during the final stages of pregnancy. It has been documented that nearly all pregnant women in Busoga utilize these herbs, attributing them with the ability to prevent maternal deaths caused by narrow cervixes, particularly among younger mothers. Those who adhere to this practice are known to have successful deliveries of healthy babies. After a normal delivery facilitated by *okumenha*, mothers typically recover quickly through rest, nutrition, and mild medication.

Expectant mothers in Busoga, especially those with previous childbirth experience, typically administer these herbs themselves. They may also receive guidance from their experienced mothers-in-law, who possess extensive knowledge of herb usage. This cultural practice highlights the community's strong reliance on traditional medicine for maternal health and highlights the role of intergenerational knowledge transfer in maintaining these customs.

It was pointed out by the mother of the deceased in Buyanga village that, in some instances, expectant mothers in Busoga are supported by their biological mothers, particularly if they are still alive, out of concern for their daughter's well-being and a desire to prevent maternal deaths in labor wards. Despite the benefits, some mothers have chosen not to use traditional herbs,

⁵ COL, Ibulanku village, interview, 22/2/2024

influenced by modern practices and beliefs. This shift has led to an increase in maternal deaths in Busoga, as modern alternatives like C-sections can be costly and inaccessible until it's too late.

2.1.4 Natural, Mystical, and Spiritual Beliefs

The Basoga perceive maternal deaths as an inherent aspect of human existence and an enigmatic decree of God's universal order⁶. They firmly hold the belief that the creator of life also holds the power to end it, including through the process of childbirth. This belief underscores Busoga's acceptance of death as natural, with maternal death being viewed as one of the paths through which individuals, especially women, may meet their demise. Spirituality plays a significant role in this perspective, emphasizing the inevitability of maternal death without any human capacity to prevent it once it occurs.

Furthermore, one Community Leader at Nawansega village pointed out that, the Basoga likens the act of giving birth to other occupational hazards such as carpentry or mechanics. They believe that maternal death, though grievous and anger-inducing, is an occupational risk inherent to women fulfilling their divine mandate of bringing life into the world. This perspective encourages resilience and bravery among expectant mothers, even in the face of potential complications or death during childbirth. A popular Kisoga saying captures this sentiment: “*Okhufiira mwisanhya tikyeghalika. Makhanika afile khumulimo bw'eyekhontola*” (Translation: dying in labor is unavoidable, a mechanic dies while at work, and even if he hits his finger, he will continue

⁶ COL, Nawansega village, interview, 17/2/2024

working)⁷. This proverb not only reflects Busoga's belief in the inevitability of maternal death but also seeks to normalize its occurrence as part of the natural order. It underscores the community's resilience in the face of childbirth-related challenges and reaffirms the heroic status bestowed upon women who successfully navigate childbirth despite its risks.

Moreover, the comparison drawn between the reproductive role of women in childbirth and the productive role of men in mechanical work suggests a patriarchal undertone in Busoga's conception of maternal death. The analogy implies that just as men persevere through physical injuries or death in their occupations, women should similarly endure and overcome childbirth-related complications, including the possibility of death. In summary, Busoga's cultural beliefs regarding maternal death blend spiritual acceptance with pragmatic resilience, acknowledging its inevitability while emphasizing the courage and endurance of women in fulfilling their reproductive duties.

2.1.5 Beliefs in Witchcraft

According to one Cultural Leader at Nawansega village, the Kisoga culture holds a strong belief in attributing all misfortunes, whether illness, hardship, or other adversities, to witchcraft⁸. Witches are viewed as adversaries to the natural order of harmonious community life, using mystical powers for malevolent purposes, often in secrecy (Isiko, 2019). According to the majority of participants from both FGDS and individual interviews in Nawansega village witchcraft is also a

⁷ CL, Nawansega village 18/2/2024

⁸ CL, Bulugodha village, interview 19/2/2024

significant cause of maternal deaths in Busoga. While there exists a belief among the Basoga that maternal death is a natural occurrence ordained by God, in reality, no death, including maternal deaths during labor, is considered to happen naturally. Basoga tradition attributes maternal deaths to malevolent intent directed towards expectant mothers, often by jealous or vengeful individuals within their social circle.

Findings from relatives of the deceased (sisters) in an individual interview in Busulo village indicate that, in cases of maternal death, blame is frequently placed on the deceased's stepmothers, who may harbor resentments and conflicts with their co-wives, reluctant to see those bear grandchildren who could benefit the deceased's husband in old age. Similarly, stepmothers who cannot forgive perceived disrespect by their stepdaughters may resort to actions believed to cause harm during childbirth. Additionally, neighbors who envy the financial stability of expectant mothers are also suspected of employing sorcery or charms to induce complications that lead to maternal death.

The Basoga firmly believes that maternal deaths, including complications like excessive bleeding and leg swelling, which would typically require medical intervention, are caused by witchcraft. They assert that such conditions cannot occur naturally or due to physical imbalances but are the result of supernatural forces seeking to harm expectant mothers. Consequently, when expectant mothers experience symptoms like abnormal bleeding or leg swelling, immediate intervention often involves seeking remedies from practitioners believed capable of countering suspected witchcraft.

According to an individual interviews with a TBA, the Basoga also hold beliefs in spirit that can attack and cause the deaths of mothers⁹. These spirits, perceived as boundless in their ability to harm, are believed to necessitate appeasement to prevent calamity, including maternal deaths. Specific spirits like *Lukoghe*, *Kirongo*, and *Iseejya* in *Bugweri* County are thought to be responsible for such deaths, requiring continuous appeasement to maintain familial harmony.

Furthermore, Participants in individual interviews with Cultural Leaders in Buyilima village pointed out that, curses are considered another dimension of witchcraft that can influence maternal health. Basoga tradition holds that curses uttered by parents or close elderly relatives can have detrimental effects on an expectant mother's well-being. Parents angered by their children may unintentionally utter curses that manifest into reality, affecting the mother's health and potentially leading to maternal death. In Busoga culture, the power of words spoken by parents is seen as significant, with curses believed to have profound spiritual consequences, especially when emotions are involved. In summary, Busoga's cultural beliefs regarding maternal deaths reflect a complex interplay of witchcraft, spiritual beliefs, and the power of spoken words. These beliefs not only shape perceptions of maternal health and childbirth but also influence community practices and responses to maternal complications, emphasizing the need for spiritual and cultural interventions alongside biomedical care.

⁹ TBA, Namiganda village, interview, 32/2/2024

2.1.6 Blame Game and Responsibility for Maternal Death

In the Busoga community, conflicting attitudes prevail when it comes to assigning blame for maternal deaths, reflecting socio-cultural norms surrounding grief and mourning¹⁰. Witchcraft beliefs often lead community members to seek out someone to hold responsible for any death, including those related to maternal complications. This blame attribution serves as a coping mechanism following the loss of a mother during childbirth. The process involves shifting culpability from one individual or group to another, depending on the circumstances of the death.

For instance, if a maternal death occurs in a biomedical facility, medical personnel are frequently targeted for blame, often accused of neglecting the patient regardless of the actual circumstances leading to her death. Conversely, if the death happens at the hands of a traditional birth attendant, relatives may be faulted for choosing traditional care over modern medical treatment. Husbands may also face criticism for perceived delays or inadequate support during their wives' labor. In polygamous settings, co-wives are often implicated, alongside their husbands, for favoritism or neglect.

Amidst these attitudes, one participant a community leader from Namiganda village pointed out that, the Basoga culture exhibits a sympathetic stance towards widowers and surviving children. It is customary for community members to openly express condolences and concern for the welfare of the newborn child, should it survive. There is a societal expectation for the widower to increase his devotion to the children left motherless, seen as compensation for the loss of maternal care and

¹⁰ROD, Bulyansime village, interview. 16/2/2024

affection. Furthermore, the broader community is encouraged to show heightened compassion towards the children of a deceased mother, as mistreatment of these children is believed to invite spiritual repercussions from the deceased mother. In summary, the Busoga community's responses to maternal deaths underscore complex dynamics of blame attribution and social support, reflecting deep-rooted cultural beliefs and practices surrounding grief, mourning, and familial responsibility.

2.1.7 Naming Practices and Maternal Deaths

The Busoga society manifests its understanding of maternal deaths through distinctive naming practices bestowed upon children born after the loss of their mother during childbirth or shortly thereafter. When a mother dies in labor but her child survives, special names are assigned to commemorate this tragic event and acknowledge the child's unique status in the community¹¹. A girl child might be named *Kitaabona* signifying her unfortunate inability to see her mother alive, while a boy child may bear the name *Wadhalubi*, indicating that he was born on an inauspicious day.

In addition to these specific names, Participants in FGD in Nawansega pointed out that, all children who lose their parents to any form of death, including maternal complications, are collectively referred to as *Mulekwa*, akin to the English term 'orphan', symbolizing abandonment by the mother. Furthermore, a child born through a C-section is given the name *Biso*, which refers to the surgical knives used during the procedure, emphasizing the method of birth. Another special name, *Nakku*,

¹¹ ROD, Buyanga village, interview, 21/2/2024

is designated for a child delivered naturally but whose mother passed away soon after, connoting a life potentially marked by hardship and deprivation due to the absence of maternal love.

In cases where twins survive maternal death, they are named according to traditional practices, with firstborn twin boys called *Waiswa* and firstborn twin girls named *Babirye*. The second boy twin is named *Tenywa* and the second girl twin is named *Kawudha*. These names are chosen to facilitate easy identification and ensure that these children, now vulnerable without their mother, receive adequate care and support from their immediate family and the community at large. The naming customs reflect the Busoga society's deep-seated belief in the irreplaceable bond between mother and child, underscoring the impact of maternal absence on the lives of these children.

2.1.8 Community Attitude towards the Widower

One participant a Community Leader from Buyilima village pointed out that, community responses to maternal deaths vary significantly based on factors such as the age of the deceased mother, unmet community expectations associated with her, and the specific circumstances of her death. The younger the deceased mother, the greater the level of bereavement expressed by the community, reflecting societal disappointment over unrealized expectations from younger individuals. As articulated by another participant in the study:

“Mulilanhwa ghaiife. Omughala gh’emyaka ekumi namwendha, yaffa wiiki egheire. Yali mabundha gamyezi etaanhu, yaffa nga agatolamu.maamaghe tiyayendha abayire ghabula, yayendha aje akole mu Saudi Arabia bakulube yebali. Yamuwa obulezi bwe kisoga okhutolamu amabundha, ghair yalina omusadhaghe mwilya. Omusadhaghe bwe yhamubuza ati, munange khikhi ekhikhuluma? Yamwiramu ati khikhulukhuto kyamusayi. Yamutwala mudwaliro nga obulwaire bweyongeire aye yaaffila mungira nga bamutwala mudwaliro. Bweyaffa, bakhagwa ba mamaghe baakobera abantu ekyaise omughala nga yali maamaghe”.

(Translation: Our neighbor, a nineteen-year-old girl, tragically passed away last week due to maternal complications resulting from an abortion. At five months pregnant, she resided near her husband's home in a neighboring village. Her mother, who opposed her marriage and instead wanted her to work in Saudi Arabia like her elder sisters, administered local herbs to induce abortion clandestinely. When the girl began bleeding, her husband discovered the situation and rushed her to the hospital, marking a clash between traditional and modern medical practices. Despite her deteriorating condition, the girl did not disclose the true cause of her illness to her husband. Eventually, she succumbed to excessive bleeding on the way to the hospital. Following her death, relatives and friends blamed her mother, leading to community awareness of her involvement in the tragic outcome)¹².

This incident highlights the profound impact of maternal deaths, especially among young mothers who are expected to fulfill numerous familial and societal responsibilities. Local herbs, known as traditional medicine in Busoga culture, are viewed with dual perspectives on maternal health. While their use is believed to prevent maternal deaths, instances like this illustrate their potential dangers, including complications leading to abortion and fatal bleeding. The Basoga community's secrecy surrounding pregnancy sometimes leads expectant mothers to conceal their pregnancies, resorting to abortions if they lack interest or support, often resulting in maternal deaths due to crude abortion methods

It was pointed out in an individual interview with a Community Leader from Kikunu village that, the expression of communal sorrow and grieving towards the widower of the deceased victim hinges significantly on the quality of relationship he had with his late wife; a supportive relationship typically garners sympathy and communal support. Conversely, if their relationship was fraught with discord, the widower may face blame and criticism, especially if the wife passed

¹² ROD, Namiganda village, interview, 17/2/2024

away shortly after childbirth. Allegations of mistreatment by the husband often surface as contributing factors to the wife's deteriorating health.

In polygamous settings, these criticisms can intensify, as observed by a community leader who emphasized the heightened scrutiny faced by widowers in such circumstances¹³. The neglect of the victim in favor of a co-wife is frequently cited, reflecting socio-cultural norms that prioritize first wives over subsequent ones. According to Basoga beliefs, husbands are perceived as allocating more attention and care to newly married wives than to those in labor, perpetuating sentiments of neglect.

According to an individual interview with a TBA in Buyanga village findings indicate that, in certain cases, widowers may find themselves ostracized within the community, viewed as bearers of misfortune and omens of bad luck. This perception is rooted in beliefs that the widower failed to meet spiritual obligations, potentially angering ancestral spirits who then exact revenge through maternal deaths. To ward off such tragedies, prospective husbands are traditionally expected to appease local fertility spirits by offering sacrifices, typically goats, as a gesture of respect and supplication. Maternal deaths are thus interpreted within this framework as manifestations of spirits metaphorically 'strangling mothers', reflecting a spiritual dimension to the community's understanding of these tragic events.

¹³ COL, Bugodandhala village, interview 23/2/2024

2.1.9 Emerging Explanations for Maternal Deaths

In addition to cultural factors contributing to maternal deaths in Busoga, several other causes are identified in the region. These include reliance on untrained birth attendants, severe poverty leading to inadequate healthcare access, delayed hospital visits, prevalent diseases, and geographical distance from health centers, and political influences. Each of these factors plays a significant role in the high incidence of maternal deaths observed in the area.

2.1.9.1 Use of unskilled Traditional birth attendants

One participant a relative of the deceased pointed from Nsale village pointed out that, one of the primary contributors to maternal deaths in Busoga is the reliance on unskilled traditional birth attendants, known locally as “*Mulelwa*”¹⁴. These individuals, often elderly women respected within their communities, operate as private healthcare providers responding to requests for their services. While they have experience in childbirth, they lack formal training in reproductive health and are ill-equipped to handle complications that may arise during delivery. As a result, maternal deaths occur when complications exceed their capabilities to diagnose and manage effectively.

Participants in the FGD in Nawansega village, noted that many mothers prefer the services of traditional birth attendants because they do not charge for items like gloves, which can be reused on two mothers. Additionally, traditional birth attendants often administer herbal medicines to expedite labor, but these practices can lead to precipitous labor, causing uterine rupture and subsequent maternal death. Despite advancements in healthcare facilities, approximately 80% of

¹⁴ ROD, Nsale village, interview, 17/2/2024

women in Busoga still opt to deliver with traditional birth attendants. This preference is exacerbated by high poverty rates, as traditional birth attendants often provide additional amenities such as meals and warm water for bathing, which may not be available at health centers.

Concerns about the competence of traditional birth attendants were highlighted by community leaders in individual interviews in Minani village, who noted that some attendants receive only one week of training and are provided with stethoscopes that they fail to use to monitor fetal health. This lack of adequate training and resources means that complications such as malposition babies may go undetected, leading to fatal outcomes for mothers who deliver under their care. Moreover, traditional birth attendants are often unable to perform emergency procedures such as cesarean sections, further delaying critical medical interventions that could save lives. In instances where traditional birth attendants fail to refer mothers promptly to healthcare facilities, the delay in receiving proper medical care contributes significantly to maternal death rates in Busoga.

2.1.9.2 Excessive poverty

Participants, relatives of the deceased from Buwongo village in an individual interview pointed out that, poverty which is rampant in Busoga, significantly contributes to maternal deaths in the region. Mothers often lack personal income as they engage in subsistence farming, relying heavily on their husbands for financial support. There's a cultural expectation captured in the saying “*Baba gundi, nheendha khu sente khujja mwidhwaliro*”¹⁵. This implies that a woman needs financial assistance from her husband to access healthcare services, including hospital visits. However,

¹⁵ ROD, Buwongo village, interview, 19/2/2024

many husbands themselves face economic challenges, which complicate timely access to medical care during childbirth. When labor begins, husbands often hesitate to make decisions due to concerns over medical expenses. This delay increases the risk for mothers, as critical time is lost before seeking professional medical assistance. Tragically, in some cases, by the time families decide to go to the hospital, the mother has already succumbed to complications. One participant shared a poignant account underscoring these challenges.

“Nhafirwa mughala ghange nga azhaala ku lwo bwavu bwe tulimu. Bwe yatanokhulumwa, nhamutwaala e Busesa khu khalwaliro, ghaali ghazira khisenge kya khulongosezhamu; omusaawo yattusindhikha mwilwaliro lye Iganga. Nhali nzihira motooka nga ate nzihira sente dhipangisa ambulance. Nhakhazhana okhumutyamya kuka boda boda. Bwetwatuukha elganga mwilwaliro abasawo bayendha sente dh’okhulongoosa dhe nhali nzhiragho, bamulekhagho okhutuusa bweyanffakhu”.

(Translation: I lost my daughter to maternal death due to poverty. When she began laboring, I took her to Busesa Health Center. However, there was no operating theater available, so we were referred to Iganga Hospital. Lacking both a car and money for an ambulance, I struggled to transport her on a boda boda. Upon reaching Iganga Hospital, we faced further challenges as doctors demanded immediate payment for the necessary operation, which I was unable to provide. We were left unattended until she passed away)¹⁶.

This narrative highlighted how poverty exacerbates maternal deaths in the region, particularly when unexpected medical interventions like surgeries are required. Families often resort to desperate measures, appealing for financial assistance from their entire clan, yet sometimes fail to gather the relatively modest sums needed, such as three hundred thousand shillings. The participant highlighted that without these funds, medical personnel are unable to proceed with necessary treatments promptly, or face shortages of essential supplies due to inadequate government support, further jeopardizing maternal health.

¹⁶ ROD, Nawansega village, interview, 21/2/2024

Another participant a community leader in an individual interview in Minani village, echoed these sentiments, noting that many mothers in Busoga depend on subsistence agriculture, which does not provide sufficient income to cover medical expenses¹⁷. Women's economic and social exclusion often leaves them reliant on their husbands, who may themselves lack the means to pay hospital bills promptly. This precarious situation is compounded in cases requiring emergency procedures like C-sections, where delays in treatment can tragically result in maternal fatalities. Poverty thus remains a pervasive and critical factor contributing to maternal deaths in Busoga.

2.1.9.3 Hesitancy to Hospital visitations

According to a participant in an individual interview a cultural leader from Namuyumya village echoed that, in addition to poverty, maternal deaths in Busoga is exacerbated by significant delays in accessing healthcare¹⁸. The first delay occurs when mothers hesitate to seek hospital care upon the onset of labor pains. Instead, they often attend to household matters, instructing children and avoiding visibility, particularly from neighbors, due to local beliefs that envy or jealousy could lead to bewitchment. This cultural reluctance to immediately seek medical help prolongs the critical period before receiving professional assistance. Furthermore, husbands contribute to delays by deliberating extensively on where the mother should deliver, weighing the costs of medical expenses against available funds. This indecision increases risks associated with home deliveries, further delaying timely hospital visits until the situation becomes dire. As one participant

¹⁷ COL, Minani village, interview, 22/2/2024

¹⁸ CL, Namuyumya village, interview, 22/2/2024

recounted, these delays significantly heighten the likelihood of complications arising during labor, contributing to maternal deaths in the region.

“Mukha mulilanhwa ghange yaffa ng’azhaaala omwaanha ogh’eikhumi nho mulala. Yali azhaalira ghakha nga ibbaghe nhe yali amuzhaalisa, yalemererwa okhusindhika omwaana nhabaanha yayabikha yaavamu omusaayi mungi innho. Ibbaghe yasalawo okhumwanguyakhu mwilwaliro e Iganga aye yaaffa nga bakhatuukha mwi lwaliro”.

(Translation: In a poignant example from Busoga, a neighbor tragically lost his wife to maternal death during the delivery of their eleventh child at home, where the husband assumed the role of midwife. The wife struggled to deliver the baby, leading to a uterine rupture and severe bleeding. Recognizing the urgency, the husband hastily transported her to Iganga Hospital, but she passed away shortly after arrival)¹⁹.

This incident underscores the critical issue of delays in seeking professional medical care, a significant contributor to maternal deaths in the region. The delay in this case can be attributed to several factors. Firstly, the husband’s role as the primary caregiver during childbirth, without the necessary expertise, contributed to crucial moments being lost before deciding to seek hospital assistance. Additionally, there is a cultural complacency among mothers who have experienced multiple childbirths, leading them to underestimate the risks involved and delay seeking medical help until complications arise. Moreover, delays in medical personnel attending to mothers promptly exacerbate the situation. Often influenced by social or economic factors, doctors may prioritize patients based on perceived status or ability to pay for services, which can lead to critical delays in performing necessary interventions like cesarean sections. This further emphasizes the critical importance of timely and competent medical care in preventing maternal deaths in Busoga.

¹⁹ ROD, Namiganda village, interview 17/2/2024

Ultimately, addressing these delays—both in decision-making among families and in healthcare delivery—is paramount to reducing maternal death rates in the region.

2.1.9.4 Cultural Norms and Practices

Findings from a mother of the deceased in Ibulanku village indicate that, in Busoga, maternal deaths among mothers can be attributed to various cultural norms and practices related to sexuality, which increase the risk of contracting HIV/AIDS. Polygamy is a prevalent marital custom where husbands with multiple wives may unknowingly transmit HIV to others if one wife is infected. Additionally, women in Busoga often have limited autonomy in negotiating safe sex practices, as men typically make decisions regarding protection due to cultural expectations that women should be reserved about sexual matters. Men may resist using protection, believing it diminishes their pleasure, citing the proverb "No chewing sweets in a polythene bag" to justify their stance. Consequently, mothers may fail to disclose their health conditions to medical professionals, leading to inadequate medical intervention. For instance, a mother may have HIV, experience complications such as bleeding, and tragically succumb without receiving necessary medical care. This situation is corroborated by a participant's account highlighting these challenges.

“Lwali lulala omukhazhi yaidha okhuzhaala aye yankhwekha obulwaile bwa mukhenhenhya nga ate azhila kipandhe kyeyanhwerangaakhu obuleezhi. Yazhaala bukhalamu aye musagha ntonho innho yatandhika okhughulira obubi nga bwe yekyusakyusa enho nh’ere. Nhamusindhika e Busesa mwi lwaliro gyeyaviramumu omusaayi omungi okhutuusa bwe yaffa obwire obwo.”

(Translation: One day, a mother arrived to deliver her baby without disclosing her HIV status or presenting an antenatal card. She gave birth without complications initially, but shortly afterward, she began showing signs of discomfort, tossing and turning. I referred

her to Busese Health Center IV, where unfortunately, she experienced severe bleeding and passed away later that night)²⁰.

Maternal deaths in Busoga are aggravated by the prevalence of diseases such as HIV/AIDS, particularly among expectant mothers who often conceal their HIV status due to stigma and lack of sufficient counseling and guidance from healthcare providers. This reluctance contributes to maternal deaths as these women do not receive timely treatment. Additionally, chronic conditions like sickle cell anemia also contribute significantly to maternal deaths. The challenges posed by sickle cell disease make pregnancy and childbirth difficult, often resulting in mothers succumbing either during pregnancy or shortly after delivery due to complications such as severe anemia and excessive bleeding. The inadequate attention from medical personnel further compounds these risks, underscoring the urgent need for improved healthcare interventions to mitigate maternal deaths in the region.

2.1.9.5 Long distances to healthy facilities

Findings from an individual interview indicate that in Busoga, maternal death rates are worsened by the significant challenges posed by inadequate and poorly maintained health facilities, compounded by the region's extensive rural areas characterized by few and unevenly distributed healthcare centers²¹. Access to these facilities is further hindered by the region's notoriously bad roads, making transportation difficult and often unsafe, especially during labor when mothers are typically transported on motorbikes over long distances. The rough terrain and poor road

²⁰ TBA, Kasozi village, interview, 19/2/2024

²¹ ROD, Bulyansime village, interview 16/2/2024

conditions pose serious risks, potentially harming both mother and baby, particularly if the mother sits in a precarious position during transport.

The scarcity of nearby health facilities frequently forces women to opt for home deliveries, particularly in areas like Bugweri where transportation costs to reach medical care are prohibitive. Consequently, delays in accessing timely medical assistance contribute significantly to maternal deaths, exacerbated by factors such as excessive bleeding during childbirth when medical intervention is delayed. Participants in FGD in Nawansega Village, reflecting on, reflecting on these challenges, emphasized the urgent need for governmental intervention to improve infrastructure, including the construction of additional health centers, and the recruitment of medical professionals to staff them adequately. Enhancing the training, resources, and deployment of midwives is also crucial to ensure safer childbirth practices and reduce wait times for maternal healthcare services in Busoga.

2.1.9.6 Indifferent politicians

Maternal deaths in Busoga are complex, with various factors contributing to its occurrence. One significant concern raised by participants is the perceived negligence of elected officials, who, despite being voted into power, show little concern for the welfare of their constituents²². This lack of advocacy results in inadequate sensitization about available healthcare services such as antenatal care, and a failure to lobby for essential infrastructure like well-maintained roads in remote areas such as Makutu in Bugweri. The geographical distance to quality medical facilities

²²CL, Buyilima village, interview 16/2/2024

poses a formidable barrier to maternal healthcare access in rural Busoga. Poor road conditions exacerbate this challenge, discouraging expectant mothers from seeking timely medical attention and often compelling them to resort to home deliveries or the assistance of unskilled traditional birth attendants (TBAs), both of which increase maternal health risks.

In conclusion, maternal deaths in Busoga are influenced by a complex interplay of cultural, spiritual, economic, and infrastructural factors. Cultural beliefs, such as accusations of witchcraft, add to the risk faced by expectant mothers. Emerging factors like poverty, prevalent diseases, and the significant distance to healthcare facilities further compound these risks. Addressing these challenges necessitates government intervention, including the construction of additional health facilities and a comprehensive approach to improving maternal healthcare services in the region.

CHAPTER THREE

RITUAL PERFORMANCE FOR MATERNAL DEATHS AMONG THE BASOGA

3.1. Introduction

This section presents the maternal death ritual performance among the Basoga. It is an analysis and presentation of responses from the TBA, families that lost their loved ones to maternal deaths, cultural leaders, and village leaders. The chapter is a response to the second specific objective and the corresponding research question which sought to establish the rituals that are performed following maternal deaths among the studied society. Some of these rituals are also performed on general death like crushing of the egg ritual and lighting the born fire. The chapter is presented under the following themes: Pre-burial, during burial, and post-burial rituals.

Rituals are powerful vehicles of meaning in life's events and they offer the opportunity to contain and express emotion. Such a transcendental significance of rituals is usually shared within a group. Thus, a community is allowed to come together, witness, and interpret an event for its survival. This ritual enforces a particular collective identity. Burial rituals and rites are a means of transition to the spiritual world. Rituals as "symbolic activities help us together with our families and friends, to express our deeper thoughts and feelings about life's most important events" (Wolf, 2005, p. 13). The community has to fulfill these rituals to live in peace with the soul of the departed. Pre-burial rituals are practices that may include rites performed upon the death of an individual, as well as, during burial-rituals related to the disposition of the body, and the post-burial rituals related to preparation of the soul for the afterlife, a gathering of survivors, and a continuing relationship with the soul of the dead.

3.2 Pre-burial Rituals

Pre-burial rituals are those practices or acts performed on the deceased. In this study findings rituals before burial are those practices performed on the victims of maternal deaths among the Basoga. These are performed by either the close bereaved family members or cultural leaders. Various rituals are performed before the burial of the deceased; they depend on how the victim has died and where she will be buried. They include crushing of the egg, padding by the widower, operating of the corpse and washing of the dead body. Rituals before burial differ depending on where the mother has died from – whether at the hospital or at home. These practices serve as cultural expressions of mourning and respect for the deceased

3.2.1 Crushing of the egg Ritual

When a mother passes away in the hospital in Busoga, a ceremonial practice known as the Crushing of the Egg takes place²³. Before the body is transported from the hospital, eggs are placed under the tyres of the vehicle carrying the deceased. Each tire is carefully adorned with eggs by the deceased's relatives, and as the vehicle departs, the driver deliberately runs over and crushes these eggs. This ritual is performed to guide the spirit of the deceased from the hospital to her ancestral home, where it can find eternal rest. It is believed that leaving the spirit in the hospital may lead to unrest and potentially bring further maternal deaths to the family, as spirits are expected to reside in their ancestral places.

²³CL, Nkombe village, interview 21/2/2024

Upon arrival at the deceased's home, another ritual, known as “*Okhusowerera*” (presenting a hen), takes place. A family member offers a hen to the driver of the vehicle at the house where the body will be laid to rest. This gesture symbolizes hospitality towards a visitor and acknowledges the driver's role in safely returning the deceased's spirit home. It is believed that failing to provide the driver with a hen could result in the spirit of the deceased lingering in the vehicle or causing trouble for the driver. This ritual aims to ensure that the driver departs in peace after completing the solemn task of bringing the deceased back to her family's home.

3.2.2 Padding of the Widower Ritual

Padding refers to the pieces of soft material such as clothes used to protect something. Upon the passing of a married mother in Busoga, the husband is expected to perform a ceremonial act known as “*Okwewhoba*”, or the Padding ceremony²⁴. This ritual involves the husband padding himself with the deceased's panties before engaging in mourning or expressing grief. Traditionally, the caretakers instruct the widower not to cry or make any disturbance until he has completed this act. The purpose behind padding with the deceased's panties is to safeguard the widower from the spirit of the deceased (*Omuzimu*) ‘entering’ him, a belief that could potentially hinder him from remarrying. One participant expressed the significance of this practice as follows:

“Omukhazi bwafira mulutalo olwokuzaala. Omusadhawe agema ekigooye kya mukazighe yakyefunga, bakyeta Endhobe yekisadha. Ekyezinga mubitundhubye, ebye kyama me'mare yavalilakhu empaleye. Musadha mwine ayinza okumubuuza oba yefunze, munaiife, wekozeku? Oba yamuyambaku okwefunga. Empale yamukazighe bweba ezilawo, yefunga ekigoye kyomuburiri, yavalilaku empaleye”.

²⁴ FGD, Nawansega village, interview, 20/2/2024

(Translation: Upon the death of a mother in Busoga, a traditional practice known as “Endhobe yekisadha” (padding) is observed by the husband. This ceremony involves the widower obtaining a piece of cloth from the deceased's clothing, referred to as “Endhobe,” which is wrapped around his private parts. Additionally, the deceased's pants are placed over the “Endhobe”. If the widower has not completed this ritual, it is customary for a man to inquire and assist him in padding himself. In cases where the deceased’s pants are unavailable, a cloth known as “Embago”, typically used by married couples to clean their private parts after intercourse, is used instead. This cloth is wrapped around the widower’s private area and secured with his shorts or underwear)²⁵.

This practice aims to uphold cultural traditions and beliefs regarding the handling of a deceased wife’s clothing and to provide spiritual protection for the widower. Another participant narrated that:

“Mukagwa ghange tiyefunga nga mukazighe afiire omukhazi yamwidhilanga bwasindikha olwijji. Yafilwa okubayiza abakhazi babiiri lwa muzimu gwa mukhazighe, Basulanga olwijji nga lwigule, Abakhazi bebuza lwaki? Olwiisi baawulilanga ebighoigana bebuza ki? Ayenga tibabona muntu akhikhola, ekyabaleterangs okunhoba”.

(Translated: As per my friend’s testimony, he neglected to perform the padding ritual when his wife passed away. As a result, he experienced frequent apparitions of her spirit pushing the door. He missed two opportunities to remarry because potential wives were unsettled by the presence of the deceased’s spirit. They observed that the door was left open at night, a practice associated with the deceased’s spirit in Busoga culture. The new wives also reported hearing strange noises in the house without seeing anyone responsible, prompting them to leave the home)²⁶.

This anecdote underscores the cultural beliefs and consequences surrounding the padding ritual after the death of a spouse. The respondent’s account suggests that failing to perform the padding ritual after a wife’s death can have severe consequences for the widower. Without this ritual, the spirit of the deceased wife may become a restless ghost, causing ongoing disturbances in the

²⁵ FGD, Buyanga village, interview21/2/2024

²⁶ FGD, Nawansaga village, interview, 20/2/2024

widower's life. These disturbances can manifest as ghosts and disturbances such as pushing doors, which deter new wives from staying in the household. The widower may find it difficult to maintain relationships due to the perceived presence of the deceased wife's spirit, which could even lead to a loss of sexual interest in new partners.

According to one participant, resolving such spiritual disturbances often requires seeking assistance from a traditional healer, which can be financially burdensome²⁷. The primary purpose of padding the widower is to bring him peace and protect him from the haunting influence of the deceased wife's spirit. Failure to perform this ritual may result in prolonged spiritual torment for the widower and difficulty in forming new relationships. This illustrates the cultural significance of rituals in managing spiritual beliefs and ensuring harmony in life transitions.

3.2.3 Lighting of the Bon-fire Ritual

Upon returning the deceased mother's body home after passing away outside the household, a bonfire is ceremoniously ignited by the "*Abaigha*" (sons and daughters of the girl children) in the household²⁸. According to Basoga beliefs, this ritual ensures that clan misfortunes do not affect them as they are not direct clan members. Positioned at the center of the compound, the bonfire remains ablaze throughout the funeral proceedings until a successor is appointed. It serves multiple purposes: providing warmth to mourners, shielding them from the cold night air, and boiling tea for their comfort. Additionally, the bonfire offers protection against wild animals and dangerous

²⁷ CL, Bulugodha village, interview, 19/2/2024

²⁸ CL, Mufumi village, interview, 18/2/2024

insects. Its presence also ensures visibility during the night vigil, facilitating attendance and support from the community in comforting the widower, her children, and other relatives.

3.2.4 Operating of the deceased Ritual

The ritual known as operating the corpse involves the surgical removal of a deceased mother's unborn baby or babies from her womb. This procedure is necessary when a mother passes away while still pregnant, particularly if she dies at home or under the care of a traditional birth attendant. In such cases, a cultural practitioner known as "*Kakwaya ghabaffa khebazala*", meaning a surgeon for the maternally deceased, operates²⁹. These practitioners discreetly operate and depart anonymously to avoid societal stigma and discrimination. They take all materials used during the procedure and are traditionally rewarded with a hen and monetary compensation for their services.

Findings in an individual interview with cultural leader from Bulugodha village echoed that, due to its unsettling nature, the operation is often conducted at night when most people are asleep or less vigilant, aiming to minimize fear and disturbance within the community. Historically, cultural doctors refrained from burying the deceased immediately afterward, believing that lingering could attract the spirit of the deceased. However, with advancements in healthcare and modern technology, such operations are now typically performed in hospitals by trained medical professionals. The significance of this ritual lies in alleviating spiritual concerns for the family, as separating the deceased mother from her unborn child prevents the lingering of the deceased's spirit and relieves the burden of a visibly pregnant corpse in the household. This practice also

²⁹ CL, Naluswa village interview, 21/2/2024

reflects efforts to avoid unsettling memories and preserve cultural sensitivities surrounding death and mourning practices in the community.

3.2.5 Bathing Rituals

After the procedure of separating the baby from the deceased mother, the ritual of bathing the body is carried out to prepare her for burial. This ritual holds the belief that the deceased must be cleansed one final time before entering the ancestral world. Each child of the deceased participates by sprinkling water on the body and offering prayers, such as “Mummy bless us with riches” (*mama tulekere obugaiga*) and “Bless us to be hard-working as you have been” (*maama tughe enkabi tukolenga ighe*)³⁰. These expressions of praise and admiration highlight the void left by the deceased and emphasize her irreplaceable role in their lives. Items that came into contact with the deceased, including clothing and bedding, undergo a thorough cleaning process. Personal belongings such as chairs and utensils are carefully stored until the conclusion of the customary mourning period. The deceased’s clothing is bundled and stored until the mourning period ends, after which they are distributed among heirs and family members.

Findings from a FGD in Buyanga indicate that, in Busoga culture, the bathing of the deceased is conducted by the *Abaigha* (sons and daughters of the girl children in a home steady) and children of the deceased (*Bamulekwa*). The *Abaigha* participate because they are considered part of the family but not the immediate nuclear family, thus they approach the ritual with more composure. The children of the deceased participate as a final farewell to their mother, recognizing this as their

³⁰ FGD, Buyanga village, interview, 21/2/2024

last earthly interaction with her. One respondent elaborated on the significance of washing the deceased, underscoring its cultural and emotional significance. *Abaigha* girls go to the well and collect water which they boil. The relatives and husband carry the corpse and put it on banana leaves. Then the *Abaigha* bring the *Ebisumwa* (middle part of the banana plant. Crush it then they start to “*kuzilaga*” (washing the face), and other family members follow. They utter out words like *jya bulungi* (go in peace), *toba na mwoyo mubi* (don’t have a bad heart), *tuleke ojye bulungi* (leave us behind and go in peace)³¹.

According to the account, not everyone participates in bathing the deceased body. This task is reserved for close relatives such as the children and the *Abaigha*. This selective participation is rooted in several reasons. Firstly, it upholds the deceased’s privacy and dignity by limiting exposure to only those who were intimately connected to them in life. Secondly, it serves to protect against the potential ill intentions of non-close relatives who might harbor malicious intent, such as using witchcraft to harm the deceased's spirit or mocking the presentation of the corpse. Moreover, the act of bathing by close family members is a final gesture of respect and homage to the deceased before they are fully prepared for burial. It symbolizes that the deceased was not abandoned and acknowledges their role within the family. This ritual underscore cultural beliefs about honoring the deceased and safeguarding their transition to the afterlife with dignity and respect.

³¹ ROD, Buyanga village, interview, 21/2/2024

3.3 During Burial Rituals

During burial rituals are funeral ceremonies connected with the final disposition of a corpse. In this study findings rituals during burial are those practices performed on the deceased during burial among the Basoga. These include the construction of separate graves of the deceased, and burial either at the father's home or the ancestral home.

3.3.1 Separating and construction of the graves Ritual

According to a cultural leader in Buyilima village it was found out that, there exists a ritual involving the separate burial of the deceased and any unborn babies she carried at the time of her death. Depending on the number of babies in her womb, two or more graves are prepared for their interment. When a mother dies with her baby or babies still in the womb, an operation is performed promptly after her passing. If she dies at home, a local surgeon is typically engaged for this procedure, whereas if she dies in a hospital setting, a medical surgeon is usually responsible. The rationale behind separate burials lies in recognizing these as distinct individuals who each deserve their burial site. This practice underscores the immediate nature of the operation, avoiding overnight delays to prevent potential complications and to spare the family from distressing memories. One participant shared their perspective on this ritual.

“Mukyalo kyaiFFE. Omukhazi yaffa k’azaala.omulongo asoka yavaayo khe mulamu. Owokubiiri yavayo ke’ mulamu aye yaffa nga ghabisegho akabanga katono, asooka kabiiri yaffa nga wabisewo akabanga katono.Amagombe asatu gasimwa. Abantu bafuna eidembe”.

(Translations: In our village recently, a tragic incident occurred where a woman passed away during childbirth. She delivered twins, with the first twin surviving briefly and the second twin passing away shortly after birth. Subsequently, the first twin also succumbed

later on. As a result, three separate graves were dug for them, which brought a sense of closure and peace to the community)³².

This practice emphasizes the cultural belief in Busoga that when a mother dies with unborn children, they must be separated and buried in distinct graves. This ritual signifies the recognition of each individual as a separate human being deserving of individual treatment even in death. The belief is rooted in the notion that burying multiple individuals in the same grave may disturb the deceased's spirit, potentially leading to haunting or other misfortunes for the family.

According to a cultural leader in Buyilima village it was found out that, Exceptions to this practice occur when a mother's pregnancy is hidden, particularly among young girls or those who conceive outside of wedlock. In such cases, upon discovery of the pregnancy after the mother's death, the *Abaigha*, trusted members of the clan, construct a separate grave for the unborn child adjacent to the mother's grave. This ritual involves using bark cloth to symbolically transfer the spirit of the child to its designated resting place, safeguarding it from potential misuse by individuals with malicious intentions, such as practicing witchcraft for personal gain. Furthermore, cultural norms dictate that if the deceased was unmarried, she should be buried at her father's home, while the baby is interred at its father's ancestral land due to clan affiliations. This separation is crucial to prevent any perceived negative omens (*Omukyenho*) that could befall the family if burial customs are not adhered to, including increased maternal deaths or other misfortunes. The construction of the graves by the *Abaigha* involves meticulous planning and a ritualistic practice to cleanse the clan and ensure the deceased's spirit finds peace in the spiritual realm. This ceremonial role is vital

³² CL, Kikunu village, interview, 18/2/2024

in protecting the grave from potential desecration or misuse, reinforcing the community's belief in safeguarding their ancestral traditions and respecting the deceased's journey into the afterlife.

3.3.2 Post-burial Rituals

Post-burial rituals are those practices or acts performed on the victims of maternal deaths. In this study's findings, post-burial rituals are those practices performed on the victims of maternal deaths after burial. Among the Basoga community, numerous rituals are observed post-burial, such as burning dry banana leaves, shaving the hair, and performing final funeral rites. These traditions hold significant cultural and spiritual meaning, serving to honor the deceased and ensure their peaceful transition into the afterlife.

3.3.3 Burning of the dry banana leaves Ritual

In Busoga culture, three days after the burial, a ritual known as “*okwokya akasandha*”, or the burning of dry banana leaves, takes place³³. These banana leaves, commonly used as bedding during funerals, are readily obtained from local banana plantations. They serve not only as comfortable bedding for mourners but also symbolize the cessation of life, expressing the profound grief experienced by the family.

During the night, while the widower sleeps, the *Abaigha*, who are members of the community but not direct family, quietly gather these dry banana leaves from his resting place and carry them to the crossroads (*Amasanganzila*) for burning. This act is intended to separate the spirit of the

³³ COL, Ibulanku village interview, 20/2/2024

deceased from the widower, allowing him to find peace. As part of the ritual, the *Abaigha* roast a hen at the crossroads, a place believed to be frequented by spirits. This act not only serves as a farewell to spirits who did not attend the burial but also appeases all spirits to prevent further misfortunes.

Another Participant a TBA from Buyanga village in an individual interview pointed out that, the roasted hen is accompanied by immature bananas, which are roasted and eaten together, with the ash ceremoniously disposed of to avoid upsetting any spirits who might have missed the feast. The remaining immature bananas are kept and gradually consumed by the community. It is culturally significant that these bananas are immature, as their delayed ripening is believed to prevent future maternal deaths within the clan.

After participating in the rituals at the crossroads, the *Abaigha* return home to continue serving other mourners. Additionally, another ritual called “*Akasiki*” involves slaughtering a hen, burning its feathers, and sharing the meat with relatives and the *Abaigha*. This ritual symbolizes the death of the mother and signifies the continuation of life as the new mother takes on the responsibility of raising children.

Furthermore, it was pointed out by the sister to the deceased in an individual interview in Busulo village that, the *Abaigha* ceremonially cut down a banana plant (*Ekitoke kya Nakitembe*) to harvest bananas, ensuring to breaking of the stem completely to signify the loss of the mother and the family’s newfound vulnerability. This act also serves to bid farewell to the plantation, acknowledging that without the deceased owner, its future care is uncertain and potentially imperiled. These rituals are deeply rooted in Busoga culture, serving to honor the deceased, manage spiritual concerns, and foster communal support during periods of mourning.

3.3.4 Shaving off the hair Ritual

In Busoga tradition, another significant ritual follows the death of a mother, involving the shaving off of hair from both her children and her widower. This ritual is known as “*Muzinzila*”, it is performed to symbolically remove the original hair that the individuals had at the time of the mother's and wife's death³⁴.

It was pointed out in an individual interview with a cultural leader in Nasulwa village that, the widower and children's hair is specifically shaved off. The shaving of hair is carried out by the *Abaigha* after washing the widower and orphans' heads, hands, and legs, with water it was aimed at ensuring cleanliness. The actual shaving takes place in the banana plantation, considered more hygienic due to the assumed dirtiness of hair after days of abstaining from bathing and sleeping in a dirty environment. The shaved hair is then wrapped in a banana leaf, then taken to the roundabout and deposited there. It is aimed at doing away with the bad omen of maternal death. Shaving off the hair was mainly conducted in the morning hours, to give room for the daughters to travel back to their husband's homes. This is because after the shaving ritual, they had to leave that day, since the mourning period was over, and also to get to their homes in a presentable manner since the daughter had taken many days without washing the hair, combing it, and at times even containing lice because of the dirty environment. The shaving off the hair was done after a month of mourning. This was because this period was a bit longer, since an important person, the mother had passed on. This ritualistic act of shaving hair symbolizes the deceased's potential for reincarnation, signifying hope that life continues even after death, with the growth of new hair representing the

³⁴ ROD, Buwongo village, interview, 19/2/2024

installation of an heir in her honor. By cutting off their hair, the orphans and widower signify a renewal — a departure from the past and an embrace of new beginnings as their hair grows anew.

3.3.5 Consoling of the Orphan Ritual

Additionally, it is customary for the husband to purchase new clothes, such as a *Busuuti* (traditional dress) and a wrapper, for his wife to wear during and after the funeral of her mother³⁵. The old clothes worn by the deceased are left at the funeral site. The attire could ignite sorry to the daughter for her mother's loss, also the gesture symbolizes solidarity with his wife, acknowledging their shared loss of a parent figure. By providing new clothes, the husband consoles his wife amidst the profound grief associated with losing her mother. These rituals are conducted if the deceased had married daughters. The husband also had to refrain from sex during that time, even with other wives in case he had them. It was to condone with the wife, and so had to share part of her suffering. This act of generosity is seen as a means to alleviate some of her sorrow, offering a tangible expression of support and understanding during a challenging time.

The sons – in –law also participate by bringing a she-goat in a ritual known as “*Okubwika omufu*”³⁶. A she-goat is offered because the deceased is a female figure. This goat is slaughtered by the *Abaigha* near the grave of the deceased, however other family members witness the ritual. This is because mercy has to be sought from her, using words like ‘*Maama Idha olye kumere, tulikubwika*’ (literally meaning ‘our mother come and we dine together’). The *Abaigha* carry out

³⁵ ROD, Nawansega village, interview,20/2/2024

³⁶ CL,Namuyumya village, interview,22/2/2024

all the rituals in Busoga, they are obedient, trusted, and believed to cause no harm to the family members. The liver is removed from the goat, boiled, and offered to the deceased for consumption. Failure for her to partake of this meal, makes her grumble against the living for having neglected her. This leads to misfortunes in the family, like sickness. Consumption of the meal gives the deceased rest in the ancestral world.

The meat is boiled for the mourners and family members to eat. It is also accompanied by a hen which is a sacrificial meal to the ancestors. The choice of a goat, rather than a cow, is that it is more affordable for most families. This function is carried out after the last funeral rites, after which the daughters depart to their marital homes. During this ritual, the *Abaigha*, community members who are not immediate family, tie a cloth around the waist of each orphan “*Khusiba ekhikhati*”, symbolizing a farewell gesture. This act is believed to strengthen the stomach muscles of the orphans, both boys and girls who may have experienced hunger due to loss of appetite during mourning.

3.3.6 Last funeral rites

In Busoga culture, the final funeral rites constitute a crucial tradition following a person’s burial, it marks the end of the mourning period and opens a new beginning of a normal life after the death of the mother. It is locally known as “*Okwabya Olumbe*”. The time taken between the burial and the last funeral rites depends on the readiness and preparedness of the family to perform the last funeral rites. It is typically observed during daylight hours, particularly in the morning³⁷. This is to

³⁷ FGD, Nawansega village, interview 20 /2/2024

give room to people who would like to travel back to their homes. These rites serve to publicly establish who will assume responsibility for the deceased's children, widower, and any remaining property. Clan leaders play a pivotal role, calling upon relatives and community members to witness the installation of designated heirs.

Study findings from a cultural leader in an individual interview in Namuyumya village indicate that the deceased's belongings, including clothing, jewelry, and other items, are brought forth by the clan head. Three heirs are identified: the Heir to the children (*Omusika wa'bana*), chosen based on the orphans' selection and commendable character; the caretaker of the orphans, selected from among the deceased's sisters for her leadership qualities and caregiving abilities (*Omusika Ow'embisi*); and finally, the Permanent heir or direct replacement of the deceased, who may even become the widower's wife, chosen by consensus among clan members (*Omusika Ow'enkalu*). The clan head then distributes the deceased's possessions to these heirs in sequence.

The *Abaigha* guides the orphans inside the house, where they are seated on mats or chairs. The clan leader introduces the heirs to the orphans, who ululate in recognition of their new mother figures. Upon emerging from the house, the widower presents money to the *Abaigha* as a gesture of gratitude for providing him with a wife, signifying their trusted status within the community. The following morning, the '*Ow'enkalu*' heir prepares a meal at the designated ritual site, known as the bonfire. The meal includes meat, symbolizing unity through its binding properties found in blood. After cooking, the heir pours the meal onto banana leaves, symbolically accepting the responsibility of caring for the children wholeheartedly, akin to the deceased mother's role. The heir then serves food to her brothers-in-law, the orphans, and other family members in a circular formation, personally feeding each orphan as a gesture of nurturing and familial bonding.

Post-meal, the orphans engage in singing and dancing to alleviate the stress and grief associated with their mother's passing, expressing gratitude with words like 'mummy has served us food, we have eaten and appreciated the meal.' Subsequently, the orphans dispose of the banana leaves in the plantation to instill values of cleanliness and respect. The significance of these last funeral rites lies in ensuring the deceased's spirit finds peace in the ancestral realm. Failure to perform these rituals is believed to unsettle the spirit, potentially resulting in familial misfortunes such as persistent illness and mental instability among children. Moreover, these rites are thought to ward off death that might target other mothers in the same family maternally.

In conclusion, rituals hold profound importance in Busoga society, encompassing practices from death to burial and beyond. These ceremonies facilitate closure for the deceased and peace for the bereaved family, aiming to prevent spiritual disturbances that could lead to further maternal deaths in the community. Traditional funeral rites are a poignant expression of love and respect, ensuring a dignified farewell for the departed and a source of solace for those left behind.

CHAPTER FOUR

THE INFLUENCE OF MODERNITY AND CHRISTIANITY ON BUSOGA SOCIETY'S CULTURAL CONTEXT OF MATERNAL DEATHS

4.0 Introduction

This section explores how modernity and Christianity impact Busoga society's cultural perspective on maternal deaths. It presents findings from traditional birth attendants (TBAs), families who have lost loved ones to maternal deaths, cultural leaders, and village leaders. The chapter addresses the third objective and corresponding research question: examining the effects of modernity and Christianity on cultural views surrounding maternal death in Busoga. Themes discussed include infrastructure development, advancements in science and technology, women's education, declining cultural norms, Christian values and practices, cult influences, and negative attitudes toward contraceptives and rituals.

4.1 Modernity and Busoga society's-cultural context of maternal deaths

Modernity encompasses modern ways of thinking, scientific reasoning, individualism, and reduced focus on religious beliefs. In this study, modernity refers to contemporary approaches that have influenced Basoga attitudes towards traditional beliefs surrounding maternal deaths, including infrastructure development, science and technology, women's education, and a decline in cultural norms.

4.1.1 Development of infrastructures, science and technology

Modernity has reshaped Basoga perspectives on maternal health. The government has established various healthcare facilities where mothers receive antenatal care and proper diagnoses, such as

for malaria and hypertension, from medical professionals rather than seeking help from shrines. Many traditional healers lack adequate diagnostic skills, often administering excessive herbs that can endanger the health of expectant mothers. One respondent commented:

“Radhiyo nhi telefainha edhiligho dhisomesa abakhazi ebintu bingi, nga okhulambala mubutimba bw’ensiri okweghala omusudha gw’ensiri okhugema ba maama”

(Translation: Radios and televisions are in place and they teach mothers many things like sleeping under a mosquito net to control the spread of malaria to mothers)³⁸

This modern exposure enables mothers to access healthcare advice and promotes using hospitals. Village health teams (VHTs), composed of local volunteers, provide essential support by advising on health matters, referring patients to health facilities, and visiting pregnant women at home to monitor their well-being. Such health teams have greatly shifted maternal healthcare away from shrine-based treatments toward modern healthcare facilities.

An individual interview with a community leader in Namuyumya village revealed that, in the past, women who encountered complications during childbirth often died due to the lack of surgical facilities. Relatives often attributed such complications to witchcraft and sought out witch doctors, with fatal outcomes. Today, medical scans monitor fetal positioning, and C-sections are an option if needed. Formerly, people believed poor fetal positioning resulted from witchcraft—a condition known locally as "bamughaire ebighala." Now, modern healthcare replaces such beliefs with medical solutions.

³⁸ FGD, Buyanga village, interview, 21/2/2023

To the above, scans help to monitor the condition of the baby. In case it is poorly positioned, an operation is sought for; before people would believe witchcraft is involved. (*bamughaire ebighala*³⁹). This means that she has been bewitched. *Ebighala* is a common ‘bewitched’ disease in Busoga that affects the stomach. People claim that the transmitter just looks straight in the eyes, utters out some words best known to him or her, and victim contracts the disease. That is why pregnant women desist from over-moving unnecessarily lest they land on the transmitter. In addition to that, one participant narrated an interesting scenario concerning scans:

“Obutelefainha buliwo obukebera abakhazi tiyakutebereza, Eira omwana bweyekikhanga mumabunha g’omukazi, bakukhobanga okhusamba ekigogo me’male yaterera mundha. Olwiisi basibanga omugugha khukhigere ky’omukhazi ow’amabundha yakhizanisa okhuterera”.

(Translation: scans help mothers to monitor the position of the unborn baby rather than just guessing. Long ago, if the baby was poorly positioned, the expectant mother would be told to go and kick the banana plant for the fetus to get back to its right position)⁴⁰.

This incident highlights that to check the position of the baby in the womb, crude and risky methods were always employed. Kicking a banana plant would cause bodily harm to the expectant mother, which would even lead to her death. Therefore, scans have greatly changed the attitude of the Basoga towards maternal deaths, instead of employing guesswork. Many expectant mothers in Busoga move to health facilities as early as five months of pregnancy to check on their health status. In case a baby is poorly positioned and requires a C-section, early preparations are made

³⁹FGD, (Buyanga village, interview, 21/2/2024)

⁴⁰ TBA, Kasozi village, interview, 19/2/2024).

with the medical team to ensure that the mother has a safe delivery rather than relying on superstitions of witchcraft and spirits. Science and innovations have found that women who suffer from hypertension, heart failure, or those who collapse are frequently given improper medication instead of giving the condition due consideration.

Furthermore, communication tools like phones play a crucial role in maternal healthcare. They provide quick means of communication, allowing midwives and doctors to request ambulances during emergencies. Improved communication helps mitigate delays in reaching hospitals, significantly reducing maternal death risks. Swampy areas in Busoga, where men often tend rice fields, used to delay responses to labor. Now, even if men are in distant fields, they can be reached to bring mothers to hospitals promptly, addressing a critical cause of maternal deaths in the region⁴¹.

Additionally, findings from a TBA in Namiganda village show a cultural preference for attending to new wives over older wives, often linked to youth and perceived behavior. However, today, even economically disadvantaged mothers strive to own phones for emergencies. When referred to a more equipped facility, communication between doctors and ambulances is streamlined, saving lives. Modernity has thus significantly reshaped traditional perceptions of maternal death.

The study findings also revealed that due to modernity the attitudes of the Basoga people towards maternal death have greatly changed. Before modernity, people would think that they had been

⁴¹ COL, Namiganda village, interview, 17/2/2024

attacked by spirits like *Kilongo (clan spirit)* who were denied sacrifices like a goat (*Tibamukwa*⁴². They believed this would lead to maternal deaths. With modernity, mothers have been taught health care by the health team through radio and television programs. Any slight pain, they go to the hospital for a checkup, receive medication, and save their lives from death. Indeed, they believe that the problem is curable, so they quickly seek the advice of skilled and experienced medical personnel rather than relying on their belief that death is natural- caused by God which eventually causes maternal deaths. Mothers are advised to seek medical care from qualified medical personnel, instead of sleeping in their homes, with a view that death is inevitable to everyone.

4.1.2 Education of women

Women's education in Busoga has profoundly influenced attitudes and beliefs surrounding maternal deaths. Education raises awareness and challenges traditional beliefs, promoting healthcare over cultural practices. Educated women are more likely to seek skilled medical care during antenatal visits, avoiding unskilled practices. These visits enable women to receive timely medical advice, preventing risks associated with home deliveries by unqualified individuals.

From the study findings, the education of women imparts knowledge to them⁴³. They are attended to by skilled medical personnel and worse risk factors are reduced. They can easily adhere to the advice of medical personnel during antenatal care since they know the consequences of failing to

⁴² COL, Bulugoda village, interview,21/2/2024

⁴³ COL, Namiganda village, interview,20/2/2024

take heed rather than taking in the advice of their mothers-in-law, as it is cultural respect what one's mother-in-law in Busoga.

The implication of the above statements is that with education, the women in Bugweri visit hospitals. They go for antenatal care, which is the treatment a pregnant woman receives during her pregnancy through a series of consultations with qualified medical professionals. These save educated mothers from maternal deaths arising from cultural beliefs of having too much respect for mothers-in-law. These may hinder them from attending to specialized health care and one goes in for home deliveries which is dangerous to an expectant mother's life. It is most times carried out by unskilled people.

Educated women also recognize that death is a natural event rather than a result of witchcraft⁴⁴. This understanding diminishes fear of supposed "haters" within families and communities. Additionally, education equips women to monitor their pregnancies more accurately. Knowledge from biology classes and health talks on maternal health helps them track gestational milestones, avoiding superstitions related to delayed labor. (*Bamusibilakhu omwana khu mugongo*). When analyzed it means that some women believe in evil spirits when they experience nausea, and instead of getting the right medication, they resort to local herbs. Others go to shrines to traditional doctors and in the end, maternal deaths arise. Traditional healers normally administer too many herbs to the expectant mother, this may eventually cause complications that lead to maternal deaths.

⁴⁴CL,Naluswa village, interview,21/2/2023

Contrastingly, educated women may still deliver in villages if labor diminishes their decision-making ability or if caretakers have low education levels⁴⁵. Formal education also enables some women to advocate for professional care, although pressure from spouses or mothers-in-law may still lead them to unskilled TBAs. Some women even prefer TBA services for comfort or herbal treatments. Education, while transformative, does not fully shield against cultural biases in decision-making around childbirth.

Furthermore, the fact that educated women fear labor pains, they can easily accept TBA to get solace, and in case of any eventuality disaster crops in. This affirms that it is not only education that deters mothers from attending antenatal care but factors like partner consent requests, attitudes towards Antenatal care providers, and quality of the services provided. That is why the educated mother will be taken to a TBA who can provide warm water for bathing, local herbs, and food to eat.

Concerning the above, still findings from community leader in Ibulanku village indicate that, uneducated women have a negative attitude toward maternal health. They have a weird perception of life. They take life to be so easy and they fail to adhere to doctor's advice especially concerning antenatal and reviews. Making matters worse, some even miss out on the time of conception. This is attributed to the low level of education. One participant narrated:

“Bwe nnhali ’ndhi mabundha g’omwaanha gchange omuberi, nhajya mw’idhwaliro ery’ eiganga, abasawo batubuzanga ebibuuzo, mbu mwalindha lii? Aye abakhazi

⁴⁵ ROD, Busulo village, interview, 16/2/2024

bailangamu mbu bwetwali tukhesa obulo, oti sse abasawo baliyo. Abandhi ngatibaidhi myaka gyaibwe, bayogeranga emyaka jy'abaana abaato”.

(Translation: During my gravid one period, I went to Iganga Hospital for antenatal care. Midwives would ask mothers questions like when did you conceive? Mothers would give funny answers like, I conceived at the time of harvesting millet as if the midwife was there. Others didn't even know their ages. They would deceive and even mention a lower age than the actual one, like for the children)⁴⁶.

This statement implies that uneducated women are ignorant about the time and date of conception of their babies. They are also ignorant of their ages. They end up mentioning the wrong ages. Yet expectant mothers should know their rightful ages to give doctors the right direction, as far as medication is concerned. This denotes that some uneducated mothers cannot ascertain the correct duration of their babies. so, they end up counting wrongly, this makes them think that they were bewitched, one can easily tell narrate that that she has taken twelve months with the pregnancy but at times, it is the wrong counting. Some conceive when they are in family planning. This confuses them as they conceive without realizing it. They only come to learn of it when they fall sick or have put on abnormal weight and their friends, relatives, and neighbors make fun of them. This is when they go to a health facility to check. This makes them fail to tell the correct time of the pregnancy and instead resort to superstition of witchcraft. The low rate of antenatal care is attributed to the low level of education of women, over-reliance on their husbands to be permitted to go to the hospital for antenatal care, and poverty. This makes the uneducated women resort to local herbs for their medication. Many even have a belief that you cannot conceive normally if you do not make use of herbal medicine. They end up consuming much of it, which causes rapture of the uterus which results in maternal deaths.

⁴⁶ FGD, (Buyanga village, interview, 21/2/2024)).

Uneducated women also give birth at a tender age of around fifteen years. By the time they reach forty years of age, they would have given birth to too many children that expose them to the risk of maternal deaths⁴⁷. Still these young mothers connive with their mothers and lie about their age because they fear arrests by police because of being under age (minors). Coupled with low education, the mothers depend on their husbands for decision-making and may fail to go for scans and report for antenatal care on appointment due to lack of money. Age is a contributor to the negative attitude towards medical health care seeking in Busoga. Because the mother is still young, with a narrow passage and small cervix, she cannot give birth normally. When the doctors or midwife advises the expectant mother on what to do like opting for a C-section, she runs to her mother. The mother immediately rushes her to a traditional birth attendant for herbal medicine. These TBA have limits to carrying out safe deliveries. This at times leads to deaths, there is therefore need for the Ministry of Health to integrate cultural beliefs and practices in maternal care provision to minimize detrimental efforts on women's reproductive health.

4.1.3 Decline in cultural norms

Modernity has influenced Busoga's traditional rituals surrounding maternal deaths⁴⁸. Today, heirs are often introduced to the community without the traditional installation ceremony. Similarly, funeral services now take over the washing and preparation of bodies, diminishing the family's role in these rituals. Previously, family members would perform kuziraga rituals, washing the

⁴⁷ CL, Namuyumya village, interview, 22/2/2024

⁴⁸ CL, Mufumi village, interview, 18/2/2024

deceased's body as a sign of respect. This ritual's disappearance, attributed to funeral services, sometimes angers family members who feel their traditional roles are undermined. This results into more misfortunes in the family such as poverty, sicknesses among expectant mothers that end up into death.

4.2 Christianity and cultural context of maternal deaths

Christianity refers to the religion based on the person and teachings of Jesus Christ. In this study's findings, Christianity influences the attitude of the Basoga towards the cultural beliefs and ideologies following maternal. These include Belief in Christian values and practices, the existence of cults, and a derogatory attitude to contraceptives and rituals.

4.2.1 Belief in Christian values and practices

Christianity has greatly changed the beliefs and attitudes of the Basoga people towards maternal deaths. Many people have been preached to the gospel, and they have accepted Jesus Christ as their Lord and Savior. They are so attached to God and believe that he is there to help them in all circumstances⁴⁹. Instead of believing in superstitions, spirits, and witchcraft in case of any maternal sickness, they easily find solace in God. Christians believe in God and not in revenge. This is because their faith teaches them to forgive. Christians fast and repent of their sins which changes their attitude towards carrying out revenge. The above statements point to God as being the overall controller of each and everything. Maternal death is attributed to Him, so there is no

⁴⁹ CL, Mufumi village, interview, 18/2/2024

need to blame co-wives, step-mothers and neighbors. In case death occurs, it is his plan, not a “haters” plan. No one should even rejoice that he led to the death of an expectant mother.

In Christianity It is God’s plan for death to occur and not co-wives being responsible for the death of their rivals. It is scriptural that we shall die one day, one respondent echoed that “*buli ekizalibwa omukazi kyakufa, Baibuli bwekoba*”⁵⁰. This means that whatever is born of a woman is destined to die according to the Bible. When critically examined, it implies that whatever is born of a woman has to die. According to the scriptures, God knows the days allotted to each one of us and the day of death (Psalms 139:16). Christianity helps us to accept that death is ordained by God and therefore there is no need to blame haters. Whether bewitched or not, we are all destined for death. God not only creates physically what comes to this world, we have our destiny fixed to us by God. This implies that God is the sole controller of our lives. He is omniscient in a concrete way and nothing can escape his vision, hearing, or knowledge. Therefore, witches have little influence on a person’s life.

It was pointed out by participants in Buyanga FGD that, Christianity still advocates for monogamy. Some husbands have converted to Christianity, a husband takes care of his wife in terms of feeding and he even escorts her to a health facility for antenatal care checkups. This is because he has got the time for her. He loves her and she is less stressed by her rivals. In this case, husbands give care to their expectant wives and show them love by taking them for medical treatment which greatly changes their cultural attitude towards maternal deaths. They seek medical care from a health facility rather than a Traditional birth attendant’s place. For a pregnant woman

⁵⁰ CL, Buyilima village, interview, 17/2/2024

to give birth safely, she needs the support, affection, and understanding of her family as well as medical professionals. Notably, this means that the mothers prefer giving birth in a healthy facility for fear of losing their lives and their babies. With polygamy most times the mothers think they are being bewitched by their co-wives. Monogamy creates a positive attitude toward seeking maternal health care among expectant mothers.

4.2.2 Existence of cults and a derogatory attitude towards contraceptives and rituals

On the contrary, Christianity has various cults some of which deter its members from seeking medical treatment⁵¹. They regard it as a lack of faith in God. They give birth from home. These cults prohibit their members from owning phones simply because phones have numbers, yet according to that cult, numbers are connected to Satan. That notwithstanding Christians believe in prayer only and fail to use local herbs which are medicinal in nature and help the mothers during delivery. The above statements imply that, much as Christianity has influenced the Basoga's context on maternal deaths positively, it has also affected it negatively. Some Christians shun health centers. They concentrate on prayers from morning until evening. In case of any sickness, they run to pastors to pray for them instead of seeking specialized treatment from skilled and experienced medical personnel. This eventually results in maternal deaths. Certain conditions require medical attention not prayers like C-sections. There is therefore need for church leaders like the joint Christian council to guide and counsel its members on issues to do with maternal health care so that they get the correct diagnosis and treatment of their diseases

⁵¹ ROD, Bulyansime village, interview, 16/2/2024

With the above, some Christians (*Abalokole abazukufu*) which means enlightened Christians, desist from the use of family planning methods⁵². To them use of family planning is taboo. In other words, it is a sin before God. It is equivalent to carrying out an abortion. They therefore give birth to too many children. Critically analyzed, it is menopause that stops them from giving birth. This results in overproduction of children which weakens the body system of the mothers, hence bleeding during birth which culminates in maternal deaths. Most times in Bugweri mothers who are delivering their tenth and eleventh gravida always pass on maternally. Even during situations of too much blood loss during delivery, the people in Busoga would believe that the victim has been killed by spirits who have not drained the blood from the mother.

Slightly related to the above, Christianity has changed the attitude of the Basoga towards rituals. The ritual of the *Abaigha* (children of the daughters in a home) burning dry banana leaves at the roundabout (*okwokya akasandha*) is dying out⁵³. This ritual is at the roundabout because it is a place where many spirits gather, yet some spirits miss the feast and the burial. Therefore, to bid fare well to them, the *Abaigha* have to burn the dry banana leaves there, and also roast a hen to serve them. However, with Christianity, this has died out. It is considered to be satanic. Instead 'fire' is sent to those places during prayer to burn those spirits which are considered to be evil and cause harm to the society. When community members carry out this ritual, they may even be witch-hunted. The community might think the performers of the ritual are the real cause of maternal

⁵² COL, Nkombe village, interview, 21/2/2024)

⁵³ TBA, Namiganda village, interview, 24/2/2024

deaths. In case one is to conduct it then it is done in the wee hours of the night when the majority of the people are sleeping.

Still, the ritual of making an announcement to the banana plantation by cutting the *Nakitembe* banana plant and bending it halfway, symbolizes that the owner of the plantation is dead. This is done by the *Abaigha* who are considered to be trusted members of the family though they are not part of the nuclear family. Many people do not have land where to grow banana plantations. They even lack what to eat. This is because of poverty which makes it hard to buy expensive land. Others have sold off their land to come to town and do business or just enjoy town life. Christians still look at it as weird, satanic, and ungodly and shun it. They consider most of those rituals outdated.

In conclusion, modernity and Christianity have both positively and negatively influenced Busoga's cultural views on maternal deaths. Modern healthcare, infrastructure, and science encourage hospital-based maternal care, although some mothers still prefer TBAs due to cultural familiarity. Christianity instills a belief in God's control over life and death, diminishing fear of witchcraft but sometimes discouraging medical intervention. Together, these influences shift attitudes towards maternal health, though challenges remain in fully integrating traditional beliefs and modern healthcare practices.

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.0 Introduction

This study aimed to investigate and understand the cultural explanations of beliefs surrounding maternal deaths in Busoga. It also examined the rituals observed by the Basoga concerning these deaths and assessed how modernity and Christianity have influenced the cultural context surrounding them. The major findings include the terminologies used to describe maternal deaths in Busoga and the cultural beliefs and ideologies associated with these deaths—particularly concerning excessive consumption of herbal remedies, non-use of herbs, curses, and witchcraft. Additionally, the study identified emerging explanations for maternal deaths, such as poverty, delays in seeking medical attention, diseases, distance to healthcare facilities, and political factors. The impact of rituals performed pre-burial, during burial, and post-burial, as well as the influence of modernity and Christianity, have been shown in terms to have both positive and negative influences on the cultural context of maternal deaths in Busoga society.

5.1.1 Cultural explanation of beliefs surrounding maternal deaths among the Basoga

The study found out that the Basoga hold a strong belief in traditional medicine, particularly the use of local herbs such as potato leaves, cassava leaves, and *Emumbwa* clay bars to ease labor and delivery. This implies that traditional practices are deeply ingrained in the Basoga culture and play a significant role in maternal health. These results are in agreement with Wyte (2014) who mentioned that traditional medicinal practices are often preferred due to their cultural significance and perceived effectiveness. However, modern education and practices have led some Basoga to

view these traditional methods negatively, causing a shift towards expensive modern interventions like C-sections, which can contribute to complications and increased maternal deaths when traditional methods are abandoned.

Findings show that the Basoga views maternal death as a natural part of life, attributed to divine will. This implies that maternal death is seen as an inherent risk of childbirth, similar to other occupational hazards, and is accepted as part of the divine role in bringing life into the world. These results are in agreement with Isiko and Serugo (2021) who argued that maternal deaths, especially those without satisfactory explanations, are often attributed to God's will. This belief in divine will suggests resilience within the community, implying that maternal death should not discourage women from giving birth despite the inherent risks.

Results show that the Basoga believe witchcraft is the source of various misfortunes, including maternal deaths. This implies that there is a strong cultural belief in the influence of malevolent forces and mystical powers on maternal health. These results are in agreement with Kyomuhendo, (2003) who found that the Banyankole traditionally, maternal mortality is often linked to spiritual causes such as witchcraft, curses, or the displeasure of ancestors. Similarly, among the Basoga, individuals like jealous co-wives or envious neighbors are believed to use charms or sorcery to cause complications during childbirth, leading to a preference for traditional remedies over biomedical care. This highlights the need for culturally sensitive health education to address and integrate these beliefs into maternal health practices.

The study found that in the Basoga community, assigning blame for maternal deaths is a common practice linked to grief and mourning. This implies that cultural mechanisms of coping with loss often involve finding someone to hold accountable, whether it be medical personnel, relatives, or

even co-wives in polygamous families. These results are in agreement with Mpiani (2023) who noted that community involvement in mourning rituals provides psychosocial support and aids in coping with the loss. However, the Basoga community also expresses sympathy towards the widower and surviving children, offering support and condolences, which underscores the complex interplay of blame and communal support in the aftermath of maternal deaths.

It was found that the Busoga's response to maternal deaths is influenced by factors such as the victim's age and the circumstances surrounding her death. This implies that younger victims, like a nineteen-year-old girl who died from abortion complications, prompt a stronger community reaction due to higher expectations placed on young people. These results are in agreement with Adedine et al. (2016) who found that the community's response to death varies based on the age and social status of the deceased. The ambivalence towards the use of local herbs, improper use leading to complications, and the treatment of widowers by the community depending on their relationship with the deceased highlight the need for tailored interventions addressing these nuanced cultural dynamics.

The study found out that naming practices in Busoga reflect the community's understanding of maternal deaths. This implies that the names given to surviving children signify their loss and the societal view that a mother's absence deprives children of crucial love and care. These results are in agreement kisekka (2022) who noted that names and rituals play a significant role in maintaining the memories of deceased individuals and coping with their loss. Naming children *Kitaabona* ("one who missed seeing her mother"), *Wadhalubi* ("one born on a bad day"), and others reflect the deep cultural beliefs surrounding maternal death and the importance of addressing the emotional and social needs of the surviving family members.

Results show that maternal deaths in Busoga arise from various factors beyond cultural explanations, including the use of unskilled traditional birth attendants, excessive poverty, delays in reaching hospitals, prevalent diseases, long distances to health facilities, and indifferent politicians. This implies that addressing maternal mortality requires a multifaceted approach that goes beyond cultural beliefs to tackle systemic issues. These results are in agreement with Matovu (2016) who highlighted that, there is a strong emphasis on the role of traditional birth attendants (TBAs) and the use of herbal medicine to prevent complications during childbirth. Therefore, improving maternal health in Busoga requires addressing both cultural practices and broader socioeconomic determinants to reduce maternal deaths effectively.

The study found that unskilled traditional birth attendants, known as Mulelwa, are a major cause of maternal deaths in Busoga. This implies that reliance on traditional birth attendants due to their lower costs and cultural acceptance poses significant risks to maternal health. These results are in agreement with kyomuhendo (2004) argued that TBAs are trusted figures in maternal care. Their understanding of cultural rituals and practices makes them preferable to modern healthcare providers, despite the risks associated with traditional methods. Addressing this issue requires enhancing the training of traditional birth attendants and integrating them into the formal healthcare system to ensure safer childbirth practices.

The study found that poverty significantly contributes to maternal deaths in Busoga, with many women relying on subsistence farming and lacking financial support. This implies that economic constraints hinder timely access to medical care during childbirth. These results are in agreement with Atuhairu and Kaberuka (2016) who noted that economic challenges exacerbate health risks in

many African communities. To mitigate this, there is a need for targeted interventions that address financial barriers and improve access to affordable maternal healthcare services.

The study found that delays in reaching healthcare facilities are a critical issue contributing to maternal deaths. This implies that the extended time taken in deciding to seek care, traveling to a facility, and receiving treatment often worsens conditions. These results are in agreement with, Marabele et al. (2020) who identified delays in accessing healthcare as a significant factor in maternal mortality. Addressing this issue requires improving transport infrastructure, community education, and healthcare systems to ensure timely medical interventions.

The study found that prevalent diseases such as HIV/AIDS and chronic conditions like sickle cell anemia significantly contribute to maternal deaths in Busoga. This implies that the health status of women and the presence of chronic illnesses complicate pregnancies and increase the risk of death during delivery. These results are in agreement with Magoola (2005) who noted the impact of chronic diseases on maternal health outcomes. Effective management of these conditions and reducing stigma are essential to improving maternal health in the region.

5.1.2 Ritual Performance for Maternal Deaths among the Basoga

Findings show that the Crushing of the Egg Ceremony involves placing eggs under the tires of the vehicle transporting the deceased's body from the hospital. The driver runs over the eggs to symbolically transfer the deceased's spirit from the hospital to the ancestral home, preventing further misfortune or additional maternal deaths. A hen is given to the driver upon arrival at the home, symbolizing hospitality and ensuring the spirit does not linger with the vehicle. This implies that the Basoga community places significant importance on preventing the spirit of the deceased

from causing harm or lingering with those involved in transporting the body. These results are in agreement with Lubega et al. (2022) who mentioned that many complex rituals are associated with maternal death, tailored to prevent misfortunes and maintain social harmony. This ritual emphasizes the community's need to ensure spiritual safety and continuity, highlighting the deep cultural roots in dealing with death and the afterlife.

More so, it was found out that following a mother's death, the widower undergoes a padding ritual, wrapping himself with the deceased's panties or a similar cloth to prevent the spirit from entering him and obstructing future marriages. This implies that the ritual serves as a protective measure for the widower, ensuring he can move forward without spiritual interference. These results are in agreement with Beinempaka et al. (2014) who noted that rituals after a maternal death are essential for restoring normalcy and protecting family members from spiritual harm. This practice underscores the community's belief in the powerful influence of the deceased's spirit and the need for specific rituals to safeguard the living.

The study found that when a mother's body is brought home, a bonfire is lit by the *Abaigha* (daughters' children) in the home stead. The bonfire burns throughout the funeral until an heir is installed, providing warmth, cooking tea, and protecting mourners from wild animals and insects. This implies that the bonfire is a multifaceted ritual symbolizing protection, warmth, and community support. These results are in agreement with Kisekka (2022) who discussed the role of elaborate rituals in ensuring communal participation and support during funerals. The bonfire ritual emphasizes the importance of communal solidarity and the practical needs of mourners during the funeral period.

Findings show that if a mother dies with a baby still in her womb, a ritualistic operation is performed to separate the two, traditionally carried out by a cultural doctor anonymously to avoid stigma. This implies that the ritual addresses both practical and spiritual concerns, ensuring the proper handling of the deceased while preventing spiritual disturbances. These results are in agreement with Ruddock (2022) who highlighted the importance of ritualistic operations in African cultures to separate deceased mothers and unborn babies to avoid misfortune. This ritual reflects the deep cultural respect for both the mother and the unborn child, ensuring they are treated with dignity even in death.

The study found that after separating the deceased and the baby, close relatives, including the *Abaigha* and orphans, bathe the body. This implies that cleanliness and respect are paramount in preparing the deceased for the ancestral world. These results are in agreement with Addai (2016) who found that ritual bathing is a common practice to cleanse and honor the deceased before burial. This ritual underscores the cultural importance of cleanliness and the involvement of close family members in the final rites, ensuring privacy and respect for the deceased.

The study found that in Busoga if a mother dies with one or more babies in her womb, separate graves are constructed for each. This implies a deep respect for individual lives, even those of unborn children, and the need to prevent misfortune. These results are in agreement with Omonisi (2020) who noted that African burial customs are deeply rooted in cultural beliefs that emphasize respect for the deceased and the prevention of misfortune. This practice highlights the Basoga's commitment to honoring each life and maintaining cultural traditions to ensure peace and respect in death.

The study found that the *Abaigha* oversee grave construction, demarcating the grave's size and supervising the digging process, and perform the *okwokya akasandha* ritual three days post-burial. This implies that these rituals are crucial for preventing misfortunes and safeguarding the grave from potential misuse of witchcraft. These results are in agreement with Hidalgo et al. (2021) who discussed the importance of grave construction and cleansing rituals in preventing spiritual disturbances and ensuring the proper honoring of the deceased. These practices reflect the community's dedication to protecting the deceased and maintaining spiritual harmony.

The study found that shaving off the hair of the deceased's children and the widower signifies the end of the old and the beginning of a new chapter. This implies a symbolic rebirth and the transition to a new phase of life for the bereaved. These results are in agreement with Setsiba (2008) who found that shaving rituals are common in mourning practices to symbolize the end of one phase and the beginning of another. This ritual demonstrates the community's belief in the cycle of life and death, using symbolic acts to help the bereaved move forward.

The study found that the last funeral rites are conducted in the morning to allow community witnessing and proper distribution of the deceased's property. This implies a need for transparency, communal participation, and the proper integration of the new heir into the family. These results are in agreement with Burrell and Selman (2020) who noted that final funeral rites are essential for community bonding and the proper distribution of the deceased's belongings. This practice ensures that the deceased's spirit is honored, and the family is supported during their transition.

5.1.3 Modernity, Christianity, and Cultural Context of Maternal Deaths

Results show that modernity has positively transformed Busoga society's approach to maternal deaths by shifting attitudes from traditional beliefs to evidence-based medical practices. The establishment of hospitals and health centers has facilitated access to professional antenatal care, reducing reliance on traditional healers. This implies that modernization has led to improved maternal health outcomes by encouraging expectant mothers to seek medical help rather than relying on superstitions. These results are in agreement with Ganle (2015) who mentioned that modern healthcare facilities significantly enhance maternal health by providing access to skilled birth attendants. Modernization has indeed played a critical role in reducing maternal mortality by promoting evidence-based medical practices and improving access to healthcare.

The study found that health teams, including Village Health Teams (VHTs), provide vital education and support, encouraging expectant mothers to seek medical help rather than resorting to superstitions. Technological advancements, such as ultrasound scans, have replaced risky traditional methods for assessing fetal health, leading to safer delivery options and reducing maternal mortality. This implies that community health initiatives and technological advancements are crucial in improving maternal health outcomes. These results are in agreement with Newbrander et al. (2014) who noted that community health workers and modern technology play a significant role in providing essential maternal healthcare. The integration of these modern practices into maternal healthcare underscores the importance of continued investment in health education and technology to further reduce maternal mortality.

It was found that modern communication tools like phones have revolutionized access to medical care by enabling prompt responses in emergencies, such as arranging ambulances or referrals to

better facilities. Education has also played a crucial role in changing attitudes, with educated women better understanding the importance of medical care and dismissing superstitions about witchcraft. This implies that modern communication and education are key factors in improving maternal health outcomes. These results are in agreement with Tessema et al. (2021) who found that higher levels of education correlate with better maternal healthcare utilization and outcomes. The impact of modern communication tools and education highlights the need for continued efforts to educate and equip women with the resources to seek timely medical care.

The study found that certain Christian sects in Busoga negatively impact maternal health by discouraging medical treatment, and viewing reliance on healthcare as a lack of faith. Members of some cults avoid phones and medical facilities, believing them to be connected to evil and depend solely on prayer, neglecting necessary medical interventions like C-sections. This implies that some religious beliefs can hinder access to essential medical care, leading to preventable maternal deaths. These results are in agreement with Fagbamigbe and Idemudia (2015) who identified religion as a barrier to antenatal care use in Nigeria due to the need for consent from religious leaders. The negative influence of certain Christian sects underscores the importance of addressing religious misconceptions and integrating proper maternal healthcare guidance within religious teachings.

The study found that some Christians reject family planning, leading to overburdened bodies and higher maternal mortality rates. This implies that resistance to family planning can exacerbate maternal health issues, highlighting the need for comprehensive family planning education. These results are in agreement with research conducted by Tessema et al. (2021) which found that resistance to modern family planning methods contributes to higher maternal mortality rates.

Addressing these issues requires collaborative efforts between healthcare providers and religious leaders to promote the benefits of family planning and proper maternal care.

The study found that modernity and Christianity have mixed influences on Busoga's approach to maternal health. While modern facilities have encouraged some mothers to seek professional care over unskilled traditional birth attendants, issues persist, such as poor service quality and medical staff attitudes. This implies that despite the positive influence of modernity, challenges in healthcare delivery need to be addressed to improve maternal health outcomes fully. These results are in agreement with Asteray (2021) who acknowledged that modernity has not eliminated home deliveries despite the awareness of antenatal care. The mixed influences of modernity and Christianity highlight the ongoing tension between modern healthcare practices and traditional beliefs, necessitating a balanced approach to maternal health.

The study found that Christianity has shifted perspectives, with many viewing maternal death as part of God's plan. However, some Christians' refusal to seek medical care and reliance on prayer for treatment has led to preventable deaths. This implies that while religious beliefs can offer comfort, they should not replace essential medical interventions. These results are in agreement with research conducted by Ganle (2015) which found that religious beliefs can significantly influence health-seeking behavior, sometimes negatively. To address this, church leaders and healthcare providers must work together to integrate proper maternal healthcare guidance within religious teachings, ensuring that faith and medical care complement each other for better maternal health

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.0 Introduction

This chapter presents the conclusion and recommendations. The recommendations cover areas related to policy and future research needs.

6.1 Conclusion

This study aimed to advance knowledge of the Basoga people's cultural perspectives on maternal death in eastern Uganda. The study sought to discuss the cultural beliefs and practices of the Basoga people on maternal deaths and establish the cultural beliefs, attitudes, and explanations for maternal deaths among the Basoga.

The study carried out a detailed explanation of cultural explanations of beliefs surrounding maternal deaths among the Basoga and a proper analysis of this objective and the research question was made. This was followed by a discussion of the major issues arising in the objective and research question. To situate the objective in its proper context, the researcher started by analyzing explanations of the cultural beliefs surrounding maternal deaths within the Basoga community. During the study, it was revealed that the cultural explanations for maternal death are deeply ingrained in the Basoga people's cultural norms, beliefs, practices, and values. These include excessive consumption of local herbs, lack of use of local herbs during pregnancy, curses, and witchcraft. As a result, they have a major impact on the behaviors of pregnant women and raise the risk of maternal fatalities. These beliefs therefore emphasize the need for spiritual and cultural interventions in addition to biological treatment, and they not only affect how people see a mother's

health and childbirth but also have an impact on community activities and responses to maternal problems.

Further findings show that numerous other factors are found in the area that contribute to maternal fatalities in Busoga, in addition to cultural influences. These include the use of unskilled birth attendants, extreme poverty that prevents people from receiving proper healthcare, hospital visits that are delayed, the location of health facilities concerning other places, and political factors. The high rate of maternal fatalities reported in the area can be attributed in large part to each of these causes. This implies that these hazards are exacerbated by newly emerging factors such as poverty, the prevalence of diseases, and the considerable distance to healthcare facilities. Government action is required to address these issues; this includes building more healthcare facilities and taking a holistic approach to enhancing maternal healthcare services in the area

The study further investigated the rituals performed by the Basoga in situations of maternal deaths. It was discovered that the Basoga acknowledge Maternal deaths as a reality and perform many rituals to that effect. These rituals range from pre-burial, during burial, and post-burial rituals. In Busoga society, rituals are very important and include everything from death to burial and all in between. These rituals help the departed find closure and the grieving family peace, to avert spiritual disruptions that would cause more maternal deaths in the neighborhood. Customary funeral customs are a heartfelt way to show one's love and respect for the deceased while also providing comfort to the surviving family members.

The study further investigated the influence of modernity and Christianity on Busoga society's cultural context of maternal deaths. The findings revealed that modernity and Christianity have influenced the Basoga attitudes, beliefs, and thoughts about maternal deaths in many ways. These

include the development of infrastructures, science and technology, education of women, the decline in cultural norms, Belief in Christian values and practices, and the existence of cults and derogatory attitudes to contraceptives and rituals. Therefore, modernity has positively influenced maternal health practices by promoting the use of medical facilities and professional care. Technological advancements and education have improved access to and understanding of maternal healthcare. Continued efforts to modernize healthcare infrastructure and education are essential to sustain these positive outcomes and reduce maternal mortality. Christianity has mixed effects on maternal health, with some sects promoting medical care and others discouraging it in favor of faith-based practices. Addressing the negative impact of certain religious practices and promoting a harmonious relationship between faith and medical care can improve maternal health outcomes. Engaging religious leaders in health education and advocacy is crucial for integrating proper maternal healthcare within religious contexts

While undertaking this research, I gained valuable insight into the implications of this study on society. To provide culturally sensitive treatment and create successful programs targeted at lowering maternal death rates, especially in the Busoga Sub-region, nurses, midwives, and other healthcare professionals must have a thorough understanding of how cultural conceptions surrounding childbirth contribute to mother deaths. Interventions aimed at reducing maternal fatalities that disregard these cultural variables are probably not going to be as effective. This study sheds light on the importance of rituals carried out both during and after the mother's death in the Busoga community.

In Busoga, societal institutions, cultural norms and beliefs, and women's lack of autonomy all have a significant impact on maternal health. The region's maternal mortality rate is extremely worrying. Reducing pregnancy-related deaths is a difficult endeavor that requires tackling specific societal behaviors that place barriers in the way of women seeking maternity care. Busoga's maternal health has been greatly affected. Despite governmental efforts to provide maternal care to rural women in Busoga, social practices and cultural beliefs play important roles in deciding which women will survive and which will not. It is pivotal to identify the causes of maternal deaths as early as possible. Maternal deaths can be easily prevented if women are saved from putting off seeking care.

The important key to reducing maternal mortality is to address the poor economic and social status of rural families. A strong emphasis is required on raising the status of women in their communities through education and economic empowerment. Without addressing the social and cultural practices in the broad integrated strategies aimed at improving maternal health in Busoga, the mothers in Busoga will continue to face a high risk of maternal mortality and will leave behind tales of misery, discrimination, and vulnerability.

6.2 Recommendations

From the above conclusions, the study makes the following recommendations;

Integration of Cultural Beliefs and Modern Medical Practices. Healthcare providers should work closely with community leaders and traditional healers to integrate beneficial cultural practices with modern medical care. This collaboration can foster a holistic approach to maternal health, improving outcomes by respecting and incorporating local traditions.

Education and Sensitization Programs. Comprehensive education and sensitization programs should be implemented by the ministry of health, targeting both men and women in the community. These programs should focus on the importance of antenatal care, safe delivery practices, and the dangers of relying solely on traditional or faith-based practices for maternal health.

Strengthening Healthcare Infrastructure. Healthcare infrastructure should be improved by the government through increasing the number of medical facilities and ensuring they are well-equipped and staffed. Training healthcare providers to be culturally sensitive and respectful of local beliefs should also be prioritized to enhance the trust and utilization of medical services.

Government and ministry of health should engage Religious Leaders. Religious leaders should be engaged in promoting maternal health by incorporating health education into religious teachings. Encouraging a supportive stance on medical interventions and family planning within religious communities can help mitigate the negative impact of certain religious practices on maternal health.

Community Health Initiatives. Community health initiatives, such as Village Health Teams (VHTs), should be promoted by the government to provide ongoing support and education to expectant mothers. These initiatives can play a critical role in bridging the gap between traditional beliefs and modern medical practices, ensuring that more women receive timely and appropriate care.

6.3 Contribution to the existing body of knowledge

This study has explored cultural perspectives on maternal deaths among the Basoga and it has contributed to the existing body of knowledge in the following ways:

The study highlights cultural perceptions surrounding childbirth that contribute to maternal deaths in the Busoga Sub-region.

It emphasizes the importance of healthcare providers, including nurses and midwives, delivering culturally sensitive care to improve maternal health outcomes

The study provides insights into the significance of rituals performed during and after maternal deaths within the Busoga community.

6.4 Suggested Areas for Further Studies

This study has explored cultural perspectives on maternal deaths among the Basoga, yet several areas remain unexamined. To achieve a comprehensive understanding of maternal deaths in Busoga and Uganda as a whole, future research should consider the following:

1. Investigating the economic perspectives on maternal deaths in Busoga, beyond the cultural lens examined in this study.
2. Exploring the socio-cultural factors that contribute to delays in seeking maternal health care in Busoga, warrants further investigation.

These areas merit attention to enrich our understanding of the complexities surrounding maternal deaths in the region.

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APPENDICES

Appendix 1: Interview Guide

Dear Respondent,

My name is Namususwa Harriet Mukasa a student of Kyambogo University conducting a research study titled “Cultural Perspectives on Maternal Deaths among the Basoga of Eastern Uganda.”

The information that you will provide in response to the following interview questions shall be treated with utmost confidentiality.

Section A

- a) Cultural Beliefs and Explanations to Maternal Deaths
 1. Under what circumstances is maternal death most pronounced in Bugweri County?
 2. What are your ideologies behind the occurrence of maternal deaths?
 3. What are the cultural beliefs surrounding the death of women while giving birth in Bugweri County?
 4. Under what circumstances are the mentioned cultural beliefs highly expressed in Bugweri County?
 5. In your view, what are the community attitudes expressed when a mother dies giving birth?
 6. What are the attitudes of community members towards victims of maternal death (such as widowers, children who survive, and the rest of the family members) in Bugweri County?
 7. Under what circumstances are the mentioned community attitudes expressed in Bugweri County?

8. What are the community values expressed during times of maternal death?

Section B

b) Rituals Performed by the Basoga after Maternal Deaths

1. In your view, what do you think are the main rituals conducted by the Basoga when mothers die giving birth in Bugweri County?
2. What is the meaning of the mentioned rituals conducted when mothers die giving birth in Bugweri County?
3. What do you think are the values upheld by rituals conducted when mothers die giving birth in Bugweri County?
4. When are the mentioned mourning rituals conducted by the Basoga when mothers die giving birth in Bugweri County?
5. Why do you think the mentioned mourning rituals are conducted by the Basoga when mothers die giving birth in Bugweri County?
6. What do you think are the after-burial rituals conducted by the Basoga when mothers die giving birth in Bugweri County?
7. Why do you think the mentioned after-burial rituals are conducted by the Basoga when mothers die giving birth in Bugweri County?
8. What traditional practices are conducted by the Basoga when mothers die giving birth in Bugweri County?

Section C

Influence of modernity and Christianity in Busoga society's cultural context of maternal deaths

1. Which values does modernity influence in the Busoga society's cultural context of maternal deaths?
2. Do you think Christianity affects Busoga society's cultural context of maternal deaths?
3. If yes, how does Christianity affect Busoga society's cultural context of maternal deaths?
4. In your view, how does the education of women affect Busoga society's cultural context of maternal deaths?
5. What is the effect of science on Busoga society's cultural context of maternal deaths?

Appendix II: Focus Group Discussion Guide

Dear Respondent,

My name is Namususwa Harriet Mukasa a student of Kyambogo University conducting a research study titled “Cultural Perspectives on Maternal Deaths among the Basoga of Eastern Uganda”.

The information that you will provide in response to the following questions shall be treated with utmost confidentiality. Do you have any questions?

Are you happy to proceed with the discussion? Yes No

Agree on the following group norms and confidentiality policies.

1. Be respectful when others speak
2. Keep all discussions confidential
3. Do not share details of the discussion later, whether with people who are present or not

Number of participants		
Name of the Venue		
Date of FGD		
Participants' List	Names	
	1.	
	2.	
	3.	

	4.	
	5.	
	6.	
	7.	
	8.	
	9.	
	10.	
	11.	
	12.	

Theme one: Cultural Beliefs and Explanations to Maternal Deaths

1. Under what circumstances is maternal death most pronounced in Bugweri County?
2. What are your ideologies behind the occurrence of maternal deaths?
3. What are the cultural beliefs surrounding the death of women while giving birth in Bugweri County?
4. Under what circumstances are the mentioned cultural beliefs highly expressed in Bugweri County?
5. In your view, what are the community attitudes expressed when a mother dies giving birth?

6. What are the attitudes of community members towards victims of maternal death (such as widowers, children who survive, and the rest of the family members) in Bugweri County?
7. Under what circumstances are the mentioned community attitudes expressed in Bugweri County?
8. What are the community values expressed during times of maternal death?

Theme two: Rituals Performed by the Basoga after Maternal Deaths

1. In your view, what do you think are the main rituals conducted by the Basoga when mothers die giving birth in Bugweri County?
2. What is the meaning of the mentioned rituals conducted when mothers die giving birth in Bugweri County?
3. What do you think are the values upheld by rituals conducted when mothers die giving birth in Bugweri County?
4. When are the mentioned mourning rituals conducted by the Basoga when mothers die giving birth in Bugweri County?
5. Why do you think the mentioned mourning rituals are conducted by the Basoga when mothers die giving birth in Bugweri County?
6. What do you think are the after-burial rituals conducted by the Basoga when mothers die giving birth in Bugweri County?
7. Why do you think the mentioned after-burial rituals are conducted by the Basoga when mothers die giving birth in Bugweri County?
8. What traditional practices are conducted by the Basoga when mothers die giving birth in Bugweri County?

Theme 3: Influence of Modernity and Christianity in Busoga society's cultural context of maternal deaths

- 1) Which values does modernity influence in the Busoga society's cultural context of maternal death?
- 2) Do you think Christianity affects Busoga society's cultural context of maternal deaths?
- 3) If yes, how does Christianity affect Busoga society's cultural context of maternal deaths?
- 4) In your view, how does the education of women affect Busoga society's cultural context of maternal deaths?
- 5) What is the effect of science on Busoga society's cultural context of maternal deaths?

Appendix III: Documentary Review tool

Reviewer:

Date of Review:

Document Title:

Point Number	Location in the document	Comments by the reviewer
1		
2		
3		
4		
5		

Appendix IV: Consent Form for Research Participation

Kyambogo University (KYU).

P.O Box 1 Kyambogo Uganda

Website: <https://kyu.ac.ug>

Nov, 27, 2023

Dear respondent,

SEEKING YOUR CONSENT TO PARTICIPATE IN THE STUDY

Greetings!

I am *NAMUSUSWA HARRIET MUKASA*, a student pursuing a Master’s Degree in religious studies. I am undertaking a study on the topic, “Cultural Perspectives on Maternal Deaths among the Basoga of Eastern Uganda”. I write to seek your consent to be part of this study. Please feel at ease to give your true opinions as this is just an academic study and your responses will be treated for that purpose. Your views will be treated with great confidentiality, and anonymity, and in case of need for the outcome of this study you can contact me on Tel: +256-772696705

If you are willing to be part of this study, please sign the tear-off portion below, and return it to the researcher. Thank you for your cooperation in this matter in advance.

...Tear off portion.....

I agree..... Signature

And will be available on.

Date

Time.....

Appendix V: Consent Form for Audio Taping

The Study Title: Cultural Perspectives on Maternal Deaths among the Basoga of Eastern Uganda

Researcher: Miss. Namususwa Harriet Mukasa

Dear Participant

I am Namususwa Harriet Mukasa a student pursuing a Master’s Degree in religious studies. I am undertaking a study on the topic, “Cultural Perspectives on Maternal Deaths among the Basoga of Eastern Uganda”. Information will be gathered from you through an in-depth semi-structured interview. I therefore ask your permission to audiotape the interview.

The tape cassettes and the transcripts of the interviews will be stored in a safe place. Your name will not appear in any of the reports that I will write and the information will be treated in confidentiality. The information will be shared with Kyambogo University.

Your participation in this study is voluntary and you have the right to withdraw at any stage of the research. I appreciate your willingness to participate.

Participant’s signature: - ----- Date-----

Researcher’s signature: ----- Date -----

Appendix VI: Table showing percentages of respondents.

Table 3. 1: Sample size

Category of participants	Sample size	Percentage (%)
Family members of the deceased	11	44
Cultural leaders	04	16
Traditional birth attendants	05	20
community leaders	05	20
Total	25	100

Sources: Primary Data

Appendix VII. Regional Distribution of Maternal Deaths in Uganda

