



Hurdles and opportunities for newborn care in rural Uganda

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ARTICLE INFO

Article history:

Received 2 November 2009

Received in revised form

10 February 2010

Accepted 15 February 2010

Keywords:

Newborn care practices

Skin to skin contact

Birth asphyxia

Cord care

Uganda

ABSTRACT

Introduction: a set of evidence-based delivery and neonatal practices have the potential to reduce neonatal mortality substantially. However, resistance to the acceptance and adoption of these practices may still be a problem and challenge in the rural community in Uganda.

Objectives: to explore the acceptability and feasibility of the newborn care practices at household and family level in the rural communities in different regions of Uganda with regards to birth asphyxia, thermo-protection and cord care.

Methods: a qualitative design using in-depth interviews and focus group discussions were used. Participants were purposively selected from rural communities in three districts. Six in-depth interviews targeting traditional birth attendants and nine focus group discussions composed of 10–15 participants among post childbirth mothers, elderly caregivers and partners or fathers of recently delivered mothers were conducted. All the mothers involved has had normal vaginal deliveries in the rural community with unskilled birth attendants. Latent content analysis was used.

Findings: two main themes emerged from the interviews: 'Barriers to change' and 'Windows of opportunities'. Some of the recommended newborn practices were deemed to conflict with traditional and cultural practices. Promotion of delayed bathing as a thermo-protection measure, dry cord care were unlikely to be accepted and spiritual beliefs were attached to use of local herbs for bathing or smearing of the baby's skin. However, several aspects of thermo-protection of the newborn, breast feeding, taking newborns for immunisation were in agreement with biomedical recommendations, and positive aspects of newborn care were noticed with the traditional birth attendants.

Conclusions: some of the evidence based practices may be accepted after modification. Behaviour change communication messages need to address the community norms in the country. The involvement of other newborn caregivers than the mother at the household and the community early during pregnancy may influence change of behaviour related to the adoption of the recommended newborn care practices.

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