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Factors influencing the use of Traditional Medicine during Labour among women attending maternity ward at Ishaka Adventist Hospital, Bushenyi District.

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ABSTRACT

Traditional medicine use in pregnancy and labour remains widespread in developing countries while access to Complementary and Alternative Medicines (CAM) in pregnancy is increasing in developed countries, yet the safety of these medicines is not well researched or monitored. This study was purposely to establish factors influencing the use of Traditional Medicine during labour among women attending maternity ward at Ishaka Adventist Hospital (IAH), Bushenyi district. A descriptive and cross-sectional study which employed quantitative method of data collection was used. The study was conducted in Maternity ward of Ishaka Adventist Hospital for a period of four weeks and data were collected by a Researcher. A total of 78 participants (postnatal mothers aged 15 to 35 years old in Maternity ward) were enrolled using purposive sampling technique. The study subjects were aged 15 to 35 years old and most 37(47%) were in the age group of 21-25 years. The majority 68 (87%) participants were married and 60% participants had more than one pregnancy. 52 (67%) had ever use traditional medicine during labour and least 26 (33%) have not. Out of 52 participants, 26 (50%) reasons for used were to prevent complication, 13 (25%) fearing e.g. mother/mother-in-law, 9 (17%) quicken delivery and 4 (8%) to lower labour pain. Out of 78, 39 (50%) agreed would discourage use of TM during labour, 33 (42%) were neutral and few 6 (8%) do not. The community members should be educated on the importance of hospital deliveries with skilled birth attendance and causes of failure of labour to progress.

Keywords: Traditional Medicine, hospital deliveries, labour, developing countries, Maternity ward.

INTRODUCTION

Globally, the World Medicines Situation report estimated that between 70 and 95% of the population in developing countries consume Traditional Medicine and that every country in the world uses it [1,2,3,4,5,6]. In Peru, traditional medicine has become a point of interest with 45% of the Peruvian population being indigenous [2,7,8,9,10]. Another study in Australia indicated that between 10 and 56% of all pregnant women use herbal drugs, a form of Traditional Medicine to treat their health problems [3,11,12,13,14,15].

In the African context, traditional medicine plays great vital role in pregnancy and labour despite the introduction of Western oriented medicine, about 80% of the population relies on traditional medicine for their primary health care needs [4,16,17,18,19,20]. A study done on use of herbal medicine amongst pregnant women attending a tertiary hospital in northern Nigeria revealed 31.4 % of women use herbal medicine in pregnancy and labour to have a healthy born child [5,21,22,23,24,25].

In East Africa particularly Uganda much as there is increase training of skill birth personnel, the use of traditional medicine during labour is still among the contributing factors to maternal and fetal morbidity and mortality with over 60% of population depending on traditional medicine because it is accessible,

affordable and culturally familiar [6,26,27,28,29,30]. The decision to use Traditional Medicine is most commonly made by relatives, mothers-in-law, mothers or grandmothers and you find where mothers-in-law are involved, refusal is often very difficult as it would show disrespect [4].

More than 60% of Uganda's population depends on traditional medicine because it is accessible, affordable and culturally familiar [6]. With an estimated traditional health practitioner for every 200-400 Ugandans (compared to 1 western trained doctor per 20,000) uses herbal medicine (a component of Traditional Medicine), these medicine has long been used to manage a range of common conditions including malaria, digestive problems, toothaches, skin diseases, labour and childbirth complications in Uganda [6]. The health surveys report revealed that over 80% of childbirths are conducted at home by using herbal remedies in Bushenyi District [7].

According to Ishaka Adventist Hospital (2015/2016) report, majority of pregnant women were usually accompanied by their mother-in-law/mother during labour. Some came with or when already swallowed local Traditional Medicine. Traditional Medicine e.g. herbs may contain substances that can cause miscarriage, premature birth, maternal and fetus distress, uterine contractions, or injury to the fetus. However, this study would establish the factors influencing the use of Traditional Medicine during labour among women attending maternity ward at Ishaka Adventist Hospital, Bushenyi District.

Problem Statement

Traditional medicine (TM) use in pregnancy and labour remains widespread in developing countries while access to CAM in pregnancy is increasing in developed countries [3]. Yet the safety of these medicines is not well researched or monitored [8]. About 80% of the world's population uses traditional medicines as their primary form of health care [1]. In Asian countries such as China, TM accounts for 40% of all health care delivery [9].

While in Africa 80% of the population also uses traditional medicine to help meet their health care needs [10]. A study in Ethiopia reported, up to 80% of the population uses traditional medicine because of cultural acceptability of healers, low cost and difficult access to modern health facilities [9].

Years back in Uganda [7], reported 80% of childbirths were conducted at home by using herbal medicines for easy delivery in Bushenyi District. However, no figure was indicated for IAH despite over 98 mothers' monthly admission with more than 5 in labour daily. Therefore, this study was designed to establish factors influencing the use of Traditional Medicine during labour among women attending maternity ward at Ishaka Adventist Hospital, Bushenyi District.

Aim of the study

This study was purposely to establish factors influencing the use of Traditional Medicine during labour among women attending maternity ward at Ishaka Adventist Hospital, Bushenyi District.

Specific Objectives

i. To determine the socio-demographic characteristics related to the use of Traditional Medicine during labour among women attending maternity ward at Ishaka Adventist Hospital, Bushenyi District.
ii. To identify individual related factors influencing the use of Traditional Medicine during labour among women attending maternity ward at Ishaka Adventist Hospital, Bushenyi District.
iii. To determine cultural factors influencing the use of Traditional Medicine during labour among women attending maternity ward at Ishaka Aventist Hospital, Bushenyi District.

Research Questions

i. What are the socio-demographic characteristics related to the use of Traditional Medicine during labour among women attending maternity ward Ishaka Adventist Hospital, Bushenyi District?

ii. What are the individual related factors influencing the use of Traditional Medicine during labour among women attending maternity ward at Ishaka Adventist Hospital, Bushenyi District?
iii. What are the factors cultural factors influencing the use of Traditional Medicine during Labour among women attending maternity ward at Ishaka Adventist Hospital, Bushenyi District?

Justification of the Study

Childbirth as a physiological event is universal but also surrounded by different social and cultural practices and beliefs, women strongly believe in local Traditional Medicine which they bathe in, drink or sit in during pregnancy, labour and immediately after delivery [11]. In Uganda, some of these factors contributing to high maternal and fetal mortality and morbidity could be minimized by health education when these factors are deeply studied well. It was worth to establish factors influencing the use of Traditional Medicine during labour among women attending maternity ward at Ishaka Adventist Hospital, Bushenyi District.

To Nursing Education

The results would help to back up health care providers on health education about Traditional Medicine use by mothers therefore improving obstetric care.

To Nursing Administration and Management

The findings from this study may remind Uganda MoH through Uganda Nurses and Midwives Examination Board, Bushenyi District health professionals, educators and IAH team enlighten about Traditional Medicine uses magnitude among mothers.

To Nursing Research

This study may serve as reference by other researchers in the similar fields regarding use of Traditional Medicines.

METHODOLOGY

Study Design and Rationale

A descriptive and cross-sectional study which employed quantitative method of data collection was used. A descriptive study was used because it allows one to describe conditions as they exist in their natural setting. Cross-sectional study was chosen because data from the respondents was collected at one point in time and there may be no need to go back to the same respondents or study setting to get the same data. This type of design was applicable because of its less time consuming, less expensive as study respondents remains in their natural environment.

The study took a period of four weeks and data from the field were collected by a Researcher.

Study Setting and Rationale

The study was conducted in Maternity ward of Ishaka Adventist Hospital (IAH) which is one of the hospitals in Uganda. The hospital is located in the town of Ishaka, Bushenyi District in the region of Western Uganda. IAH is located immediately north of the junction of the Ntungamo-Kasese Road with the Mbarara-Ishaka Road. Its location is approximately 77 kilometres (48 miles), by road, west of Mbarara, the largest city in the southwestern region, this location lies approximately 360 kilometres (224 miles), by road, southwest of Kampala, the capital of Uganda and the largest city in that country.

Ishaka Adventist Hospital is a 110-bed community hospital that is owned and administered by the Seventh-day Adventist Church in Uganda. The hospital offers health services for both outpatient and inpatient departments which include; Medical, Surgical, Gynaecological, Obstetrics, Family Planning, Laboratory, Theatre, Dental services, Radiology e.g. X-ray, Ultra sound scan, Human Immune virus/Acquired Immunodeficiency (HIV/AIDS), Palliative clinic.

As of 2016 the hospital's professional staff are; 4 Medical Officers, 6 Medical Clinical Officers, 2 Anaesthetic Officers and about 60 Nurses, Midwives and Nurse's aides of which 8 Nurses and 5 Midwives work in maternity ward in shifts with these Doctors to run ward every 24 hours a day. This hospital maintains a nurse's training school on the hospital

premises as well and was a convenient place for the researcher.

Study Population

The researcher considered study population to be postnatal mothers aged 15 to 35 years old in Maternity ward of Ishaka Adventist Hospital, Busheny District. The group was selected because they are within childbearing age who are more likely to be vulnerable to use Traditional Medicine during labour.

Sample Size Determination

The sample size of the study participants were determined using [12], formula which state that;

$$n = \left(\frac{Z^2 p\, q}{d^2}\right).$$

Where; n = Desired sample size,

Z = Standard deviation at desired degree of accuracy, 1.96 at confidence level of 95%

p = proportion of the population with desired characteristics. Hence, p was proportion of postnatal mothers aged 15 to 35 years old in Maternity ward of Ishaka Adventist Hospital, Bushenyi District. Since there were no previous studies done to establish factors influencing the use of Traditional Medicine during labour, I approximated p to be at 50% = 0.5, therefore, p =0.5

q= Standardize, but q=1.0-p, q = 0.5

d = Degree of error which was accepted at 5%, d = 0.05

$$n = \left(\frac{1.96^2 \times 0.5 \times 0.5}{0.05^2}\right)$$

n = 384

According to [12], the sample size would be 384 postnatal mothers aged 15 to 35 years old in Maternity ward of Ishaka Adventist Hospital, Bushenyi District. However, this sample size was too big for my study population which was to be accessible since they were less than (<) 10, 000.

The sample size estimation of the study population< 10,000 needed to be calculated From

$$nf = \left(\frac{n}{1 + \frac{n}{N}}\right)$$

Therefore; *nf*= the target population < 10,000 (Postnatal mothers aged 15 to 35 years old in Maternity ward of Ishaka Adventist Hospital, Bushenyi District).

N = Total number of postnatal mothers aged 15 to 35 years old. In Maternity ward of IAH in December 2016 reported 98 on maternity register book (IAH report, 2016).

n = calculated sample size above according Kish and Leslie's formula of 1965 = 384

$$nf = \left(\frac{n}{1 + \frac{n}{N}}\right); \quad nf = \left(\frac{384}{1 + \frac{384}{98}}\right);$$

$$nf = 78\, participants$$

Therefore, the study considered only 78 participants (Postnatal mothers aged 15 to 35 years old in Maternity ward of Ishaka Adventist Hospital, Bushenyi District).

Sampling Procedure

The researcher used a purposive sampling technique because of its used in studying situation where subjects with the required characteristics happen to be in low numbers. Any postnatal mother aged 15 to 35 years old in Maternity ward of IAH, Bushenyi district who accepted freely were asked to sign an informed consent form.

Eligibility Criteria

Inclusion Criteria

It included postnatal mothers aged 15 to 35 years old in Maternity ward of IAH, Bushenyi district found during the time of study and those who would consent freely.

Exclusion Criteria

The study excludedpostnatal mothers aged 15 to 35 years old in Maternity ward of Ishaka Adventist Hospital who would not consent freely to take part in the study. This was because participants had right to participate or not in the study.

Definition of Variables

Dependent Variable

The use of Traditional Medicine during labour among women attending maternity ward at Ishaka Adventist Hospital, Bushenyi District.

Independent Variables

It were socio-demographic characteristics, individual related factors and cultural factors influencing the use of Traditional Medicine during labour among women attending maternity ward at Ishaka Adventist Hospital, Bushenyi District.

Research Instruments

The research instruments were semi-structured questionnaire formulated in English which consisted of open and close ended questions to interview with the respondents. The questionnaire consisted of three parts that is part A, strictly on socio-demographic characteristics, part B for the individual related factors and part C were for cultural factors influencing the use of Traditional Medicine during labour among women attending maternity ward at Ishaka Adventist Hospital, Bushenyi District. The use of questionnaire was chosen because it enabled Researcher to ensure privacy and confidentiality as the respondents filled them independently or with limited intervention from the Researcher. The formulation of the questionnaire was done under supervision, pre-testing of the questionnaire to correct any ectopic mistakes

Validity and Reliability of Research Instruments

Validity of the instrument was determined through the judgment of the project supervisor and Research Committee in the School of Nursing of Kampala International University-Western Campus (KIU-WC) who were experts in maternal health to critically determine the relevance of content in relation to the purpose of the study and the research questions as well as clarity of statements and logical accuracy of the instrument.

Reliability of the instrument (questionnaire) were pre-tested at KIU-TH on 4 Mothers in labour aged 15 to 35 years old before commence of the main study under similar environment for early amendments in order to bring accurate information.

Data Collection Procedures

The Researcher begun by introducing herself and getting permission from the health worker on duty and asked for a private room where respondents would be interviewed from to ensure privacy and confidentiality. The Researcher then introduced herself to the respondents and the purpose of the study explained carefully to them. The interviewer administered questionnaire was used to conduct face to face interviews with one respondent at the time of interviews.

The data were collected every morning, afternoon and in the evening between 8:00 am and 7:00 pm. At every end of interviews, the respondent was appreciated for participating in the study and then next respondent until required numbers was obtained.

Data Management

Data collected from the study were properly compiled, sorted, thoroughly checked and validated for completeness, consistencies, meaning information and accuracy respectively. Data from the filled questionnaire were properly kept by only Researcher and properly safeguarded to avoid access by unauthorized person.

Data Analysis and Presentation

The analysis of data were done manually by quantitative editing, tallying and using a scientific calculator for completeness, accuracy and consistency respectively then enter in computer using Microsoft Office Word 2007 and Microsoft Office Excel 2007 program. Data were display in form of tables, frequencies and percentages, pie-charts, graphs and in simple narration to form the basis of discussion and conclusion.

Ethical Considerations

On approval of this research project by the research committee of Kampala International University-Western Campus (KIU-WC), School of Nursing Sciences and the supervisor, a letter of introduction was obtained from the Research Coordinator School of Nursing Sciences of KIU-WC which was addressed to the Medical Director of Ishaka Adventist Hospital who allowed the researcher to conduct the survey. The permission was sought from the in charge maternity ward, staff on duty and the respondents.

Each respondent was assured of privacy and confidentiality by explaining to her that no other person at the hospital would access the information obtained from them and that her name was not going to appear anywhere on the questionnaire including all that was filled from the interview. Verbal and written consent was also sought from the respondent

following explanation about the study purpose.

RESULTS

A total of Seventy-eight (78) participants that is postnatal mothers aged 15 to 35 years old in Maternity ward were enrolled to establish on factors influencing the use of Traditional Medicine during labour among women.

Socio-demographic characteristics

Table 1: Showing socio-demographic characteristics of the participants

Description	Variables	Frequency (n)	Percentage/ (%)
Age group	15-20 years	4	5
	21-25 years	37	47
	26-30 years	16	21
	31-35 years	21	27
	Total	**78**	**100**
Tribe	Banyankole	48	62
	Bakiga	23	29
	Others were Bahima, Batoro	7	9
	Total	**78**	**100**
Marital status	Married	68	87
	Cohabiting	7	9
	Others (separated, divorced)	3	4
	Total	**78**	**100**
Religion	Protestants	31	40
	Catholics	24	31
	Muslim	3	4
	Seventh Day Adventist	12	15
	Others (Pentecostal, Born again)	8	10
	Total	**78**	**100**
Highest educational level	Never been to school	11	14
	Primary	26	33
	Secondary	18	23
	Tertiary institutions	18	23
	University	2	3
	Total	**78**	**100**
Occupation	Peasant farmers	17	22
	Housewives	23	29
	Self employed	19	24
	Civil servants	13	17
	Others (secretary, cleaners)	6	8
	Total	**78**	**100**
Place of residence	Rural	45	58
	Urban	33	42

	Total	**78**	**100**
Nearest health facility distance from home	1-2 kilometers	39	50
	3-4 kilometers	17	22
	5-6 kilometers	13	17
	More than 6 kilometers	9	12
	Total	**78**	**100%**

Source: Primary data

Table 1 results show that, out of 78 participants a large proportion 37 (47%) were of age group 21-25 years compared to few 4 (5%) who were of age group 15-20 years.

A majority 48 (62%) of the participants were Banyankole while very few 7 (9%) were Bahima and Batoro.

On the same table 1 findings indicates that, majority 68 (87%) of the participants were married while minority 3 (4%) were separated or divorced.

On the same table 1 results show that, the highest proportion 31 (40%) of the participants were Protestants compared to lowest 3 (4%) who were Muslim.

Majority 26 (33%) of the participants had attained primary education while the minority 2 (3%) had attained university level.

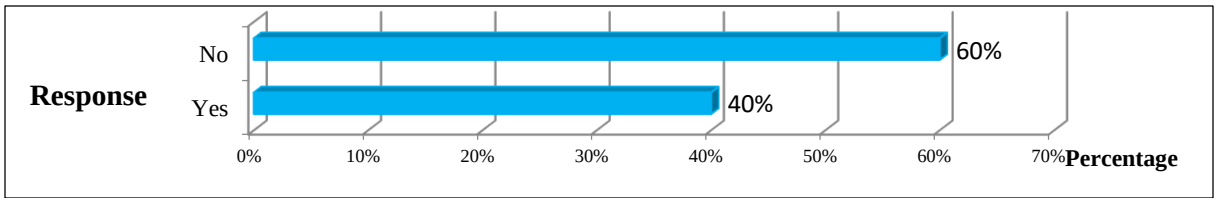
Majority 23 (29%) of the participants were housewives while the least 6 (8%) said that they were secretaries or cleaners.

Majority 45 (58%) of the participants reside in rural and few 33 (42%) in urban area.

Finally table 1 findings reveal that, 39 (50%) of the participants nearest health facility distance from home were 1-2 kilometers and 9 (12%) had more than 6 kilometers.

Figure 1: A bar graph showing whether this was participant's first pregnancy

n=78



Source: Primary data

Figure 1 results show that, out of 78 participants, majority 47 (60%) of the participants said were not their first pregnancy while minority 31 (40%) said that were their first pregnancy.

Table 2: Showing number of pregnancies for participant who had more than one pregnancy including that current one

Number of pregnancies	Frequency (n)	Percentage / (%)
Two	21	44.7
Three	5	10.6
Four	10	21.3
Five and above	11	23.4
Total	**47**	**100.0**

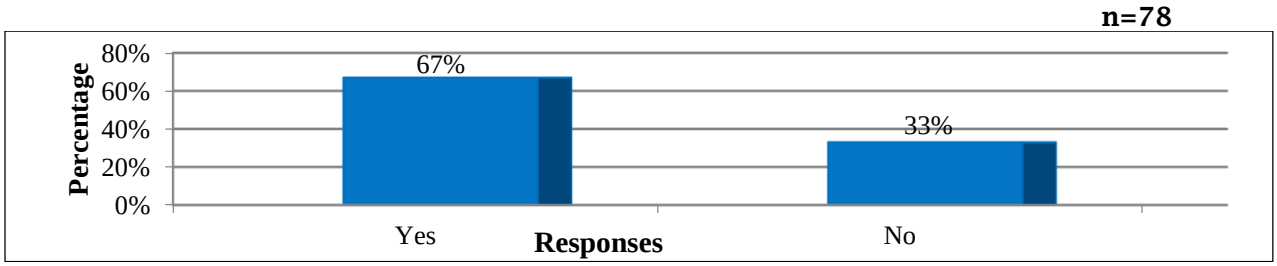
Source: Primary data

Table 2 findings show that, out of 47 participants who had more than one pregnancies including that current one a majority 21 (44.7%) had two pregnancies

while minority 5 (10.6%) had three pregnancies.

Individual related factors influencing the use of Traditional Medicine

Figure 2: A graph showing participants who have ever used TM during labour



Source: Primary data

Figure 2 results show that, out of 78 participants, most 52 (67%) said they have ever use traditional medicine during labour while 26 (33%) have not.

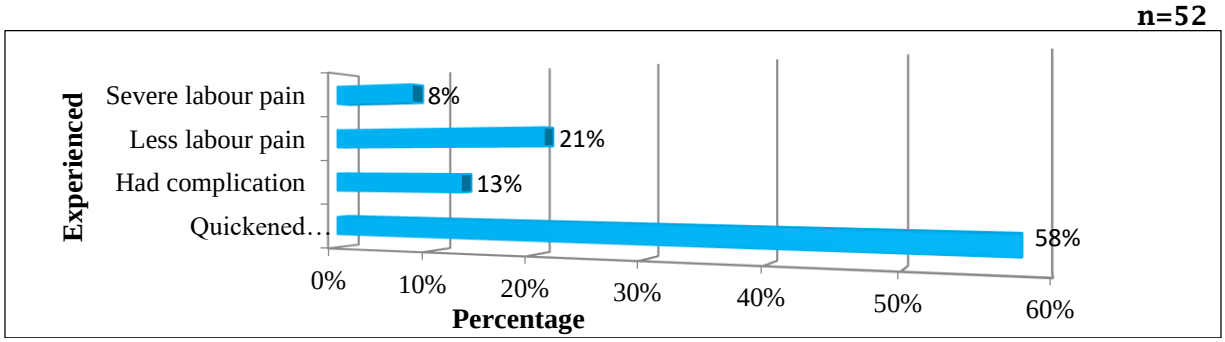
Table 3: Showing participant's main reason for the use of traditional medicine

Variables	Frequency (n)	Percentage
To quicken delivery	9	17%
To lower labour pain	4	8%
To prevent complication	26	50%
Fearing e.g. mother/mother-in-law	13	25%
Total	52	100%

Source: Primary data

Table 3 above findings show that, out of 52 participants, majority 26 (50%) of the participants said that they have ever used traditional medicine to prevent complication while minority 4 (8%) used traditional medicine to lower labour pain.

Figure 3: A bar graph showing what did participants experienced after using traditional medicine



Source: Primary data

Figure 3 results show that, a large proportion 30 (58%) of the participants had quickened delivery compared to 4 (8%) who had severe labour pain after using TM.

Table 4: Showing place where the participant ended up delivering from after taking traditional medicine

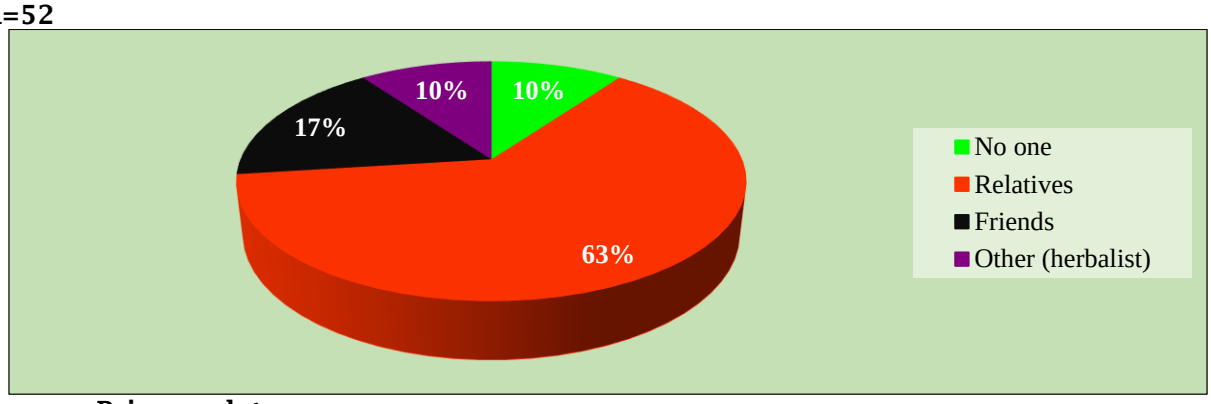
Place	Frequency (n)	Percentage / (%)
Home	1	2
Traditional Birth Attendant	7	13
Health facility	44	85
Total	**52**	**100**

Source: Primary data

Table 4 results show that, out of 52 participants, majority 44 (85%) ended up delivering from health facility while only 1 (2%) delivered from home.

Figure 4: A pie chart showing participants' advisor to use traditional medicine

n=52



Source: Primary data

Figures 4 results show that, out of 52 participants a majority 33 (63%) of the participants were advised by their relatives while minority 5 (10%) no one had advised them and similarly 5 (10%) were advised by herbalist.

Table 5: Showing participants who never used TM on labour but whether they knew anyone who used it

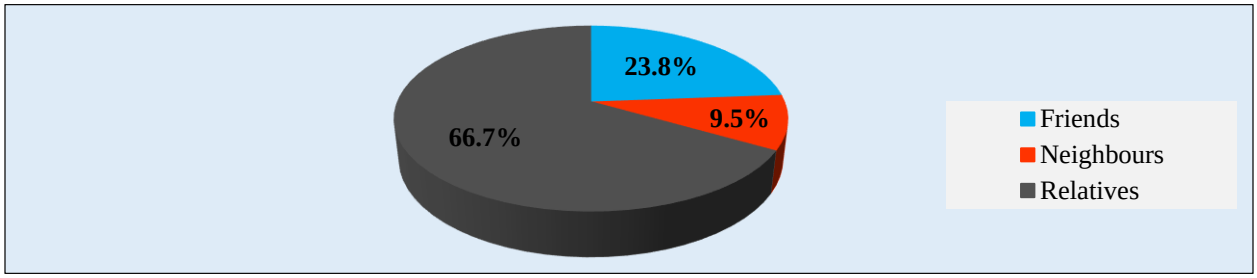
Response	Frequency (n)	Percentage
Yes	21	81%
No	5	19%
Total	**26**	**100%**

Source: Primary data

The findings on table 5 show that, out of 26 who never use Traditional Medicine during labour, a large proportion 21 (81%) knew someone who had ever used it on labour compared to only 5 (19%) who did not know.

Figure 5: A pie chart showing person whom participants knew had ever used traditional medicine during labour

n=21



Source: Primary data

On figure 5 above finding indicates that, out of 21 participants, majority 14 (66.7%) of the participants knew their relatives had ever used Traditional Medicine during labour while a few 2 (9.5%) knew their neighbours.

Table 6: Showing whether participants knew commonly used traditional medicine during labour

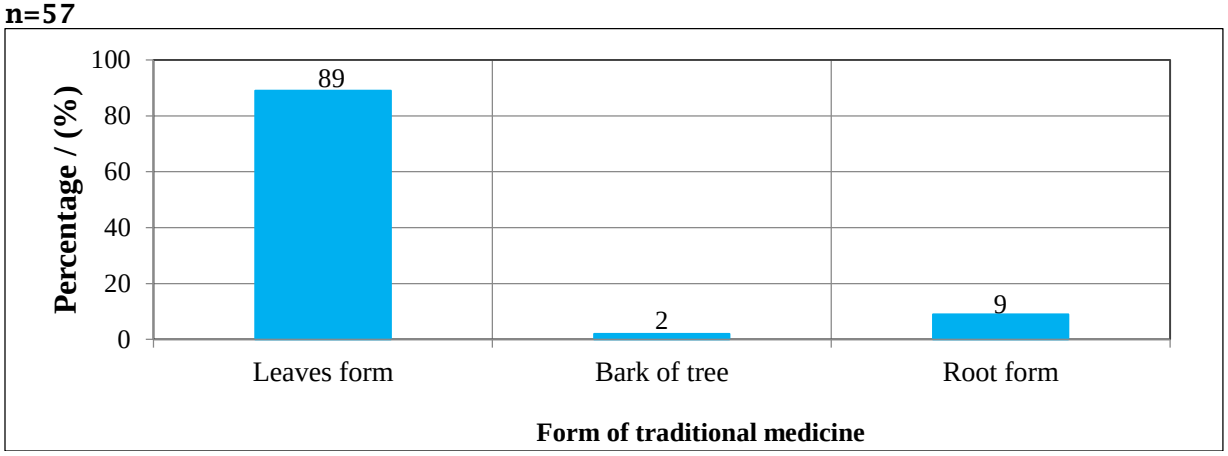
Response	Frequency (n)	Percentage / (%)
Yes	57	73
No	21	27
Total	**78**	**100**

Source: Primary data

Table 6 results show that, majority 57 (73%) of the participants knew commonly used traditional medicine during labour while 21 (27%) did not know at all.

Figure 6: A bar graph show known form of TM commonly used during labour

n=57



Source: Primary data

Figure 6 results reveal that, out of 57 study participants, majority 51 (89%) knew leaves as form of traditional medicine which were commonly used during labour while only 1 (2%) knew bark of trees form of traditional medicine.

Table 7: Showing participants' views whether TM is dangerous in labour

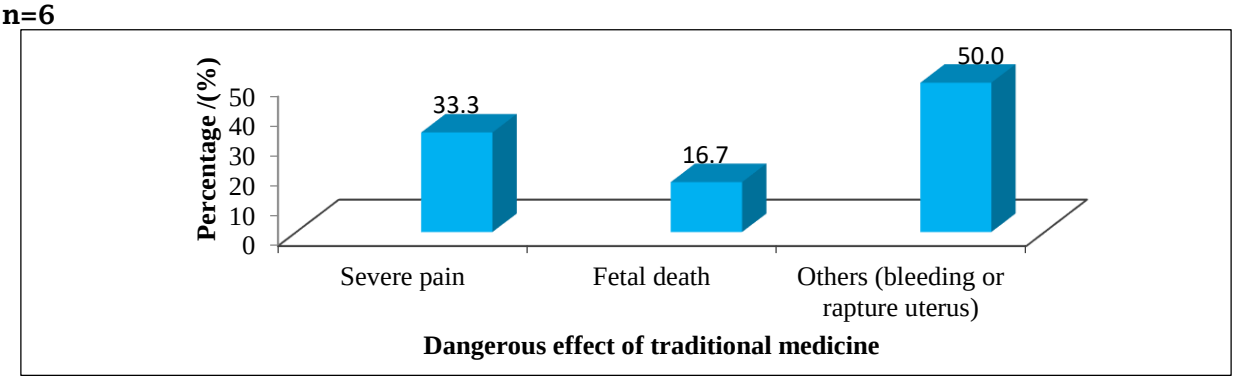
Response	Frequency (n)	Percentage
Yes	6	7.7%
No	14	17.9%
Not sure	58	74.4%
Total	**78**	**100.0%**

Source: Primary data

Tables 7 above findings show that, out of 78 participants a majority 58 (74.4%) were not sure whether these traditional medicines are dangerous in labour or not while a few 6 (7.7%) knew that traditional medicines are dangerous in labour.

Figure 7: A bar graph showing what dangerous effects TM had during labour

n=6



Source: Primary data

According to figure 7 results show that, out of 6 participants, large proportion 3 (50.0%) said that the dangerous effects TM had were of excessive bleeding or rapture uterus while only 1 (16.7%) who said TM led to fetal death.

The cultural factors contributing to the use of Traditional Medicine

Table 8: Showing what village people say about labour which fails to progress well

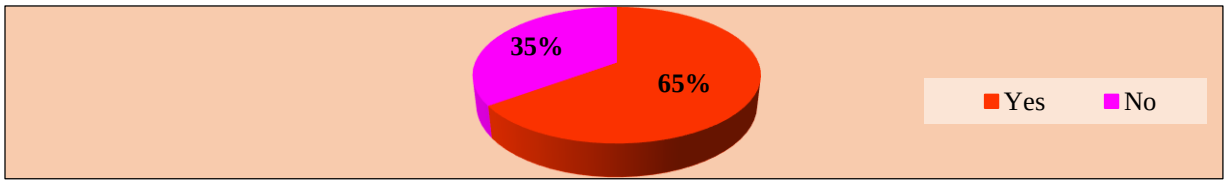
Variables	Frequency (n)	Percentage
Curse	4	5%
Bewitched	17	22%
Laziness	49	63%
Had other marital affairs	8	10%
Total	**78**	**100%**

Source: Primary data

On the table 8 above findings indicates that, out of 78 participants, a majority 49 (63%) their people say when labour fail to progress well means laziness while minority 4 (5%) said curse labour.

Figure 8: A pie chart show whether participants' cultures encourage use of TM

n=78



Source: Primary data

Figure 8 above reveal that, out of 78 participants, a majority 51 (65%) said their cultures encourage use of traditional medicine while 27 (35%) does not encourage.

Table 9: Showing participants whose culture encourage use of traditional medicine

Description	Variable	Frequency (n)	Percentage
When women most encouraged to use traditional medicine	During pregnancy	24	47%
	During labour	7	14%
	Anytime	14	27%
	Others (prolonged labour, after delivery)	6	12%
	Total	**51**	**100%**
The influencer of respondents in using traditional medicine	Mother-in-law	28	55%
	Mother	16	31%
	Friends	2	5%
	Others (husband, sister)	5	10%
	Total	**51**	**100%**

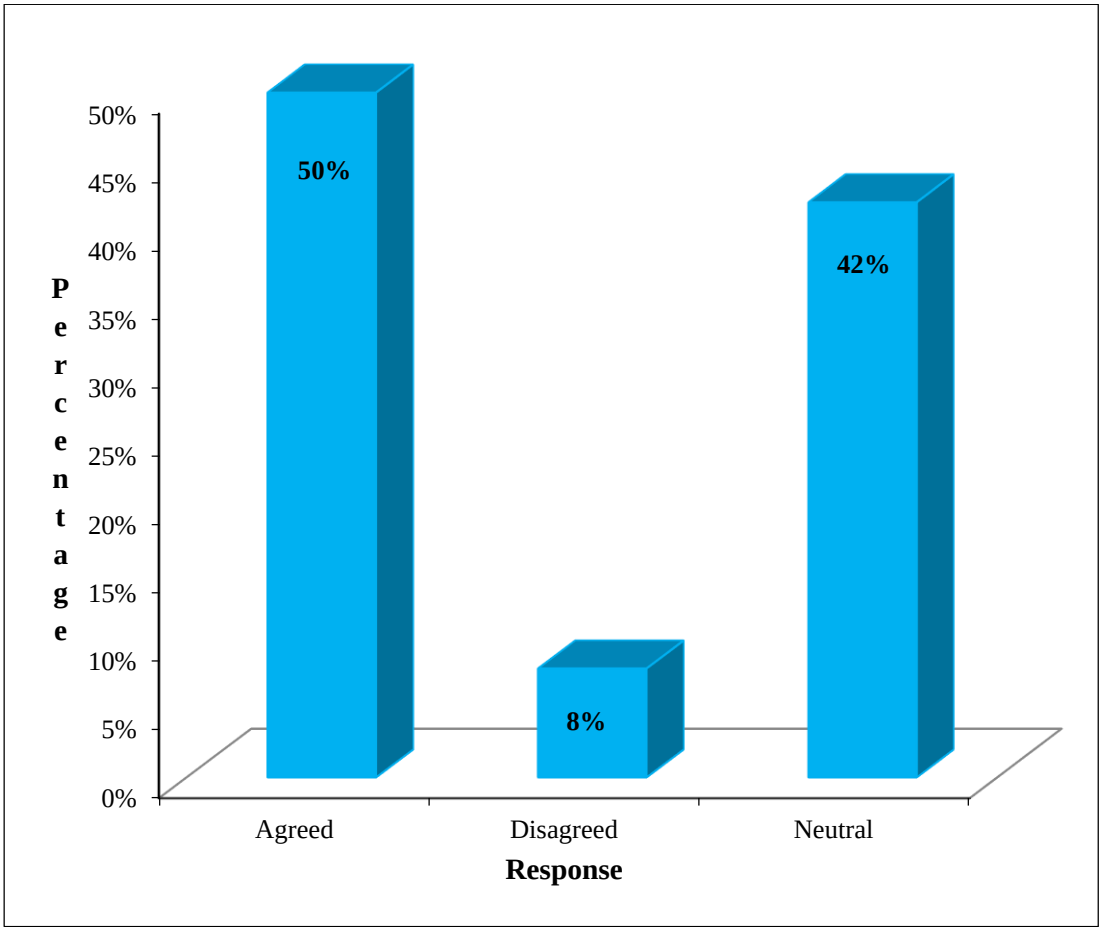
Source: Primary data

Table 9 results show that, out of 51 participants, majority 24 (47%) their culture encourage the use of traditional medicine during pregnancy while minority 6 (12%) of the participants encourage it in prolonged labour and after delivery.

On the same table 9, a large proportion 28 (55%) of the participants had mother-in-law who were the most influencer in using traditional medicine compared to 2 (4%) whose influencers were friends.

Figure 9: A bar graph showing whether participants would discourage use of traditional medicine during labour

n=78



Source: Primary data

According to the figure 9 above findings indicates that, out of 78 interviewed participants, majority 39 (50%) agreed that they would discourage the use of traditional medicine during labour meanwhile very few 6 (8%) of the participants would not discourage the use of traditional medicine during labour.

DISCUSSION

Discussion based on the analyzed collected data and presented results of 78 interviewed participants (postnatal mothers aged 15 to 35 years old) according to the objectives to establish socio-demographic characteristics, individual and cultural related factors influencing the use of Traditional Medicine during labour among women attending maternity ward at Ishaka Adventist Hospital, Bushenyi District.

Socio-demographic characteristics

The study subjects were postnatal mothers aged 15 to 35 years old and results showed that majority 37 (47%) were of age group 21-25 years compared to few 4 (5%) who were of age group 15-20 years. This implied that many participants were of middle reproductive age.

The findings further found that majority 48 (62%) of the participants were Banyankole compared to minority 7 (9%) who were the Bahima and Batoro. This

was because the study was conducted in ankole sub region in western part of Uganda which is occupied mostly by Banyankole despite of others tribes.

The majority 68 (87%) of the participants were married while minority 3 (4%) were separated or divorced this could be attributed to the fact that marriage is universal in western Uganda and women marry at early stage. This findings concurs with that of [13], study results in Embu Provincial General Hospital in Nairobi found that the use of herbal medicine was common among married women with (76.6%) compared to (58.2%) of the singles and (60%) others who were (Divorced/separated and widows).

According to study results showed that the highest proportion 31 (40%) of the participants were Protestants compared to the lowest 3 (4%) who were Muslim. This result was in line with [9], study found, Protestants were 67.4% greater prevalence in the use of herbal medicine than Muslims (6.2%) and Catholics (3.4%).

The study findings showed majority 26 (33%) of the participants had attained primary education while the minority 2 (3%) had attained university level. This result implied that most of the respondents had at least attained some form of education though low education could affect participants' level of understanding on certain thing like normal labour. It concurs with [9], findings in Hossana Town, Southern Ethiopia which found (36.5%) of the respondents attended primary education (grade 1-8), 36.5 % respondents' educational level was secondary education (grade 9-12) and only 17.0% who attended more than secondary school used traditional medicine.

Furthermore, study results indicate that majority 23 (29%) of the participants were housewives while the least 6 (8%) said that they were secretaries or cleaners. This result support a study conducted by [2], in Peru found that Traditional Medicine had become a point of interest with (45%) of the Peruvian population being indigenous to avoid unhealthy condition.

Meanwhile study finding also indicate that a majority 45 (58%) of the participants reside in rural and few 33 (42%) in urban area. It concurs with [14], who reported that women in rural area with little education will be more likely affected by traditional beliefs or culture because they may not have access to written information on dangers of using traditional medicine in labour.

Nevertheless, a large proportion 39 (50%) of the participants nearest health facility distance from home were 1-2 kilometers and 9 (12%) had more than 6 kilometers. This result support Wirth (2007), report that most findings show differences between women living in urban and rural areas, factors related to place of residence and distance to health unit may account for variation in use of maternal health care therefore, mothers uses available resources like traditional herbs which are readily present to care for their health.

According to the study results found out majority 47 (60%) of the participants said were not their first pregnancy while minority 31 (40%) said that were their first pregnancy. This implied that pregnancy was the associated factors to the use of traditional medicine and also as seen from the study that majority 68 (87%) of the participants were married therefore, would expect number of pregnancies within the married relationship.

In addition, the study found out of 47 participants who had more than one pregnancy including that current one a majority 21 (44.7%) had two pregnancies while minority 5 (10.6%) had three pregnancies. This result showed that many study participants were in reproductive age and this concurs with [13], found that it was therefore possible that the spouse of the married women influences herbal medicine use.

Individual related factors influencing the use of Traditional Medicine

The findings of the study showed that, out of 78 participants, most 52 (67%) said they have ever used Traditional Medicine during labour while 26 (33%) have not. This was in line with [11], found out that pregnant women especially those in rural areas trust in the use of Traditional Medicine during labour, they do not communicate this to the health care

providers especially when they go to the health facility for delivery.

In addition, out of 52 participants who have ever used Traditional Medicine during labour, a large proportion 30 (58%) of the participants had experienced quickened delivery compared to 4 (8%) who had severe labour pain after using Traditional Medicine. This result concurs with [15], found that most mothers in the rural areas do not know normal labour and how long it should last thus they end up using Traditional Medicine to quicken the progress of labour with the view of spending few hours as possible at the health facility.

This study further found that, out of 52 participants a majority 44 (85%) ended up delivering from health facility while only 1 (2%) delivered from home. It supports [22], report that it is therefore analyzed that there are so many variables during childbirth and it's still very hard to say what is normal because some mothers can walk around quite happily and pain free while they are 5cm dilated while some mothers push for hours.

Furthermore, the study findings show that, out of 52 participants majority 33 (63%) of the participants were advised by their relatives while minority 5 (10%) no one had advised them and similarly 5 (10%) were advised by herbalist. This results support [16], who found that young age women are influenced by their relatives, mothers, mother-in-laws or friends to use herbs.

The results further showed that, out of 26 participants who never use Traditional Medicine during labour, a large proportion 21 (81%) knew someone who had ever used it on labour compared to only 5 (19%) who did not know. This finding corresponds to that of [17], study in Lusaka Zambia report revealed that of the 1128 women enrolled, 54.9% knew anyone who was given Traditional Medicine during pregnancy by the family, 64.2% would not tell their obstetric care giver if they took herbs and 57% thought that telling their obstetric care providers that they used Traditional Medicine would affect the care given.

In addition, study findings further revealed that, out of 21 participants who knew someone, majority 14 (66.7%) of the participants knew their relatives had ever used Traditional Medicine during labour while a few 2 (9.5%) knew their neighbours. This result support that relatives were commonest people who influence the use of traditional medicine by the mothers. It concurs with [16], found that *most* women especially young ones can be easily influenced by their relatives, mothers, mother-in-laws or friends to use them unlike a situation where such Traditional Medicine are not seen or easily accessed.

According to the results revealed that, majority 57 (73%) of the participants who knew the commonly used Traditional Medicine during labour while 21 (27%) did not know at all. This implied that most of the study participants had knowledge about the Traditional Medicine. The result was supported by [17], findings' in Lusaka Zambia that of the 1128 women enrolled, 54.9% knew anyone who was given traditional medicine during pregnancy by the family, 64.2% would not tell their obstetric care giver if they took herbs and 57% thought that telling their obstetric care providers that they used traditional medicine would affect the care given.

In addition, the findings indicated that, out of 57 study participants knew the commonly used Traditional Medicine during labour, majority 51 (89%) knew leaves as form of traditional medicine which were commonly used during labour while only 1 (2%) knew bark of trees form of Traditional Medicine. This finding concurs with [7], found out the commonest plant parts used were leaves (85.3%) including combinations with other plant parts.

The study further revealed that, out of 78 participants, majority 58 (74.4%) was not sure whether these Traditional Medicines are dangerous in labour or not while a few 6 (7.7%) knew that Traditional Medicines are dangerous in labour. This finding showed that there was little knowledge among the study participants about the Traditional Medicines dangerous effects in labour because quite big proportions of

the mothers were not sure. This result contradicts with [18], report that promoting cultural and alternative practices must be important for psychological health and should therefore be recognized when appropriate.

In addition, out of 6 participants who knew that Traditional Medicines are dangerous in labour, large proportion 3 (50.0%) said that the dangerous effects Traditional Medicine had were of excessive bleeding or rapture uterus while only 1 (16.7%) who said Traditional Medicine led to fetal death. This finding support [18], report that several cases have been reported of mothers coming to the hospital with tonic uterine contraction or even rapture uterus after having taken too much of certain herbs during labour.

The cultural factors contributing to the use of Traditional Medicine

The study found out that Traditional Medicines for instance when labour failed to progress well people in the village believe that a woman with majority 49 (63%) said their people say laziness while minority 4 (5%) who said curse labour. This finding was strongly in line with [19], found most women in the village believe that a woman are believe to be lazy when it comes in time for deliver.

Furthermore, findings from the study revealed that majority of postnatal mothers, out of 78 participants nearly more than half 51 (65%) of the participants said their cultures encourage use of Traditional Medicine while 27 (35%) does not encourage. This could be the supportive reasons cited by [4], belief that Traditional Medicine can treat anything therefore it is holistic. This also concurs with [20], found that for many millions of people, herbal medicines, traditional treatments, and traditional practitioners are the main source of health care, and sometimes the only source of care.

In addition, out of 51 participants who said their cultures encourage use of Traditional Medicine, near to half 24 (47%) of the participants said that their culture encourage the use of Traditional Medicine during pregnancy while minority 6 (12%) of the participants encourage it in prolonged labour and after delivery. This findings support [18], report that Traditional and Complementary Medicine are widely used around the world and valued for a number of reasons that Traditional Medicines are of proven quality, safety, and efficacy, contributed to the goal of ensuring that all people have access to care.

The study further revealed that, out of 51 participants whose cultures encourages use of Traditional Medicine, a large proportion 28 (55%) of the participants had mother-in-law who were the most influencer in using Traditional Medicine compared to 2 (4%) whose influencers were friends. This result concurs with [4], report that the decision to use Traditional Medicine is most commonly made by relatives, mothers-in-law, mothers or grandmothers and you find where mothers-in-law are involved, refusal is often very difficult as it would show disrespect.

However, the study findings showed that, half 39 (50%) of the participants agreed that they would discourage the use of Traditional Medicine during labour meanwhile very few 6 (8%) of the participants would not discourage the use of Traditional Medicine during labour. This result concurs with [21], found that regardless of reasons for seeking out Traditional and Complementary Medicine, there is little doubt that interest has grown, and will almost certainly continue to grow, around the world.

CONCLUSION

The following conclusions were drawn as result of the research study to establish factors influencing the use of Traditional Medicine during labour among women attending maternity ward at Ishaka Adventist Hospital, Bushenyi district.

The socio-demographic characteristics of the participants which were relevant to the study and essential for conclusion include; age, marital status, level of education, and number of pregnancies. The study subjects were postnatal mothers aged 15 to 35 years old and

nearly half of the participants were in the age group of 21-25 years. The majority of the participants were married and large proportion of them had history of more than one pregnancy.

Majority of participants have ever use traditional medicine during labour while few never used traditional medicine. Out of those participants who have ever used traditional medicine were to prevent complication and minority used traditional medicine to lower labour pain. Of those who never use TM during labour quite a number knew someone who ever used it on labour while few did not know.

Labour that fail to progress well, people in the village believe that a woman with majority of the participants reported it to be due to laziness followed by those who said bewitched woman, woman who has other marital affairs and curse. Nearly more than half of the participants said their cultures encourage use of traditional medicine while does not encourage. However, half of the participants agreed that they would discourage the use of traditional medicine during labour meanwhile very few 6 (8%) of the participants would not discourage the use of traditional medicine during labour.

Recommendations

Basing on the research findings the researcher would therefore recommend the following to the relevant authorities and institutions.

To the Uganda Ministry of Health

The Ministry of Health should develop client centered strategies and policies especially when it comes to pregnant mother and those ready for delivery and such policies also should not be harmful so as to encourage women accessing and utilizing health facilities which are sometimes in most cases shunned due to the fact that women feel that their cultural beliefs and traditions are not considered.

In addition to that, the ministry of health should ensure that they embark on a deliberate program to test the efficacy of some traditional medicines in order to recommend that may seem not to be toxic to the woman and her unborn child as the study revealed that some women are willing to continue using traditional medicine

To District Health Management Team

They should incorporate other stakeholders like Church organizations among others which may help in disseminating health education on dangers of using traditional medicines during labour.

To the hospital

The midwives/nurses need not to forget asking women who come during labour on whether they have taken traditional medicine before coming to the health facility so as to prevent complications and they should also keep record of such women.

Health workers should ensure that health education on dangers of using traditional medicine when it is given to a woman on labour complicate mother and her fetus which may lead to death.

To the community

The community members should be educated on the importance of hospital deliveries with skilled birth attendance and causes of failure of labour to progress.

Recommendation of topic for further research

This study was based on small sample of 78 participants moreover from one hospital. These findings would vary of more participants (larger samples) would be used. It is therefore recommended that; other studies be undertaken to address the gap. For instance, the researcher suggests that knowledge and attitudes of pregnant mothers towards the use of traditional medicine should be carried out.

Implications to Nursing Practice

The study findings revealed that, half 39 (50%) agreed that they would discourage the use of traditional medicine during labour meanwhile very few 6 (8%) of the participants would not discourage the use of traditional medicine during labour. This shows a very big gap and therefore demands for consented efforts by Midwives/ Nurses who have to provide maternal health services to these women. These results may mean that Midwives/Nurses do not take much time

to explain issues related to use of traditional medicine during labour to the mothers.

Therefore, Midwives and Nurses are required to carry out intensive health education to mothers on these two aspects especially during antenatal, labour, delivery and or post partum period.

Midwives/Nurses also should collaborate with other support health care providers such as village health team in linking of communications to unreached mothers using traditional medicine in the community.

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