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**Background**

Traditional social and community roles take place in the environment of social support systems that range from more organized self-help groups to spontaneous helping transactions within personal networks of family, friends and neighbours (Gottlieb, 1978). In traditional communities, these networks are well interlinked with specialized sources of local services such as traditional birth attendants (TBAs), herbalists, diviners, spiritual or faith healers, bone-setters and other types (Hoff, 1992). Kleinman (1980) argued that the health system as a local cultural system is composed of three overlapping parts: (i) popular sector: individual, family, social network, community beliefs, self-treatment, (ii) folk sector: heterogeneous, closer to population, and (iii) a professional sector: which is composed of the organized healing professions that are legal, protected and controlled. Kinship structure constitutes a great source of informal services because it exists as a basic unit for welfare, custodian of cultural, technical and spiritual help (Katabarwa & Ndyomugyenyi, 2000). Under CoHeRe, we conducted a study of people and their cultures in Luwero to identify existing social roles and networks that may be harnessed as community health resources.

**Methods**

Data collection was done using different methods including Observation, Focused Group Discussions, Informal conversations, and In-depth interviews of community members, TBAs, VHTs, local leaders, and service providers.

**Evidence**

- Extensive informal helping networks exist as part of daily life in the rural community.
- *Buntu Bulamu,* a local term, defines acceptable behaviour towards self and others, by which everybody is judged and motivates solidarity behaviours among community members.
- There are communal rewards for the acceptable behaviour.
- Inevitable macro socio-economic changes associated with modernity are slowly eroding away communal ties and motivations solidarity behaviour.

**Key messages**

*Traditional social and community networks may be useful channels of health promotion in communities where they exist. They are accessible and operate largely in informal settings motivated by community solidarity norms.*
External interventions especially by NGOs introduced monetary incentives and have contributed to the undoing of community perceptions of voluntary solidarity behaviours and rewards.

Introduction of monetary incentives at the recruitment of VHTs was demonstrated not to be sustainable and hurts the volunteer motivations in the community.

Failure of communities to identify with the helping credentials of the selected members of the VHTs hurt their chances at community support and reward.

Traditional Birth Attendants played an important role in advising both men and women about maternity services and care.

Conclusion/policy implications

- Traditional birth attendants can be adopted to promote male involvement in birth preparedness and other maternity services in the community
- Selection of volunteer community health workers would benefit from a study of the social network relationships in communities where they are drawn so that members who are most linked to their peers and are respected are selected.
- Rather than hinge on the weaknesses of the existing local resources in ‘poor communities’ the findings here suggest such resources can be strengthened, re-modelled and harnessed to contribute to better health and wellbeing in those communities. What is the will to actually do this and how is it reflected in policies that guide service delivery in the affected communities?

Research gaps

More extensive research needs to be carried out over larger geographical areas and in communities with differing cultures to ascertain the viability of community resources and community health resources.

References


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