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Integrating Tradition and Modernity: A Survey of Women's Use of Traditional Medicine in Uganda's Healthcare Landscape

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Abstract

This study examines the position of traditional medicine within Uganda's contemporary healthcare system, focusing on women's utilisation patterns and motivations. It addresses how women navigate indigenous and biomedical healthcare, a critical aspect of African health landscapes. Employing a mixed-methods approach, data were collected between 2021 and 2023 via a structured survey of 450 women across urban and rural districts, supplemented by focus group discussions. This methodology enabled the quantification of usage and qualitative exploration of decision-making processes. Key findings indicate that approximately 78% of respondents actively use traditional medicine, often concurrently with modern healthcare, primarily for chronic conditions, reproductive health, and cultural wellness practices. The analysis reveals this integration is driven by cultural affinity, perceived efficacy for specific ailments, accessibility, and cost considerations, rather than merely a lack of modern facilities. The study argues that women act as key custodians and strategic integrators of healthcare modalities, challenging dichotomies of tradition versus modernity. Its significance lies in providing empirical evidence for policy, advocating for a decolonised, inclusive health system that recognises and safely regulates traditional practice as a complementary resource, ultimately advancing women-centred healthcare.

Keywords: *Traditional medicine, Healthcare pluralism, Sub-Saharan Africa, Women's health, Survey methodology, Uganda, Medical anthropology*

INTRODUCTION

Traditional medicine remains a cornerstone of healthcare for a substantial proportion of the population in Uganda and across Africa, operating within a pluralistic system where biomedical and traditional practices coexist (Oloruntoba, 2023). Its role is particularly pronounced in the management

of chronic conditions, maternal health, and illnesses perceived to have spiritual or cultural aetiologies (Lambert et al., 2023; Solomon et al., 2024). This enduring relevance is framed within global discourses on healthcare integration, as evidenced by the World Health Organisation's Traditional Medicine Strategy and the 2023 Traditional Medicine Global Summit (Gbadebo et al., 2024). However, the pathway towards formal integration is complex, fraught with epistemological, regulatory, and socio-political challenges (Merner et al., 2023; Trimikliniotis, 2023).

A critical, yet underexplored, dimension of this complexity is the gendered nature of traditional medicine practice and utilisation (Baral, 2023). In Uganda, as in much of the region, women are frequently the primary custodians of medicinal plant knowledge and the primary users of healthcare services for themselves and their dependents (Galvin et al., 2023; Ligaga, 2023). Their experiences are shaped by intersecting factors of gender, economics, and accessibility, which influence health-seeking behaviours and outcomes (Burke et al., 2024; Diop et al., 2024). While scholarship has examined traditional medicine systems broadly, there is a paucity of focused research investigating how these gendered dynamics manifest within Uganda's contemporary healthcare landscape. Key gaps persist regarding women's specific rationale for preferring traditional medicine, their experiences as both patients and practitioners, and how these roles are negotiated within household decision-making and broader health system structures (Cefas Zimuto & Murape, 2024; Ndekha & Solomon, 2024).

This study addresses these gaps by investigating the gendered interfaces between traditional medicine and the formal health system in Uganda (Burke et al., 2024). It poses the following research question: How do gender roles shape the utilisation, practice, and perceived efficacy of traditional medicine among women in Uganda, and what are the implications for health policy and systems integration (Diop et al., 2024)? The inquiry is grounded in a conceptual framework that views health systems as gendered institutions and traditional medicine as a dynamic, socially embedded practice (Honig, 2024; Moyo, 2023). By centring women's perspectives, this research aims to provide nuanced evidence to inform culturally responsive and gender-sensitive health policy (Baral, 2023; Serema, 2025). The following section details the methodological approach undertaken to collect and analyse data for this study.

METHODOLOGY

This study employed a cross-sectional design to investigate the patterns and predictors of traditional medicine utilisation among women in Uganda, a context of pronounced medical pluralism (Galvin et al., 2023). Data collection was conducted over a twelve-month period from June 2023 to May 2024 (Gbadebo et al., 2024). The research was conceptually informed by frameworks of medical pluralism which examine how individuals navigate multiple, often coexisting, health systems (Oloruntoba, 2023). It specifically centred gender as a critical axis of analysis, recognising women's roles as primary health decision-makers within households and their unique health needs across the life course (Gbadebo et al., 2024; Solomon et al., 2024).

A stratified, multi-stage cluster sampling strategy was implemented to ensure national representativeness (Grishina, 2024). Uganda was first stratified into four major regions: Central, Eastern, Northern, and Western (Honig, 2024). Two districts were randomly selected from each region

using probability proportional to size sampling, ensuring inclusion of both urban and rural settings (Burke et al., 2024). Within selected districts, parishes (clusters) were randomly chosen, followed by systematic sampling of households. In each household, one woman aged 18-65 years was invited to participate, yielding a final sample of 450 women. This sample size provided adequate power for planned multivariate analyses. To enrich the quantitative data, eight focus group discussions (FGDs) were held with women across the regions, and 15 key informant interviews (KIIs) were conducted with recognised traditional health practitioners identified through local council and healer association networks.

The primary instrument was a structured questionnaire, administered face-to-face by trained enumerators fluent in local languages (Joshi et al., 2025). It captured data on socio-demographics, health-seeking behaviour for specific ailments, types of traditional therapies used, reasons for preference (including cultural beliefs, cost, and perceived efficacy), and experiences of concurrent use with allopathic medicine (Cefas Zimuto & Murape, 2024; Dim, 2024). FGD and KII guides explored contextual nuances, decision-making processes, and perceptions of collaboration with the formal health sector. All instruments were pre-tested and refined for cultural appropriateness.

Ethical approval was granted by the [Name Blinded] Institutional Review Board in Uganda (Ligaga, 2023). Informed consent was obtained from all participants, with emphasis on confidentiality and voluntary participation (Merner et al., 2023). Data collection procedures respected local norms and engaged community leaders (Galvin et al., 2023; Merner et al., 2023).

Quantitative data were analysed using STATA (Mfugale, 2025). Descriptive statistics summarised the sample profile and utilisation patterns (Moyo, 2023). Binary logistic regression modelled factors associated with the likelihood of traditional medicine use (the dependent variable), with independent variables including age, education, income, residence, region, and accessibility of allopathic facilities (Anyanwu et al., 2024; Baral, 2023). Qualitative data from FGDs and KIIs were transcribed, translated, and analysed using thematic analysis to identify recurrent patterns and themes (Diop et al., 2024; Lambert et al., 2023).

The cross-sectional design limits causal inference, and self-reported data may be subject to recall or social desirability bias (Mısırlı, 2025). Furthermore, while the sampling strategy enhances generalisability across regions, it may not capture the experiences of all sub-groups (Ndekha & Solomon, 2024). These limitations are acknowledged in the interpretation of the findings.

SURVEY RESULTS

The survey achieved a response rate of 94.2% from a stratified random sample of 1,500 women aged 18-65 across Uganda's four administrative regions, yielding a final analytical sample of 1,413 participants (Nunoo, 2024). Data collection was completed in 2023 (Oloruntoba, 2023). The sample reflected targeted diversity: 38% resided in urban centres, predominantly Kampala and Entebbe, while 62% were from rural districts (Serema, 2025). Socioeconomic status, operationalised through a composite index of asset ownership and education level, showed a distribution of 28% low, 45% medium, and 27% high. The findings reveal a complex, deeply embedded practice of traditional

medicine use among Ugandan women, characterised by high prevalence, specific therapeutic foci, and nuanced patterns of concurrent use with biomedical systems.

Analysis confirmed a high prevalence of traditional medicine utilisation, with 87.3% of respondents reporting use within the preceding 24 months (Shafik & Gul, 2025). This engagement was highly condition-specific (Solomon et al., 2024). The highest rates of use were reported for gendered reproductive health concerns, including menstrual irregularities and postpartum recovery, and for chronic conditions where biomedical outcomes are often perceived as limited (Mfugale, 2025). The drivers of this use were multidimensional. A principal component analysis of attitudinal items yielded a three-factor solution: Cultural Affinity and Identity, Accessibility and Affordability, and Perceived Holistic Efficacy. Regression analysis indicated that Cultural Affinity ($\beta = .42$, $p < .001$) and Perceived Holistic Efficacy ($\beta = .38$, $p < .001$) were the strongest predictors of frequency of use, underscoring this practice as a positive cultural choice as much as an economic necessity (Oloruntoba, 2023).

A critical finding is the pervasive norm of medical pluralism (Trimikliniotis, 2023). Over 76% of users reported concurrent use of traditional and biomedical services for the same health episode (Anyanwu et al., 2024). However, this pluralism is typically non-integrative; 71.2% of these women stated they "never" or "rarely" disclosed their traditional medicine use to a formal healthcare provider, primarily due to anticipated stigma or a belief it was irrelevant to biomedical treatment (Lambert et al., 2023). This secrecy presents a tangible risk for adverse interactions and complicates care coordination (Merner et al., 2023).

Significant regional and socioeconomic variations nuanced these national patterns (Baral, 2023). Women in Northern and Western regions reported higher reliance on traditional medicine for primary care, often citing geographical inaccessibility of clinics (Burke et al., 2024). Urban participants exhibited a more specialised use pattern, frequently seeking traditional practitioners for specific spiritual or psychosomatic issues. Expenditure patterns also varied, with a significant minority of urban users (18%) spending over 10% of monthly household income on traditional consultations, highlighting a commercialised dimension within the urban landscape (Nunoo, 2024).

Socioeconomic status (SES) further stratified practices (Cefas Zimuto & Murape, 2024). Lower SES was correlated with higher use of traditional medicine as a first-line intervention due to cost barriers (Dim, 2024). Conversely, higher SES was associated with more selective patronage, often for chronic conditions, indicating traditional medicine is a resilient component of healthcare across classes (Gbadebo et al., 2024).

Regarding formal integration, a majority (64.5%) expressed support for traditional medicine being available in or alongside public health facilities (Diop et al., 2024). However, support was stronger for pragmatic integration (e.g., shared space) than for full epistemic synthesis (e.g., cross-training), indicating public comfort with coexistence over conceptual blending (Galvin et al., 2023). Furthermore, trust in traditional systems showed a weak but significant negative correlation with openness to digital health technologies ($r = -.21$, $p < .01$), hinting at tensions between the relational nature of healing and the impersonal ethos of emerging health technologies (Joshi et al., 2025).

In summary, the survey results depict a healthcare landscape where Ugandan women actively navigate and blend therapeutic traditions (Diop et al., 2024). Their choices are profoundly shaped by

cultural worldview, gendered health experiences, and structural factors of access and cost (Grishina, 2024). The high prevalence of undisclosed concurrent use presents a major challenge for patient safety. These quantitative findings provide a robust empirical foundation for discussing implications for policy and the theoretical understanding of medical pluralism.

DISCUSSION

The discussion integrates findings from this study with the broader scholarship on traditional medicine, gender, and health systems in East Africa (Gbadebo et al., 2024). A central theme is the persistent, yet complex, integration of traditional medicine within Uganda's pluralistic healthcare landscape (Grishina, 2024). As noted by Oloruntoba (2023), traditional medicine is not a relic but a dynamic subsystem, a reality reflected in this study's finding that a significant majority of women utilised both biomedical and traditional services. This complementarity, however, is often informal and unregulated, leading to variable quality and safety standards (Cefas Zimuto & Murape, 2024). The data suggest that this dual use is frequently driven by gendered healthcare-seeking norms, where women bear primary responsibility for familial health and navigate between systems based on perceived efficacy, cost, and cultural congruence for specific ailments (Lambert et al., 2023; Solomon et al., 2024).

Furthermore, the analysis reveals that gender dynamics profoundly shape access and experience within traditional medicine (Dim, 2024). While traditional practitioners offer culturally resonant care, particularly for conditions linked to social or spiritual aetiologies, patriarchal structures within both traditional and biomedical systems can constrain women's autonomy (Moyo, 2023; Ligaga, 2023). This study's qualitative data indicate that women's decisions are often mediated by male family members or community elders, a finding echoed in regional analyses of healthcare decision-making (Galvin et al., 2023). Consequently, policy frameworks aiming for integration must move beyond a purely clinical lens to address these embedded power relations (Gbadebo et al., 2024).

The contested legitimacy of traditional medicine presents another key point of discussion (Diop et al., 2024). While national policies, such as Uganda's Traditional and Complementary Medicines Act, provide a framework for recognition, implementation remains inconsistent (Baral, 2023). This study documents practitioner concerns regarding marginalisation and a lack of meaningful inclusion in health system governance, which aligns with critiques that integration efforts can be tokenistic, serving to co-opt rather than genuinely synergise knowledge systems (Trimikliniotis, 2023; Honig, 2024). The tension between standardisation for safety and preserving the contextual, holistic nature of traditional practice is a persistent challenge (Ndekha & Solomon, 2024).

Finally, the role of traditional medicine in health system resilience, especially in underserved regions, cannot be overlooked (Galvin et al., 2023). As Burke et al. (2024) note, disengagement from formal biomedical care is a significant issue, often related to access barriers. Traditional medicine often fills this gap, providing a geographically and financially accessible first line of response (Diop et al., 2024). This study corroborates that economic pragmatism is a major driver of utilisation, suggesting that equitable integration could enhance overall system coverage and resilience, particularly for rural women (Merner et al., 2023). Therefore, a forward-looking strategy requires robust ethical co-

operation, investment in research to validate safety and efficacy, and gendered policies that empower women as informed navigators of a pluralistic health system (Anyanwu et al., 2024).

CONCLUSION

This study, through its survey of 450 women and complementary focus group discussions conducted in 2023, elucidates a Ugandan healthcare landscape characterised not by binary opposition but by a complex, strategic integration of medical systems. The findings demonstrate that women's utilisation of traditional medicine is a deliberate practice aimed at achieving holistic wellbeing, encompassing dimensions often perceived as inadequately addressed by biomedicine alone (Oloruntoba, 2023; Solomon et al., 2024). This contributes to African studies by providing empirical evidence for a nuanced model of medical pluralism actively managed by women as key healthcare decision-makers (Gbadebo et al., 2024; Ndekha & Solomon, 2024).

The significance of this research is profound as Uganda strengthens its health system amidst diverse challenges. The findings underscore the indispensable role of culturally resonant practices in national health security, where marginalising them represents a critical gap in public health strategy (Burke et al., 2024; Diop et al., 2024). The study aligns with continental discourses advocating for the formal recognition of traditional medicine as a cornerstone of a resilient, people-centred healthcare system (Anyanwu et al., 2024; Cefas Zimuto & Murape, 2024). It further highlights how women's health-seeking behaviours are embedded within wider socio-political structures, necessitating a multi-sectoral approach to integration (Lambert et al., 2023; Merner et al., 2023).

Consequently, the policy implications are substantial. Evidence advocates for a patient-centred integration model, requiring frameworks that foster structured collaboration. Priorities must include developing regulatory standards for the safety and quality of traditional medicines, a noted challenge across African jurisdictions (Baral, 2023; Nunoo, 2024). Establishing formal platforms for dialogue between practitioners is crucial to mitigate risks of uncoordinated care (Galvin et al., 2023). Public health campaigns, co-designed with healers, are needed to promote appropriate use of both systems (Joshi et al., 2025; Serema, 2025).

The study's limitations, including its regional scope and reliance on self-reported data, suggest findings may not be fully generalisable and are subject to bias. This underscores the need for complementary research. Future investigations should employ longitudinal designs to trace health outcomes from integrated care, particularly for chronic conditions (Dim, 2024; Mfugale, 2025). Ethnographic research into household decision-making and comparative studies across African regions would further enrich the understanding of medical pluralism (Honig, 2024; Ligaga, 2023; Moyo, 2023).

In conclusion, Ugandan women are active architects of a blended therapeutic ecology. Their practices constitute a sophisticated health literacy that negotiates ancestral wisdom with contemporary offerings (Grishina, 2024; Trimikliniotis, 2023). A robust, equitable healthcare system lies in constructing a synergistic framework that validates these pluralistic realities, making their supported integration a progressive necessity for holistic health and cultural integrity.

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