



An Ethnographic Study of Sustainable Medical Practices in Southern Uganda: Integrating Traditional and Biomedical Systems

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Abstract

Maternal and reproductive healthcare in Southern Uganda operates within a pluralistic system where biomedical and traditional practices coexist. The interactions between these systems affect the sustainability and outcomes of care, but detailed ethnographic studies of these dynamics are scarce. This ethnographic study aimed to document and analyse the interactions between traditional and biomedical obstetric and gynaecological practices in Southern Uganda. Its objective was to understand how sustainable and culturally coherent healthcare is negotiated by patients and practitioners in everyday settings. A longitudinal ethnographic design was employed. Data were collected through participant observation in hospitals, clinics, and traditional healing spaces. In-depth interviews were conducted with biomedical healthcare workers, traditional birth attendants, herbalists, and women using these services. Field notes and interview transcripts were analysed using thematic analysis. The study found a routine, tacit integration of care systems. For example, many postpartum women were observed concurrently using prescribed antibiotics and herbal baths for perineal healing, with knowledge often exchanged between kinship networks and clinic staff. Dominant themes included the strategic navigation of both systems to achieve perceived holistic care and the central role of family in mediating access and information. Sustainable medical practice in this context is defined by pragmatic, patient-driven integration rather than formal policy. This organic synergy improves acceptability and access but functions without official oversight, presenting both potential benefits and risks for standardised care. Interdisciplinary forums should be established to facilitate safe dialogue between traditional and biomedical practitioners. Context-sensitive guidelines for collaborative care, particularly in postpartum and gynaecological health, should be developed. Medical training curricula should incorporate cultural competency modules addressing prevalent local traditional practices. medical ethnography, traditional medicine, maternal health, Uganda, healthcare integration, sustainable healthcare, obstetrics This study provides a nuanced,

long-term perspective on the lived reality of integrated healthcare, offering evidence for policymakers and practitioners seeking to develop sustainable, culturally informed maternal health services.

Keywords: *Medical pluralism, Maternal healthcare, Sub-Saharan Africa, Ethnographic methods, Traditional medicine, Healthcare integration, Sustainable health systems*



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