

Abstract

Background: Recognition of the vulnerabilities and differentials in maternal indicator is a pressing concern throughout safe motherhood literature. Uptake of skilled delivery by women in Marakwet remain 44%, compared to the national rate of 68%. Accountability for improving maternal indicators calls for interrogation of indigenous practices to amend complex social causes.

Methods: This was a qualitative study conducted in the thirteen patrilineal clans of Marakwet. Discussants were women of reproductive age while key informants included cultural anthropologist, traditionalist and gatekeepers. The data was analyzed manually through a process of data reduction, organization and emerging patterns interpretation then sub categories.

Results: Pregnancy and delivery are not just biomedical process but culturally biosocial practice. Discipline and socialization are critical elements. Adequate self, family and community care lead to noble pregnancy outcome. The community and midwife uses knowledge to jumpstart childbirth practices for expectant women for healthy prenatal period, delivery and postnatal running. Holiness and hygiene, controlled sex and sexual relationships, artefacts and dressing, food ways and diet, social interaction, livelihoods and lifestyle are key pregnancy and childbirth social aetiology.

Conclusion: cultural stimuli and remedies inform maternal health seeking behaviour and practices of women. Continued care, hygiene, geophagy, controlled food ways and social interaction as well as avoiding heavy duties and events that trigger emotions and pressure are sound indigenous ways of improving maternal and child health. However, norms such as visiting a midwife for pregnancy confirmation and massage as well as folk activities such as the use of charms and repertoires for protection and cleansing ceremonies provide false protection.

Recommendation: the results suggest the relative value for indigenous maternal health care services in enhancing client centered delivery health services. Review of policies and programs to integrate harmless indigenous practices into maternity care services may promote quality, satisfaction and uptake of facility based childbirth services.