

Nutri-Medicinal Plants and Health Care Delivery: Access of Maternal Health Services in Acholi Region and Mbarara District, Uganda

M. Kamatenesi-Mugisha, H. Oryem-Origga, A. Anyero, A. Nabatanzi

^aDepartment of Biological Sciences, School of Biosciences, College of Natural Sciences, Makerere University, P.O.Box 7062 Kampala, Uganda.

E-mail: mkamatenesi@botany.mak.ac.ug

Introduction: Nutri-medicinal plants play a key role in health care delivery and food security (FAO, 2008) in Uganda and world over. Information concerning the use of nutri-medicinal plants is majorly embedded in Indigenous Knowledge (IK) and mainly found among the underprivileged and marginalized people. Due to cultural erosion as a result of westernization, introduction of formal education, death of custodians and insurgency especially in Northern Uganda which lasted for over 20 years, IK is being lost gradually.

Access to health centers by the local people is also an issue which needs special attention. Child deliveries are done from homes, posing dangers of mortality to unborn babies and mothers. An ethnobotanical study was carried out in Acholi region, Northern Uganda to document the nutritional and medicinal plants used by the local people. In addition, the assessment of maternal health services delivery was conducted during the National Immunisation days in the Acholi Region and Mbarara District to establish the number of health centre deliveries and home deliveries by the mothers. A total of 905 and 927 informants that reported to immunization centres from Acholi Region and Mbarara districts were interviewed respectively. Other methods used for ethnobotanical data collection were semi structured interviews, photography, field visits and observations, and voucher specimens collection.

Results: In Acholi Region, 73 plant species were reported for use in the treatment of various diseases of which 43 species were fully identified and 30 species remained unidentified. Roots ranked the highest (37.2%) plant parts used, followed by the leaves (30.2%) and bark (7.0%). The most prevalent method of preparation was by decoction (62.8%) and the oral route was the most frequently used method of administration.