

## ORIGINAL RESEARCH ARTICLE

# Women's Land Rights and Maternal Healthcare in Southwestern Uganda: Exploring the Implications of Women's Decision-Making Regarding Sale and Use of Land on Access to Maternal Healthcare

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## Abstract

Most traditional land tenure practices among developing economies are opposed to protecting and promoting women's land ownership rights. In Uganda, land tenure practices are largely customary and patriarchal in nature, in most communities women's land tenure security is dependent on marriage. This paper builds a body of evidence on how gender biased land tenure negatively affects maternal healthcare decision-making for family planning, antenatal care services and skilled care during childbirth. A cross-sectional mixed methodology was used to collect household survey data. Qualitative data from individual and focus group interviews were analysed using thematic content analysis. Land was found to be an important household factor that shapes women's maternal healthcare decision-making, not only through land *ownership*, but also through land's role as a source of identity, gendered land use decision-making patterns, and the allocation of resources that accrue from work on land. Most of the land-owning households are headed by men. More women than men expressed insecurity of tenure, despite the household's land ownership status. Land use decision-making, including its sale was significantly associated with maternal healthcare decision-making. Feeling secure on land was significantly associated with maternal healthcare decisions for planned pregnancy and use of antenatal care. Land purchasing was found to significantly determine place and skill level of providers for childbirth. In conclusion, women involvement in land purchasing decisions demonstrates more control and agency in the number of children. Women's land insecurity undermines their prospects for positive maternal health behaviours. (*Afr J Reprod Health* 2020; 24[1]: 62-80)

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**Keywords:** Land ownership, decision-making, gender, maternal health care and Uganda

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## Résumé

La plupart des pratiques foncières traditionnelles dans les économies en développement sont opposées à la protection et à la promotion des droits de propriété foncière des femmes. En Ouganda, les pratiques foncières sont en grande partie coutumières et de nature patriarcale ; dans la plupart des communautés, la sécurité foncière des femmes dépend du mariage. Cet article établit un ensemble de preuves sur la façon dont le régime foncier sexiste affecte négativement la prise de décision en matière de soins de santé maternels pour la planification familiale, les services de soins prénatals et les soins spécialisés pendant l'accouchement. Une méthodologie mixte transversale a été utilisée pour collecter les données des enquêtes auprès des ménages. Les données qualitatives issues d'entretiens individuels et de groupes de discussion ont été analysées à l'aide d'une analyse de contenu thématique. La terre s'est avérée être un facteur important pour les ménages qui façonne la prise de décision des femmes en matière de soins de santé maternelle, non seulement par la *propriété foncière*, mais aussi par le rôle de la terre en tant que source d'identité, les modèles de prise de décision en matière d'utilisation des terres selon le sexe et l'allocation des ressources qui découlent du travail à terre. La plupart des ménages propriétaires fonciers sont dirigés par des hommes. Plus de femmes que d'hommes ont exprimé leur insécurité d'occupation, malgré le statut de propriété foncière du ménage. La prise de décision concernant l'utilisation des terres, y compris sa vente, était significativement associée à la prise de décisions en matière de soins de santé maternelle. Le sentiment de sécurité à terre était significativement associé aux décisions de soins de santé maternels concernant une grossesse planifiée et l'utilisation des soins prénatals. L'achat de terres a permis de déterminer de manière significative le lieu et le niveau de compétence des prestataires pour l'accouchement. En conclusion, l'implication des femmes dans les décisions d'achat de terres démontre plus de contrôle et d'agence sur le nombre d'enfants. L'insécurité foncière des femmes compromet leurs perspectives de comportements positifs en matière de santé maternelle. (*Afr J Reprod Health* 2020; 24[1]:62-80).

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**Mots-clés:** Propriété foncière, prise de décision, genre, soins de santé maternelle et Ouganda

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## Introduction

Since the 1970s, which saw the advent of literature on Women in Development, many researchers have continued to document close links between women's empowerment and the health outcomes of their families and communities<sup>1-3</sup>. The 2015 United Nations Millennium Development Goals and the 2030 Sustainable Development Goals can both be seen with an agenda to put gender equality and maternal health at the centre of global development strategies<sup>5, 6</sup>. In most developing countries gender inequities in the areas of education, social and political participation, gainful employment and income continue to negatively limit progress in the attainment of positive maternal health outcomes<sup>7, 8</sup>. In a recent study of fifteen developing countries by Ravnbourge et al (2016) on land governance and gender equality, it was found out that while land legislation on promoting gender equality, the practices have remained informed by traditional norms and discriminative against women<sup>9</sup>. Whereas land is a prime economic resource and a determinant of one's status in most of these countries<sup>10,11</sup>, women are faced with social and economic barriers to accessing and owning land<sup>12,13</sup>. Traditionally land rights and ownership are embedded deeply in social norms and customary law, including those related to marriage and inheritance<sup>14</sup>. The 1995 Constitution of Uganda and the 1998 Land Act recognise four tenure systems: Customary, Mailo Land (introduced as a result of the 1900 Buganda Agreement where land was divided between the Kabaka (king) of Buganda and the British Protectorate Government), Freehold and Leasehold land tenure systems. The customary land tenure system, whereby land is owned and disposed of in accordance with customary regulations, is the dominant system across Uganda<sup>15</sup>. Customary land ownership is especially predominant in south-western Uganda, the region where this study was conducted<sup>16</sup>.

The customary land ownership tenure system upholds male superiority over women's property rights. For example, under Customary

Land Tenure, land ownership is through inheritance following a patriarchal system<sup>17</sup>. Women's land ownership protection depends on marriage and kin relations and lacks a clear consistent practice in joint ownership among the married<sup>18</sup>. It is husbands and male family members that define women's land ownership, which makes women's land claims weaker<sup>19</sup>. Since the 1990s land reforms, efforts to provide for joint ownership by women of their husbands' property, land inclusive, have remained controversial<sup>20</sup>. The benefits of ownership/control of land at the household level include women increased economic strength and ability to bargain<sup>21</sup>. According to Kabeer's (2008) conceptualization of choice, the ability to exercise choice incorporates access to resources and claims to material, social and human resources<sup>22</sup>.

Land is a physical asset on which almost all of Uganda's rural populations depend for their livelihood. Land is both a source of income and food. In Uganda, land ownership provides ultimate security for one's socio-economic status<sup>23</sup>. Land is also a measure of income security and people who do not own land ranked in the lower income quintile<sup>24, 25</sup>. Land is owned through inheritance and the common practice is that land is passed on to the boy child commonly after he is married. In some societies, land ownership by women is a taboo; women's only accepted form of land ownership is when they are married<sup>26</sup>. Women's land tenure rights are fragile; customarily, women's land ownership is for other purposes, such as cultivating food for family consumption, not necessarily to give then property rights<sup>27</sup>. Women's claims to land are justified solely through the recognition of their essential contribution to food production<sup>28</sup> the use of land for a woman is to produce food for the family. Women provide most of the labour for agricultural and food production. According to the 2006, 2011 and 2017 Uganda Bureau of Statistics (UBOS), Uganda is predominantly an agriculture-based economy and women provide over 75% of agricultural labour<sup>29-31</sup> yet legally own less than 10% of land<sup>32,33</sup>. In Uganda, the 1998 Land Act provides for spousal co-ownership of land, and

protection of land rights is largely through family<sup>34</sup>. For instance, the Land Act states that a wife is entitled to 15% of the spouse's estate after death.

However, in practice, all arrangements of land inheritance by women depend on intra-household family dynamics<sup>35</sup>. Most widows lose their property to their husband's family through grabbing by family members who feel entitled to it<sup>36</sup>. In practice, where customary law and written modern laws conflict; the customary takes precedence<sup>37</sup>. Defence of tradition and custom as opposed to co-ownership of land has continued to frustrate activities geared towards promoting women's land rights<sup>38</sup>. Women's access to land through their husbands does not gain them full ownership<sup>39</sup>, as evidence shows, women land access insecurity increases with divorce or death of a husband<sup>40</sup>. Women's rights to use, own and sell land, depend on their male counterparts<sup>41</sup>.

## Methods

The data used in this paper are from field research carried out between September 2010 and April 2011 in Kashari County in Mbarara District, Uganda, augmented by literature review, interviews and focus group discussions conducted between November 2018 and January 2019. The setting for the research is Mbarara District in South-western Uganda. In Mbarara District 53% of the population is under age 19. Most people in the district depend on substance farming for their livelihoods. The study participants for the survey were households with married couples. The population was largely from the same tribe and the land ownership practices of the community are traditional and patriarchal in nature. Mbarara district has over 50 functional health facilities that include those that are government aided, private not for profit and private, the District is also home for a regional referral hospital for southwestern Uganda.

We used a cross-sectional mixed methodology. Both qualitative and quantitative data collection and analysis methods were used. For the household survey, a stratified sample was obtained to determine a random sample based on

gender. Focus Group Discussions and Key Informant Interviews were conducted by the first author, with assistance of a research assistant field notes were recorded. Through community leaders, appointments and place for group discussions and key informant interviews were secured. The interviews and group discussions were conducted in the local language and then transcribed back to English. Since this study assessed gender-related attitudes, all married men and women of reproductive age (18 - 49 for women and all men above 18 years) were eligible for the household survey questionnaire. Using Krejcie and Morgan's (1970) Tables for Determining Sample Size<sup>42</sup>, a representative sample size was determined at approximately 310 people, given N=160,152 people as per the 2002 Uganda Housing and Population Census and annual population growth of 3.2%, a rate that has remained the same as per the 2014 Population Census<sup>43,44</sup>. Approximately 92% of men and women (N=283) agreed to participate.

The statistical analyses are based on cross-tabulations, bivariate correlations and Analysis of Variance (ANOVA). Both Analysis of Variance and Chi squared tests  $\chi^2$  were used to determine the significance of the relationships between the intra-household relations and willingness to utilise selected maternal health services. All statistical tests were carried out against a benchmark level of significance of  $\alpha = .05$ . Analysis considered disaggregation of data according to different categories of the specific variables in order to allow the applicability of a Chi-square test as an approach to determine the association between land use and ownership decision-making dynamics and women's maternal healthcare use and behaviours.

Qualitative data from individual and focus group interviews were analysed using inductive thematic content analysis. The two qualitative data sets i.e. 2010 and 2019 were compared to check if there have been changes in community attitudes towards women's land rights to use or sale land. In 2010, 10 in-depth interviews (6 local council leaders and 4 elders of which 2 were women and 2 were men) and 8 Focus Group Discussions (1

FGD with community leaders, 1 FGD mixed group of married men and women, 3 FGDs with married women and 3 FGDs with married men) were conducted, in 2019, there were 2 focus group discussions (1 FGD for married women and 1 FGD for married men) 4 in-depth interviews (3 individual interview with Local Council Leaders and 1 with community elder) from the same community but with different people. For adequate recording, coding, analysis and interpretation of the descriptive unstructured data, explicit recoding and coding instructions were followed as a basis for setting reliability requirements for thematic analysis following the guidelines of (Krippendorff 1980)<sup>45</sup>. All the interviews and FGDs were conducted by the first author with assistance of 2 research assistants who took notes and transcribed the recordings. Before analysis, the first author read both transcripts to ensure they were consistent with the field notes. Transcripts from the 2019 interviews and FGDs were read concurrently with those of 2010, to identify consistency in the categories and themes over this time.

To achieve adequate validity in the coding and interpretation process of the qualitative data, we followed Stemler's (2001) inductive and thematic content analysis steps by first analysing field notes in relation to the research questions and emerging categories and themes, directly quoting people's expressions was used to add to the strength of the generalised findings<sup>46</sup> that explained women's land rights in relation to sale and use. The categories were presented into broad themes as they emerged and in relation to the quantitative findings on women's land tenure security and maternal healthcare access. The themes included women's maternal healthcare decision making, gendered land use decision making, allocation of household resources that accrue from land. Women's land tenure security was the major theme.

## Results

In this paper we present findings on the implications of household-level land use and ownership of land and how they relate with use of antenatal care (ANC), family planning and use of

skilled delivery care by women in south-western Uganda. The study was conducted among communities within a radius of about 15 kilometres from a community health centre (government health centre IV). A Health Centre IV is a mini hospital which serves a county or a parliamentary constituency. It is a lower level of care from the district hospital and structured to offer inpatient maternity services including cesarean section. Most of the study respondents (67%) were found to have utilised the community health centre as their first place for medical advice and care for the last pregnancy. While almost all women (98%) reported to have attended ANC at least once, most of them had their first ANC visit between 4- & 7-months gestation (51%), and only 36% had their first ANC visit during the recommended first trimester. These findings are not different from the national statistics: 65% of urban women and 58% of rural receive all the four recommended ANC visits. At the national level, the 2016 UDHS Data estimated the average timing of the first ANC at the national level at 5.5 months.

The other variable used in this study to evaluate access to maternal healthcare was the number of women assisted by skilled healthcare personnel during the last childbirth. Thirty-three per cent (N=93) reported that the last childbirth was at home, 26% (N=73) at a private clinic and 40% (N=113) in a government-aided health facility, indicating very low access to skilled care at birth. At the national level, there is a reported increase in the number of women who seek skilled care during childbirth. For example, the 2006 DHS data reported that only 42% of the deliveries were assisted by a skilled personnel<sup>47</sup> as the 2016 DHS estimated that 74% of women who had a child 5 years preceding to the survey utilised skilled care<sup>48</sup>.

Not only that, but we also assessed use of modern contraceptives including birth control pills, condoms, coil Norplant, sterilisation, and Shots (Depo-Provera). By the time of the survey, it was found that only 48% (N=136) of the respondents were using at least one form of modern contraceptive to control for pregnancy.

Fifty-two per cent (N=147) were not using any modern method of family planning. When asked if the last pregnancy was intended, 62% (N=176) said yes, 25% (N=71) said no, though they did not mind that they became pregnant. When they were further asked if they did not all intend to be pregnant, 13% (N=36) said yes. It was found that the common family planning method used is Depo-Provera, a three-month hormonal shot given to prevent pregnancy. These responses indicate that there is an obvious unmet need for family planning. For those who responded that though they had not planned to be pregnant but don't mind (25%), this could be interpreted to mean lack of choice on fertility decisions which is a form of unmet need. As far as the national trends on family planning are concerned, the changes in unmet need for family planning are minimal. The 2016 DHS data puts unmet need for family planning among married women at 39% which is not so different from the 2011 DHS figure estimated at 34%. The contraceptive prevalence rate among married women was estimated at 30% and 51% respectively.

In this study, when both men and women were asked if their households owned land, 94% (N=266) replied in the affirmative. Only 6% (N=17) said they did not own land at all. According to the national statistics, 75% of Ugandans claim to own land, although only 10% have land titles (UBOS 2012). At national level, individual ownership for land is estimated at 43% for men and 17% for women<sup>47</sup>. In this study, more than 75% of the people who said their households did not own land were women as compared to less than 25% who were men. The main method of acquiring land is by inheritance, mainly land passed on from father to son. Increasingly, we found out that daughters can inherit family land as well as wives inheriting their husbands/marital land. Restrictions were expressed on women's rights to inherit their marital land. The expressions below also show children and relatives can deny their mother the right to directly inherit family land. Another form of ownership or access to land by both men and women is through buying, while

both married men and women can buy land, there are gender biased exceptions of who has authority to sale the purchased land. Husbands were found to have reserved authority as heads of the households to sale off land and it does not whether it is him or his wife who bought the land. This was expressed across all the FGDs and individual in-depth interviews.

During both interviews and focus group discussions with community members, men expressed mixed feelings towards women's rights to inherit their marital or household land. While men agree that culture provides for a girl child to have a share of family property in particular land, they do not approve of married women having equal say and right on to use and sale of land. There are attempts by women to buy land and also those who cannot buy; they hire pieces of land where they plant crops for food and sale to earn income. In the survey we found out that most of the land that households own is unregistered, 97% (N=275), only 3% (N=8) have registered land and all this was in the names of the men/husbands. Women generally agreed that they cannot control or own land that their husband inherited, such land is family property that they do not have control over. Culturally its men and a boy child who inherit land and this cultural practice continue to guide women's land tenure. These findings are supported by the following verbatim expressions...

*[I] n Ankole we know that land children inherit land from their parents, if you are five children they divide into five and this is equal to both boys and girls....in some families girls do not get equal share as boys...if it land that has been bought by a women, the land is registered in the man's names....there are men who change the names of the land titles and sale agreements from their wives to theirs...if not we have found it a source of marital conflicts....if a woman wants her names on the sale agreement, she can have it but it is difficult... (FGD – Men Rwebishekye Village January 2019)*

“.... [W]omen have no authority on our land because it is reserved for our sons, when she goes to her home, she gets her share.... I paid dowry; she cannot share on my land.... the government has given women authority.... but the land which I got from my parents is mine alone...”  
**(Individual interview, 44-year-old man, Kashare, May 2011)**

On the other hand, married women also strive to own land mainly through purchase as a way of improving their land tenure security as here quoted:

.... As a woman I can also work get my own money and buy land without waiting to obtain it from a man. I can plant my beans, harvests them next time buy my pig, it gives birth, I sell it and buy a piece of land. There I also have land over my land....I know women often deny themselves their rights you refuse to accept the property is yours, let's say you found a man with a piece of land which he inherited and he decides to sell it, it's because you kept saying it's his land, even when she is going to dig, it's a man who shows her where to dig...men hire out the land to other people when their wives do not have where to put gardens for family....if you want to inherit land you go to your family where you were born....some men even claim land a women has inherited from her family  
**(FGD Women Rwebishekye Village January 2019).**

.... [T]he woman getting the land among the Banyankole, it's not easy.... if married women from her husband there are no guidelines to secure her land rights, unless they go to courts of law, this is where they will say that now this portion is for so and so, this one is for the children, or else if he marries another wife, that's when the challenges arise.... in the Ankole context, land was never accountable to any woman...were seeing cases where the girl

child is considered in the will of the father to own land...this is because some parents have seen that their children's families are breaking and they plan to give them property including land...this is because you can understand today's marriage, you just hear that so and so got married and after some time, you hear that they have divorced. **(Elder – In-depth Individual Interview January 2019)**

Importantly, land is an indicator of the social and economic status of a family. Families with secure land tenure were associated with capacity to produce enough food and so food security. Only 38% (N=106) said they felt they had enough land for family food production as compared to 62% (N=175) who said their land was not enough for their family food production. Because one of the women's sole responsibility is to ensure their families have food, their land needs for secure land tenure were found to be justified on the basis of being able to have enough land to produce food. However, there were fears that the undefined land ownership status gives men the authority to decide on how the food that is produced is used whether for family consumption or sale. The man is a family head and has authority to making decisions on family resources land inclusive. The following quotations from the open-ended focus group discussions and interviews show how women's land ownership status compromised performance of their role of securing family food security:

.... [T]he men who drink alcohol, you find them at times stealing and selling the food the women has produced for family consumption.... they also sell the animals like cows which women who have sold to find money to pay school fees for the children....as a leader I am charged with the responsibility of protecting woman's land rights and other property **(LC II Chairperson -Male, Rwebishekye, January 2019).**

.... [It's like when she buys a cow, if it is reared in your farm, there is no evidence

*to show that it's for the woman. Because people who stay there know that the cows are for the family head. But who brought the cow? ' "All say it's a woman," so if she decides to sell it you also refuse. Do you understand me? Both of you must agree, maybe if you decide to take it by force (FGD Men January 2019)*

*.... [Even when they do not have enough land, some men go ahead and sell land without asking their wives, women fear to talk and just sign the agreement...otherwise she is beaten .... women fear to be divorced" (Women's Group Discussion, Omukatoma, May 2011).*

*....[Buying this land, sometimes is joint, both a husband and wife contribute money towards purchase...when you marry a woman, for more than... four years, whether wedded or not wedded, provided she is your wife and they know that you if got her from her home and her parents know about it, whether you have children or not, if she is willing you share on your land...the law also protects the women....the challenges have been with when the land is sold and women want to ask where the money from sale has been put ...Where did you put the money you got from my land? You also ask her, "was the land yours?" so the violence he was talking about starts from here... .. (FGD Men Rwebishekye January 2019)*

In addition, women's land ownership remains a source of conflict, as narrated in the following expression:

*".... [I]n case my wife has land that she inherited from her father, .... I make sure she sells it and we buy another one on which I can have control (Men's Group Discussion, Rwebishekye, April 2011).*

This assertion, and others like it, shows that the community is still restrictive of women's land ownership. These assertions are further evidenced

by another finding which indicated significant gender difference in fear of land insecurity. Married women depend on their husbands for all the choices to use of sale land. The government of Uganda requires that spousal consent is obtained for sale of land on which a family lives and depends for their livelihoods whether it was inherited or bought by either the husband or wife. Culturally, it is also required that a married woman secures land tenure it is on the family land she performs her role of producing food to feed family. However, the requirements to these requirements cause tension and conflict among couples. We found out that men and women experiencing violence at the household level are more likely to report insecure land tenure of which women are affected most. Although most people said they felt secure on their land (87%, N=237), five in every seven women felt insecure on their family land as compared to two in every seven men. There following are some of the direct quotes regarding land tenure security for women:

*..... [I]n most cases when you hear people say men sell land, it is when a woman doesn't care, and in this case the man will the family land piece by piece and finish it.... but when a woman becomes tough as a man, you cannot sell that land. If I tell my wife to sign and give me authority to sale land and she refuses, as a buyer, you cannot buy....in some cases women say, let the man sale, he inherited the land and I have no right....in this case the buyer had the leeway .... this is why I am saying a woman needs to be tough in these processes...but 50:50; a woman has a right over this land, one of you, even when you want to buy and a woman refuses you also do not buy. If I also come, and you refuse, this person can't buy, and you cannot sell. So, they are balanced. 50:50. because the government showed them and opened their eyes.... (FGD Men January 2019)*

*.....[T]he other problems we have, when you stop a man from selling land, when he*

wants to sell to use this money for something else, to eat it," someone adds, to re marry" ...when "bird singing" you stop him, now he comes up with a loan. "bird singing" when you refuse the loan, let's say they have old children, there is no way you will reject a loan because your child needs to go to school. You understand me...? (FGD Women January 2019)

..... [Maybe if she buys her own cow, or a goat, she can own them, people do have them, she can own her domestic animals, buys her own cow or goat, if the husband can cooperate with her, he will say this is for the wife, because someone else will say that you bought it in my own land, and he will be like do graze it in your own land? And he takes it away from her. (Elder In-depth Individual Interview 2019)

We found out that land remains an important household resources that does not only shape couple relations also but affects maternal healthcare decision-making. Land related decision-making range from ownership to use. At the household level, over 93% of all decisions regarding the purchase of land, 78% decisions regarding sale of land and only 5% of gardening related decisions are by men. Majority of household gardening decision-making (95%) is by women. In Uganda, agriculture that mainly subsistence and rain-fed is the major land use activity for most people<sup>48</sup>. In this study, we found that 73% of households depend on agriculture and sale of farm produce as their main sources of income. Thus, the importance of food production bespeaks the importance of women's gardening decisions.

Going beyond land decision-making to explore land use, this we found that although men and women are likely to spend close to the same amount of time on farm work – 62% of women's time is spent on gardening as compared to 58% of men's time -- women have the added responsibility of housework and related care roles. Husbands influence 92% of family income and

resource allocation decisions. The implication of this finding is that whereas women contribute highly to farm labour, which is the major source of income, men control decisions in relation with household income. In the following direct quotations, we present voices emphasising difficulties in securing women's land tenure and decision making about sale and use family property and women's limited control over how the family income is used:

"... [W]hy should a woman own land, does she know where I got it from,.... it is unbelievable to let the women go and share on their father's property" (Individual Interview, 60-year-old man, Kashare April 2011)

"...[W]omen own family land and apart from selling, they can do anything with it. The only problem comes when a man wants or marries another woman...land is divided or even lost to the newly married" (Male and Female Mixed Focus Group Discussion, Omukatoma, May 2011)

.... [S]hould your husband approach you that you accept that he sales the land to pay school fees and you refuse, he will leave the child to drops...when you are eventually tired, you allow him to sale the land. He can then choose to use the money from the sale of land to do other things.... byou have then to find another place where to plant food...when you have some money you buy yourself some clothes...those women who have animals like cows and goats kept on the family land, the man is interested, when you have some property.... That makes him feel bad, he will make a to ensure you get rid of them...some men stop their wives from selling their cows they say women have no authority to sell anything.... some men when there is a function, it is the cow which belongs to the wife that must be given up for slaughtering first.... (Women FDG January 2019)



In spite of the significance of secure land tenure to both men and women, there remains limited options to improved women's land tenure security. Men are the sole heads of the family and they control income and property related decisions. Women's claim of authority is limited to gardening and when they harvest men takeover the responsibility to control income. As expressed below, apart from gardening, women have limited claims and land rights especially over land; women's say on family land that is inherited by the husband from his family is much more restricted:

*"...[I]t is okay for a women to have equal rights on land, but it only has to be that which she has bought with her husband and not that which has been passed on from her husband's parents" (Women's Group Discussion, Rubindi, December 2010).*

*"...[S]ome parents have started to give land to their daughters, but when their girls get married, they find it convenient to sell the land because they will not be allowed to keep moving back and forth...some women sell land and buy things like a cow to give them income and security" (Women's Group Discussion, Mishenyi, May 2011).*

*...[W]hen the land is yours either you have bought it or your parents have given it to you as your inheritance, the man will ensure you sale it or he will stop you from using it. In many cases this land is far away from your marital home...he may convince you to sale the land and you but a closer one which he tricks you and you put it in his names....so he takes over the land like that, it doesn't matter because the land is already in his names...Stupidity, Laughs I think its failure of women to understand ...some women have learned, when they are buying they only call their husbands to be witnesses of the purchase, not to put their*

*names on the agreements as if they have bought the land.... (Women FDG January 2019)*

The above expressions indicate that land which is inherited through the man's parents cannot be claimed by a woman. Women's inheritance of land from her parents is also difficult because when she is married, she moves away from her natal land to another family with limited opportunities to move back and forth to her home, where her inherited land is located. Men are not comfortable with women owning land since this may threaten their status and limit men's control of over the women's decisions.

In this paper we present household level land sale and use decision-making as an important determinant of social position, quality of family relations and maternal healthcare decision making. The basis of this finding is the centrality of land as a resource to the status and welfare of its members specifically married men and women. Gender differences in land sale and use decision-making was found to affect maternal healthcare access. The influencing factors relate are land ownership, availability of land for food cultivation and overall land tenure security.

In Table 1, there are associations between land use and maternal healthcare decision-making. Land use related decisions were found to have a significant relationship with women's maternal healthcare access in Kashari County, Mbarara District (see Table 1&2). Making land purchase decisions was found to have a crosscutting relationship with most maternal healthcare services, significant relationship were found with place of birth of the youngest child (Pearson Chi2 0.009), use of antenatal care (Pearson Chi20.000), and who decides the number of children a family can have (Pearson Chi20.005). Sale of land and land use decision-making which are predominantly decisions by husbands were significantly associated with use of antenatal care during the last pregnancy and who makes most of the decisions for a wife to attend antenatal care (Pearson Chi20.000 and Pearson Chi20.000 respectively).

**Table 1:** Land Use Decision-making Dynamics and women's access to Maternal Health Services in South Western Uganda

|  | Deciding on gardening |                      | Deciding on purchase of land |                     | Deciding on family income resources |                      |     |      | Deciding sale of land |                      |      |     |    |
|--|-----------------------|----------------------|------------------------------|---------------------|-------------------------------------|----------------------|-----|------|-----------------------|----------------------|------|-----|----|
|  | Wife                  | Husband              | Wife                         | Husband             | Wife                                | Husband              | Any | Both | Wife                  | Husband              | Both | Any |    |
| Currently uses any method to stop or control becoming pregnant | Yes                   | 122                  | 5                            | 11                  | 113                                 | 10                   | 102 | 5    | 8                     |                      |      |     |    |
|  | No                    | 130                  | 7                            | 8                   | 130                                 | 7                    | 105 | 8    | 18                    |                      |      |     |    |
|  |                       | Pearson Chi2 (.648)  |                              | Pearson Chi2 (.338) |                                     | Pearson Chi2 (.214)  |     |      |                       |                      |      |     |    |
| how often contraceptives were used during the last 12 months   | All the time          | 4                    | 40                           | 5                   | 38                                  | 35                   | 5   | 2    | 2                     | 3                    | 29   | 4   | 5  |
|  | Most of the time      | 1                    | 40                           | 3                   | 36                                  | 30                   | 3   | 4    | 3                     | 0                    | 24   | 10  | 4  |
|  | Sometimes             | 1                    | 15                           | 1                   | 15                                  | 15                   | 0   | 0    | 1                     | 0                    | 10   | 3   | 1  |
|  | Rarely                | 1                    | 27                           | 1                   | 26                                  | 25                   | 1   | 0    | 1                     | 1                    | 23   | 2   | 0  |
|  | Never                 | 0                    | 2                            | 0                   | 2                                   | 2                    | 0   | 0    | 0                     | 0                    | 0    | 1   | 1  |
|  |                       | Pearson Chi2 (0.696) |                              | Pearson Chi2 (0.78) |                                     | Pearson Chi2 (0.697) |     |      |                       | Pearson Chi2 (0.079) |      |     |    |
| The last pregnancy was intended                                | Yes                   | 165                  | 10                           | 11                  | 163                                 | 10                   | 140 | 7    | 17                    | 8                    | 116  | 28  | 10 |
|  | No (But Not Mind)     | 69                   | 1                            | 3                   | 65                                  | 4                    | 50  | 6    | 10                    | 3                    | 45   | 17  | 1  |
|  | No                    | 33                   | 3                            | 6                   | 30                                  | 4                    | 29  | 1    | 1                     | 3                    | 20   | 6   | 5  |
|  | Pearson Chi2 (0.232)  |                      | Pearson Chi2 (0.054)         |                     | Pearson Chi2 (0.0265)               |                      |     |      | Pearson Chi2 (0.135)  |                      |      |     |    |
| Who decides the number of children the family should have?     | M other               | 56                   | 3                            | 10                  | 47                                  | 11                   | 40  | 3    | 4                     | 7                    | 32   | 9   | 2  |
|  | Father                | 87                   | 6                            | 5                   | 86                                  | 1                    | 79  | 5    | 7                     | 2                    | 65   | 12  | 7  |
|  | Both                  | 119                  | 5                            | 4                   | 121                                 | 5                    | 97  | 6    | 17                    | 5                    | 79   | 30  | 7  |
|  | None                  | 1                    | 0                            | 0                   | 1                                   |                      |     |      |                       | 0                    | 1    | 0   | 0  |
|  | Pearson Chi2 (0.873)  |                      | Pearson Chi2 (0.005)         |                     | Pearson Chi2 (0.00)                 |                      |     |      | Pearson Chi2 (0.118)  |                      |      |     |    |
| Attended antenatal care during the last pregnancy              | Wife                  | 18                   | 84                           | 18                  | 84                                  | 18                   | 72  | 6    | 8                     | 9                    | 51   | 19  | 14 |
|  | Husband               | 2                    | 172                          | 2                   | 172                                 | 0                    | 145 | 0    | 8                     | 5                    | 129  | 31  | 2  |
|  |                       | Pearson Chi2 (0.48)  |                              | Pearson Chi2 (0.00) |                                     | Pearson Chi2 (0.00)  |     |      |                       | Pearson Chi2 (0.00)  |      |     |    |
| Who assisted in delivery during last birth?                    | Doctor                | 17                   | 4                            | 2                   | 18                                  | 3                    | 18  | 0    | 0                     | 4                    | 8    | 4   | 3  |
|  | Nurse                 | 142                  | 7                            | 9                   | 139                                 | 6                    | 116 | 7    | 19                    | 6                    | 96   | 27  | 9  |
|  | Mid wife              | 16                   | 1                            | 0                   | 17                                  | 0                    | 15  | 0    | 1                     | 0                    | 12   | 2   | 1  |
|  | TBA                   | 9                    | 0                            | 1                   | 8                                   | 1                    | 7   | 1    | 0                     | 1                    | 8    | 0   | 0  |

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|  |            |                      |    |                      |     |                      |     |   |    |                      |     |    |    |
|--|------------|----------------------|----|----------------------|-----|----------------------|-----|---|----|----------------------|-----|----|----|
|  | Relative   | 80                   | 2  | 7                    | 74  | 7                    | 62  | 6 | 7  | 3                    | 56  | 16 | 3  |
|  |            | Pearson Chi2 (0.035) |    | Pearson Chi2 (0.673) |     | Pearson Chi2 (0.291) |     |   |    | Pearson Chi2 (0.073) |     |    |    |
| place of birth of youngest child                                       | Hospital   | 105                  | 7  | 5                    | 104 | 8                    | 86  | 3 | 14 | 6                    | 65  | 21 | 10 |
|  | Clinic     | 66                   | 5  | 5                    | 67  | 1                    | 58  | 4 | 7  | 4                    | 48  | 12 | 3  |
|  | Home       | 90                   | 2  | 8                    | 83  | 9                    | 70  | 6 | 7  | 4                    | 64  | 17 | 2  |
|  | Field/way  | 1                    | 0  | 0                    | 1   | 0                    | 0   | 1 | 0  | 0                    | 1   | 0  | 0  |
|  | Other      | 1                    | 0  | 0                    | 1   | 0                    | 1   | 0 | 0  | 0                    | 1   | 0  | 0  |
|  |            | Pearson Chi2 (0.035) |    | Pearson Chi2 (0.811) |     | Pearson Chi2 (0.009) |     |   |    | Pearson Chi2 (0.624) |     |    |    |
| type of hospital where youngest child was delivered                    | Gov't      | 94                   | 7  | 7                    | 91  | 9                    | 81  | 2 | 8  | 6                    | 60  | 16 | 9  |
|  | Private    | 60                   | 5  | 4                    | 61  | 0                    | 54  | 4 | 6  | 2                    | 45  | 10 | 3  |
|  |            | Pearson Chi2 (0.853) |    | Pearson Chi2 (0.85)  |     | Pearson Chi2 (0.05)  |     |   |    | Pearson Chi2 (0.521) |     |    |    |
| who makes most of the decision regarding wife going for antenatal care | Wife       | 110                  | 4  | 18                   | 84  | 18                   | 72  | 6 | 8  | 9                    | 51  | 19 | 14 |
|  | Husband    | 165                  | 10 | 2                    | 172 | 0                    | 145 | 8 | 20 | 5                    | 129 | 31 | 2  |
|  |            | Pearson Chi2 (0.479) |    | Pearson Chi2 (0.00)  |     | Pearson Chi2 (0.00)  |     |   |    | Pearson Chi2 (0.00)  |     |    |    |
| Can you decide the number of children you would like to have?          | Yes        | 125                  | 5  | 17                   | 112 | 16                   | 93  | 4 | 16 | 8                    | 81  | 26 | 7  |
|  | No         | 80                   | 2  | 3                    | 79  | 2                    | 67  | 7 | 5  | 4                    | 49  | 16 | 7  |
|  |            | Pearson Chi2 (0.577) |    | Pearson Chi2 (0.021) |     | Pearson Chi2 (0.010) |     |   |    | Pearson Chi2 (0.812) |     |    |    |
| Did you decide on the current number of children you have?             | Yes        | 64                   | 5  | 10                   | 59  | 8                    | 56  | 3 | 3  | 5                    | 43  | 13 | 3  |
|  | Not sure   | 15                   | 0  | 3                    | 12  | 2                    | 11  | 0 | 1  | 2                    | 7   | 3  | 1  |
|  | No         | 29                   | 0  | 0                    | 29  | 0                    | 24  | 2 | 3  | 1                    | 17  | 7  | 0  |
|  | Still prod | 138                  | 7  | 7                    | 135 | 8                    | 114 | 7 | 14 | 5                    | 97  | 24 | 12 |
|  |            | Pearson Chi2 (0.361) |    | Pearson Chi2 (0.01)  |     | Pearson Chi2 (0.495) |     |   |    | Pearson Chi2 (0.463) |     |    |    |

\* Pearson Chi2 is significant at 0.05 level. The values presented in the table are the significance values of Chi-square tests

**Table 2:** Land Ownership, Decision-Making and Maternal Health Behaviours in South Western Uganda

|   |                  |     | The household owns land |    | My family has enough to produce food |    | Form of land ownership |            | Who has say over sale and use of land in the home |      |      |     | I Feeling secure on family land |              |             |           |
|---|------------------|-----|-------------------------|----|--------------------------------------|----|------------------------|------------|---|------|------|-----|---------------------------------|--------------|-------------|-----------|
|   |                  |     | Yes                     | No | Yes                                  | No | Customary              | Registered | Husband   | Wife | Both | Any | Not at all                      | A little bit | Quite a bit | Extremely |
| <b>Currently uses any form of</b>                                   | Yes              | 117 | 131                     |    | 32                                   | 82 | 115                    | 3          | 82  | 6    | 20   | 9   | 105                             | 11           | 2           | 5         |
|   | No               |     | 9                       | 7  | 59                                   | 68 | 129                    | 3          | 86  | 7    | 31   | 6   | 118                             | 7            | 6           | 3         |
| <b>Contraceptives to stop or control becoming pregnant</b>          |                  |     | (0.481)                 |    | (0.003)**                            |    | (0.889)                |            | (0.481)   |      |      |     | (0.242)                         |              |             |           |
| <b>Use none of the contraceptives in the last 6 months</b>          | Yes              |     | 78                      | 5  | 28                                   | 49 | 77                     | 1          | 51  | 6    | 18   | 3   | 72                              | 1            | 6           | 2         |
|   | No               |     | 2                       | .0 | 0                                    | 1  | 2                      | 0          | 2   | 0    | 0    | 0   | 1                               | 0            | 0           | 0         |
|   |                  |     | (0.938)                 |    | (0.569)                              |    | (0.987)                |            | (0.984)   |      |      |     | (0.196)                         |              |             |           |
| <b>How often contraceptives were used during the last 12 months</b> | All the time     |     | 41                      | 2  | 13                                   | 28 | 87                     | 4          | 29  | 3    | 4    | 5   | 37                              | 3            | 0           | 3         |
|   | Most of time     |     | 39                      | 2  | 10                                   | 25 | 42                     | 2          | 24  | 0    | 10   | 4   | 35                              | 4            | 1           | 1         |
|   | Sometimes        |     | 13                      | 3  | 4                                    | 10 | 8                      | 0          | 10  | 0    | 1    | 1   | 13                              | 1            | 0           | 0         |
|   | Rarely           |     | 28                      | 2  | 2                                    | 22 | 20                     | 3          | 23  | 1    | 1    | 1   | 26                              | 2            | 1           | 0         |
|   |                  |     | (0.375)                 |    | (0.185)                              |    | ((0.190)               |            | (0.57)  |      |      |     | (0.517)                         |              |             |           |
| <b>The last Pregnancy was intended</b>                              | Yes              |     | 162                     | 12 | 59                                   | 96 | 158                    | 4          | 116   | 8    | 28   | 10  | 151                             | 11           | 6           | 2         |
|   | No (didn't mind) |     | 67                      | 5  | 34                                   | 33 | 66                     | 1          | 45  | 3    | 17   | 1   | 62                              | 2            | 1           | 2         |
|   | No               |     | 34                      | 1  | 3                                    | 31 | 33                     | 2          | 20  | 3    | 6    | 5   | 24                              | 5            | 4           | 3         |
|   |                  |     | (0.657)                 |    | (0.00)***                            |    | (0.44)                 |            | (0.135)   |      |      |     | (0.007)**                       |              |             |           |
| <b>Attended antenatal care during the last pregnancy</b>            | Yes              |     | 258                     | 4  | 95                                   | 3  | 252                    | 7          | 178   | 14   | 49   | 16  | 232                             | 18           | 11          | 8         |
|   | No               |     | 17                      | 1  | 0                                    | 1  | 4                      | 0          | 2   | 0    | 2    | 0   | 4                               | 0            | 0           | 0         |
|   |                  |     | (0.002)**               |    | (0.176)                              |    | (0.96)                 |            | (0.57)  |      |      |     | (1.00)                          |              |             |           |
| <b>Who assisted in delivery during last</b>                         | Doctor           |     | 19                      | 2  | 5                                    | 14 | 17                     | 1          | 8   | 4    | 4    | 3   |                                 | 1            | 1           | 1         |
|   | Midwife          |     | 140                     | 11 | 54                                   | 81 | 137                    | 4          | 96  | 6    |      | 9   | 18                              | 11           | 4           | 5         |

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|  |                  |         |    |         |    |         |   |         |    |    |    |         |   |   |   |
|--|------------------|---------|----|---------|----|---------|---|---------|----|----|----|---------|---|---|---|
| <b>birth?</b>  | Nurse            | 16      | 1  | 4       | 4  | 15      | 1 | 12      | 01 | 2  | 1  | 12      | 1 | 0 | 0 |
|  | TBA              | 8       | 1  | 2       | 2  | 8       | 0 | 8       | 0  | 2  | 0  | 7       | 0 | 0 | 0 |
|  | Relative         | 77      | 3  | 30      | 46 | 77      | 1 | 56      | 3  | 16 | 3  | 69      | 5 | 5 | 0 |
|  |                  | (0.773) |    | (0.595) |    | (0.705) |   | (0.073) |    |    |    | (0.905) |   |   |   |
| <b>Place of birth of youngest child</b>                    | Hospital         | 103     | 10 | 36      | 64 | 97      | 5 | 65      | 6  | 21 | 10 | 95      | 7 | 3 | 3 |
|  | Clinics          | 69      | 3  | 2532    | 41 | 69      | 1 | 48      | 4  | 12 | 3  | 61      | 5 | 2 | 2 |
|  | Home             | 85      | 5  | 0       | 52 | 85      | 1 | 64      | 4  | 17 | 2  | 77      | 5 | 5 | 2 |
|  | Field            | 2       | 0  | 0       | 2  | 2       | 0 | 2       | 0  | 0  | 0  | 2       | 0 | 0 | 0 |
|  |                  | (0.746) |    | (0.864) |    | (0.533) |   | (0.870) |    |    |    | (0.997) |   |   |   |
| <b>Type of hospital where youngest child was delivered</b> | Government aided | 92      | 10 | 29      | 60 | 87      | 4 | 60      | 6  | 16 | 9  | 84      | 7 | 3 | 3 |
|  | Private          | 62      | 3  | 18      | 41 | 62      | 1 | 45      | 2  | 10 | 3  | 55      | 5 | 2 | 3 |
|  |                  | (0.222) |    | (0.791) |    | (0.649) |   | (0.521) |    |    |    | (0.823) |   |   |   |

\* Pearson Chi2 is significant at 0.05 level

In Table 2, there are statistical comparisons between ownership and use of land and access to maternal healthcare. It was determined that having enough land to produce food enough for the family was significantly associated with use of contraceptives (Pearson Chi20.003), whether the last pregnancy was intended (Pearson Chi20.000) and use of ANC during the last pregnancy (Pearson Chi20.003). Feeling secure on family land was also found to be significantly associated with if the last pregnancy was planned (P-value 0.007) and use of ANC (P-value 0.007). Having attended antenatal care during the last pregnancy was significantly associated with if the family owned land (Pearson Chi2 0.002)

The qualitative data agree re-echoes what is indicated in the quantitative data to show that land rights are associated with one's state of the marital relationship specifically women's fear of their husband's marrying another woman. The following assertions from qualitative data affirm the centrality of land use and ownership to men and women's livelihoods in south-western Uganda:

.... [L]and is becoming scarce, some families do not have any land left to pass on to their children.... some have resorted to selling their small plots of land to be able to move where there is still room for expansion and food production" (LC II Chairperson, Rwebishekye - Male, May 2011).

.... [S]he loses this rights in about two ways, one is, you find a man who wants to marry another woman, for those who like women, and when he marries another wife, things start getting spoilt, what they had started developing, they start reducing, so the man starts pulling towards the other side and the woman also starts pulling towards the other side, the family starts pulling towards the other side and things start getting spoilt. Another thing, you find a man becoming a drunkard, and when he gets drunk, he

starts spoiling everything, he starts taking them to sex workers, so you find these rights getting lost (LC II Chairperson, Rwebishekye, -Male, January 2019)

...[I] don't know that, but land is different from the domestic animals, the domestic animals die and the land stays, the mango tree will be uprooted but land will stay, so it can't be equated to the domestic animals. Even if it's the banana plantation, it will be lost but land remains. (Elder In-depth Individual Interview - Male, January 2019)

.... [W]omen do not have land ownership at all.... there are cases where women even hide their harvest if not the husband will sell and she will never know what the money from the harvest has been used for" (Women's Group Discussion, Rubindi, - Females, April 2011).

...[W]hen women own land they tend to become stubborn.... the wise man is one who convinces her to sell it and then buy something like a cow...this you know that it will be easy to sell off" (Individual Interview, LC chairperson, Rwembabi - Male, April 2011)

Discussing land with married men and women was found to raise contentions and conflict sentiments. While traditionally land is inherited by men or passed on from father to son, daughters and women own land through perchance and in some families, they inherit land from their parents. However, findings in this study indicate that changing women's land ownership practices could affect gender relations among couples. This is evidenced by these direct quotations:

...[S]ome women are starting to own land but actually hide it from their husbands, there is no man who can feel comfortable with a woman who has land" (Individual interview, Local Council Secretary for Women, Rubindi, - Female, April 2011).

....[I] cannot allow my wife to own land, it is that that she has inherited from her parents, I try as much as possible to convince her and we sell and buy another piece which I can control. You cannot do much if it is ancestral, but I try and we sell the land" (*Individual Interview, 44-year-old man, Mishenyi – Male, May 2011*).

While analysing community attitudes towards women's land rights, it is indicated that both men and women desire a land tenure system that puts into consideration women's needs and roles. However, the narrative voices in the above paragraphs, show gendered limitations where male respondents fear to lose their patriarchal power embedded in land inheritance, as females worry to lose their land rights when their husbands marry other women with whom they have to share the limited land to the worst lose the land completely.

## Discussion

None of the studies promoting the protection of women's land access have made attempts to explore the linkage gendered land tenure could have on maternal healthcare access. The findings in this study agree with previous on Uganda and similarly in other countries in the region that report a higher dependence of women livelihood on land.

Accordingly, the common way land is acquired in Uganda is through customary tenure<sup>49</sup>. In this study we also found out that while women continue to gain access to land through their husbands, they do not gain ownership of the land<sup>50</sup>. In most rural Uganda, land tenure is mostly secured and governed by customary and family-based regulations. Also in this study, we agree with previous studies which have concluded that food production and gardening are the only conditions under which women can make land claims<sup>51</sup>. This study's findings on land decision-making dynamics are consistent with other research which concludes that Uganda's land law specifically has failed to protect women's land tenure of which widows are the most affected<sup>52</sup>.

The findings in this paper also agree with previous findings by Jackson, 2003 which has indicated that land is owned for both identity and masculinity purposes, and so it is their responsibility to purchase land. Although the sale of family land is protected by the requirement of spousal consent, men are often not culturally obliged to inform their wives about their decision to sell land<sup>53</sup>.

Wyrod's (2008) study on masculinity and shifting discourses of gender inequality in Uganda argues that patriarchal powers remain prevalent amidst promotion of women's rights and so retain cultural notions of innate male authority<sup>54</sup>. As Amartya Sen (1987) observed, intra-household allocation of resources coexists with extensive conflict and pervasive cooperation<sup>55</sup>. Sen further argues that domestic power imbalances owing to property rights and gender inequalities generate pervasive cooperation, shedding light on why women do not use maternal health care<sup>56</sup>.

According to Rao (2012), access to land drives women's access to financial resources and is an indicator for social status and so cannot be left out of the debate on maternal health care decision making<sup>57</sup>. While this research does not disregard the importance of the quality of healthcare in improving maternal healthcare, it contributes to the social and economic analysis of barriers to women's health. Land use and ownership decision-making are central to the household's wellbeing and constrains women's prospects for better maternal healthcare because it affects women's decision-making and access to resources. Therefore, to improve women's healthcare access, the value and governance of land as a source of livelihood is a central determining factor.

Land ownership confers direct economic benefit as a key input in agricultural production, a source of income from rent and sale and also collateral for credit that may be used for consumption and investment<sup>58</sup>, but very little attention has been paid to the intermediary effect of land ownership on women's healthcare. Tenure and agency in land that is bought by couple as opposed to land that is inherited. We found that spousal co-ownership and consent requirement in

case of sale of land as guided by the 1998 Land Act contracts the male authority over inherited land and instead increases household level gender based violence linked to property sharing and related decision-making<sup>59</sup>. The findings agree with the work of Hannay, L., 2014, which conclude that customary rules play an important role in determining women's land rights<sup>60</sup>, in Jackson's work of 2003 and 2007, it is concluded that marriage is key safety net for women's land rights, land inclusive and thus agrees with findings of this study which indicates that women who are able to earn and buy land and those who inherit land from their families of birth have secure land tenure. Land as a primary source of livelihoods for most Ugandan women, is a source of agency in maternal healthcare.

## Conclusion

This paper has presented findings on the relationship between women's land rights and access to maternal healthcare in the context of rural southwestern Uganda. The study showed that women's decision-making on land use, ownership and sell shape household decisions to seek maternal healthcare. In rural Mbarara, land ownership remains customary, passed to male children mainly at marriage, land use decision-making follows the same partner. Household land is a source of identity and belonging, and women's land claims can only take place within the context of marriage and production of family food. For women, the value of land encompasses the fact that it is their source of employment and livelihood.

The majority of the women in Kashari County, Mbarara District spend at least 6 hours of their working hours doing farm labour, and the rest of their time doing on domestic work; as such, land defines women's living conditions and thus carries meaning in the promotion of maternal health. Irrespective of the ownership, land decision-making dynamics were found to significantly influence antenatal care (ANC) and use of skilled maternity care. Household maternal healthcare decision-making is ultimately affected

by women's dependence on male choices and desires. Fear of losing land rights, the risk of divorce and the ever-present threat of domestic violence leaves women with minimal choices but to follow the choices of men.

In closure, it is necessary to assert that if land is the sole source of household livelihood, women's land ownership practices cannot continue to be embedded in marital, patriarchal relationships. Rural women's very ability to survive – eating and obtaining maternal healthcare – is at the mercy of men. Hence, formal and culturally accepted means to enhance women's control and ownership of land should be researched and tested for policy, cultural, religious and social acceptability. In addition, there is need for further research that undertakes a public health focus, complemented by an in-depth anthropological perspective, in order to recognize the role of cultural variables – like the social and economic meanings and practices surrounding land – that impact maternal health. Only with such research in hand will we be able to develop public health policy that meets the real-life needs of rural populations.

## Ethics Approval and Consent to Participate

The study was reviewed by the Mbarara University Research Ethics Committee (reference MUIRC 1/7). The study procedures considered issues of confidentiality and consent throughout the research process. A consent letter was signed for individual interviews and group consent was sought verbally before beginning any groups' discussions. Study participants were recruited on a voluntary basis and only adults participated in the study.

## Study Limitations

In this study, we were limited to analysing the effect of intra-household determinants on the use of facility-based maternal healthcare. We studied households with children aged 5 years and below, excluding couples who had pregnancies with



adverse outcomes such as miscarriage, abortion or death of the child during the same period (pregnancy during the last 5 years). The study was also carried out within a community that shares the same cultural and social practices and behaviours and so cannot offer a comparative analysis of cultural practices differences in women land ownership and access.

## Contribution of Authors

Viola N. Nyakato and Charles B Rwabukwali participated in the study design, analysis and writing of the manuscript. Susan Kools participated in the writing and editing of the manuscript. All authors read and approved the final version of this manuscript.

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