



Can Informal Information Platforms Contribute to Health Education? Insights from Luwero District, Uganda

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Key Message:

Utilizing existing informal communication platforms and channels at grass root level may enhance health education and may support efforts to ensure compliance with health promotion.



Information conversation around popular 'Ludo' game

Why the focus on local information systems?

In Uganda, the financial and human resource investment in health communication is high and unsustainable without external intervention (Okwero 2010).

Health communication activities including messages are designed by health practitioners with minimal involvement of target communities at the grassroots (Hewlett and Amora 2001).

In emergency healthcare situations such as Ebola outbreaks and the HIV and AIDS epidemic, affected communities have been reported to introduce alternative approaches that sometimes contradict healthcare advice but which families across the communities appreciate (Hewlett and Hewlett 2008).

To improve acceptability, affordability and sustainability of health communication, health practitioners need to identify, integrate and utilize the local/ already existing communication resource.

Local information resource

- *Informal sources: Knowledgeable elders, clan elders, traditional healers, family, senior teacher, returning villagemates (from the city), gossip*
- *Informal channels: Social activities (sports, wedding, rituals, video shows, ludo game, pool table, social events), shared social space (gardens, bars, market stalls, restaurants), social networks (peers, friends, family), bodabodas, peers, technology (improvised village radio-kizindaalo, phones).*
- *Formal sources: District health personnel, Village health teams, Health assistants, outreach teams.*



A village information meeting in progress

Methods

Data collection was done using different methods including participant observation, in-depth interviews with community members, focused group discussions and informal conversations.

Results

Community perceptions

- Residents believed and acted more on informal than formal health-related messages because they were less complex and associable to them. Unlike the formal health structures, informal sources of information were accessible and answerable to community members whenever necessary.
- Informal health communication is embedded in local socialization yet formal messages flowed through hierarchical structures alien to local communities.
- Social activities like child naming were ritualized and children named after ancestors to sustain family relationship between ancestral spirits and their living kin. The community trusted traditional healers and diviners on basis of their position as representatives of ancestral spirits, and believed what they communicated even when they contradicted official healthcare messages.

Lessons learned and implications

- *The influence of informal sources of information is embedded in the local social fabric and cannot be overrated as an influence on local health behavior.*
- *Informal communication mechanisms remain unrecognized by the health practitioners despite their contribution to community health behavior.*
- *Individual community members may believe and act upon health information if it is channeled through their trusted informal sources.*
- *Local information resources are affordable, sustainable and acceptable to the local communities that health practitioners aim to influence.*
- *Health practitioners may utilize the adaptable elements of the identified informal communication resource to improve community appreciation of formal health messages and reduce risky health behavior.*

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