

Life-saving learning around the drinking pot

What started as a gathering of educated scientists in Uganda has turned into a social event that is changing the health behaviour of people in poor, rural communities. Sarah Cumberland reports.

When Sam [not his real name] found out that his pregnant wife was HIV-positive, he abandoned her, thinking that it was inevitable that their baby would be born with HIV. He did not know about measures available to reduce the risk of HIV-transmission from mother to baby. "If I had heard this information earlier, I would not have divorced my wife," he said with remorse.

Myths and misinformation abound in rural communities where men like Sam have virtually no access to health information. "When special meetings are held to educate people on health issues, the men don't go because they think health is something only the women should deal with," says Christine Munduru of the Open Society Initiative for East Africa (OSIEA). "There is a huge need for health information among communities with low literacy because many people don't have access to media. Health workers already face such a high workload that health education is rarely done in health facilities. Even then, it is only given to those who are sick and are seeking services."

A grass-roots initiative is changing the way poor communities learn about health in Uganda. In 2007, Patrice Mawa Akusa, a research scientist with the Uganda Virus Research Institute,

established a science cafe, an informal meeting place of the science community and interested friends, in a bar in Entebbe, Uganda. Akusa based his idea both on personal experience with inquisitive community members at the research institute who wanted to know what science could do for them and on the successful *Café Scientifique* concept that was developed in 1998 by Duncan Dallas in Leeds, in the United Kingdom of Great Britain and Northern Ireland. Its aim is to take science out of its academic setting and make it accessible by holding free meetings in public venues on topics that lead to interesting discussions between scientists and the

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general public. Since then, the concept has spread all over the world and is now well

established with around 300 cafes in 40 countries, including the Islamic Republic of Iran, Japan, Poland and Turkey, under names ranging from "Science in the Pub" in Australia to "Chai and Why" in India.

The problem in Uganda was that the science cafes were held in English, which left out a huge number of non-English speakers, many of whom were poor and could not afford to buy beer in bars. These people heard about the science meetings and asked for them to be held in their local languages (Lugbara, Kiswahili, Luganda and Iteso) at the local *malwa* (millet beer) joint.

"The men spend their leisure time drinking the local brew. This is how decisions have always been made in traditional communities in Africa, gathered around the communal drinking pot," Munduru says.

The first talk given in the local language was on "How can I live longer with HIV?" This event was the catalyst for many participants to declare their HIV status and talk more openly on the subject. Hungry for more information, the local communities asked for more talks on HIV and for testing and counselling services to be provided at one of the meetings. "It was amazing," says Munduru. "Nobody wanted to miss out. Seventy people were tested and those who tested positive were referred for treatment."

Although this particular *malwa* joint is only 300 metres from a hospital where HIV-testing services are provided for free, the people had been reluctant to use these services. "I thought HIV test kits were as big as computers," one participant expressed, showing the level of ignorance among the communities.

One of the major challenges of health education in Uganda is lack of male involvement. "The women receive good information from the health centres but they can't put it into practice if the men are not involved as well," says Munduru. "Many women come home and keep quiet about their [HIV] test results, continuing to breastfeed, afraid of being thrown out of the home. Involving men is really important because men are decision makers in Africa."



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Decisions are made around the communal drinking pot.

Science cafe meetings in local languages have grown into important community events that are changing health behaviour. For example, after a talk about the risks of malaria in pregnancy, the men realized the importance of giving bed nets to their wives to sleep under, instead of using them themselves.

“We let the community take charge and choose the topics,” says Munduru, “although we guide them to make sure that they are balanced. We empower them with information then leave them to make their own decisions. Health is the subject that affects people’s lives the most here so that is what they keep asking for.”

Other topics for discussion have included water and sanitation, climate change, human rights and domestic violence. “These are issues that are pertinent to the rural communities in Africa,” says Munduru. “Wherever a local language

cafe is introduced, it picks up very fast and becomes a household name,” she adds. Demand has spread to church communities, who have asked their pastor to reduce

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Duncan Dallas

the time spent preaching to provide talks on such topics as first aid in the home.

The cafes have been successful in linking health providers to the people. “It’s sometimes frustrating though that, after creating the demand, the health

services aren’t always available,” says Munduru.

While the Ministry of Health has not been involved with this initiative, there is recognition that the cafe is an important supplement to the health system. Says Dr Jacinto Amandua, Commissioner of Clinical Services at the Ministry of Health: “It’s very important that these talks are in the local language because people are more likely to listen. This is a very good programme but we need to do more, particularly in rural communities and for lower social groups.”

Until recently, the local language cafes have been running on what Munduru calls “the spirit of volunteerism” and some donations from Café Scientifique in Leeds. A recent grant from the Wellcome Trust International Engagement Award will help the project to expand to more communities and villages within the Entebbe and Kampala areas.

Duncan Dallas, director of Café Scientifique in the United Kingdom, emphasizes the need for the cafes to become self-sustaining. “Whether they are in England or Africa, one of the problems for low-income cafes is remaining independent,” he says. “They are not a charity, but a means of encouraging a local community to engage with science, technology and medicine as an independent unit.”

He is positive that the local language concept developed in Uganda has great potential for growth and serves as a role model for other African countries. “This is an inspiring example of how cafes can assist in connecting the medical sciences to local cultures,” says Dallas. “Most of the cafes in England are aimed at middle-class people, so for me it was an education that it could reach such a grass-roots level as it does in Africa.” ■



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The team managing the local language cafes in Uganda (from left to right): Benson Droti, Geoffrey Angutoko, Robert Anguzu, Christine Munduru, Patrice Mawa Akusa, Joshua Guina.