

# VICE VERSA

journalism on  
global development

MISINFORMATION  
& HEALTH





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## Editorial



**When Professor Bruce Mutsvairo was growing up**, he believed the health sector was immune to falsehoods. It always seemed solid, until the world had to deal with the COVID-19 pandemic. That was when the reality of the dangers of disinformation and disinformation dawned on him.

Mutsvairo, a professor in the Department of Media and Culture Studies at Utrecht University and a board member of the Knowledge Centre Global Health (KCGH), sees that the phenomenon of misinformation and disinformation will continue growing out of proportion. It threatens the global health sector and undermines democracy. This is illustrated by the increasing popularity of far-right parties in Europe that undermine the electoral process and spread disinformation.

‘This is exactly why we are hosting this conference with KCGH—to create a platform where people around the world can share insights on how they are tackling this, particularly in the global health sector,’ he says in the opening story of this issue of Vice Versa.

This is the third special edition we are publishing together with the KCGH prior to annual conference that the knowledge platform organises with the NVTG, the Association of Global Health Professionals. It is an extremely topical issue, generally, and within the health sector.

**In African countries, misinformation often** stems from traditions, as evidenced by the reports of Nicera Wanjiru in Kenya and Cissy Nalumansi in Uganda. It has to do with the well-known ‘village gossip’—that a certain clinic would not be good, or with parents who tell their daughters that they should not use contraceptives because they will get cancer and become infertile.

In the West, it is often influenced by political choices. This trend has gained momentum over the past decade, largely driven by Donald Trump, who consistently accuses the media of spreading Fake News while simultaneously spreading lies under the guise of ‘alternative facts.’ The interview with Dannagal Young gives a good picture of the role of misinformation and disinformation in American society.

In the Netherlands, the medical federation KNMG has also sounded the alarm about the increasing influence of misinformation and disinformation in healthcare. However, the article by Joris Tielens also shows that this is now being combated innovatively, such as with the ‘Doubt Phone’ and ‘Doctors Today’ in which twelve doctors fight disinformation with short TikTok videos.

**We have compiled a diverse issue** for you with articles that offer insights into how people across the world deal with misinformation and disinformation, and what we can learn from each other in the fight against it. From experienced healthcare professionals to young people who are beginning their medical careers. As medical student Sterre Broere (the niece of one of your editors-in-chief) sighs, ‘Some patients trust a doctor’s advice just as much as they trust that of an influencer on TikTok.’

In short, there is still a lot of work to be done.

**Eunice Mwaura and Marc Broere**

*Editor’s-in-Chief*



10

### 4. Lies, health, and democracy

Safeguarding global health

*by Elizabeth Kameo*

### 9. The power of truth

Confronting HIV stigma and misinformation

*by Eva Nakato*

### 10. Myths and realities

Challenging misconceptions among adolescent girls in Bungoma

*by Nicera Wanjiru*

### 14. Unmasking the truth

Understanding our role in misinformation

*by Elizabeth Kameo*

### 18. Listening to concerns

How doctors are addressing health myths

*by Joris Tielens*



18

## CONTENTS



30

### 22. When TikTok meets medicine

A medical student’s perspective on misinformation

*by Benjamin Loman*

### 24. Curses, conspiracies and COVID-19

A personal journey during the pandemic

*by Cissy Nalumansi*

### 28. Fact-checking the fads

Dr Mensah’s quest for truth in health

*by Bethram Jude Buckman*

### 30. Where care meets chaos

Lwamata’s health struggles

*by Cissy Nalumansi*



28





**Not entirely new, the misinformation and disinformation phenomenon continues to grow out of proportion. It threatens the global health sector, as was witnessed during the COVID pandemic, and undermines democracy. This is exemplified by the rise in popularity of more far right-wing parties within Europe undermining the electoral process. Amidst the threats and fears, who or what is to blame? Can they be curbed, or is it too late?**

**Text: Elizabeth Kameo**

**Ahead of the pivotal conference** hosted by The Knowledge Centre Global Health (KCGH), titled *'Navigating Truths: Demystifying Mis- and Disinformation in Global Health'*, conference chair Prof. Dr Bruce Mutsvairo—professor in the Department of Media and Culture Studies at Utrecht University—discusses the challenges posed by mis- and disinformation on a global scale. He emphasises that although this issue may seem grey, solutions exist.

Growing up, Prof. Dr Mutsvairo, a KCGH board member, believed the health sector was immune to falsehoods—until the world had to deal with the COVID-19 pandemic. Then, the realities of the dangers of misinformation and disinformation hit hard. 'Disinformation is a significant issue and a major concern in our society. Regardless of where you live, as long as you are online, you have to deal with misinformation and 'fake news' almost daily. You can talk of any sector, even within global health, there is a lot of research that has been done and continues to be done showing dis- and misinformation are major issues,' he says.

He elaborates, 'This is precisely why we are organising this conference—to create a platform for people worldwide to share insights on how they are tackling this, particularly in the global health sector. Growing up, I never imagined this would be one of the sectors affected. It always seemed solid, but as we now see, that is not the case.'

According to Prof. Dr Mutsvairo, more people are getting deceived online by disinformation campaigns. This has become a trend involving more actors. 'The global disinformation campaign has evolved far beyond individual exchanges; it draws in nations, states, and influencers of all ages—people who leverage their popularity to spread falsehoods and disinformation without hesitation, driven by a desire for fame. In this climate, pursuing popularity often overshadows the commitment to truth.'

'In as much as social media and digital platforms help people access the information they want, they are also a big problem. People only see the good things; they see social media as enabling them to communicate with friends and gain access to information easily without contemplating the dangers,' he states.

Prof. Dr Mutsvairo observes that the open nature of social media—accessible to anyone with internet access to create and share their own news—complicates efforts to tackle the 'fake news' problem. While many issues can be resolved relatively easily, finding effective solutions to misinformation is no easy task.

**It is important to address misinformation within the global health sector. *You can have lies everywhere, but you do not want to have a fake doctor.***

**'We can host conference after conference,** but we cannot solve the problems caused by social media with a quick fix. To begin considering solutions, we must first recognise and understand the vast scale and complexity of this problem in our society. There are a lot of falsehoods everywhere online, set off by different actors who try or use social media or digital platforms to disinform or lie, to protect their interests.'

While misinformation and disinformation are not a new phenomenon, the media and journalism scholar believes the advent of social media has worsened the problem. 'Historically, nations have tried to use propaganda to lie and deceive. In that sense, disinformation has existed for as long as humans have been alive. The deliberate dissemination of false or misleading news or information has always been there, even at the village level in Africa,' he explains.

‘Even when there was no technology, people could deceive and try to lie; it is human nature. The difference today is, of course, the advent of digital technology has made it easier to transmit and transport those lies and to make them look professional and realistic.’ However, according to Professor Dr Mutsvairo, as much as misinformation is a global problem, there is a need to understand the contexts and history within the different countries.

‘The impact disinformation has in Uganda will not be the same as in Tanzania even though these countries are neighbours. There are things you are likely to see everywhere, for example, the accusation that Russia is interfering with the elections in the West. Every Western power today is concerned that Russia could try to have a say in its elections because it has shown that it can. Over the last three years, I have been working in Mali and Ethiopia, trying to investigate the influence of misinformation in conflict countries. The trends are completely different from those of a country without conflict.’

# For democracy as a system to work, you need to have accurate and truthful information to make informed decisions.

Often used interchangeably, misinformation and disinformation have distinct definitions and implications. The former refers to the accidental spread of inaccurate information, while the latter involves deliberately disseminating false material with the intent to deceive, often resulting in significant harm. Both forms pose grave threats to democracy. ‘Of course, there is no question that they threaten democracy. For democracy as a system to work, you need to have accurate and truthful information to make informed decisions. This is increasingly difficult—not only in Africa or non-Western societies but globally,’ he says.

‘We saw how Trump tried to convince people that he had won the elections, and there are those who believed him. This represents a significant danger, as it opens the door for individuals like him to gain power in democratic countries. If someone like Trump can be elected based on a platform of lies, it raises the question of how we can expect African leaders to act differently. People somehow prefer lies to truth; they vote for disinformation. It is considered cool to lie because lies make people popular these days.’

**But as the world contemplates** the threat of mis- and disinformation to democracy, it goes without saying that the threats to global health go beyond instilling fear and gaining control of the people. The COVID-19 pandemic proved how misinformation in the sector can bring about the public’s mistrust in government and health authorities, posing challenges to control disease and outbreaks.

‘It is important to address misinformation within the global health sector. You can have lies everywhere, but you do not want to have a fake doctor. You do not want somebody to lie about your health. If you go to a doctor, you want accurate information because your health is your well-being; it is your future,’ Mutsvairo says.

But where does this leave the media, both traditional and conventional? Are they doing enough to debunk misinformation and disinformation? ‘The way the media in the Netherlands is trying to protect or ensure that the content they disseminate is truthful is different from the media sector in Indonesia, Malawi or Mexico. It comes down to having access to resources.’

He, however, adds that it is important to think about the role of media from a contextual point of view, especially as complex narratives are dominant today because people set their own agendas. ‘Many journalists have the sense of doing the right thing because they believe it is their role to fight against falsehoods. However, the rise of citizen journalists and influencers who do not need professional training has good and bad sides. Some are being used by different actors to gather and disseminate false narratives,’ he says.

‘At the end of the day, media is people-owned and a business. People want to make money, but not everybody has the ethical mindset to do the right thing. And what is right to one could be viewed as wrong by another.’ Unfortunately, in today’s world, the more complex the narrative, the easier it is to gain attention. According to Mutsvairo, today it is all about attention.

‘People often make controversial statements to attract attention and gain millions of views on their videos, to become famous. Critical reflection is lacking. It is too difficult to be critical, so people choose the easier option—liking or sharing a post. They do not care about the potential damage that could bring.’

He further elaborates, ‘People trying to tell the truth are unpopular. It is easy for a voter to accept that ‘immigrants are a threat to your lives, or they want to take your wife, your job.’ You could use the same internet to find out if that is true. However, it costs time, so people are not interested. That is why misinformation is more popular.’

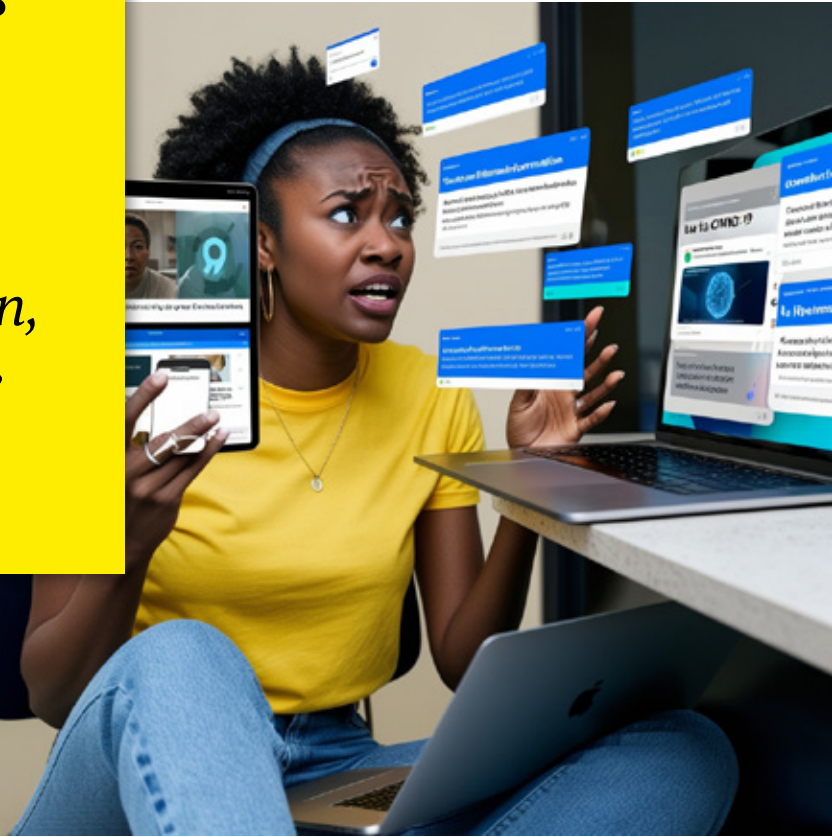
And it is not only the low-income or lowly educated people that are susceptible.

**‘Research indicates that educated individuals—**or who are considered well-educated—are also increasingly supporting right-wing ideologies. It is a misconception that only the lowly educated people are the ones who could easily be victims,’ he asserts.

‘However, research has also demonstrated that individuals who have long been exposed to disinformation—often due to being raised in environments where their parents accepted it—are more likely to believe and identify with it. This familiarity can create a strong inclination toward disinformation. Nevertheless, this does not negate the reality that even highly educated individuals are vulnerable to believing false information.’

While the problem may be at its highest, Prof. Dr Mutsvairo is confident solutions exist. However, it starts with people’s acknowledgement of the problem. ‘We should enhance literacy rates regarding misinformation, as people must recognise its existence and impact. It is crucial to teach individuals to identify misinformation from a young age rather than waiting until high school or university, as this issue will persist for decades—possibly indefinitely. Misinformation is a current reality, but it can be tackled by providing ac-

**While fact-checking has been hailed as a movement that could help defeat disinformation, it raises the question, ‘Who will check the fact checker?’**



curate information. Additionally, fact-checking has emerged as a widely recognised solution to combat misinformation,’ he says.

According to Mutsvairo, while fact-checking has been hailed as a movement that could help defeat disinformation, it raises the question, ‘Who will check the fact checker?’ And while the media is part of the problem, Mutsvairo is confident media and journalists can play a significant role and be part of the solution as fact-checkers.

‘Having a media aware of the state of affairs in this era is crucial. It is also important to have professionally trained journalists who detect and see the importance of fighting for the truth. Journalists have a big role to play. We need honest journalists globally who cannot be bought and desire to tell the truth. Thankfully, they exist because otherwise, it would be a disaster,’ he says.

**To ensure that the complexities and nuisances** remain in focus, Mutsvairo emphasises the need for more research funding. This will ensure that research advances at the same level as technologies to enable a better understanding of the trends of misinformation. ‘In this era, academics are the least trusted people because those that promote misinformation see higher education and knowledge providers as a big threat to them,’ he adds. While researchers, together with professional and honest jour-

nalism could be one part of the solution, Mutsvairo emphasises the significance of having responsible citizens. ‘We need to instil a sense of responsibility in individuals, helping them understand that before relying on a fact-checker to verify information, they should refrain from sharing anything on the internet they are unsure about. While these principles may seem simple, they are challenging to enforce effectively.’

He concludes by underlining the need for regulations and laws to tackle the problem. ‘As a journalist, I am somewhat sceptical about regulations since they can potentially restrict freedom of speech. However, I believe we are at a point where regulations are necessary because certain individuals need to be held accountable for their actions.’

He continues, ‘We need laws that can effectively address this problem. These laws should not infringe on freedom of expression, as that is a separate issue. In non-democratic settings, we often see this happening, where regulation is used to silence those who speak out against the government. While this is a significant concern, I still believe some regulation is necessary.’

Mutsvairo believes it is the responsibility of everyone to ensure that whatever they are saying or sharing is not a danger or is not putting the lives of others in danger. And maybe then we may start seeing less danger caused by mis- and disinformation. ●



27  
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Fake News

SYMPOSIUM

# Navigating truths

## Demystifying mis- and disinformation in (global) health

Empower yourself to counter misinformation in health by connecting with experts and gaining tools to promote truthful, impactful health communication.

📍 Utrecht, The Netherlands

🕒 09:00 – 17:00



More info



Eva Nakato

## My battle with HIV misinformation

HIV is a battle fought on two fronts: the virus itself and the harmful misinformation that surrounds it. For many, the stigma attached to HIV can be as devastating as the illness, fueled by myths, fear, and a lack of education. Eva Nakato's journey through life with HIV is not just about managing the virus but about overcoming the cloud of misinformation that has followed her from childhood.

Disinformation and misinformation are dangerous to the health system of any country. They cause mistrust, division, health risks and harm, among others. Growing up with HIV, I encountered a lot of misinformation that caused a lot of havoc in my life, school, and work environments. My story is not just about my battle with HIV but also my fight against the misinformation that surrounds it. Finding out that I was born with HIV at a young age was unbelievable. I felt like my world was collapsing.

I did not know much about it, but from radio and television commercials, movies, and educational signs, it was that AIDS KILLS!!! That is all I knew. I did not know how to react due to the myths and misconceptions I had heard. I was scared that my life was about to end anytime soon as my fears about HIV grew. In my home community, misinformation about it was rampant. Many people believed that it could spread through casual contact or that it was a death sentence.

These myths circulated quickly through sensationalist media and the quick dissemination of false information on social media. As a result, people would avoid me and call me 'The Walking Dead.' We once had a neighbour who had his sons come and fetch water from our home. When she found out that my twin sister and I were living with the virus, she told them to stop speaking to us because we had HIV and that they would contract it.

When I began taking my medication,

my first HIV treatment failed due to poor adherence and limited guidance from the health workers, which led to resistance to it. However, I later connected with a local health worker/counsellor who provided me with accurate information about HIV. She explained how it is transmitted, how to manage it with medication, and most importantly, that with good adherence, I could live a healthy life and become undetectable. The beauty of it is that I could ask all the questions that had lingered in my mind for years.

I was switched to a much stronger medication and started to regain my hope, realising that it was not too late to start over. I then became an advocate for HIV awareness using music, film, and experience sharing in communities, schools and conferences to create awareness. I did not want anyone else to go through what I did. I began volunteering with a local organisation, sharing my story and educating others about HIV. I used social media to spread accurate information and debunk myths, though it was not as easy as I had hoped. Still, every time someone confided in me and thanked me for sharing, it made it all worthwhile.

One of the most encouraging parts of my journey has been the support from my family and a few friends. Gradually, attitudes are changing as people are more willing to learn. They ask questions instead of making assumptions. I am glad my story has encouraged many people

to get tested and seek treatment. It is all about having an impact. One person's story can impact many others.

There is power in education and community support in combating misinformation and disinformation. The fight against HIV is not just about the virus; it is also about the misinformation that creates fear in people, making them suffer in silence. My story illustrates the breadth of misinformation about HIV that prevents people from getting tested or seeking treatment, affecting both individuals and public health efforts to control the spread of the virus.

From a frightened, misinformed individual to a confident advocate, I believe that the best way to combat misinformation should be through one-on-one physical interactions with both individuals living with and without HIV. People tend to connect more during one-on-one sessions. They are more relaxed, open up more, and can ask even the most sensitive questions. This is the best opportunity to dispel myths and misconceptions about HIV.

When I share my story on various platforms, people often approach me after the sessions. That is where the power lies. Misinformation/Disinformation is dangerous, and it surely can cost lives. By sharing our experiences and educating others, we help to dismantle the myths and stigma surrounding HIV, paving the way for a more informed and compassionate world.





# Access to healthcare services is a right

In a world rife with health misinformation, adolescent girls in Western Kenya's Bungoma County are suffering the consequences of dangerous misconceptions, from unintended pregnancies to gender-based violence. These false narratives obstruct access to vital services and undermine their fundamental rights. As we explore the heart-wrenching stories of young women caught in this cycle, it becomes clear that their struggle for healthcare in these rural areas goes far beyond distance—it is a fight for survival, knowledge, and dignity.

**Text:** Nicera Wanjiru  
**Pictures:** Tracey Owegi

**Health is a fundamental aspect** of human life. It has gained priority in governance, reflected in increased budgetary allocations. In Kenya, healthcare services are provided through a multi-tiered network of facilities, with the public sector accounting for about 51 percent of services. Urban centres have many options regarding quality delivery of health services, though the same cannot be said for rural and remote areas.

While the former struggles with issues like mismanagement and low supplies, more remote regions are plagued by critical challenges such as poor access to health facilities, long distances, widespread poverty and lack of awareness. These barriers severely limit the ability to access and exercise a fundamental human right: the right to quality healthcare. In particular, gaps in knowledge and rampant misinformation undermine access to essential health services, especially sexual and reproductive healthcare.

We explore these challenges by delving into stories from the heart of Western Kenya, near the border of Uganda. Our journey takes us to Bungoma County, where agriculture forms the backbone of the local economy. The humid climate, combined with rich green

landscapes, is a clear indication of its agricultural potential. Passing through Bungoma town, we continue towards Sirisia, venturing deep into the rural village of Wamono.

**‘Without key information about their rights, many citizens do not realise *that access to healthcare services is, in fact, their right.***

The cool, wet climate and well-aerated soils make this region ideal for arable farming. Along the way, we pass through expansive sugar plantations, fields of maize, and other crops. However, beneath this lush landscape lies a more troubling reality: the community is grappling with several healthcare challenges, as revealed by Elizabeth Waliuba, the founder of Imarisha Usawa. The rate of unintended pregnancies among adolescent girls and young women is alarmingly high, and gender-based violence is rampant.

These issues, combined with the low transition rate of girls in education and a lack of economic opportunities, are just a few of the struggles facing young women in this area. Elizabeth further

explains how unintended pregnancies, gender-based violence, and harmful cultural norms contribute to the healthcare challenges in the area. Our conversation reveals that misinformation, limited access to accurate information, and deeply ingrained cultural beliefs have played a major role in the negative health outcomes experienced by adolescent girls, young women, and the wider community.

**Apart from limitations on** health-related knowledge, civic education is also limited as the community is not actively advocating for better healthcare services. ‘Without key information about their rights, many citizens do not realise that access to healthcare services is, in fact, their right,’ she explains. She goes on to elaborate on the intersection of gender inequalities, rigid gender roles, and cultural norms that continue to obstruct progress toward achieving equitable global health.

She continues; ‘Adolescent girls and young women are not only subjected to gender profiling, which enforces limiting gender roles, but they also face significant barriers to their personal development. In Wamono Village, many girls are burdened with care work: supporting households by looking after younger siblings and elderly family members, doing household chores, and working as labourers on farms owned by elite families. This exposes them to violence and hinders their education.’

Elizabeth introduces us to one of Imarisha Usawa’s beneficiaries, a young mother we will call *Nangila* (not her real name). *Nangila*, who is HIV-positive, is a mother of three—all under the age of five. Her journey is one of hardship, marked by limited access to healthcare and education. ‘At fifteen, a friend introduced me to a man who I was told wanted to marry me,’ she recalls, her voice trembling.

‘I did not know he was HIV-positive. I became pregnant, and after giving birth, during one of my antenatal clinic visits, I found out that I was HIV-positive.’ She pauses, tears falling from her eyes, before continuing. ‘He left me after the baby was born. I had no idea about HIV

*Elizabeth Waliuba and “Nangila” engage in SRH discussion and counseling as part of the ongoing mentorship session*





or sexual reproductive health.' *Nangila's* story does not end there. After the first man abandoned her, she met a second man who also promised her marriage.

'At seventeen, I got pregnant again, but he, too, left me,' she says. 'By nineteen, I was hopeless. I had no education, skills, or mentorship. I thought my only choice was to seek comfort with a third man.' She fell pregnant a third time, and this man also left her when she was five months along. Throughout our conversation, it becomes painfully clear how misinformation has played a devastating role in her life. 'I never used contraception,' she admits, 'because my friends told me it would give me cancer or make me barren.'

**Misinformation like this—deeply rooted** in misconceptions—has left many girls vulnerable. For those from poorer backgrounds, the vulnerability is even more pronounced, as they are often more vulnerable to gender-based violence. Misinformation has led to the violation of fundamental rights of these girls. One young woman we interviewed had her first child at fifteen—by 22 she already had three. Like *Nangila*, she also fell victim to misconception. A friend insinuated that most of the men she engaged with were not capable of infecting her with HIV.

This misinformation on sexual reproductive health has contributed to a high rate of teenage pregnancies, with several teenagers getting multiple babies before reaching adulthood. As a result, many girls drop out of school, drastically reducing the number of girls in formal education. The ripple effect on the socio-economic well-being of families is profound—they become trapped in cycles of poverty, unable to break free as economic opportunities diminish.

Cultural norms and community perspectives have developed misconceptions that shape the way society interacts with issues. In this context, pregnancy is viewed as an achievement rather than a hindrance, especially for minors. The phrase '*mtoto ni baraka*' (a child is a blessing) is usually used to dismiss the severity of teenage pregnancies. Recent data from the Kenya Demographic and Health Survey (KDHS) shows that around eighteen percent of girls aged 15-19 in Kenya have already begun childbearing, with rural counties like Bungoma experiencing even higher rates.

The Kenya Health Information System (KHIS) reported a sharp increase in maternal deaths among girls aged 10-19, rising from 31 in 2020 to 104 in 2021. Alarming, in 2021, one in every five pregnancies occurred among adolescents. These figures underscore a pressing health crisis, pointing to the need for better reproductive health education and services, far beyond cultural norms. Worse still, when a girl who has been defiled winds up pregnant, she is encouraged to marry the perpetrator.

**'Poverty is a driver of irregular development. It increases the vulnerability of girls who often stay out of school to work and provide food for their families.'**

Violence against girls and women has been condoned as there is minimal accountability and records of perpetrators from the administration and legal offices. Some cultural practices have also spearheaded GBV and risk exposing these young girls to risky situations. 'For example, young girls are allowed to attend certain festivities, such as circumcision ceremonies, despite those events being at night without supervision. This exposes them to risky sexual escapades, and many end up becoming pregnant as a result,' Elizabeth says.

*Girls pose with pads distributed by Imarisha Usawa at Wamono Primary school*



**Having listened to the different community** stories and expert perspectives and experiences, it became imperative to get the perspective of service providers. Elizabeth's partnership with local health facilities allowed us to interview a doctor who has served the community for years. His insights were no less alarming. The doctor affirmed that most women believe in myths and misconceptions about contraceptives—exposure to contraceptives causes cancer and leads to infertility—so they shy away from its uptake.

He reported that high school girls between fifteen and nineteen years have high pregnancy incidences, with caregivers shunning sexual and reproductive health SRH discussions. The doctor revealed that healthcare providers are often unable to offer contraceptives to girls under eighteen without the consent of both parents—which is rarely given.

At the onset of implementation, Imarisha Usawa did a study and brought different pockets of the community, gathering their perspectives on the role of information towards SRH service uptake. They collected the views through focused group discussions with parents, adolescents and young women, community focal persons, community health promoters and health care workers. Referencing Lwandanyi Ward as the case study, it was discovered that girls and women struggle with myths and misconceptions about contraception due to minimal platforms for accessing SRH information.

Additionally, there is evidence of limitations to digital information access, as over seventy percent of them lack smartphones and have no access to computers and the internet. One of the key questions that emerged from the study was: In an era dominated by rapid technological advancements and the rapid increase and change of information, why is there still such widespread misinformation, particularly about contraception?

These narratives have far-reaching consequences, undermining public health efforts, perpetuating harmful stereotypes, and hindering access to essential sexual reproduction health services. So, how do we increase access to SRH information contraception in particular? For many in impoverished households, survival is a daily concern. Most people are focused on immediate needs, making little effort to plan for the future. This is evident in how many would rather work for food on others' farms than invest time and effort into improving their own small plots of land.

As Elizabeth explains, 'Poverty is a driver of irregular development. It increases the vulnerability of girls who often stay out of school to work and provide food for their families.' A Community Health Promoter (CHP) we spoke to highlighted another aspect of poverty's impact: 'Due to poverty, households cannot meet certain expenses, like transport costs to health centres. Even when they manage to get there, the health services are not free.'

**The constant focus on daily survival** has also limited the community's engagement in public participation, particularly in advocating for better infrastructure, including healthcare services. Health centres are often located far from their homes, making access difficult. Misconceptions about how the government responds to community needs, coupled with low literacy levels, further hinder public participation. As a result, the community rarely advocates for improved access to healthcare.

Through a multi-sectoral approach, Elizabeth leads Imarisha Usawa to bridge the gap in information and access to contraceptives among girls and young women, and extensively to the community.



*Imarisha Usawa Founder Elizabeth Waliuba distributes pads to AGYW at Mayekwe Girls Secondary School*

By employing the safe space model—community resources designed to be girls and women-friendly—Imarisha Usawa strengthens referral pathways, enabling young women to meet at their convenience and access a variety of evidence-based interventions. These interventions include information on contraception, health rights, gender-based violence sensitisation, post-violence care, HIV prevention, sexuality and life skills.

Through the mentorship sessions, adolescent girls and women can identify and utilise local resources to access SRH information and services. To ensure that vital information reaches those without internet access, Imarisha Usawa prints and distributes key messages, educational materials, and communication resources in rural areas. They recognise that one significant driver of teenage pregnancy is the lack and inadequate supply of sanitary towels.

In response, the organisation mobilises resources to distribute these essential items to schools while integrating health education sessions that emphasise SRH awareness. By fostering dialogue, sharing insights, and exploring innovative solutions with girls and women, Imarisha Usawa increases awareness of contraception. This commitment contributes to a more informed and evidence-based public discourse on family planning and aims to improve health outcomes and promote social equity. ●



# Misinformation— Are we complicit?

**Dannagal Goldthwaite Young bought into conspiracies when her late husband was hospitalised with a brain tumour in 2006. It is this story and how she broke away from accepting lies that shape her book, *Wrong: How Media, Politics, and Identity Drive Our Appetite for Misinformation*. Published in October 2023, the book has stirred reviews, likely because Young candidly reveals her vulnerabilities and past acceptance of misinformation. This openness invites readers to examine how our beliefs and desire to belong influence how we embrace falsehoods.**

**Text: Elizabeth Kameo**

**Mis- and disinformation: Do we want it?** Do we fuel it? Is social media entirely to blame for its spread? And if so, can content moderation solve the problem? Young argues that moderating content on social media platforms alone is not the solution. ‘This is the premise of my book. We cannot solve this problem with just content moderators. We cannot resolve it by focusing solely on the platforms because the problem persists due to a market that supports it. We want it. We say we do not, but we do,’ she says.

‘Content moderation is like trying to keep a sinking ship afloat, with the hull cracked open and one person desperately plugging a tiny hole with their finger. That person is the content moderator.’ She emphasises the significance of finding the drivers of mis- and

disinformation and why society seems to have an appetite for falsehoods in the first place.

‘It stems from fundamental needs that are exploited along lines of race, ethnicity, and culture,’ she says. ‘Until we enact political and cultural changes that ensure government transparency, responsive policies, genuine democratic representation for everyone, and a reduced wealth gap... until we tackle these issues, we will keep encountering identity-driven beliefs rooted in perceived wrongness.’

In this candid conversation, Young talks about her book and the challenges mis- and disinformation pose for society, the young generation, education systems, and its threat to democracy in the United States and the world over.

**Why are the 3Cs—Comprehension, Control, and Community—significant in understanding the dangers of disinformation and misinformation?**

‘That is the fundamental question in my book. As a Political Scientist, I have observed a long-standing assumption in the political realm—and also in science and medicine—that human beings seek accuracy in their perceptions, striving for truth with a capital T. We want to believe that we want the truth. Yet, if you examine the literature on how resistant people are to evidence and fact-based information, you will find that people often push back against being enlightened by empirical truth. We are driven by primo-fundamental needs that make sense when viewed through the lens of evolutionary psychology.

‘First, we have a fundamental need to feel we understand what is happening—what I will call comprehension. It is that sense of ‘getting it’ that signals to us we can take action. Accuracy is not what enables us to act; it is the feeling of understanding that matters. Second, we need to feel a sense of agency or control. Survival hinges on being empowered to take action and believing that not only do we have agency and control, but also hope that there are tangible steps we can take, and that things are in our power.

‘Third, it is the sense of belonging to a community, which is perhaps our most fundamental need. We cannot survive alone, even if we know that accurate information contradicts our social group. Historically, aligning with the group would have been a better survival strategy. Tens of thousands of years ago, being empirically wrong but sharing the perspective of our community would likely have increased our chances of survival.’

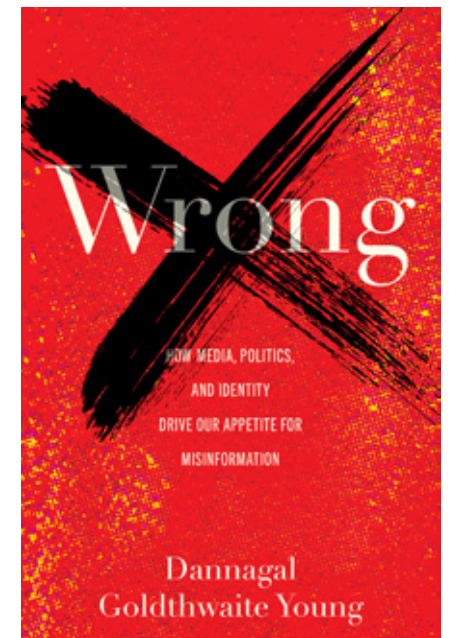
**‘Social media has become an easy scapegoat, especially for politicians.’**

**While we have always had propaganda, the situation was not the same 25 years ago. What changed? Can we blame it all on social media and the internet?**

‘I am an Americanist, so that is where I focus my energies. Nevertheless, the underlying patterns that we witness, while specific to the United States, can be extrapolated to understand some of the political, cultural, and technological changes that have fuelled the spread of mis- and disinformation.

‘I am glad to hear you acknowledge that propaganda, misinformation, and disinformation have always existed—perhaps even more significantly, we have always had rumours. I like to remind people that the Salem witch trials in the 1600s in colonial Massachusetts were rooted in rumours, which then transformed into misinformation and disinformation as they were manipulated by those seeking to exploit the situation.

‘The key difference today is the commodification of misinformation, combined with a synergistic political and media landscape



that efficiently leverages social identity. This weaponises identity for political mobilisation and emotional activation and serves as a foundational element of our fragmented media economics. These media economics are built on the premise of selling groups of people to advertisers, leveraging targeted information. This information is gathered through the activation of individuals and the digital breadcrumbs they leave behind.

‘Consequently, all the incentives lead to encouraging emotional responses, with identity threats being one of the most effective ways to elicit such reactions. These threats act as engines driving engagement across various platforms, including X. When you combine this with a political environment that cleverly exploits social identity for empowerment and profit it creates a relentless engine that keeps running.

‘So, you are absolutely right; this has always been an issue and a problem. However, I want to emphasise that the underlying contextual factors driving our primal social identity needs are continually being fed, distilled, and reinforced daily. As a result, our needs for the three Cs—comprehension, control, and community—are constantly amplified.’

**Has digital media caused more harm than good? If yes, how can the ‘settings’ be changed?**

‘Social media has become an easy scapegoat, especially for politicians. In the United States, the primary issue lies in the pushback against pluralist liberal democracy by political elites. The challenges we face today, even with platforms like Facebook and X, would not be as pronounced if it were not for the behaviour of these political leaders.

‘Does social media drive that engine? To some extent, but I do not place all the blame on it. Just as the events of 2011, including the Arab Spring and various democratic revolutions across the Middle East, were not solely caused by social media—though they were certainly aided by it—there were tangible, concrete roots of dissatisfaction and revolution occurring on the ground. Social media acted merely as a vehicle for these actual factors. I see the same dynamics at play now.





**‘If you champion individualism as a value, it can drive you to accept misinformation that reinforces those beliefs.’**

‘When it comes to the behaviours of tech giants, there are certainly adjustments that could be made to slow this cycle. First and foremost, there should be transparency regarding individual data and algorithms, allowing social scientists to study how they function. People often ask me what changes should be made to social media; we have some ideas, but what we really need is access to the data to conduct thorough research. We don’t even know what we don’t know.

‘The economic incentives in the United States are quite troubling and unlikely to change anytime soon, as the First Amendment makes it challenging to regulate media activities. This situation is markedly different from what we observe in Europe. I often look to Europe for guidance because they tend to shift the goalposts a bit, prompting American tech platforms to adapt their practices for the European market, which ultimately benefits the U.S. landscape as well.’

**Does the fact that today, fewer and fewer people think on their own? And have their reflections had anything to do with the ease at which we believe misinformation and allow it to be disinforming?**

‘While I do not have evidence of that, from my own very small world as a professor, I see it in students. COVID-19 had a particularly detrimental impact in the U.S., keeping students online and out of school for an extended period.

‘There is a growing reliance on large language models and Artificial Intelligence (AI). Instead of grappling with complex issues, students often seek quick answers. They prefer receiving responses rather than spending time wrestling with difficult questions. While I see this as potentially problematic in theory, I am not sure if it is having demonstrable effects yet. If that is happening, then how could that affect young people or just people in general in terms of susceptibility to misinformation?

‘We know that individuals who enjoy thinking and problem-solving find tackling complex issues satisfying. These people are much less likely to believe or share misinformation. The more an individual tends to rely on heuristic judgements—making quick decisions based on emotions and gut reactions—the more likely they are to believe and share misinformation, especially under time constraints. I can envision a future where young people become accustomed to seeking quick answers instead of engaging in thoughtful analysis, which could create a fertile ground for spreading misinformation.’

**Challenges in society today mean more and more people care less about others and leave the feeling we live in a society where it is ‘everyone for themselves and God for all.’ What role does individualism play in promoting dis- and misinformation?**

‘The United States is an aberration due to its highly individualistic culture, which has always been prominent. In this context, much of the misinformation and disinformation tends to be anti-government and anti-institution, often centred around themes of liberty and individual freedom.

‘If you champion individualism as a value, it can drive you to accept misinformation that reinforces those beliefs. However, if your value system is centred on collectiveness, prioritising the good of the group encourages you to think beyond your interests. This motivates a more holistic consideration of benefits.

‘In my context, mis- and disinformation are never aimed at getting people to do what is best for society. They are meant to do what is best for powerful people, corporations, and the status quo.’

**You talk about the issue of separation in the second part of the book. Can we relate it to the divide-and-rule method used during the colonial times, which was very successful? Does this explain why dis- and misinforming people has been a success?**

‘There is a wonderful paper by Micheal Van Pierson theorising that disinformation may have emerged as an effective means of mobilising group behaviour. He suggests that it is difficult to coordinate collective action among a group. By highlighting the potential threat of a hostile coalition from tens of thousands of years ago, he proposes that people would quickly align to respond to danger. In this context, the focus of disinformation is less about its content and more about getting everyone in line to take action.

‘That idea is revolutionary for me, and what you are saying resonates with this thought. Disinformation has always been utilised this way, especially when it exploits lines of separation. It becomes most efficient when it activates readily identifiable lies—racial, ethnic, religious, or based on visual cues—within a group. There is also compelling work on social identity theory that shows how separation based on race, ethnicity, or religion can lead to dehumanisation and oppression.

‘This phenomenon occurs, not merely in diverse societies, but

specifically when resources and power are unevenly distributed among these groups. When one group holds more resources or power than another, it naturally incentivises division. This leads to sentiments like ‘we want to keep what we have’ and ‘it is not fair that they have that.’ Drawing lines along these primal identity categories, albeit cynically, proves to be an efficient strategy, and some actors are well aware of this.’

**How did COVID-19 amplify the buying into dis- and misinformation by the people?**

‘You cannot overestimate the importance of the rhetoric of political leaders in this conversation. We had a political leader who was a great misinformant. I will not even say misinformed because sometimes I think he (Donald Trump) genuinely believed his statements. He openly distrusted science and Western medicine and built his reputation on anti-elite populist rhetoric, casting suspicion on powerful institutions.

‘When you have a leader operating in that manner, combined with a highly individualistic culture—particularly among conservatives who are psychologically reactant—freedom becomes their paramount value.

‘Any public health initiatives that hinted at encroaching on autonomy were dismissed as propaganda or disinformation. This was evident with issues like masking and vaccines, creating a perfect storm for a public health catastrophe. The rhetoric clearly undermined public health efforts.’

**More and more countries are moving towards a system that does not encourage children to think for themselves or question the status quo. How does this contribute to instilling a culture of non-questioning and systematic acceptance of disinformation and misinformation among the younger generation?**

‘This creates a significant tension: in the U.S., we operate with extremely low levels of trust in institutions, including government, science, medicine, and journalism. While we encourage people to think for themselves and question the status quo, if their underlying belief is that any institutional message is suspect, society struggles to function. Institutions must earn public trust, and individuals should be willing to extend trust where it is deserved.’

**What threat does mis- and disinformation have on democracy, not only in America, but the world over?**

‘Democracies cannot function without a shared acknowledgement of empirical reality. When multiple political parties collaborate to address public policy crises and legislate, there must be a common understanding of the facts on which decisions are based. Without this shared empirical reality, democracy cannot exist.’

**How then does this threat trickle down to the rest of the world—‘USA to the World’—because there is no doubt that populations in most countries believe that whatever happens in America is the best?**

‘The story of an unregulated economic model on these platforms rewards decisive and emotional content, causing significant disruption worldwide. While there are opportunities for social media to foster horizontally interconnected networks that unite

people for the greater good, until the economic foundations shift away from incentivising content that promotes belief in misinformation, the impact could be devastating globally.

‘While I do not want to overreach, I believe part of our global crisis stems not from social media, but from climate change and shifting agricultural patterns. In Central and South America, droughts and agricultural challenges contribute to unstable labour markets and governments that fail to meet people’s needs.

‘This leads to shifting migration patterns, which often trigger identity threats among people in predominantly white countries. We exist as a living, breathing organism that is constantly in flux. The changes brought about by climate patterns will be significant, altering where and how people can live, and misinformation and disinformation will inevitably play a role in these tensions and struggles.’

**‘Democracies cannot function without a shared acknowledgement of empirical reality.’**

**Your book perfectly illustrates how dis- and misinformation is a threat to us all. However fewer and fewer people read today, especially the younger generation. How can you guarantee that the message will be received by people who seem to only read what is online?**

‘I have been a professor for nearly nineteen years, achieving tenure and being promoted to full professor. So, I decided that with this privilege I will take the social psychology I know and talk about it in ways that resonate with people. The story I wrote for Vox.com in 2020 about my late husband, his illness, and my struggle with conspiracy theories went viral. It resonated with many because it came from a place of vulnerability, highlighting my susceptibility to misinformation during the COVID-19 pandemic.

‘I am focusing more on this approach. Instead of standing outside the system and pointing fingers, I am acknowledging my own experiences. I did not just believe falsehoods; I found comfort in conspiracy theories because they offered me something meaningful. My aim is to explore how this dynamic works. Many people are willing to lower their defences, and they do not necessarily need to read a book since I am also sharing my insights through podcasts. That gives me a sense of purpose in my efforts.’

*Young is an American scholar and professor of communication and political science at the University of Delaware, where she is also Director of the university’s Centre for Political Communication. She is one of the keynote speakers at the Knowledge Centre Global Health’s Symposium on November 27 in Utrecht. Titled Navigating Truths: Demystifying Mis- and Disinformation in (Global) Health, it seeks to illuminate and strategise against the rapid state of health-related misinformation and disinformation.*



# Disinformation starts with a lack of accurate information



Shakib Sana

© Sebitha Öztas

**Dutch doctors regularly encounter patients in consultation rooms who believe in medical disinformation. That misinformation or fake news can harm people's health. But tackling it is difficult. 'The key is: listen to people's concerns.'**

Text: Joris Tielens

'Parents who do not want to have their child vaccinated against measles because they are afraid there are unhealthy substances in the vaccine. People who take far too high doses of vitamins. Or, women who did not take the coronavirus vaccine because they are afraid that they will not be able to conceive as a result.'

These are just a few examples of medical misinformation that general practitioner Shakib Sana encounters daily in his consulting room. Sana has a GP practice in an underprivileged area in Rotterdam. 'People come to my practice with questions and concerns about things they have seen or heard on social media or from family and friends. Often, these concerns revolve around vaccination, medications, nutritional supplements, or contraception.'

Dr Sana is not the only one. A survey conducted in May 2024 by the physicians' federation KNMG and the Dutch news outlet NOS, involving nearly seven hundred doctors, revealed that 85 percent of them occasionally encounter patients presenting medical disinformation. More than half of them have to deal with this every week, with fourteen percent experiencing these problems daily.

But what are we talking about? Misinformation is misleading or inaccurate information disseminated unintentionally. It is only disinformation—or fake news—when this information is spread in bad faith by influencers or health gurus intending to mislead people. Medical mis- or disinformation is harmful when patients follow health advice they hear without verifying its scientific accuracy. This can lead them to take actions that are harmful or to doubt or disregard their doctors' treatment recommendations, which may ultimately result in negative health consequences.

René Héman, chairman of the KNMG, emphasises that medical disinformation poses serious health threats. 'People are being misled and deliberately misinformed, and that is worrying. As doctors, we regularly see the consequences, such as patients refusing essential vaccinations, using dangerous self-medication, or postponing necessary treatments.'

Medical disinformation is also one of the reasons that vaccination coverage in the Netherlands has dropped. The number of babies and toddlers up to the age of two who have had all vaccinations dropped below ninety percent last year for the first time in decades. With such a low vaccination rate, the risk of outbreaks of, for example, measles or polio increases.

**Medical mis- or disinformation is harmful when patients follow health advice they hear without verifying its scientific accuracy.**

Rumours about diseases and health remedies are as old as time. What is new, however, are social media and online platforms, where misinformation and disinformation spread at lightning speed. Platforms like TikTok, X, Instagram, Snapchat, and Facebook operate on revenue models designed to keep users engaged as long as possible, regardless of the accuracy of the information. This approach allows them to maximise ad sales, often at the expense of truth.

The COVID pandemic made it clear that it is not just about harmless rumours circulating, they actually affect people's health. Hospital admissions increased due to disinformation. This happened directly, as unvaccinated individuals became ill, and indirectly, as the virus spread more rapidly because not everyone got vaccinated.

Medical misinformation is also harmful because it consumes significant time for doctors. Patients are more likely to bring up concerns, requiring doctors to spend time refuting false claims during consultations. Nearly half of the doctors in the KNMG survey reported that disinformation has increased their workload.

This is also true in the practice of general practitioner Sana, who



Sonia Boender

© Olivier Middendorp

often has lengthy conversations with patients to clarify misconceptions. 'Sometimes these beliefs are quite persistent,' he explains. 'Patients will say, 'Doctor, everything you are saying makes sense,' yet they still struggle to accept it. That is because the disinformation they have heard plays on their emotions—suggestions like you can't get pregnant after vaccination or that vaccines cause cancer. People are deeply influenced by these emotional appeals.'

Sonia Boender, senior researcher at GGD Amsterdam, agrees. 'Disinformation impacts people emotionally, which is why it resonates so strongly.' Boender is an infodemiologist, a new scientific field where media and communication scientists, epidemiologists, physicians, and sociologists collaborate to understand better the emergence and spread of health information, including mis- and disinformation.

Boender: 'It starts with individuals with questions and concerns about their health. These worries drive them to seek information or validation from those around them. When they do not find the answers, misinformation gets a chance.' Imagine this as a gap in information, which people easily fill or supplement with something partly or entirely false. 'Moreover, if that information intends to mislead or manipulate and is shared widely, disinformation arises.'

Disinformation, she says, can also be recognised by this. 'If you notice that an online message makes you angry easily, it is more likely to be disinformation. Also, if stated with great certainty, it can be disinformation.'

Another characteristic of medical misinformation is that it often contains a large element of truth—about eighty percent may be accurate, while the remaining portion is misleading or false. For instance, temporary changes in menstruation after a vaccination can occur, but it is false that this leads to infertility, as some claims suggest. It is simply a temporary side effect.



**There are several ways to combat** the spread of disinformation, says Boender. Government, doctors, journalists, and other fact-checkers and social media companies have different roles. It is about ensuring the correct information is available and helping people find their way in the information jungle.

'The way people obtain information has changed significantly compared to a few decades ago,' she explains. 'It has become much less clear-cut. People used to listen to a few radio stations and read a single newspaper. Today, the sources of information are countless. And they are also intertwined. Families communicate through apps, but so do caregivers. A renowned newspaper is also on social media. Therefore, just because someone engages with social media does not indicate the quality of the information they encounter.' Especially in times of crisis, such as a pandemic, the deluge of information is great. 'There is a lot of information circulating, varying widely in quality. We refer to this as an infodemic.'

As a human being, you have to filter through that information storm. Boender: 'Trust plays a major role in this. Research shows that health professionals are the most trusted source. There is a bond of trust between a patient and the doctor sitting across from you. So, doctors play a crucial role; they must deliver accurate information that meets the patient's needs.' This can be done in the treatment room and extend to online platforms, health information websites, and public awareness campaigns.

According to Boender, there are people who do not trust the government. 'If the government has not always assisted you, you won't trust them immediately.'

People can learn to deal with information better, she says. 'This can be achieved through public campaigns, training programmes that teach how to recognise misinformation, or by incorporating media literacy into school curricula. It is about simple practices, such as checking the source and the publication date. There are also helpful cues: for instance, if a message evokes a strong emotional reaction, like anger, it is often a sign that something might be off. Being aware of that can help individuals stay vigilant.'

Shouldn't the government and doctors refute the falsehoods circulating online? Boender: 'Debunking and refuting inaccuracies is

indeed important and is being done. Research shows this approach is effective, especially coming from trusted doctors.' However, it is also impractical because it is impossible to respond to every instance of disinformation.

A more effective strategy is to pre-bunk misinformation. Health professionals aim to address fake news promptly, even before it circulates en masse. 'It is pretty slippery ice because it means you are spreading misinformation yourself, but you quickly provide the correct context to clarify that it is not true. That is how you make people more resilient,' she asserts.

**'If you notice that an online message makes you angry easily, it is more likely to be disinformation.'**

**De-bunking and pre-bunking** are examples of ways to correct erroneous information. But prevention is better than cure, she says. This can be achieved by providing accurate information early on, as soon as people have questions about their health and start seeking information.

That is why it is wise to invest more in understanding where the information gaps exist that allow misinformation to thrive. 'There is a lot of information on the websites of, say GGD or the RIVM. But is what people want to know actually there? To find out, we first need to listen more closely to people and take a critical look at the available information.' For example, the GGD Amsterdam was asked why there is no separate vaccine against measles instead of a combined

vaccine against several diseases (the MMR vaccine: mumps-measles-rubella). That answer was not on the website. 'If someone starts searching for that, they might come across all kinds of sites that contain disinformation about why there is no separate vaccine.'

To identify these gaps, GGD Amsterdam is implementing a technique known as social listening. Originating from marketing, social listening allows companies to monitor online sentiment regarding their brand. This method can also be applied to track questions and concerns related to topics, like the measles vaccination. 'We utilise online tools to monitor what people are saying on social media and the information presented on news sites. We also track the questions that come in via our information hotline or from paediatricians.' The goal is to visualise the various information flows. 'This approach allows us to incorporate public questions, concerns, and potential misunderstandings into our strategies.'

However, people do not solely seek information on official websites like GGD or RIVM; they also turn to social media for answers. Therefore, it is essential to ensure there is a sufficient amount of accurate content on social media to counter the disinformation present. One initiative addressing this issue is *Doctors Today* (in Dutch: *Dokters Vandaag*), a TikTok channel where Dr Shakib Sana collaborates with twelve other doctors, each of whom is a specialist in their field.

Sana: 'We provide factual information in short one to two-minute videos, similar to what you would find in a doctor's treatment room. The number of views indicates there is a demand for this content.' He reaches many more people that way than in face-to-face conversations. 'We have to push various buttons to combat disinformation. I also provide good, accessible targeted information in the consulting room and community centres. The TikTok channel is an addition, to reach different groups in the population.'

*Doctors Today* reaches four million people monthly, says Joey Scheufler of Prappers Media, the agency responsible for producing the videos. Prappers Media is an advertising agency that promotes well-known brands on TikTok and funds the production of *Doctors Today*. Scheufler explains that the videos are created based on the questions and reactions from viewers, ensuring they address relevant topics that meet the audience's needs.

Additionally, Prappers Media ensures that the videos gain visibility through TikTok's algorithm, according to Scheufler. 'The algorithm tracks how long a user spends watching a video, regardless of whether they enjoy it or dislike it. If viewers engage with a video for an extended period, the algorithm will search for similar content. We capitalise on this by using the same keywords in our videos, which helps them gain traction.'

**However, Scheufler notes that the viewership** for *Doctors Today's* videos is significantly lower than that of posts from self-proclaimed health gurus. He believes that social media companies, like TikTok and X, need to take much greater responsibility in combating disinformation. These platforms do moderate their content, but the process is often reliant on AI. Scheufler explains, 'AI does not capture the nuances effectively. Moderation typically occurs too late, meaning that information proven false is only addressed after it has already spread millions of times. There needs to be a proactive approach. If AI flags a message containing medical information, a qualified doctor should review it. But yes, that costs money, and they would rather spend it on something else.'

## TWIJFEL TELEFOON

A smart way to combat misinformation is through the Doubt Phone (in Dutch: de Twijfeltelefoon). This is a telephone line that people can call anonymously to speak with trained medical students who have support from physicians. The information provided is based on the latest scientific guidelines compiled by medical experts. People call about various medical topics. During the COVID-19 pandemic, General Practitioner Shakib Sana, with internist Robin Peeters from Erasmus MC and other medical professionals, recognised the need for open dialogue regarding medical concerns. Sana: 'It's really about dialogue. To listen carefully to people's concerns.' An excellent example of how to combat disinformation, Sonia Boender says. 'Because it is about listening and taking people seriously.'

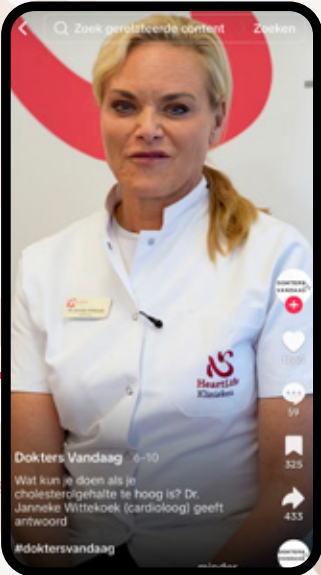
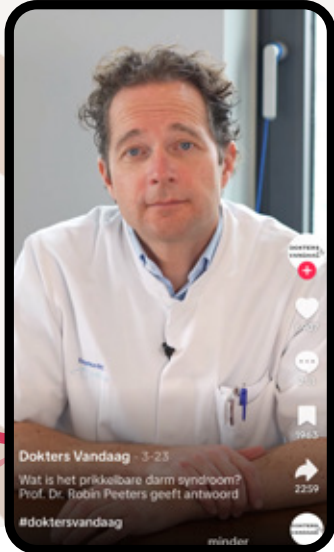
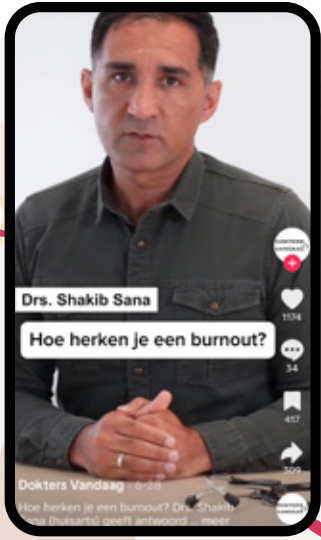
The EU recently announced a new policy, the *Digital Services Act*, which requires social media companies to comply with and report on illegal content and protection of individuals. It also requires companies to make data accessible to researchers. According to Scheufler, it is a good step forward, but not enough. 'They make a report, and that's it.'

Boender also thinks that there needs to be better legislation. 'We have laws governing how we interact with one another in public spaces; similar principles should apply online. The potential for harm exists in digital interactions just as in face-to-face encounters.' The government should also pay more attention to misinformation in medical education, she says. 'Information has become an important determinant of health. So, doctors need to learn more about that in their training.'

'At its core, any strategy for addressing mis- and disinformation involves improved listening,' emphasises Boender. This principle applies not only to doctors during patient consultations but also to identify the questions and concerns that emerge on social media. 'Healthcare providers must certainly dismiss outright nonsense, but it's crucial to take people's concerns seriously. By listening and exploring the underlying issues behind these worries, we can find common ground. Discussions about vaccination, for instance, revolve around caring for one's child—something everyone wants to prioritise. Any approach should be built on this shared understanding, whether through meaningful conversations, public campaigns, or platforms like TikTok.'

Boender advises that the Netherlands should not overlook its strengths. 'Compared to the rest of the world, trust in journalists and the media remains quite high here, as does trust in doctors. While vaccination rates are declining, they still exceed those in many other countries. Journalists and media serve a crucial function, not only by holding those in power accountable but also by disseminating accurate information. It is vital that we nurture this trust and ensure it is not squandered.' ●

Dutch Doctors on social media







**'Some patients trust the advice of a doctor just as much as an influencer on TikTok'**

Sterre Broere, 22, is a medical student at Radboud University in Nijmegen and recently began working as a doctor's assistant at a general medical practice. As a young professional at the start of her medical career, we asked her to read the previous article in this magazine on disinformation faced by Dutch healthcare professionals. Her reflections sparked a thoughtful conversation on her perspective and concerns about this pressing issue.

**Text: Benjamin Loman**

***What did you think of the article?***

'A lot of this hits close to home. We discuss it often, as more patients today seem confused by the growing flood of misinformation. Some things in the article were new to me, like the *'Twijfeltelefoon'*. I think initiatives like that are a step in the right direction. Overall, it is the right time to start addressing disinformation—it is a real issue now and it will only grow in the future.'

***As a future doctor, how will you deal with the increasing disinformation surrounding global health?***

'As the article points out, it is crucial to communicate in ways patients can understand, which means really listening to their concerns. If a patient has doubts, we need to address them in plain language, not just medical jargon. Sometimes, you have to clearly explain what works and what does not and then hope they trust you as a doctor.'

Lately, though, it seems some patients weigh a doctor's advice as heavily as that of a TikTok influencer's. I think COVID-19 had a lot to do with that shift, though I cannot fully grasp why it led some people toward conspiracy theories—it is just baffling to me!

***Is disinformation covered in your study, or is it not yet part of the curriculum?***

'I believe this topic needs to be covered more extensively. They teach us to use accessible language and stress the importance of patients understanding their care, which we practice with actors, explaining complex diseases in patient-friendly terms. But this training is still new and has not been deeply integrated into the curriculum yet—there is definitely room for more attention here.'

For instance, more lectures could focus on handling specific scenarios, like parents hesitant about vaccinating their children and how to convey the importance of vaccines to them. *'Dokters Vandaag'* sets a good example. But it is not just doctors' responsibility to ensure accurate information gets through. We also need stronger policies for online information. Internet and social media content should be reviewed by certified doctors. Disinformation should never even make it to these platforms.'

***When looking at your contemporaries around you, do you think they are more susceptible when talking about disinformation?***

'Not so much in my circle, since most of my friends are well-educated and have studied medicine. But overall, I think my generation

tends to get more of their information from platforms like TikTok and Facebook. Many of my peers can distinguish between credible messages and misleading ones, though unfortunately, this is not true for everyone—or older generations.'

While working in a hospital providing room service, I found that half of my middle-aged colleagues, many without advanced education, had refused the COVID-19 vaccine. They told me that they also did not want their children to get vaccinated because they still had 'a desire to have children.' It was tough to discuss, as the only reassurance I could offer was to trust the experts who developed these vaccines. This illustrates how disinformation affects people across generations.'

***Which arguments could you bring up for your generation specifically? How would you act as a doctor if someone comes in with a story filled with disinformation?***

'You need to address each piece of disinformation in a patient's story directly. Share actual research with them and show how recovery happens based on real-world evidence. Countering their misinformation with solid arguments—that is the most effective approach, in my view.'

***What role does social media play when talking about disinformation?***

'I think social media plays a huge role. Platforms like TikTok and Facebook are flooded with fake news, impacting young people and older generations. The algorithms on these sites are particularly dangerous; if you click on one piece of fake news, you will keep seeing similar content. This constant exposure can change your view on healthcare, reinforcing and legitimising disinformation. Seeing the same false perspectives repeatedly just keeps those beliefs alive.'

***Does the emergence of disinformation and distrust against doctors and other healthcare workers make the prospect of working as a doctor less interesting, or does it add an extra dimension to the profession?***

'Definitely the latter. It is more about offering a counter-narrative to all these influencers. But it does make it harder to focus on the actual work of being a doctor—curing people—which is rather unfortunate. Still, it does not change my motivation to become a doctor. Someone has to provide people with the right information, and I see that as a very noble responsibility.'





# COVID-19, the white man's disease

In this gripping personal narrative, Cissy Nalumansi takes us on a journey through the early days of the COVID-19 pandemic, where disbelief and denial gave way to fear and uncertainty. She navigates a world suddenly upended by a virus once dismissed as a 'white man's disease,' confronting the power of misinformation and the harsh realities of a global crisis.

Text: Cissy Nalumansi

Illustrations: Abdulwadud Bayo

I have always believed that I will live to be 112 years. Optimistic, right? The oldest person in my family known to me was my paternal grandfather, Joseph, who lived to be 102 years old. Being the ambitious girl that I had let myself become, I had to go out of my way and 'up' my life expectancy to 10 years more than him. Do not laugh at me as yet, those crazy ideas were not my own to begin with, but my maternal grandmother's. She told me that every generation has the responsibility of doing better than the ones that came before it. Now you understand why I had to add '112 years' to my bucket list.

She was such a believer in fairytales, and I believed her. What could I do, I inherited her name. That craziness must have snuck in the day she named me Cissy, or Cecilia, as they used to call her. Like every good fairy tale, I believed I would live a good portion of those abundant years in bliss and happiness with the love of my life. I would get married at twenty-eight with a ring whose carat weighs my finger down and step out of the chaos of Kampala, a city I had allowed to feast on my youth for many, many years.

I would settle in a country home, most definitely Entebbe, a town filled with calmness in the air, a people with a strong sense of

community, and the striking image of the golden sun as it goes to sleep behind the waters of Lake Victoria. I would produce as many children as my husband would dare to count to broaden his clan and make him the happiest man alive as gratitude for giving me the happily ever after that my grandmother kept saying I would get once I found 'the one.'

As I sat on a bench in the waiting lobby of Nigeria's Murtala Muhammed International Airport in March 2020, waiting for my flight to Kampala, I wondered what went wrong with my fairytale. I was witnessing the horror of the outbreak of COVID-19 and the panic that swept over the face of the earth just when I had planned to start working on my grand plan for a happily ever after. Was it because of that aunt of mine who cursed me nineteen years ago after I refused to pick jiggers out of her toes, saying that my life would be filled with 'jiggers', or my belief that her curse held water?

**Like every good fairy tale, I believed I would live a good portion of those abundant years in bliss and happiness with the love of my life.**

Coming from a Buganda traditional background, we were always told to make things right with our elders, and mostly our aunts, because on the top of their tongues rolled so much power and divine authority that our destinies depended on them. But, on that unpleasant morning, as I looked at my aunt's jiggers-infested toes and heels, whom I had visited for a school holiday break, I denounced everything I believed about the mighty power that Baganda aunts wielded. I firmly said no to her face as she handed me a safety pin to prick her toes to eternity until all the jiggers popped out.

But how could she blame me? I was just a child and I had already had my fair share of jiggers since I arrived in that village home to scar me for a lifetime. I refused to allow the myth of a destiny changer to compromise my health and safety, so I looked on as her lips moved with vehement determination to curse me. I could not hear the yelling, almost as if I had gone numb to it, but the movement of her lips spelt out the words, if only so clearly, 'your future will be filled with jiggers too, just as my feet are.' Those words reverberated as I looked at my perfectly curated life plan threatened by a pandemic. COVID was my jigger—I guess my aunt's curse was at work here.

But if the curse my aunt gave me was mine and mine alone, why wasn't I the only one with the 'jiggers'? Panic was everywhere at the airport, with the airport authorities painting lobbies with e-sprays,

thermal cameras, and scanners like Christmas decorations. People were constantly calling their friends and families to wallow in their worries for safety and cut cake in their pity parties—God forbid if your temperature was higher than everybody else's or if you dared to cough.

As I looked through the lobby, trying my best to keep my cool and remind myself that I still had 93 more years to go, I found myself paying attention to a man on a phone call seated across me. He was trying to convince who I assumed was his wife, on the other end of the line, that COVID-19 was a white man's disease. For those with a strong presence of melanin in their skin, the threat of COVID-19, the anticipated shutting down of airports and public transport means, and the declaration of a total lockdown was nothing but a political move by the African governments.

They wanted to scare the masses into order so that Presidents like Uganda's Museveni could politically 'grind' them without their consent, steal the country's natural resources without anyone monitoring, and benefit from donor funds that encouraged the implementation of the lockdown policies. 'Honey, relax, I am okay,' he said. 'No, I do not have a mask, and I do not need one. I am an African man, and our melanin is too strong for COVID-19, believe me. It has been a few months since the outbreak, and Whites have been dying since day one, but have you heard any Africans die? Check the internet!'





Even though this stranger was talking to his wife and very unaware of my snooping and involvement in his conversation, I found myself listening to every word and believing it, obeying his directive as if he were talking to me. There was a power in his voice that cast me under a spell of belief, the same spell my aunt had cast upon me the day I refused to pluck her jiggers out. That kind of spell brings a chill down your spine and makes your blood boil with indescribable feelings. You become a rebel, and other things cease to matter: the truth is what he says it is.

'I am an African girl, and my melanin can turn a white girl black, so why do I need a mask?' I mumbled. My claustrophobia did not help either. I hate feeling like I am being suffocated, and the mask, which was unusual to me, was the alien that I needed to get rid of. Some people in the lobby also did not have masks on or had them hanging under their chins like beards.

'Maybe COVID-19 is not that serious,' I convinced myself. Before I knew it, I was throwing my mask in a bin—uncharacteristic of me throwing caution to the wind with the way I care about my health. Not after I refused to remove jiggers from my aunt's feet because of the threat it posed to my life. What was happening to me?

**Nigeria is a hot country compared** to Uganda's colder weather. The first time I stepped off the plane and onto her lands, it felt like I was sent to hell, a judgment sentenced by Mother Nature to dehydrate me to my death. Seated in the waiting area at the airport, I realised that not even Nigeria's hotness could compare to the rising temperatures in my veins as I got my phone out to check the internet according to the man's theory. Or, at least, to affirm the truth I had come to believe. 'Does COVID affect Africans?' I asked the search engine.

It is fascinating how many biased answers you get when you ask a biased question. In the blink of an eye, my internet feed was flooded with responses of how COVID-19 was a conspiracy, a government lie and an outright modern colonial trick by the white man who was sorry that we ever got back our independence, and how the billionaires in the first world countries created it to kill Africans but it backfired on them.

**'No, I do not have a mask, and I do not need one. I am an African man, and our melanin is too strong for COVID-19, believe me.'**

I read more, clicking myself away into a black hole, because as long as I believed like that man at the airport that COVID-19 is a concocted global conspiracy theory, it meant that I would have a grip on my life. I would break out of my aunt's curse that threatened my whole existence. Had it not been for the phone call from my sister that

interrupted me, I would have locked myself away into this trance.

After getting off the call with my sister who had called to find out if I was okay, I wondered how deep and far the COVID conspiracy ran. Who was benefiting from such a widespread con? The internet, the world's renowned fact-finding database, claimed that it was a hoax. Even some celebrities I followed on social media reaffirmed those facts. The Ministry of Health in Uganda kept updating the numbers of the infected and quarantined in Uganda and advising the citizens to follow the lockdown procedures. It seemed they were both standing behind a truth, but it was difficult to discern who was honest and who was lying.

The mind-boggling debate about who to believe must not have been my problem alone. Many of my social circle's social media statuses were filled with curiosities and proof that COVID-19 was not a black man's disease—that Africa was too hot for such a disease that prevailed in coldness. Others who had got scared came up with fast solutions to this crisis, like smoking weed or drinking it in tea, sunbathing, or steaming in a sauna. Actually, many saunas in Uganda illegally stayed open during the lockdown, and people gathered to steam or smoke shisha to combat the pandemic.

**As my grandmother put it, every generation has a responsibility to do better than the ones that came before it.**

**When I arrived in Uganda,** I followed my sister's advice to self-quarantine. She told me the government in Uganda ordered everyone who had travelled back into the country during the time of the crisis to self-quarantine as they waited for further instructions. It did not take the Ministry of Health long before they surrounded my home to test if I had it, even though I had undergone tests at Entebbe airport. You see, the night before I left Nigeria, I attended a film awards show that had a turnout of over twenty thousand people.

A few days later, one of the attendees of the show came out on social media and confessed that he tested positive for COVID-19. Right there and then, I got this overwhelming feeling that I was going to die. How is it possible that a black man had acquired the virus? I thought this was a white man's disease! So, as the health officers took samples of my saliva, a part of me had already started giving up on my plan to live for 112 years.

I went back to the internet, but this time, I wanted to disapprove of the baseless words of the man at the airport. I was ready to believe he was wrong, COVID was not a white man's disease alone. People in my social media groups who knew that I had travelled from Nigeria stigmatised me, urging me to come out and sign my-

## CISSY NALUMANSI

Cissy Nalumansi is a Ugandan Writer and Director, renowned for crafting authentic African stories through a uniquely African lens. Her work spans multiple formats, from the 880-episode TV drama Sanyu, TV dramedy Mama and Me, TV drama Borders, to the feature films Ensulo and Village Champion. She has also written and directed the feature film Namuddu, the short film Kela, and the documentary Test for Uganda. She is also a keynote speaker focusing on the media representation of Africa to the world. Cissy's passion for storytelling drives her creative vision, and she currently runs Mpologoma Media, a production company dedicated to bringing powerful, locally-rooted narratives to life.





# Combating health misinformation in the digital age

Text: Bethram Jude Buckman

In a world where health advice ranges from ancient remedies to 'just trust me, bro' posts, Dr Erica Ntiamoah Mensah

stands at the forefront, challenging misconceptions with dedication and insight. Amid the wild health claims that flood social media, she works tirelessly to bring real knowledge to the public. Inspired by her father, a healthcare legend in his own right, she's on a mission to turn the tide of misinformation—one myth-busting fact at a time.



In today's world, where information can be shared with a single click, health misinformation has emerged as a major concern globally. Social media allows unchecked information to permeate all areas of society, resulting in the rapid spread of misleading health 'remedies' among the public. Everyone knows that one family member in the group chat—the 'forwarding warrior'—who eagerly shares the latest 'health breakthroughs' without checking their authenticity.

This is the daily reality for medical practitioners like Dr Erica Ntiamoah Mensah. As one of Ghana's youngest doctors in obstetrics and gynaecology, Dr Mensah understands firsthand the impact of these misconceptions on public health. Her family has a strong legacy in healthcare, with a father who encouraged her from a young age to pursue a medical career. In an interview with *Vice Versa Media Ghana*, she discusses the challenges of combatting misinformation and misconceptions while delivering authentic, science-backed health information.

For Dr Mensah, medicine was more than a career; it was a calling shaped by her upbringing. With a father devoted to the field, she had a clear vision from an early age. 'My inspiration to be a doctor comes from nature and nurture,' she reflects. 'I always wanted to be a doctor, even before setting foot in medical school. My father's dedication to his work inspired me profoundly. Watching him practice and hearing his passion for the profession drove me toward this path.'

Her father, Dr Eric Ntiamoah Mensah, is a familiar figure in Ghana, known for his health-focused television programme and widely respected for his dedication to women's health issues countrywide. Her journey has been fuelled by a deep desire to help others. She speaks passionately about her dream to alleviate illnesses and improve health outcomes, a drive rooted in watching her father's commitment to healthcare.

Although she jokingly dismisses any 'Ben Carson story,' her dedication to the medical field is unmistakable. 'Before I started practising, I had my misconceptions,' she admits. 'But on the ground, I quickly saw the sheer volume of misinformation, some of it truly mind-boggling. Recognising that not everyone has a healthcare background has helped me approach people with empathy, but misinformation has made our work significantly tougher.'

From viral weight-loss methods to dangerous homemade health remedies, she has seen it all. The prevalence of misleading health information has become a heavy burden for medical professionals. And while social media has connected the world more, it has also become a breeding ground for misconceptions. 'People are misled by posts that could harm them, but they believe it because it is easy to access and understand.'

Guided by seasoned professionals, Dr Mensah has crafted a balanced approach to addressing health misconceptions. Her father stands out as her primary mentor in health education. 'He was teaching me about health long before I fully grasped its meaning. His example, along with the insights of my lecturers and mentors, has deeply shaped my perspective on health communication.'

For Dr Mensah, the input from these professionals has been invaluable. She acknowledges that while they laid the groundwork for countering misinformation, fresh strategies are essential for today's digital landscape. 'Older professionals created the blueprint, but today, we must adapt our strategies.'

In a country as culturally rich as Ghana, she sees the intersection between tradition and modern healthcare. 'Our culture is deeply rooted. Working in women's health, I often encounter traditional beliefs surrounding childbirth and infant care, even among educated people.' One example she shares involves mothers with jaundiced newborns who refuse medical treatment due to cultural beliefs.

'A mother will often tell me her mother or grandmother advised her to breastfeed and leave the baby in the sun, believing no further medical help is necessary,' Dr Mensah recounts. She has learned to approach these situations with understanding, treating patients like friends and gently encouraging them to see the value of professional medical care.

For her, social media has transformed how health information can be shared. 'Social media brings you closer to people. Posting something can feel as personal as speaking to someone in the same room. It gives us a platform to tackle common health misconceptions and disseminate accurate information.'

**Social media is a blessing** and a curse. It allows the spread of misinformation but also offers an effective avenue for healthcare professionals to reach and educate the public. Dr Mensah uses her platform to correct misconceptions, even if it means addressing unfounded health claims indirectly. She is keenly aware of her responsibility as a healthcare provider on social media, emphasising that 'we must ensure that what we put out is credible.'

Interestingly, Dr Mensah has found that younger generations can be particularly stubborn in clinging to certain misconceptions, though they are generally easier to inform than older individuals. 'There are young people deeply rooted in these false beliefs, while some older people are quite open-minded.'

Looking to the future, Dr Mensah sees a mixed blessing in the increasing accessibility of medical information. While more people being 'armed with medical knowledge' could aid health literacy, it could also make some individuals more resistant to seeking proper medical advice. 'People may feel they know enough and try to manage health issues on their own, which could be dangerous,' she cautions.

However, she believes that if healthcare professionals harness the power of social media wisely, they can counteract misinformation effectively. 'Social media has provided an avenue to fight misinformation, but it is up to us to ensure what we share is reliable and true,' she emphasises. 'These platforms are where misinformation starts, but they can also be where it ends if we proactively share the correct information.'

She encourages her fellow medical practitioners to use social media platforms to educate and inform. While not all doctors may feel comfortable with social media, she believes those who do should take advantage of the opportunity. 'If you are active on social media, use it to educate. Reach out to people and make health information accessible,' she urges.

Dr Erica Ntiamoah Mensah is deeply dedicated to combating health misinformation, viewing it as a professional obligation and a personal mission. As one of the youngest doctors in her field, she embodies a new generation of healthcare providers working diligently to eliminate the confusion created by misinformation. Through empathy, expertise, and technology, she strives to ensure that the public receives accurate and reliable information. ●





# Lwamata's Health Care Chronicles



Cissy Nalumansi in Lwamata village

Text: Cissy Nalumansi | Pictures: McWilliams Wasswa

**In the heart of rural Uganda, a quiet struggle simmers between villagers and the very healthcare system meant to protect them. Here, a trip to the health centre is not just routine—it is a gamble. Tales of careless doctors, side-hustling pharmacies, and desperate escapes for better care make local gossip as essential as the remedies themselves. In Lwamata, staying healthy takes more than medicine—it takes strategy.**

**There is a famous saying by William Feather:** *‘One way to get the most out of life is to look upon it as an adventure.’* Adventure to some people means packing their bags and flying out of the country for a vacation. To others, it's partying like it's 1966, as Ugandan musician Elly Wamala did in his song, *‘Ebinyumu ebyaffe’*, where he partied all night, every day. A week ago, my idea of adventure was to escape the chaos in Kampala and visit my uncle Buyi in Lwamata. He moved to the village twenty years ago with his family, and the last time I visited was back in 2014.

So, the idea of a surprise visit felt so exciting when I concocted it. I should have thought twice about it before I jumped into a taxi for Lwamata without warning. But if you know me by now, you should know that I enjoy spontaneity as much as the spring rains enjoy falling out of turn. Nestled amidst the serene landscapes of Kiboga District, approximately three hours northwest of Kampala, lies the charming village of Lwamata. This verdant haven boasts a captivating tapestry of lush green trees that carpet the land, and vintage houses that seem to have defied the hands of time.

It is a mix of iron sheets, brown brick houses, and grass-thatched mud huts. However, what truly sets it apart is the magnificent mountains and hills that encircle the village, creating an almost protective embrace. While Lwamata would be an idyllic escape from the clamour and modernity of Kampala and other bustling towns, it is somewhat hindered by the vending stalls in Lwamata trading centre. These stalls cater to the needs of long-distance travellers on their way to Hoima District and beyond.

Along the roadside, vendors stand attentively, their eyes fixed on incoming vehicles that park on the sides. Like vultures drawn to fresh meat, they rush to the cars, eager to sell their food to the travellers. Their offerings include roasted chicken and beef on skewers, sweet roasted bananas, fresh cow milk, banana wine, sodas, chapatis, and others. They crowd around the vehicles, shoving their food through the windows, hoping to make a sale. It is almost as beauti-

ful to watch as it is chaotic.

Upon reaching Lwamata, I went straight to my uncle's home armed with a roasted sweet banana, that I occasionally chewed on, and a smile stretching from ear to ear. I looked forward to their pleasant surprise as they open their curtains and see me standing there. I imagined it would be incredible as they have always taken a liking to me. Surprisingly, when I arrived, no one was home. I guess the surprise was on me. I knew it! All those lashed-out decisions never turn out great for me. I do not even know why I try to be spontaneous. Clearly, I am not good at it.

**After calling my uncle's phone number** with no response, I decided to visit his neighbour's home and find out when he usually gets back home. There, I found a woman identified as Nakaggwa. She was seated outside her kitchen house, breastfeeding her youngest son, while telling a story to her pregnant friend, who seemed engrossed. Gossip is a string that ties so many Ugandan villages together.

Nakaggwa explained to her friend that at 2:30 in the morning one fateful day, her phone rang, interrupting her sleep. After a long day tending to her home farm, she was exhausted. Earlier in the week, she had planned to plant bitter berries and *Vernonia amygdalina* in the vacant spaces of the banana plantations around the house. However, the daunting task proved more challenging than anticipated, considering the four toddlers and a husband she had to care for. Ignoring the ringing phone, Nakaggwa tried to reclaim her peaceful sleep.

The silence of the ended phone call lasted only a minute, and the phone rang again. She cast the bed covers aside and haphazardly sauntered to her phone on the stool in the corner of the bedroom to receive the call, her face frowned and her eyes glistening with rage as she mumbled inaudible complaints. She yawned. Her husband pulled the covers onto himself, turned to the other side of the bed



and continued with his beautiful slumber, unbothered. She always wondered how her husband would sleep through all the chaos at home, including when their youngest child, who shared their bed, would throw a feat of rage and cry till kingdom come through the night. Perhaps the long and tiresome workdays had honed his ability to sleep soundly amidst the chaos.

If Nakaggwa had mastered the same art, this unexpected call might not have disrupted her night's rest. 'Hello?!' she received the call, massaging her temple, a headache pounding through her head as if someone was crushing groundnuts with a wooden mortar and pestle within it. 'Nakaggwa, my water just broke! I need you.' Nakaggwa froze; she knew her pregnant sister, Ephrance, who was expecting, would go into labour soon. However, she did not anticipate it would happen tonight. Tonight, of all nights, when her body was on the brink of collapse from sheer exhaustion. The mere bowing of her head made her feel like the liquids in her brain would slosh to the side.

'Nakaggwa!!' her sister yelled, shaking Nakaggwa's senses back into order. 'Do you want me to push this baby onto my cow-dunged floor?' 'No, sorry, I am here. Let me call Jotham, and we will be right there.' The call ended with Nakaggwa scrambling to find a decent outfit while dialling Jotham's number. She needed him to get his *boda-boda* (local transport motorcycle) ready to rush their sister to the hospital. Having a brother with a commercial *boda-boda* in the family had always been a blessing and a convenience.

**Nakaggwa fondly remembers Jotham** taking her to the hospital to give birth to all her children. You see, the village of Lwamata, where they resided, was remote and had limited access to reliable transportation, making it challenging for residents to get around,

especially at night. Imagine the nightmare of a pregnant woman going into labour late at night when all the *boda-boda* riders had already returned home, and there was no one to help.

## The village of Lwamata, where they resided, was remote and had limited access to reliable transportation.

Thirty minutes later, Jotham and Nakaggwa were at Ephrance's house. The cold air on the small, tree-lined murram roads from her home had sobered her up, even her headache saw it fit to give her a break. However, upon arriving, they found their sister lying on the verandah in agony. 'Where have you been? I called you like two hours ago!' She complained. They quickly lifted her onto the *boda-boda*, with Jotham reassuring her that she would be with the doctors at Lwamata Health Center 3 in a few minutes.

Ephrance was taken aback when she heard they were taking her there. She vehemently refused to go to that hospital, citing the notorious reputation and questionable medical care she had heard about



Lwamata Health Centre

from the villagers. She disclosed that she had been receiving prenatal care from Nakakabala Medical Care, even though it was over an hour away. Many villagers in the neighbourhood undertook that arduous journey in pursuit of superior services. However, Nakaggwa believed the baby was so ready that they would not make it there, but Ephrance insisted that she would rather push the baby on her cow dunged floor.

Ephrance recalled a story told by another village lady of how the medical doctors at Lwamata Health Centre 3 nearly caused the death of a pregnant woman and her unborn child. The woman had gone to the hospital, seeking immediate maternity services as she was due. Unfortunately, the midwives dismissed her claims, instructing her to wait for the natural progression of cervical effacement and dilation. As the hours wore on and the labour pains intensified, the attendant made another attempt to seek assistance from the doctors.

However, her pleas were ignored as they remained engrossed in watching television and using their phones. In desperation, the attendant returned to them at night when the situation had become critical, begging the midwives to attend to the pregnant woman. Upon their arrival, they found her on the verge of fainting and realised that the baby was almost here. The pregnant woman was so weak and exhausted that they struggled to place her on the birthing bed, and within minutes, she gave birth. Ephrance was worried that would happen to her.

**Upon hearing that story**, which was just one among many others she had encountered, Nakaggwa seconded Ephrance's idea to take the journey to Nakakabala. She also resolved never to return to Lwamata Health Centre 3. Instead, she determined to seek medical care exclusively at a private hospital, regardless of the cost or distance from Lwamata. After Ephrance's birthing, she firmly believed that even though it was also a government hospital, Nakakabala offered better services. Lwamata Health Centre 3 tended to keep patients



in long waiting queues, only to be given painkillers irrespective of the disease. They would then be directed to buy the rest of the prescribed medications from local pharmacies believed to be owned by the same doctors. In these pharmacies, free medicines donated by the government, are unfairly sold to the people.

As she wrapped up her story, Nakaggwa encouraged her pregnant friend not to fall into the trap of the health centre because of its proximity. I could not help but wonder how many other villagers felt the same way and whether there was substance to the gossip. So, I decided I would speak to other villagers and find out more. After all, my uncle was not home and it felt like a good use of my time while waiting.

Far from Nakaggwa's residence is Ssalongo Steven's home. His iron sheet roofed mud house is not different from the many in the village. He shared similar frustrations as he sat in the middle of his compound, meticulously removing maize kernels from their cobs. He asserted that the unsatisfactory experiences encountered at government-aided hospitals compelled him to resort to self-medication. Whenever he experiences a fever or any other ailment, he seeks out individuals who have recently recovered from the same illness, requests their prescribed medication, purchases the drugs directly from a pharmacy, and self-treats until he recovers.

He believes that visiting a government hospital would yield the same prescriptions without the provision of the drugs. He added that many villagers have resorted to self-medication as well. When they visit the hospital, they wait outside as a patient with a similar disease consults the doctor. Once they come out with the prescription, they copy the prescribed drugs and buy them.

This saves them the bribe money doctors often ask to write a prescription. He adds that tribalism in government hospitals has made it extremely hard to access free medical services. Villagers from western Uganda access the services more than people from other regions since they are wealthier and can afford to pay when asked for a bribe.

Nakaggwa in front of her kitchen house





After gathering more information from other villagers who shared similar sentiments, I decided to visit the health centre. It reigns on three separate ground-story bungalows, housing the various medical services, including a residence for the resident officer in charge. In the centre of the compound is a dead ambulance welcoming patients like a front door mat. Soon after my arrival, Ms. Prossy Namusoke, the midwife in charge, graciously permitted me to converse with her. She acknowledged the negative publicity that the hospital is receiving, emphasising that most of the criticism is predominantly unfounded and inaccurate.

Given the hospital's limited size and its responsibility to serve over fifty mothers daily, on top of the other general patients they serve, it becomes practically impossible to tailor services to each mother's individual needs, let alone the other patients. In the village, malicious individuals have disseminated false information regarding the hospital to de-campaign it.

They claim that it is on the verge of closure, that doctors mistreat patients and lack professionalism, and engage in unethical practices, such as selling government-provided drugs in their private pharmacies, especially when the hospital is facing stock shortages. Furthermore, they accuse the hospital of engaging in cruel and negligent acts that result in the deaths of mothers and babies.

Despite offering free services, the hospital has witnessed a decline in patient visits over the years. To address the misinformation crisis, the hospital implemented Village Health Teams (VHTs). These teams disseminate accurate medical information to the community

through various channels, such as churches, mosques, village functions, and gatherings. They aim to encourage people to seek free medical services at the hospital. Previously, VHTs used to prescribe treatments for common illnesses like fever and diarrhoea, but this practice has been discontinued.

# In the village, malicious individuals have disseminated false information regarding the hospital to de-campaign it.

Furthermore, they conduct village educational talks to address misinformation among community members and patients. Namusoke highlights that the most affected units are children's immunisation and the HIV care unit, which offers free ARVs to HIV patients. In the



Ms. Prossy Namusoke, the midwife in charge



Mr Kivumbi Lawrence Lugobe, an HIV counsellor at Lwamata Health Center 3



case of children's immunisation, parents refuse to vaccinate their children against deadly diseases due to rumours of fake or expired vaccines.

According to Mr Kivumbi Lawrence Lugobe, an HIV counsellor at the health centre, when HIV patients fail to collect their medication refills, their condition deteriorates, leading to immune system suppression. Being an HIV patient, he regularly attends village functions seeking an opportunity to interact with patients or their caregivers. He encourages them to adhere to their Antiretroviral Therapy (ARV) regimen and to remind their fellow patients who are absent to do the same.

Mr. Lugobe notes that many HIV patients still seek herbal remedies while others have been misled to engage in witchcraft practices in search of a cure. He emphasised the need for ongoing efforts to change people's mindsets, convincing them that while they may have the virus, they can still live full and healthy lives.

Whether the villagers are right about the hospital or the hospital is right about the false allegations coming from the villagers, in a society where there is a gap between the hospital and its patients, many villagers believe the best approach to their medical care is to 'become doctors.' They self-medicate, self-diagnose, and prescribe medicines for other sick people in their care. Some seek out alternative, untested healing methods or adamantly travel miles to acquire medical attention that they could get from the hospital close by. In this situation, I weep for the lives that could be lost in the process.

The government hospital in Lwamata still has much to do in improving its services and image, as well as in educating the public to combat harmful misinformation. For, if one wheel of the health system breaks—whether on the doctors' or the patients' side—the entire vehicle crashes.

As for my adventure at my uncle's home, my uncle's family re-

turned the next day as they had travelled deep into the village to see his ailing father. It goes without saying spontaneity is not my thing at all. Not to worry, I spent the night in a motel and a better part of the evening with a group of villagers who enjoy locally made brew.

They centre an African pot-filled local brew and sit around it, sucking the brew out with locally made wooden straws as they listen to the radio, gossip about the villagers and argue about politics. A few brawls crossed the air in the process but none came my way—luckily—otherwise I would be in Lwamata Health Centre 3 witnessing its medical care, first-hand. ●







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