

Searching for solutions: health concerns expressed in letters to an East African newspaper column

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Questions people ask reveal not only the gaps of knowledge, but also reveal their existing attitudes and ideas and personal problems (Arya and Bennett 1973).

Abstract

This study examined health care questions from an unusual data set: 1252 unsolicited letters written over a three-year period to an advice column in an East African newspaper. Analysis of the letters was a non-intrusive method of ascertaining prevalent health questions and opinions. People wrote seeking information, advice, solutions, and reassurance about health problems. Emotions expressed in the letters ranged from hope to fear and frustration. The written format allowed questions which are generally too embarrassing or stigmatized to present in other public or interpersonal settings. More than half the total letters raised questions about sexual behaviour, sexually transmitted diseases, and HIV/AIDS. The letters present not only personal health concerns, but also expectations of health-care quality and reflections on the medical options presently available in Uganda. As a whole, the letters express dissatisfaction not only with the outcomes of health encounters, but with the process. Of the letter writers with specific physical complaints, more than one-third had already sought medical care and were dissatisfied with the results. The letters were seeking solutions, especially for alleviation of symptoms and discomfort. Almost equally prevalent was a plea for accurate and relevant health information; people not only want to feel better, but they also want to understand their own health.

Health education campaigns are designed and directed in response to policy makers' perceptions of major health problems. Health education is less often able to elicit and respond directly to prevalent personal health concerns which may or may not coincide with programmatic health priorities. This study examined questions from an unusual but revealing data set: the unsolicited letters written over a three-year period to a health advice column in an East African newspaper. These letters present concerns, comments and complaints about writers' own health and about the health-care options available to them. The written format, with its inherent distance and lack of direct personal contact, allowed questions which might be too embarrassing or stigmatized to present in other public or interpersonal settings.

Only a few other studies and authors have sought to 'read between the lines', analysing questions presented in African newspapers, letters and other media. Jahoda (1959) examined the transformation of attitudes and norms in social relationships as presented by letter writers. He found the letters described conflicting forces promoting and opposing social change in the realm of male-female relationships. Kisekka (1973) analysed letters written to a sexologist, seeking advice about sexual behaviour. The letters contained information about how individuals interpreted and internalized cultural values related to sexual behaviour. Arya and

Bennett (1973) uncovered misinformation embedded in the questions Ugandan university students asked about syphilis and gonorrhoea.

Background to the study

The New Vision, a daily English-language newspaper published in Kampala, Uganda, runs a weekly health section, which includes a question and answer column written by the African Medical Research Foundation (AMREF)¹. The column answers between one and three letters each week, but a much larger volume of letters is regularly received.

The letters examined in this study were written between 1991 and 1994, in the context of a particular cultural and socio-political setting and time. The early 1990s in Uganda have been a national period of post-conflict development, a period of increasing political stability and economic growth. While the national economy and social services have been improving since the NRM government took over in 1986, the infrastructure is still not able to provide levels of service and care in health (or other social services) that were available in 1970. Uganda in the 1960s had a strong and well established social infrastructure, including a well-stocked and well-used health care system. Both the system and its subsequent breakdown during more than a decade and a half of civil unrest from the early 1970s to the mid-1980s have been well documented (Dodge and Wiebe 1985; Whyte 1990; Macrae, Zwi and Birungi 1993). During the years following Amin's takeover in 1971, the national economic and social infrastructure crumbled, and government services including health care weakened.

The letters present not only personal health concerns, but also expectations of health care, beliefs about quality of care, and reflections on the medical options at present available in Uganda. In addition the early 1990s overlap the period of national and international recognition of the seriousness of the AIDS pandemic. Since 1986, the Government of Uganda, numerous non-governmental organizations and international health organizations have contributed to massive health education campaigns to control and prevent the further spread of HIV/AIDS. A large number of letters present queries about HIV which reflect the effects of the epidemic or of the health education effort.

In this study, we examined the full data set of published and unpublished letters, and all letters were read by at least two researchers. The letters were coded for demographic characteristics of the writers, nature of any physical complaints, and for less clinical issues such as expressions of stigma, personal anxiety, misinformation, perceptions of the health care system, and reasons for writing to an advice column. These categories arose from the content of the letters themselves. When these categories were clustered, patterns of the letter writers' health concerns emerged.²

Limitations

There are a number of limitations inherent in undertaking a content analysis of letters to a newspaper. First, the letters are anecdotal and personal. Information contained in the letters was variable in quality and quantity. Writers usually provided some descriptive information about themselves and their problems, but it was not possible to obtain any additional details, clarification, or follow-up. Secondly, because the medium was an advice column, the letters

¹Related articles are in progress from the same data set documenting questions from letters specifically about HIV and STDS.

²Content analysis of other newspaper columns using letter formats, for example, social advice, or legal matters, could be used as an unobtrusive method to gauge popular concerns, and extract questions which are too sensitive to emerge in other settings.

focused on difficulties and problems, which does not provide a balanced picture including successful treatment events.

Thirdly, the letter writers are self-selected, and thus not a statistically representative sample either for the population as a whole or for young people from the mid-teens to the late twenties. In addition, the writers are not geographically distributed. Uganda is one of the least urbanized African countries (89% of the population lives in rural settings); urban inhabitants were overrepresented among the letter writers. Not all letters carried any indication of location, but *New Vision* is printed and principally distributed in urban areas like Kampala.

Lastly, the writers are all literate in English, which indicates some formal post-primary education. The national adult (above 15 years) literacy rate in any language is slightly above 50 per cent; 63 per cent for males and 44 per cent for females (Ghana Ministry of Education 1994).

Although the letter writers are a self-selected group, we believe that the questions and problems presented in the letters are not unique to this group nor directly related to the qualities which make them non-representative. The presence of these problems in this urban, literate subset of the population is only 'the nose of the hippopotamus'. The questions and problems extend beyond the small visible portion above the surface.

The letters

Letters came on domestic aerogrammes, on unlined scraps of paper, or on folded sheets of lined paper, some of it pulled from school notebooks. Some letters, in fact, resembled school themes, with a title in capital letters underlined across the top of the page. Other requests were written on reused paper with writing on the other side; paper itself was scarce. The letters often began with a flowery salutation: 'I take this golden opportunity to greet you and to thank you for all of your good work towards promoting health and helping the people of this country'. After such greetings, the letters continued on a more personal note.

Each weekly printed column included questions and responses for one to three written queries. Letters selected and published in the newspaper were edited and shortened for reasons of space and confidentiality. The editor has used the column as a public forum for a wide range of health education topics. Published responses to letters have been informational, providing background about the condition and general guidelines for seeking treatment, but not giving personal recommendations for treatment. Yet despite this constraint, letters from concerned individuals were often long, involved, and almost confessional in tone.

Often, towards the end of the letter, the writers included a request that if the letter were to be published in the newspaper, only their initials be used. Despite the potential motivation to see one's letter in print, as noted by Jahoda (1959), most often the Ugandan writers said that they did not want their friends and relatives to recognize them. Some writers requested a personal reply through the mail because they could not afford to buy a newspaper regularly. A few sent stamps or envelopes with a request for a private reply.

Letters finished with pleas for advice, sometimes requesting advice 'before it is too late'. The most common closings at the end of the letters were 'confused', 'worried', and 'desperate', followed by a name, initials, or signifier such as 'student' or 'citizen'. One woman signed her letter 'your obedient, miserable housewife'.

The writers

There were a total of 1252 individual letter writers. Of the total letters, 189 letters were published, and 1063 were unpublished.³ Among those who identified themselves by sex, there were far greater numbers of male letter writers (588) than female writers (343). Jahoda (1959) in a review of letters to a West African newspaper advice column, noted an even greater majority (90%) of male writers and attributed this to greater male enrolment in school. The majority of writers in this study were people in their late teens (16 and above) to late twenties. The youngest writer was nine years old, and the oldest was 50, both males.

In this present Ugandan study, there were 321 writers who gave no indication of sex by self-identification, physical description or distinctive name. Of these writers of indeterminate sex, 270 also gave no indication of age.

Table 1
Total writers by sex and age

	Male	Female	Indeterminate sex
9-19	69	81	13
20-30	184	102	29
30 +	45	18	9
Indeterminate age	286	142	270
Total	588	343	321

Students were the largest self-designated subcategory of letter writers. Of 246 self-identified students, 137 were secondary school students; a small number, 28, were post-secondary, either at university or in vocational, business or teacher training colleges. Many simply introduced themselves or signed their letter as 'a student'. One hundred and fifty of the students were male, 64 female, and 32 of indeterminate sex.

One hundred and seven correspondents (59 males, 42 females, and 6 indeterminate) identified themselves as married. Marital status, whether married or single, was mentioned most often when it was relevant to the presenting problem, for example, a possible sexually-transmitted disease or a question about fertility. Males as old as mid- to late-twenties referred to themselves as 'boys' or 'youths' if they were not married. A few people wrote letters as concerned parents, spouses or friends, but most wrote with a personal problem which had confused or frustrated them. Excerpts from letters have been extracted and edited slightly, for reasons of readability and confidentiality, but they maintain the essence of the writers' words and meanings.

Health concerns and underlying questions

An emotional range of concern, denial, hope, fear and frustration lay beneath the surface of the letters. People wrote seeking information, advice, solutions, and reassurance about health problems. Physical problems described in the letters ranged from headaches to sore feet, from visible rashes noted as embarrassing to equally embarrassing but less visible symptoms in their 'private parts'. People wrote about acute symptoms, recurrent problems and long-standing debilitating conditions.

Any attempt to count or categorize the health concerns expressed in the letters quickly became problematical. Many letters contained more than one question. Others included

³In total, this study reviewed both unpublished and published letters: unpublished materials from 1991 to December 1993, published letters from March 1992 to January 1994.

multiple symptoms which from the writer's perspective were linked, but may or may not be so medically. Some symptoms appeared in different guises. For example, there were 47 letters with an itch or skin rash as the major presenting concern, but dozens more letters included a skin rash as a possible symptom of a sexually transmitted disease or of AIDS. Thus there is no clear way to quantitatively measure the importance of a single question or topic. If, however, these numbers are taken qualitatively, they can give some indication of the magnitude of writers' concerns, although there is no satisfactory way to generalize to the national population.

Noticeably absent from the letters were questions about some of the major recognized public health concerns such as infant diarrhoeal diseases, immunization, and acute respiratory infections. This may be, however, because of the age group and marital status of the writers. HIV/AIDS, also a major public health concern, was one of the most queried topics.

Some of the writers' symptoms were clinical conditions: physical problems which were uncomfortable or interfered with normal functioning and for which it could be appropriate to seek medical care. In fact, of the letter writers with presenting complaints such as stomach pain, rashes, headaches, joint pain, malaria, and sexually-transmitted diseases, more than one-third had already sought medical care and were generally dissatisfied with the results. Their letters requested an alternative, or perhaps more accurately, a definitive diagnosis and treatment advice.

For the writers with clinical conditions who had not yet sought medical attention, their letters were substitutes for a visit to the doctor; they too sought diagnosis and treatment advice. These letter writers did not seem to view it as unusual or unrealistic to seek diagnosis or treatment advice at a distance, without physical contact or personal interaction.

Sexual health, sensitive topics and stigma

The distance and anonymity of the written format allowed queries about sensitive and possibly stigmatized conditions. More than half the total letters raised questions about sexual behaviour, sexually-transmitted diseases, and HIV/AIDS. While the nature of the questions included in the published column will have some effect on letters written, the concern with sexual and reproductive health seems to be self-generated, not simply a result of publishing effect. The published column has covered a broad range of health topics including maternal health, nutrition, common infectious diseases such as malaria, gastro-intestinal upsets, skin diseases, and sexually-related conditions and diseases including HIV/AIDS. Only about one-third of the published letters over a two-year period have addressed any aspects of sexual or reproductive health. However, the fact that such topics have been addressed openly in the published column does seem to have made it a safe place for writers to send such questions.

A subset of the concerns expressed in the letters, although personally problematic and sensitive, were not physical problems which would be perceived as requiring medical treatment. For example, over 30 letters from men asked about the effects of masturbation, but none had previously sought medical advice. Of the more than 60 men who inquired about sexual performance, only one had seen a doctor for premature ejaculation (without satisfactory results). Twenty-five women questioned whether their menstrual cycles or flow were 'normal'.

More than 300 letters included questions about HIV/AIDS. In contrast to the pool of other letters which tended to be quite detailed and specific, the HIV questions often tended to be hypothetical projections about routes of transmission or about possible diagnoses.

Seeking information

Some of the letters posed straightforward questions, seeking information, clarification or verification of something the writer had heard. In some cases, particularly among students, the writers seemed to be motivated by intellectual curiosity as much as by personal need.

I am well aware that goitre in human beings is as a result of lack of iodine in the body; it has always been seen to be dominant in women. What is really the cause of this? (Male university student)

Other letters may well have had more personal motivation, but did not include details.

I would like to know the cause of boils in the human body. Is there any remedy for stopping them occurring? (Sex indeterminate)

Some letters posed questions which attempted to make sense of pieces of information from diverse sources. They wanted to integrate new information into a consistent whole.

I have read that HIV can be found in sweat, tears, saliva as well as in blood. What is the difference between saliva and other body fluids? Can AIDS be passed by kissing? (Male)

Worry

Many writers took pen in hand in a state of 'worry', a changeable combination of hope, apprehension, and denial, with a thread of magical thinking. These letters tended to focus on a symptom or disease; writers suspected a 'problem'. In writing to a distant anonymous medical authority they hoped for reassurance that it really was not a problem, or at least not a serious problem, or, failing that, they sought accurate information and advice about their conditions. Of course, among these worried writers some are likely to be the 'worried well'.

My blood was examined and the results came out: (details of WBC enclosed) Am I healthy? If not, why? How long am I sure to live? (Sex indeterminate)

Teenagers are particularly sensitive to their appearance and to the effects of the physical changes of adolescence. In their letters, writers critically compare themselves to their agetates and peers and worry if they are 'normal' or 'abnormal'.

I am a boy, but my breasts are growing. At first I thought it was muscle. My agetates laughed at me. I can't engage in football or go anywhere I have to take my shirt off for fear of being laughed at. What can I do? (Male, 15 years)

In general, before writing people had explored resources easily available to them: they had tried self-treatment or had obtained advice from friends or relatives, much of which had added to the writer's sense of worry.

For four years I have had heat in my feet, it is internal, they are not hot to the touch. At night I put them in cold water to be able to sleep. Some people told me it could be syphilis, others say elephantiasis. Yet others suggested AIDS. (Sex and age indeterminate)

Expectations and perceptions of health care

The letters convey the writers' desires that effective treatment would bring about complete alleviation of symptoms and discomfort. Those writers who have taken their problems to medical practitioners, sometimes repeatedly, and have not been successfully cured, end up feeling frustrated and desperate.

Many letters traced a long personal history of recurring symptoms searching for a diagnosis, or of a person with an already-named disease searching for an effective cure. The

tales included self-treatment, multiple doctors or clinics, and occasionally, traditional practitioners. Many of the letters described polypharmaceutical consumption of antibiotics and other drugs. In fact, some writers were more conversant with the names and details of the drugs they had taken than they were with their diseases.

Some writers did not know what disease they had or what it meant. A few had received a diagnosis without explanation from health care personnel and wrote to obtain more information.

Two years ago I was treated for an STD. I went to a private clinic; because the charges were high I failed to complete the treatment. But all the same, the disease seemed to heal. After some three months it reappeared with a lot of abdominal pain. When I went to another doctor he told me it was ACUTE PID which I don't know what it means. (Female, 19 years old, secondary school student)

Among those writers who mentioned medical treatment, there was an expressed preference for private clinics, but economic constraints were an issue, and even those who had been to private clinics were not necessarily satisfied with the quality of care they had received.

Too often, the writers lamented that attempted treatments had been, as so many letters stated, 'all in vain'. These letters ended with a gracious and desperate plea for help. The writers had no sense of where to turn when they had run out of economic resources or had exhausted options in an overstretched medical care system.

I have had this problem of recurrent abnormal pain associated with diarrhea for five years now. I have gone through several tests including HIV in June 1989 and Nov. 1990. I have also done the endoscopy and barium enema but all haven't helped. For all this time I have been using different drugs such as Tagamet, Flagyl, Peptobismol, Maalox, Codeine, Prednisone, Septrin, etc. But there is no major improvement at all. (Male)

Sexually-transmitted diseases seemed particularly problematic and resistant. Numerous writers had sought treatment, sometimes repeatedly. People catalogued lists of medicines, antibiotics, and injections they had received. But their conditions had not been cured, or the symptoms disappeared once, only to reappear at a later time.

Sometime in 1991 I had a pus discharge from my penis and I went to the STD clinic where laboratory tests results were negative for HIV, and syphilis. I started getting treatment for gonorrhea: streptomycin, and procaine penicillin injections. It persisted. I went back and was given tetracycline and flagyl tablets for two weeks; still it persisted. Another test was carried out on the discharge and I was told to buy erythromycin and nystatin tablets. But all in vain. (Male)

Traditional treatment, when mentioned, was viewed as an option of last, and reluctant resort. It was presented as something potentially powerful or effective, yet somewhat feared.

Since 1988 I have been having pains in my elbows and knees. When I go to the clinic they prescribe malarial treatments, but I have not found one that works. I am twenty-five years old and I had my first born child last August. But since the baby was born, I have felt terrible pain. It began as paralysis in the night. I couldn't hold my baby. Pain started in my wrist and extended to my shoulder. I was prescribed penicillin injections, folic acid, and massage with liniment. All seem to increase the pain. Local medicine may be the last resort, but I fear local herbs. (Female, 25 years old)

Is there any knowledge of traditional herbalists successfully treating hypertension? I have tried medical treatment for two years with no success. (Male)

Historically, as noted in the introduction, Uganda had a well-established health care system, and the populace respected and relied on its medical personnel. During the years of civil unrest, however, the country lost medical personnel through involuntary expulsion and voluntary emigration. Distribution and availability of drugs decreased. By the 1980s the result was not only a damaged health infrastructure but decreased trust in the medical system. This distrust and disillusionment surfaced in the letters.

I have a number of problems which I would like you to advise me in and what treatment should be used to eradicate all of these diseases tormenting me. All the medicines I have tried are really of no use, according to me, because it seems the doctors here are doing guesswork. (Sex indeterminate)

I had pubic itching for a long time; when I went to check my blood they told me it was syphilis. I was told to get four weekly injections. I complied with the instructions until I finished the whole dose. After which I took three months until the body was somehow even and the rashes around my private parts got cured. But when I went to recheck my blood for the second time the result was still positive. But I was doubting since those people were making money those days. I rechecked in the next clinic they told me it was negative. I remain confused because I don't know which one is which. (Male student)

Discussion

The letters to the 'Dr. AMREF' column present a wide range of requests for health information and advice. Why does an individual write to a distant medical authority like a newspaper column instead of, or in addition to, seeking medical attention? What are the letter writers seeking?

One study of Ugandan health decision-making found that respondents felt that 'minor' or 'mild' illnesses such as flu or slight pain are treatable at home, often with medicines obtained from a local drug shop. Only the more serious illnesses, or illnesses which do not yield to self-treatment, are commonly felt to require medical attention (Barton and Bagenda 1993). Other studies of the private health sector have also emphasized self-treatment or the use of drug shops where treatment is the focus, not diagnosis (see Whyte in Hansen and Twaddle 1991).

The letters overlap all facets of diagnosis and treatment-seeking behaviour. Some letters seek information in the same way an individual might from a family member, friend, or local shop-keeper. This includes seeking information on some annoying conditions which might not be considered 'serious' enough to present to a formal health care provider.

Other letters are more clearly part of treatment-seeking, a less expensive alternative to a visit to a physician or a search for an authoritative voice in a series of unsatisfying medical visits. But there is a wide gap between the desire for personal care and advice expressed in the letters and the service that a public forum such as a newspaper column is able to provide.

A large proportion of the letters present questions about embarrassing, shameful or stigmatized conditions. Many, but not all, of the sensitive topics in the letters were related to sexual behaviour; there were also questions about other potentially embarrassing topics such as body odours, halitosis, snoring, bed wetting (adult), and gynaecomastia. In seeking a diagnosis or explanation at a distance, individuals might hope to avoid acknowledgement of the nature of their problem.

Some of the letter writers who had previously sought medical attention for their physical problems were frustrated by resistance or recurrence of their symptoms. In addition, a group of the writers were unhappy with the quality of care they had received. Patients left encounters without knowing the name of their disease and without knowledge for further prevention. The fact that writers could request a diagnosis and treatment advice at a distance

indicates that they have experienced health care encounters that did not include thorough physical examination and history taking.

The letters were seeking solutions; the foremost desire expressed in the letters was for alleviation of symptoms and discomfort, clearly a difficult or impossible task without an examination or the opportunity for further clarification. But an almost equally fervent parallel plea was voiced for accurate and relevant health information. This recurrent request for detailed information in the letters contradicts an assumption which has been noted among some health practitioners. Ndoleriire (1993:35), in a Knowledge, Attitude and Practice study of health personnel, described practitioners' perceptions of patients' desires:

Asked if they had discussed the likely diagnosis with their patients and why they were being treated, the majority said 'no, patients were not interested in what was the matter, but just wanted to have medicine to make them better'.

The letters analysed here are a strongly opposing demand from the patients' side to this provider attitude. People want to feel better, but they also want to know and to understand their own health. The letter writers voice a strong desire to be better informed participants in their own health care.

Conclusion

The data set analysed in this study was a pool of letters written to an East African newspaper health column over a three-year period. Letters to a newspaper column provide a public but anonymous forum for expressing personal concerns. Analysis of the pool of letters provides a non-invasive and non-reactive method to ascertain prevalent health questions and opinions.

Content analysis of self-generated letters to a newspaper column gives a collective perspective on individual health concerns. Taken as a whole, the letters express dissatisfaction not only with the outcomes of health encounters, but with the process. Across a wide range of physical complaints, one common concern expressed in the letters was the desire for a quality of health care which includes more provision of information and explanations to the patients or consumers of health care.

Health care providers and policy makers need to hear and take seriously this discontent. The hidden costs of repeated or multiple treatment seeking are not often factored into analysis of use of scarce health-care resources, nor are the costs of further transmission of a disease because of ineffective treatment or lack of preventive health education.

The fundamental hope of the letter writers was a solution to their search for information about and effective treatment for a personally troubling health problem. Often these were problems for which the letter writers had already seen multiple practitioners. Taken collectively, the letters present a powerful plea for a quality of care that pays greater attention not only to symptoms, but to worries and questions of the users. The letters entreat that even in health-care settings with limited drugs or laboratory services, information should not be a scarce commodity.

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