



INFLUENCING HEALTH BEHAVIOR

## **Songs and Storytelling: Bringing Health Messages to Life in Uganda**

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**ABSTRACT** *In villages without doctors and hospitals in the remote eastern Ugandan district of Pallisa, traditional birth attendants and mothers are solving the most serious health problems through the teaching power of songs and stories. The village's rich oral tradition was enlisted as the principal means not only for transmitting these important health messages, but also for supporting their practice throughout the community. Utilizing existing community traditions such as songs and storytelling offers culturally appropriate ways of enhancing the communications component of the health care system to make it serve the poor majority in a readily comprehensible, credible, affordable, and accessible form. These non-formal active-learning methods are highly compatible with and promotive of the general principles of primary health care, especially for their empowering, participatory and sustainable qualities. It is only a natural extension for health educators to more fully employ the use of the time-honored oral traditions of songs and storytelling as a vehicle for communicating health messages. For students in the health professions, awareness of these proven principles for engaging people at the local levels will contribute to more effective training, strategic program design, and advocacy.*

**KEYWORDS** *Non-formal, songs, storytelling, health education, folk media.*

If their eyes are pale, and they're feeling very weak,  
to the hospital, to the hospital;  
If their hips are small, and they're looking pretty thin,  
to the hospital, to the hospital;  
If their fever's high, and they're having lots of chills,  
to the hospital, to the hospital...  
(Translation from Iteso)

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Through this simple song, traditional birth attendants (TBAs) in the remote rural district of Pallisa in eastern Uganda are able to cite the major local killers of women in childbirth—anemia, cephalo-pelvic disproportion (from intergenerational malnutrition), and malaria—and facilitate early identification and referral to a more adequately staffed and equipped facility.

Using participatory action-planning methods, this empowered community conducted its own health and environmental surveys and then prioritized a list of problems and solutions appropriate for their own very modest available resources. A core team of TBAs was trained in aseptic methods of delivery and prenatal risk factor assessment. However, trying to remember the list of these potentially life-threatening risk factors and teach them to other TBAs and all the expectant mothers in the community was another matter.

The low-cost, readily transmissible solution already existed within their oral tradition. The trained TBA leaders composed a lively song, loosely translated above, describing important warning signs and symptoms.<sup>1</sup>

Songs and stories are also the primary means by which the TBAs teach mothers about prenatal health measures: what special foods to eat, how to exercise and take care of themselves, and how to prepare for nursing their newborn infants. Again, newly composed songs following recent midwifery skills training are added to the wealth of existing traditional songs to form an ever-expanding, living oral archive of information readily available to the entire community.

The Pallisa community discovered too that other causes of infant and maternal illness and death were often preventable simply by taking measures to improve household hygiene. Proper preparation and storage of food, hand-washing, separation of livestock from the kitchen and living areas, and construction of latrines combine to dramatically reduce the rate of parasitic and childhood diarrheal disease. This, in turn, decreases morbidity and mortality from dehydration, malnutrition, and infectious diseases such as measles and acute respiratory infections. Once again, the village's rich oral tradition was enlisted as the principal means not only to transmit these important health messages, but also to support their practice throughout the community.

To accomplish this task effectively and with few material resources, community members drew pictures representing the features of good household hygiene and composed a song that named and described each feature. It is now common throughout villages in Pallisa to hear groups of children spontaneously singing this and other health message songs while strolling to and from school and playing together. And so, in these villages without doctors and hospitals, traditional birth attendants and community members themselves are solving the most serious health problems through the teaching power of songs and stories.

## **Role of Communication in the Community Development Process**

As it pertains to health care, community development in its simplest form may be seen as helping people learn how to meet their own and each other's health needs more effectively. Much health care activity is, in a basic sense, a form of communication involving the interaction of health providers and health receivers, providing information as well as medicines and clinics. However, like most means of health care, health communication and information do not reach the majority of people in most countries (Solomon *et al.*, 1978).

One of the greatest unused resources for a community's health care development is the community itself. Communication provides a means through which to tap this invaluable, commonly overlooked resource. But communication is not simply a matter of transmitting information and assuming it will be understood and acted upon. Effective health communication involves the transformation of health knowledge into messages that can be readily understood, accepted, and put into action by the intended audience. Utilizing existing cultural traditions such as song and storytelling offers culturally appropriate ways of enhancing the communications component of the health care system to make it serve the poor majority in a readily comprehensible and credible form.

## **Historical and Social Role of Songs and Storytelling**

Songs and storytelling have been utilized as means of education for millennia. Pre-literate peoples have learned and kept alive voluminous amounts of knowledge passed down through the oral tradition for the vast majority of human history. Furthermore, the written word in the form of books is often subject to biodegradation by rain, humidity, mold, and an inexhaustible army of tropical insects. Songs and stories, on the other hand, do not require literacy and are inherently more storable and transportable, essentially free to all who care to learn them, and dynamic in their social and recreational function in everyday village life.

By virtue of their use of language, songs and stories are vehicles for cultural accumulation and historical transmission, making them "a great force of socialization" (Sapir, 1949). Songs in particular may be an even greater socialization force than normal language events since through songs, "thoughts, ideas, feelings and comments which cannot be stated in normal language situations are more readily expressed, thus offering kinds of information that are not otherwise easily accessible. This is especially true of songs commenting on aspects of daily life" (Egblewogbe, 1975).

Songs and stories serve a dual purpose in the socialization process. First, they are a means whereby the rules of moral behavior are learned. Second, they encourage conformity to these rules, by both adults and children (Egblewogbe, 1975). Through songs and stories we have what McQuown refers to as “a whole process of acquisition and transmission, via language, of the ways of feeling and acting appropriate to the role which an individual plays in a community” (McQuown, 1982).

Moreover, song and storytelling do not exist in isolation, but as part of the larger social environment which includes dance, drama, music, games, and visual arts. These dynamic performance means of communication are integrated into the very fabric of village life in the developing world. It is only a natural extension to more fully employ their use as a vehicle for communicating health messages.

### **Need for Alternative Health Education Strategies in the Developing World**

At the start of this new millennium, it is clear that conventional approaches to health care have left us far short of the goal of “Health for All by the Year 2000”. In the developing world, infectious diseases ravage populations that nonetheless continue to grow at alarming rates. David Hilton’s observation of nearly 20 years ago remains painfully true today: the scarcity of conventional training resources in these countries means that even those with rapidly developing technology bases are still unable to educate enough health professionals to achieve adequate ratios (Hilton, 1981).

Now as then, however, the situation does have one encouraging aspect. The most common health problems, serious and potentially life-threatening as they may be, lend themselves to preventive and curative interventions by health practitioners with relatively little formal training. Even more importantly, perhaps, these same interventions can be achieved by informed patients and family members themselves.

There can be little doubt that educating people in how to prevent or deal with their health problems is the most practical and cost-effective means of improving a nation’s health. The need to provide this education throughout a society despite the constraints of illiteracy and the scarcity of health care resources compels us to consider alternative means. The use of non-formal education methods of teaching, such as songs and storytelling, thus becomes paramount in achieving the degree of accelerated change required for a nation’s successful pursuit of community development (Ward, 1983).

## **Non-formal Health Methods and Primary Health Care**

Songs and stories as oral literature are social products in which all members of the community potentially have full share. Often originating within each community, songs and storytelling offer a means of health education that is culturally acceptable, effective, affordable, and accessible. Furthermore, these non-formal active-learning methods are highly compatible with and promotive of the general principles of PHC (primary health care) (WHO & UNICEF, 1978):

1. PHC should be shaped around the lifestyles of the people to be served.
2. The local population should be actively involved in planning health care, so that it suits their needs and priorities.
3. The health care offered should make use of the available community resources, especially those that have hitherto remained untapped, and should remain within the limits of the funds available.
4. PHC should use an integrated approach of preventive, promotive, curative, and rehabilitative services for individual, family, and community.
5. The majority of health interventions should take place in or as near as possible to the patient's home and be carried out by the worker most simply but adequately trained to give the treatment.

Songs and storytelling are active-learning methods which, when combined with action-research methods, can form a core strategy of the participatory approach to local development (Borrini-Feyerabend *et al.*, 1997). These effective, increasingly accepted methods are aimed at mobilizing local know-how and resources, empowering local communities and institutions, and adapting appropriate innovative technologies to the local context.

## **Advantages of Songs and Storytelling for Health Education**

As cited by Hilton, several reasons for the effectiveness of storytelling in teaching are offered by William Barclay (Hilton, 1981):

1. A story makes truth come alive. Abstract ideas are much more easily grasped through stories that make them concrete.
2. A story commands attention, while a health lecture, even with flip charts, often creates boredom.
3. A story about familiar surroundings begins with the things that people understand and moves a person on from there to new understandings.
4. Truth that a person discovers for himself becomes his own. A story or parable allows a person to discover the truth for himself. While a lecture is often forgotten or ignored, internalized truth is the motivating force needed for a change in practices.

5. Telling a story or singing a song avoids confronting a person with his/her own inadequacies. Instead, these methods can describe a successful role model solving a mutual problem.

Songs and storytelling offer several other distinct advantages for health education messages.

#### *Participation*

The use of songs and storytelling for health education offers a means of involving learners in planning and implementing their own programs. Students from cultures close to the oral tradition are extremely adept at composing songs and creating interesting stories and dramatizing them in innovative ways (Hilton, 1981).

#### *Entertainment*

Songs and storytelling are both enjoyable and important social activities in villages throughout the developing world. The emotional power of stirring music combined with poignant lyrics readily captivates and enchants people of all cultures, making an excellent medium for inspiring emotional change.

#### *Cultural Relevance and Credibility*

Songs and stories are an integral part of most cultures in the developing world. Perhaps the most important element contributing to the adoption and successful outcome of a health education message is its credibility. Songs and stories that are passed down or newly composed from within the mindset of the local village are inherently more meaningful, relevant, interesting, respected, and therefore more credible than those originating from “the outside” (Kakan, 1998).

#### *Empowerment*

Traditionally structured communications approaches have placed curriculum decisions exclusively in the hands of experts, project managers, and message designers as persons most qualified to know what the learners should learn and know. On the other hand, a communication/education strategy employing locally created songs and stories is people-centered rather than issue-focused. Concerned with the development of individual capacities through the group learning process, its aim is to help people discover their potential and use it. The aim of community-centered development strategies is not just to prescriptively change behaviors, but rather to stimulate fresh thinking and to enable people to transform themselves, consciously and fundamentally, into more capable managers of their own lives. “It is not the subject matter or the message or the social issue itself that dictates the strategy; rather it is the growth of the people as people which is at the heart of the process” (Srinivasan, 1992).

### *Repeatability*

One great advantage of singing is that it provides an opportunity for repetition of a health message at any time. If a song is liked, people will readily memorize the lyrics, hum the tune, teach it to others and talk about it as well. For this reason especially, songs and stories have been used for communicating health messages to promote maternal and child health, nutrition, sanitation and hygiene at pediatric and antenatal clinics throughout the developing world (Tembo, 1995).

### *Simplicity*

Songs and storytelling do not require literacy, drawing skills or external paraphernalia as posters, flipcharts, and projectors. They assume only a fertile imagination and an understanding of cognitive structures of a particular society. Health knowledge to be taught need only contain the minimum amount of information necessary to effect the health-improving change in behavior. Since there are no age or special skill requirements, children may inform adults just as well as other adults can.

### *Sustainability*

Teaching and supporting the use of songs and stories by village health workers to transmit health messages in their communities is truly a self-sustaining primary health care activity. This low-cost, enduring strategy builds human capacity—the ability of local people to handle their own problems, unlike most high-tech, external input-dependent development “solutions.”

## **Extending the Range of Song and Story through Radio and Television**

Modern mass media communications systems, such as radio and television, are powerful instruments with the capacity to reach out and publicize new health programs, create mass awareness of health issues, and promote new health knowledge and behavior. For the first time in history, stories and songs can now extend far beyond the confines of the village circle to reach wide audiences throughout an entire country simultaneously.

Adhering to locally composed themes for songs and stories helps ensure that information, education and communication are provided in a culturally acceptable, and thus more credible, fashion. Such programs have been shown to be not only entertaining and highly popular, but can contribute to changing attitudes and beliefs towards a broad range of health issues. In Zambia, a Health Education News radio was developed to encourage individuals to attend various health clinics and get their children immunized, encourage people to accept responsibility for their own health,

and provide information on the symptoms and prevention of some common diseases. Among the primary strategies utilized were storytelling and the incorporation of music and songs (Chitanda, 1990). In Kenya, a survey conducted after three years of serial radio drama showed that 56% of the listeners claimed to prefer a family size of three or four children as compared to the national average of eight children (Westoff & Rodriguez, 1992).

## **Implications for the Preparation of Health Professionals**

Facilitating widespread, lasting change among the poor majority first requires familiarity with sound, proven principles—such as the use of non-formal health education methods—for engaging people at the local level. For students in the health professions, awareness of these principles will contribute to more effective training, strategic program design, and advocacy. Students' courses should thus incorporate tools for sensitizing and orienting them to the populations they serve, and for experiencing the participatory non-formal education model directly. Like the community groups they must reach, health professionals can become empowered agents of change. Using the experiential skills and knowledge of non-formal teaching methods, they can better enable people to bring health to themselves.

## **Conclusion**

True health communication occurs only by transforming health knowledge into messages that can be readily understood, accepted, and acted upon by the intended audience. The time-honored oral traditions of songs and storytelling offer inexpensive, culturally appropriate ways of bringing health messages to life by infusing them with the active participation and lively spirit of the people for whom they are intended. As such, songs and storytelling can play a fundamental role in the process of continuing education, which is the key to the long-term sustainability of health promotion efforts.

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## Note

1. Interview and recordings by author with Margaret Namaja and Ester, TBAs, along with Kapuwai community members and leaders, March, 1997, Pallisa, Uganda.

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