



THE SAHLGRENKA ACADEMY

**How ability to read, write and calculate affects life in rural
Uganda, a qualitative study**

Degree project in Medicine

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Programme of Medicine

Gothenburg, Sweden, 2017
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1. Abstract

Degree project in Medicine, Programme of Medicine

How ability to read, write and calculate affects life in rural Uganda, a qualitative study

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Key words: Literacy, women, qualitative

Background: Literacy is a key determinant of health. It is one of the Sustainable Development Goals to ensure that all youths and most adults achieve literacy and numeracy by 2030.

Aim: To assess the effects of literacy and numeracy training on life situation among illiterate or semiliterate adult Ugandan women.

Method: A retrospective cohort study, where 22 study subjects were participants of a course and 22 controls were applicants. In-depths interviews were conducted and analysed, using a qualitative method.

Results: Achieving basic literacy and numeracy, most of the subjects had improved their economy, they were more optimistic about their future and their children spent more time in school. We did not assess whether children's school results improved. Mental well-being of the subjects improved. They felt an ability to take care of their families in a better way, although we did not detect any obvious changes in family health status. The course contributed to involving more family members in decision-making. Health literacy improved somewhat. Many claimed they maintained a better diet and hygiene. Some bullying by illiterate friends was mentioned, although a majority expressed their social life as positively changed.

Conclusion: For people living in absolute poverty, basic literacy and numeracy knowledge might be the key to a decent future. The course participants report improved economy, more uninterrupted school attendance for their children and a stronger hope for a better future. Hereby, future generations will have a chance of a better life.

2. Background

2.1 Illiteracy

Literacy is a key determinant of health. All around the world, people lacking basic skills in reading, writing and arithmetic, are very vulnerable to corruption and being subjected to discrimination and violence. Adult illiteracy is often seen as shameful and affected people are not only highly likely to being cheated in business transactions and failing to control their own economy; they are also vulnerable to poorer health and sickness. There are 750 million illiterate adults around the world, the majority women, although it is one of the Sustainable Development Goals (SDG) to ensure that all youths and most adults achieve literacy and numeracy by 2030. Sub-Sahara is the most affected region in the world, with the highest rates of children and youths being unable to read proficiently(1). The mechanisms are complex, basic education is generally offered also in low income countries, but many children are withheld from school, for example since they are needed as work hands or the school fees are too high in relation to the parents' income.

2.2 Women's education

It is generally assumed that teaching poor women to read and perform simple arithmetic is a

cost-effective way of using foreign aid, but this assumption is surprisingly poorly documented. Earlier studies highlight, though, the contributions of women's education to population health. A study, made in Nigeria, confirms that mother's reading skills are highly associated with lower child mortality(2). Another study, made in Peru, confirms that increasing women's education leads to a decrease in unwanted pregnancies and to an increase in antenatal health care, potentially due to changes in women's cognitive skills, economic resources and autonomy(3). Yet another study shows that keeping girls in school results in many benefits for young women in Uganda, among them less lifetime experience of sexual violence(4). However, it remains hard to find studies showing a cause-and-effect relationship between adult literacy training and improvements in general psychosocial well-being and improved long term health literacy.

2.3 Earlier qualitative studies

There are few qualitative studies available, which could tell about the results from earlier research, when it comes to illiteracy and literacy training. It is known, though, that poor health literacy is linked with poorer health outcome, but all the factors remain unclear. A qualitative study among African-Americans conclude that those individuals with higher health literacy, participate more likely in shared decision making together with health care professionals and feel more confident to successfully manage their disease(5). Furthermore, a study in urban Chicago shows that low literacy and numeracy scores were associated with interview reports of poor contraceptive knowledge and difficulty with contraceptive use(6).

In Germany, qualitative studies were conducted and it became apparent that Turkish and Russian-speaking immigrants often have limited health related literacy. Support and counselling services concerning language and cultural aspects and strategies to strengthen the health literacy of persons with migration background were assessed as required(7).

2.4 Education in Uganda

Uganda is an east-African nation, where the illiteracy rate among the female population aged 15 years old and older, is estimated 38%, compared to the rate of the male population, which is estimated 21%(2). The official primary school entrance age is at 6. The primary school cycle lasts 7 years and the lower and upper secondary cycle lasts 6 years(8). Education is by tradition highly valued, but the educational system has been demolished, due to the political and economic chaos, during the 70s and 80s. There are both private and public schools(9). The proportion of pupils, starting grade 1 who reach grade 5 is however 25%(10).

2.5 Wealth in Uganda

Uganda is about half the size of Sweden, with nearly 40 million inhabitants. The BNP in 2015 was 705 USD per person. The country was one of the wealthiest in Africa, in 1962. Because of misruling and dictatorship, the wealth was torn down, but has steadily been reobtained during the last decades(11).

2.6 Education in Sweden

Sweden has almost 10 million inhabitants. Compared to Uganda, the BNP in 2015 was 50 585 USD per person. More than 99% of Swedish children start grade 1 and the majority continue their education for about twelve to thirteen years(12).

2.7 Education among immigrants

In recent years, many immigrants from different parts of the world have come to Sweden. It is very hard to tell how many of them who are literate or illiterate. The statistics from Statistiska Centralbyrån, show that 31% of 30 years old African female immigrants and 21% of Asian

female immigrants, who all had lived in Sweden less than five years between 2002–2006, had an unknown education. 21% of African females and 23% of Asian females had no higher education than primary and secondary school(13). The integration challenges are hence very big, because the information about this group of people is scarce. Most immigrants are from Syria, Iraq, Eritrea or Afghanistan. Somalia is number nine on the list(14). In Syria, 80 % are literate(15), In Iraq, 84.1% (males 15-24 years old) and 80.5% (females 15-24 years old) are literate(16) and in Eritrea 92.6% (males 15-24 years old) and 87.7% (females 15-24 years old) are literate(17). In Somalia 4.4 million children are out of school, almost half of the country's population. The country is far from reaching the Sustainable Developmental Goals of ensuring education(18). These statistical numbers make these countries similar to Uganda, where the literacy rate is low as well.

2.8 The purpose of the study

To learn more about illiteracy and adult literacy and training and its effects, two medical students from Sahlgrenska University went to several villages around Entebbe and Kampala, Uganda. A combination between qualitative and quantitative methods was used, in order to balance detailed information from in-depth interviews and hard data from questionnaires.

2.9 ALEF and CACI

Adult Learning and Empowerment Fund, ALEF, is a Swedish foundation, which raises funding for educational activities in sub-Saharan Africa. Local partners, such as Non Governmental Organisations, do the actual teaching. In Uganda, the NGO partner is called Change African Child International, CACI. It is a non-profit organization on a grass-root level, dedicated to improve living conditions for specifically children, youths and women. CACI operates by caring and supporting people with HIV, empowering women and their families to become

economically self-reliant, developing leadership, as well as offering adult literacy and numeracy classes, using the ALEF-method, among other activities(19).

2.10 The aim of the study

The aim of this study is to assess the effects of the adult literacy and numeracy course on life situation among participants of the course, performed by CACI. The hypothesis is that it will bring improvements in socioeconomic situation, strengthen families and their income, improve children's school results, improve health, quality of life and health literacy.

3. Specific objectives

What are the effects of structural literacy and numeracy training on the life situation of illiterate or semiliterate adult Ugandan women? Various outcome areas will be covered; language skills, social life, human rights, health, children's situation, economy, health literacy, future perspectives and assessment of the ALEF-course.

4. Material and Method

4.1 Study design

The study was designed as a randomized* retrospective cohort/cross-sectional study and in some fields, as a before- and-after study. The sample size was 21 study subjects and 22 controls. The study subjects were all participants of the ALEF-course since at least two years

and the controls were all applicants for the course. The study subjects were 19 females, in average 42.2 years old and 2 males, in average 33.5 years old. The controls were 21 females, in average 32.5 years old and 1 male, 24 years old.

4.2 Setting

The study site was found in seven different rural villages, where extreme poverty is very common, in Wakiso district, in and outside Entebbe, in the area between Entebbe and Kampala and in the outskirts of Kampala, Uganda. Wakiso district is situated along the north border of Lake Victoria, where the main parts of the inhabitants of Uganda live. Almost 20 % of the Ugandan people lived on less than 1.25 USD per day, in 2012/13. Extreme poverty is now defined as living on less than 1.9 USD a day(20). The poverty is most widespread in the rural areas, where considerably less women than men are literate and women earn in average 60 % less than men. The access to health care is bad in the rural areas and the distance to health care centres is very long, because health care centres are mostly situated in the urban areas. In 2013, the maternal mortality was as high as 438 deaths per 100,000 deliveries(21). The district has over 560,000 inhabitants and the economic activities include among others fishing in Lake Victoria, poultry breeding and agriculture(22).

4.3 Data collection

The data collection was formed by in-depths interviews, conducted by the author of this thesis and local interpreters, who translated from Luganda, the women's mother tongue, into English. The interviews were all recorded and transcribed. Open-ends questions were given, using a check-list, reflecting the different outcome areas; language skills, social life, human rights, children's situation, economy, health, health literacy, future perspectives and assessment of the ALEF-course. An interview would normally take about 30 minutes to conduct. In- depths

interviews are preferably used, when data collecting experiences, such as in this case(23).

4.4 Analysing method

The study was performed, using a qualitative content analysis, with an inductive onset and latent orientation. An inductive onset, means analysing the text unconditionally(24). A latent orientation means analysing what the text talks about, involving an interpretation of the underlying meaning, referred to as *the latent content*.

*The author of this thesis, did not control the selection of the study subjects nor controls.

Nevertheless, clear instructions had been given, not to select outstanding individuals in any way, but to randomly ask individuals who had taken the course and applicants for the course if they wanted to take part in the interviews.

5. Data management and analysis

A content analysis method, refined by Graneheim and Lundman (2004), was used by processing the data. After conducting and recording the in depth-interviews, the material was transcribed and unidentified. Words and sentences, which all relate to the same outcome area, were highlighted. The constellation of word and sentences, with the same central meaning, constitute hence a *meaning unit*(25).

Furthermore, *condensation* is the process where the text is shortened, but the core still preserved. The condensed meaning units were abstracted and labelled with a *code*. A code is a brief description of the content of the meaning unit. Hereby, *categories* and *sub-categories* were made, where the content share commonalities(26). Categories are internally homogeneous and externally heterogeneous(27). Thus, no data related to the purpose should be excluded, due to lack of suitable categories and no data should fall between the categories, nor fit into more

than one(25). Sub-categories were abstracted, to form a more comprehensible depiction. The work done so far, was read through by professors and co-researchers at Sahlgrenska university and a process of reflection and discussion resulted in agreement on a set of categories and sub categories.

Figure 1 and 2 show an example of meaning units, condensed meaning units, codes and categories and sub categories.

Meaning unit	Condensed meaning unit	Code	Category	Sub category
"Before I was just sitting back home, but now I can socialize with people, this change has come with the course."	Before I was alone, now I can socialize with people	Socializing with people	Community life	Attitudes from other people
"I also know that if a child falls ill, I understand prescriptions and give the medicals properly, not before when I would just give it all at ones."	I can give children's medicals properly, as written on the prescription.	I understand doctor's prescriptions now	Children's and family's health	

Meaning unit	Condensed meaning unit	Code	Category	Sub category
"Education is important so they will not suffer like me. They will get jobs, not be undermined, express themselves.... I will struggle so they can go to school, be well off."	Education will help the children getting a job, not being undermined, expressing themselves, not suffering.	Education is essential to have a good life	Schooling-Importance and reasons for lacking	

<p>”I want to get a job so I can have some income and pay for my children’s school fees. I am worried about not having any income, when my parents or children fall sick I can not help them without income.”</p>	<p>I need an income to be able to pay for my children’s school fees and help them or my parents when they fall sick.</p>	<p>Worried about not having money</p>	<p>My future</p>	<p>Fears</p>
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6. Ethics

The study was received and granted approval by the Higher Degrees, Research and Ethics Committee, in Kampala. Each participant provided an informed consent to participating in the study, by signing a consent form. It was made clear, that participation was voluntary and unwillingness to participate would not have any consequences. The data was anonymized and private information was handled confidentially. Recording of interviews was anonymous as well and safely stored.

7. Results

The result of the study is based on twelve categories and ten sub categories, regarding both the intervention group and the control group. Among the categories; *Community life* includes the sub categories *Attitudes from other people* and *Sense of belonging*. *Own health* includes the sub categories *My well-being* and *Self-esteem*. *Health literacy* includes the sub categories *HIV*, *Tuberculosis* and *Diarrhoea*. *My own future* includes the sub categories *Hopes*, *Fears* and *Essential needs*. Firstly, the answers of the control group are presented, that is the interviewed who have not participated in the course. Thenceforth, the answers from the intervention group

are presented, that is the ones who have participated in the course.

7.1 Reading, writing and numeracy skills

In the **control group**, more than half of the interviewed considered themselves having no reading and writing skills at all. The rest of them, considered themselves available to read and write a few words in their mother tongue Luganda, but not any or very little English.

"Reading and writing skills? No. She has never caught a pencil." (NP11)

"Trying, she can write her name. Simple things she can write. She can read some words in Luganda. No English." (NP8)

The interviewed from the **intervention group** emphasised, that they had learnt very well how to read and write in Luganda and some little in English as well. They were now also able to count and thus save and make a budget. There was not anyone, who expressed not having learnt anything.

"Previously I could not read, write or count, but now I can. In Luganda very well though not very much yet in English." (P6)

"A simple text in Luganda, yes she can write and read a text. She can read an article very well in Luganda. They also learnt a few words in English." (P11)

"Before joining ALEF, he could not do the counting, but after lessons he can do profit, and reinvest and expand." (P20)

"Now I can sit down and budget, I know the balance, I can prioritize what to buy. I could not before." (P18)

7.2 Economy

The interviewed in both groups were asked about their income and furthermore to describe their living standard and what they can afford.

The interviewed from the **control group** conceded, essentially all of them, their economic situation as their very worst problem. An overwhelming part of them declared that they had no income at all, they were depending on other people to survive and a few of them confessed the need of sometimes having to beg. Basically, none of them could afford essential things needed in their daily life, such as enough food, medicines, good clothes nor school fees. A vanishing small part of the interviewed granted that they were able to afford essential things in life, due to the husband's income. The hope of getting money from a saving group was expressed.

"No income. She has a problem whenever she starts a business, it collapses because she does not know how to read and write." (NP10)

"A store to get some money helps her to survive. She does not earn enough and sometimes she goes to the church to ask for help and the pastor gives her some money to survive. Sometimes she has to beg. She has a trouble investing in the business, the profit is very low." (NP7)

"The tenants give her some money. It is not enough for any school fees though, not even the half of what is needed for school fees, food, clothes, tablets." (NP13)

“She is doing small jobs around here, it does not give enough money. They are seldom available; her challenge is to get a permanent job. If she had gone to school, she would be able to get a good job...If God gives her a future, she wants to have the standard of living changed. If she can get a good job and work, she can feed her children and they will be able to go to school.” (NP8)

“She has not enough capital to put into the business. It is normal to have a low income. She is going for a saving group, where they save money and give it to one person who can use it in business, as a capital.” (NP4)

”No income, but my husband takes care of the family, as the head of family. We have access to food... I would like to start being busy and add to what my husband brings home. If I joined the course, I would get skills in reading and writing and being able to start a business and earn money, I’m looking forward to that.” (NP1)

The absolute majority from the **intervention group**, contrariwise admitted their economy as improved, since their participation in the course. More of them could afford essential things and much fewer of them said that they could not afford essential things. A few explained that they had an income, although it was not enough. Occasional expressed still not having any income. Very few of them had joined a saving group.

”The economy is really changed. She has learnt so that they know how to spend, have a small budget and prioritize. Basing on her job- tailor- she wants to have more capital and grow her business. At home, there is a big change. Now the income has improved and the feeding is

very good.” (P1)

”The economy has really been improved, because we learnt to reinject the profit in the business and save some. That has been very good and the capital is growing.

Family life is changed, we know what to do and do some business to pay for rent and basic needs. There is a big change now.” (P5)

“I never say no to a job. I have a lot of jobs and engagement like carpentry, painting, decoration, construction. I’m also a singer. My economy has improved because we have learnt how to save. I think deeper and wider.” (P7)

”A positive difference, but not very big. Before she didn’t know how to count, but now others cannot cheat her, because she knows the correct amount. She is living in a poor hut, takes water from the lake. It has not changed since the course... She knows how much money to spend, invest and save. Her problem now is capital.” (P8)

”I don’t have an income, I wait for my husband to send me some support, but he is very responsible, care for each and everything. The economy has changed, now I can sit down and budget, I know the balance, I can prioritize what to buy. I could not before.” (P18)

The economy has changed, it has increased. Now she can tell the difference between capitals and she can buy and sell fish. The money is used for taking the children to school and the remaining for the family. She survives.” (P21)

”She is doing simple business. Now she is sick though, and cannot work. Feeding at home is

difficult. In the course she understood the importance of putting efforts into the business but she has forgot about it...Now nobody can cheat her or steal from her. She knows how to count.” (P10)

7.3 Schooling- importance and reasons for lacking

Everyone stated that education is essential in order to have a good life, although more than two thirds in the **control group** admitted that they could not afford school fees. The fact that the children’s health were too poor for school was also expressed.

”School is very important. If not, they will be facing problems. The jobs are for people who have gone to school.” (NP4)

”She is not sure they can go to school because of their health and their poor income, but education is important so they will not suffer like her. They will get jobs, not be undermined, express themselves.” (NP12)

”School would be the best education, because then they can also teach her. You notice that people who have gone to school are far better off compared to her.” (NP14)

”The older children should be in school, but she can’t pay the school fees, but they should be there and she is trying very hard to get a sponsor. Without education they will be nowhere, be nothing.” (NP18)

The statement that education leads to employment and a better life, was concurrent as well in

the **intervention group**. A lot of them also explained their opinion about the importance of school, as changed since the course. The opinion about the importance of educated women was expressed several times, as well as the benefit of being able to help the children with their homework and the capacity of claiming their rights. Less than one third admitted that the school fees were still a problem.

"School is very important because when they go, they learn discipline, they gain knowledge.... In the future, it will help him to get employment and live a better life than me. Now I see the importance of education and I even guide and help them a little bit with the homework." (P2)

"Education is very important because in this modern age if you are not educated you tend not to fit in in society but if you are educated you can find solutions and think beyond boundaries." (P6)

"Other women should get educated so that they can all cooperate and work together." (P10)

"Get education! The opinion about it has changed, because education improves your rights, you can write what you want and read." (P18)

"Very important, because they will live a better life and it will help them to claim their rights. When they are educated and get jobs, they can also help their parents. Before I didn't take it as very important, but now I encourage them more to attend school." (P19)

7.4 Own health

Health is both physical and mental well-being. The interviewed were told to answer the simple question “How are you?” and explicate their health status.

My well-being

Among the **control group**, most of the interviewed just stated their health as okay, but several admitted their life as very hard and especially when you are starving. Some of them admitted themselves as HIV-positive and some as often feverish. Several illnesses were expressed, such as back pain, ulcers, diarrhoea, chest pain, head ache, weakness, high blood pressure and a feeling of being very stressed.

”Being on pressure, thinking on how to eat, pay the rent, makes her feel headache, weak and disorganised. It takes long for her to go for tests as well.” (NP12)

”HIV positive. She is taking treatment. She does not feel too bad, but sweating all the time, pain in the joints, now she can’t eat well because of no money. The treatment affects her and she feels weak, drowsy, dizzy, because she does not have enough food.” (NP13)

”A horrible life, always sick. It is not a good life.” (NP4)

”I live an unpredictable life, so it is not balanced, but usually ok.... Health life is okay, though when I catch malaria it affects me very badly.” (NP2)

Health status in the **intervention group**, was mainly described as an increased ability to take care of one’s health. Some of the interviewed informed about certain illnesses, such as ulcers, back pain, tooth pain, high blood pressure and occasional diarrhoea. Still, they were much

fewer than among the **control group** and very few expressed situations including HIV and starvation.

”Very normal health. Sometimes she overworks and eats too little. No diseases, but sometimes diarrhoea. Before ALEF she was in a bad shape. Now her health is different and others can tell she has changed.” (P13)

”She has begun to take care of herself... She seeks help from doctors or elder people if she does not feel well. She suffers from ulcers.” (P15)

Improved health because I can save and get treatment and meet my basic needs. My health is ok, we learnt how to manage the situation.” (P5)

Self-esteem

The feeling of being shy, small and dependant of others was expressed among the interviewed in the **control group**. Several felt ashamed and unconfident.

”She feels shy and small... When the children ask for help, she must tell them to go to the neighbour and she feels ashamed and the neighbours also talk about her as an illiterate.” (NP17)

”If she learnt some, she can be confident to talk among people and they will listen to her.” (NP16)

In the **intervention group**, several felt more independent and able to express themselves. A lot of them felt a bigger confidence since the course and even proudness and happiness.

"I recommend highly others to take the course, before I didn't know how to express myself, read, write or count. Now I have the confidence as well." (P2)

"Before I took the course I couldn't express myself, nor read nor write but now I feel confident and happy." (P19)

"I feel proud of myself and the course has changed me." (P4)

"Now I can work for myself, take care of my family and be confident in what I'm doing and I can express myself. It is a big difference since the course." (P5)

7.5 Children's and family's health

A majority of the interviewed among the **control group** declared their children's health as okay and the majority as vaccinated. Some of them stated their children's health as very bad and a few admitted themselves not being able to take care of their children or not having taken their children to vaccination.

"At times healthy and at times not. Like any children, not sick all the time." (NP2)

"Their situation is fair but one is born with HIV and always sick." (NP20)

"Their health is not good, the baby has cough and the others sick on and off. The dietary is not good, since she can't feed them in a good way." (NP18)

"Sometimes they have flu, diarrhoea, malaria, vomit, stomach ache. They are not well, because the dietary is not changed and sometimes they eat leftovers. They are sick because of the situation at home... Sometimes they ask for money and the line is too long, so she has not taken the children for vaccination all the time, only polio. " (NP12)

Almost everyone among the **intervention group** declared the family's health as improved and themselves as able to take care of their children in a better way, as they had learnt about different diseases and how to prevent them. The majority of the children were vaccinated, but there was also the case of parents who had lost their child, due to no vaccination. Changed opinion or knowledge about vaccination was expressed. Still, occasional illnesses in family were described and some children were still in bad condition.

"Health situation has really improved, they are not falling sick as she gives them balanced diet. They no longer go to the hospital, they just have things like the flu. She has learnt from the course how to treat the children." (P1)

"The health is good because now they eat healthy food, they go to bed in time and I can take them to hospital if they fall sick. Because of the course, their health situation has changed. My knowledge about vaccination has changed. It is important, for example to avoid polio and measles. If a doctor prescribes me to give my child a ¼ tablet and how many times, now I know how to do it and how many times." (P2)

"The course has empowered me to look after my health and my family's health... my eyes have been opened but I still want to gain more knowledge. I know more about health and my and my family's health has changed." (P4)

"Their health is ok. It is rare for them to fall sick but if they do I take them to hospital for a check up. Not much has changed since before the course." (P18)

"Vaccination is for prevention, for example for measles, tetanus, polio. The children are vaccinated, except one who died of measles, but always since then." (P20)

7.6 Hygiene and protections

Parts of the interviewed among the **control group** used no bed nets during night and a few less confirmed that they did use bed nets in order to prevent malaria, although a few of them stated that their bed nets were very old. Some refrained going to the doctor when illness occurred in family, but preferred seeking help nearby in order to get some medications.

"Home is one room. Not enough beds, no bed nets... Sometimes they have headache, stomach ache but they don't go to hospital, but go buy some pills nearby." (NP11)

"A small room with a bed for her and the children sleep on the floor. No bed nets." (NP20)

"A temporary mud hut, not in a permanent structure. She has a very old bed net, she uses it." (NP4)

Two thirds in the **intervention group** claimed having improved the hygiene and living standard at home, since the course. An essential part claimed having started using bed nets during night and many emphasised the new habit of boiling drinking water. A bit more than a third of the interviewed proclaimed the diet as improved and some stated the importance of family planning and not working, but going to the doctor if falling sick.

”There is a big change. Now the income has improved and the feeding is very good and they clean and it is tidy compared to before the course. Insecticide treated bed nets are used now but not before. When it comes to her home, she keeps clean, put the waste away, boil the water, and she can give advices in the community.” (P1)

”Now they have family planning, they have bed nets... They have a better dietary and they boil the water. Since the course his knowledge has changed a lot. Now he knows the bad thing in taking alcohol, in smoking, in not having a family planning, have a bad dietary etc.” (P20)

”The living standard has changed since the course, the children did not use to sleep under the nets but now we know how important it is. We now manage how to dispose waste and keep the place clean and also talk to the neighbours to do the same.” (P19)

7.7 Health literacy

The interviewed were asked about their knowledge regarding HIV, tuberculosis and diarrhoea. Specific questions about transmission and protection were asked, in order to inquire their knowledge.

HIV

Most of the interviewed from the **control group** had some knowledge about HIV, but only a small part was considered having good knowledge. Very few admitted not having any knowledge at all about HIV.

"He hears a lot about HIV. It has something to do with going to bed with many women. Should not go with more women, avoid luxury places, he should take treatment from hospital. Not curable but you can survive for a long time." (NP6)

"She hears about it. You can get treatment but she does not know much about it. Does not know about the transmission. Not curable." (NP7)

"Transmission through unprotected sex, using the same tools, mixed blood, during accidents and blood donation etc. At hospital, they teach you about aids and there is a campaign in villages to teach them about aids." (NP 17)

In the **intervention group**, considerably more of the interviewed had good knowledge about HIV. There was nobody who admitted having no knowledge. Many of them claimed that their knowledge had increased since the course.

"The knowledge has increased because we have come to learnt that we, as a couple, should go for a blood test to know our HIV status and we should have safe sex. The transmission mainly through sexual intercourse or from tools that someone who has HIV has used or if there is exchange of blood through an accident." (P2)

"HIV is transmitted sexually, you can get it if somebody uses the same injections as a

positive person or maybe if you have a wound an exchange blood with this person. Now I know that you can go to the hospital for testing.” (P3)

”Go to the medical workers and they take a blood test and then there is treatment. The transmission is sexual.” (P16)

Tuberculosis

Almost a third of the interviewed among the **control group** had some knowledge about tuberculosis and another third had no knowledge. Only a smaller part was considered having good knowledge.

”Mainly caused by heavy smoking, if you have cough and don’t go for treatment and if you lift heavy things you can get TB or if you live with somebody who has TB.” (NP1)

”Airborne, you catch it if you live with somebody with TB. Can be treated and we are advised to go to test us. There are treatments.” (NP2)

”She does not know much but she hears it comes with HIV virus. Does not know how to prevent it.” (NP19)

Many more among the **intervention group** had some knowledge about tuberculosis and a vanishing small part had no knowledge. Still, only a smaller part was considered having good knowledge.

”Air-borne. In case you have a persistent cough for two weeks, you should go for test. It is

curabl but I don't know really how to prevent it." (P18)

"If you find you have TB, you have to be alone, not near to community. Cover your mouth because it is spread by air. It is curable." (P17)

"Transmission through coughing in a room with people. So with air or sharing cups or sugar canes. Curable if you take drugs early." (P15)

Diarrhoea

More than half among the **control group** had some knowledge about diarrhoea and a bit more than a third had good knowledge. Very few were considered having no knowledge.

"Commonly seen in children who play in dirty places. You cannot do much, unless you want to keep the child indoors." (NP17)

"The children always have it. Being with dirty neighbours, being dirty at home, she is not sure but she thinks so." (NP12)

"It is the major problem here, children take dirty water from the lake. They keep the environment clean, boil water and make sure the children wash their hand before eating." (NP22)

More than half of the interviewed from the **intervention group** had good knowledge about diarrhoea. More than a third was considered having some knowledge.

”Caused by either if you eat uncovered food and you eat it when it’s cold, also unboiled water, also if you eat fruits from the market without washing it. The knowledge has changed since the course.” (P2)

”The knowledge about diarrhoea has absolutely changed since the course. It is mainly caused by not keeping your places clean and not boiling water and food is not covered and cold food, not washing your hands.” (P5)

”Spread if using dirty tools, eating dirty food, even spread by air. You should avoid eating food without washing hands, eating dirty or half cooked food.” (P14)

7.8 Community life

Community life includes human relations and what the interviewed think about their social life and participation in community activities.

Attitudes from other people

Suffering from discrimination, was a very common opinion among the interviewed in the **control group**. People in their surroundings, treat them in a bad way, they undermined them, cheat and mocked them. Less than half of the **control group** expressed no feeling of discrimination or being able to tell their opinion.

”People don’t treat her fairly because they discriminate her and her children, you are not supposed to socialise with richer people... and people don’t want their children to play with her children, because they think her children will beg for food and drinks, they put a big gap

between the children of different classes and she avoids passing by where the rich people live.”
(NP17)

”She feels discriminated, especially when they are dealing with things that require people who have gone to school. Many times when the village has visitors, she is told to stay out of the way because she is illiterate.” (NP7)

In total contrast, a big majority of the interviewed in the **intervention group**, denied being discriminated. They expressed that they were treated in a better way after having taken the course, they were now respected and not cheated any more.

”If you don’t know how to read and write you won’t get a job, people undermine you, you cannot read messages and socialize as others at beaches, parties and so on. People don’t call you. But now things have changed, since the course.” P13

”People treat her differently because she can now count. They are no longer cheating her...Before they took advantage of her but now they know she is literate.” (P10)

Sense of belonging

A sense of isolation and being left behind, was expressed among the **control group**.

”People leave her behind all the time because they know she cannot read nor write.” (NP10)

”They take her for an illiterate and a fool... Sometimes you see in their eyes that people think

bad of her and that they don't want her. She is left behind.” (NP12)

In the **intervention group**, many of the interviewed described their lives as considerably changed. They had now responsibilities in community groups, they could teach others what they had learnt in the course and were now able to socialize with people and take part in political discussions. After the course they fit in society, had more friends and an ability to communicate better. A sense of improved team work was expressed. One expressed though, that illiterate people tend to avoid her, since she had taken the course.

”Before taking the course, I had problems socializing with other people, you felt you should keep low profile.” (P18)

”Now I have obligations in church... Now I am a certain member of the community in church, because of the course.” (P7)

”Before the course she could not ask for jobs or communicate with the community. Now she fits in, she does not see the same problems as before.” (P11)

”He can express himself, even join politic talks and nobody can undermine him. He has got more friends now, because he can talk business and he is on a higher level now, he can join people who talk sense.” (P20)

7.9 Empowerment within family

Empowerment is a term, which refers to the process of becoming stronger and able to control

one's life. It is the increasing degree of autonomy and self-determination.

More than a third of the interviewed from the **control group**, claimed themselves as the decision makers in family, since they lived without a husband, or claimed that decisions were taken, after having discussed the issue in question, with the children of the family.

Approximately another third, contended that they did never take part in decision making processes. The same amount of interviewed, asserted that they did take part in decision making processes in family.

"Separated, alone with three children. She decides since she is alone". (NP19)

"They separated when the man got a second wife, but they had already a house where she still lives. Does not take part in decision making because the house belongs to the in laws, and the in-laws undermine her and don't listen to her." (NP17)

"She is married. No, she does not take part in decision making processes." (NP22)

Among the interviewed in the **intervention group**, about half of them expressed that the course had contributed to making them involved in decision making processes in family. Compared to the **control group**, more of them claimed that decisions were being taken together with children. Some of them also claimed themselves as decision makers, since they lived without a husband. In addition, the interviewed expressed their families as happier and their lives better organised since the course.

"Now I am also part of it, previously my husband would decide but now we can discuss and take decisions together. It has changed because we learnt how to express ourselves and have

confidence.” (P2)

”She is married. She takes part in decision making processes, yes. It has changed because some time back, she didn’t have a voice in the family but now, yes. You sit down and discuss, which has created peace in the family.” (P14)

7.10 Knowledge about rights

The interviewed were asked what they knew about the human rights or any rights at all.

The absolute majority of the interviewed from the **control group**, had no knowledge at all about the human rights. A few knew that the idea of human rights includes everyone and means treating each other with respect, but you have to pay bribes to claim your rights.

”Human rights, she does not know what it means.” (NP11)

”Human rights may be treating other people in a good way, but nobody has explained what they are.” (NP14)

”She has heard of human rights, but they have to pay bribes to claim their rights.”(NP17)

The majority of the interviewed from the **intervention group** explained that human rights are universal and is all about treating each other with respect, but they did not explain explicitly. The opinion that their lives were affected by the human rights, but also that their human rights were taken away, was expressed. Some stated that you should go to the police or council, if being badly treated. Even among the **intervention group**, no knowledge about human rights

was stated.

"She knows about them because of ALEF. Children have the right to school. As a girl, she used to be mistreated, but now she knows she can vote, talk, take part in politics, be treated as all others Ugandan. Now she also knows she must report to police or local councils, if someone is beating a child, treating others badly. She knows now how to claim her rights." (P13)

"I know that everybody has them, no one can abuse you, and at the same time we have to respect others. Do they affect my family? Yes, because now my children respect each other, I respect my husband and he respects me. This was not the case before." (P2)

7.11 My future

The interviewed were asked what they think about their future, ten years from now.

Hopes

Among the **control group** the wishes to be independent, have another house or some land were expressed.

"She wants to learn and getting the chance to get a better job, she would know how to write an application. Every paper she gets, a friend must translate and maybe interpret it wrong and if it is a job he or she will take it and if there is a secret the friend will know about it." (NP14)

"She could do things by her own if she could write. She would even go to higher levels to get a good life. Get a better job, have a house of her own and rent it out." (NP15)

Among the **intervention group**, many of the interviewed hoped for an expanded income.

The wish for independence was again expressed, as well as the wish for a piece of land and a better life and job. Several expressed that they hoped they would be able to keep learning and have a peaceful life.

"She wants more education and raise more capital and raise a big profit business." (P15)

"She wants to have a well-established business, if she gets sick, she will be well off. She is planning leaving farming. If she gets good harvest she will buy a cow and later sell it to get the capital for a business." (P14)

"We have bought a piece of land we want to grow. We will have a better future. To be a pastor I need to increase my education still." (P7)

"I want a peaceful life, now I know how to take good decisions." (P3)

"She feels like in ten years, she will have children, she will have a shop and a family. She will manage according to the group if she is strong enough to work hard and fulfil her dreams." (P13)

Fears

Most of the interviewed among the **control group** were worried about not having enough money. Some were convinced that their future would turn out bad. An exceedingly small part denied any fears.

"If somebody can't help her, her future is limited. If she knew how to read and write, she would have had a job, but now she doesn't so she does not see how she will survive." (NP7)

"The situation will change if she works hard. If she can get some capital the situation can change, otherwise not. She is worried about the future." (NP12)

"If she can get support, the future will be better if she is hard-working, but she is worried about how to get food and about her children's health." (NP19)

The interviewed among the **intervention group** were less worried about the future, although some were worried about their health and instability in the country.

"I want to get self-employed, using the knowledge from the course. I have no fear, no worries." (P4)

"I am worried for my children, if I die." (P5)

"What I'm afraid of is in case there is instability, because that will affect my income and business." (P3)

Essential needs

In the **control group**, every interviewed avowed that they must learn how to read, write and do some counting to be able to make a budget, in order to get a good job and a better income. The need of learning English, to make business contacts, was expressed. Several claimed that

someone has to help them, or they must trust God, otherwise there is no future.

"If she gets something to do she will be better off, but not if she doesn't get help. She wants to learn reading and writing and get some skills. Living here in the village, if she could do writing she could leave a record and balance her business." (NP21)

"She prays to God to change the situation, she hopes she will have a better future, if she gets money and start a business she will have a better future." (NP22)

"She would like to learn how to read and write and get some skills. It would help her getting a job. She never gets a job without knowing it." (NP18)

"If she knew how to read and write she would have a better life, know how to count and have a better job. She cannot reach any place where they talk English and she has to write. If there is a chance to go back to school, she really wants to study and go to higher levels." (NP12)

Among the **intervention group**, several stated the need of more capital.

"The next step is to invest in a bigger business than now, but she needs more capital." (P8)

"She will be old, always a lady, she will be able to care for herself, she expects to start a business if she gets capital, because now she can count and do a budget." (P9)

"She wants to develop herself and the business, but she needs capital." (P10)

7.12 Children's future

The utmost important things for everyone's children was getting an education and have a future job. Many of the interviewed in the **control group**, were worried about affording school fees and the children's health and development.

"If they don't get any help, they might not continue school, the income is very low." (NP11)

"She wants them to be healthy and get an education to get job and help her." (NP19)

"She has hopes that the children will study, maybe have a better standard than now." (NP4)

*"She will struggle so they can go to school, be well off and go to higher levels in school."
(NP12)*

Even among the **intervention group**, the most important thing for the children, was having an education. Very few expressed fears about not being able to pay school fees and a vanishing small part admitted their children to have no chance of a good future.

"If they learn they can get a job in government or employ themselves. They must live a better life, not to be oppressed." (P4)

*"Worried because she is HIV positive as well as her children. She does not trust their future."
(P10)*

"I want my children to go to school, have good health and have jobs." (P5)

7.13 Summary of findings

The biggest worry for the future was lack of money. School fees, were very hard to afford, although everyone was convinced that education is the key to a better future. After having learnt some very basic literacy and arithmetic, the distinguished pattern was that the majority had improved their economy and their children spent more time in school without breaks. It is unclear if children's school results improved, since the interviewed did not talk about the results. They were more optimistic about the future and felt an ability to take care of their families in a better way, although it was not obvious if they suffered from less illnesses. Overall, the interviewed from the intervention group had the perception that their families' health had improved. The course contributed to involving more family members in decision making processes. A distinct pattern was discerned, that the interviewed felt less discriminated, a better ability to express themselves, a bigger confidence, pride and happiness after the course, but some bullying was also mentioned. Health literacy improved somewhat among the interviewed who had taken the course. Many expressed a better and more varied diet and hygiene situation at home. Most of the interviewed from the control group had not heard about the human rights. After the course, many knew about them, but not very explicitly what they really meant.

8. Discussion and methodological considerations

The interviewed all had in common that they were worried about not having enough money. Many felt hopelessness and a dark future lying ahead, as money is the key to get away from extreme poverty. Without money, you cannot provide for the most basic things in life, such as food, clothes and education for your children. For the interviewed women and men, having

money was equal to being happy and having a future, as practically all of their problems were due to having no money at all. The question whether “money buys happiness” was raised in USA, in an analysis of more than 450,000 responses to the Gallup-Healthways Well-Being Index. Emotional well-being, which refers to the frequency of for example joy, stress, sadness, anger and affection that make one’s daily life pleasant or not, rises with an increased income, but not further than an annual income of 75,000 USD. Life evaluation, which refers to the thoughts that people have about their life when they think about it, rises steadily. In conclusion, high income buys life satisfaction and happiness, but only to a certain level(28). For the interviewed women and men in Uganda the desired income would not be remotely at this level, but just enough to feel satisfied with one’s life. For people living in extreme poverty, life satisfaction and a feeling of being economically safe, is what is most desired.

The highest wish for the children’s future and also the biggest worry was the possibility or impossibility for them to go to school. This emphasised all again the basic need in every child’s life, to go to school. The parents were often uneducated themselves, but had learnt from their own experience that without education, you cannot live a decent life. Extreme poverty is linked with poor or no education at all; this was their own lives’ bitter truth.

Since almost everyone who had participated in the course had had an improved economy, one must conclude that basic training in reading, writing and arithmetic is of advantage for not only the individual itself, but for her or his family, the forthcoming children and grandchildren and the whole nation. There is no wonder inclusive and equitable education for every child is one of the SDGs. According to UNICEF, education fights poverty and prevents diseases and eliminates disparities of all kinds. Girls marry later and have fewer children. They are more productive at home and participate in economic, social and political decision-making

processes(29).

There are necessary preconditions, which have to be fulfilled in order to achieve success in learning and being able to implement what is learnt in daily life. Some of the participants among the intervention group, had the skills and the knowledge after having done the course, but then turned sick and thus hindered from developing their business as planned.

”She has mainly learnt how to count, which is most important... She is doing simple business. Now she is sick though, and cannot work. Feeding at home is difficult. In the course, she understood the importance of putting efforts into the business but she has forgot about it...She learnt a lot but then she became ill and got disturbed...Worried because she is HIV positive as well as her children.” (P10)

The possibility to succeed is also dependant of the authorities’ regulations and intermeddling. Even though you have learnt how to count and make a budget, if you are stopped from executing your work, merely the numeracy knowledge won’t help. The safety situation in community might also be a barrier to work. In and around Kampala, there were a lot of young women being murdered, which frightened the people and kept the women back home instead of working(30).

”Life situation in community is not good, because they cannot fish anymore, because they are banned. Also, girls and ladies are killed around, so the ladies cannot move around... She felt before, when she worked she felt she had her rights, but now they are killing women and they cannot move around and they cannot fish anymore.” (P12)

More than two thirds from the control group admitted not being able to pay school fees. This indicates school fees as a vast barrier for many families. Other reasons why children are kept from school, for example because they are needed at home or parents don't see the use of education, evanesce in the lights of this single reason. In 2003, Kenya declared primary school to be compulsory and public schools free. A decade later, nine out of ten under the age of eleven went to school(31).

The intervention group was taught about different diseases like HIV, tuberculosis and diarrhoea. Still, there was no huge difference between the control group and the intervention group. Many of those, who had not gone to the course, had basic knowledge as well. This highlights the effectiveness of spreading knowledge within and outside the classroom and the importance of sharing knowledge within families and communities. A qualitative study in USA demonstrates that students themselves may be powerful health communicators beyond the classroom. Education classes often focus on an instructor imparting knowledge to the students. In this study, empowering students to share their knowledge and experiences, was in focus(32).

Even though many of the interviewed who had not done the course knew some about diarrhoea prevention, the ones who did participate in the course claimed that their life style, regarding hygiene and keeping the home and items clean, had changed only when actually taking part in the course. This indicates that it is not enough only to send a few to school, because you can't expect other people, who just have heard about necessary life style changes, bear those in mind in a way so that they actually implement them in their daily life.

In the intervention group, many expressed an increased ability to take care of one's health. This does not mean that objectively, they suffered from fewer illnesses, but subjectively they better and felt healthier. Health is not only physically, but also mentally. A feeling of being

unconfident was expressed among the control group. In the intervention group, several felt more independent and able to express themselves. This is one reason why education leads to more women taking part in community life and political decision makings(29).

It is of high importance that people all over the world know about the human rights and amongst them, children's fundamental right of education. Without people knowing their rights, they cannot request any from politicians and they will remain oppressed. The human rights are a precondition to create social justice and peace. In Kenya, an evaluation was carried out, to assess the impact of empowerment programmes on health and human rights. The result showed a significant increase in knowledge about how to claim the rights and an increased ability to communicate with health care providers and to improve the access to health care and legal aid(33).

After having taken the course, the participants felt that they fit in better in society. They felt more respected and listened to and no longer left behind. Illiteracy increase the risk of being socially behind and detached from the rest of society. Today, as the world is turning digitalised, it is more and more crucial being literate(34). Furthermore, social detachment creates a hazard to become criminal. A quantitative and qualitative study, which assessed the perceptions and experiences young offenders- at a local youth offending service- had of using literacy and communicating with others, revealed that the youths were dissatisfied with their communication skills and literacy ability. They had difficulties in understanding others and a sense of lack of support and gained respect from others(35). In some cases, though, it might be the other way around. The one, who has more knowledge and better results, is the one suffering from bullying by untaught people, who lack education.

”The people who don’t know how to read and write see her very much advanced compared to them. They isolate her and don’t want to be near her.” (P21)

It was obvious that some of the interviewed had more literacy and numeracy knowledge than others. The teachers’ different capacity of teaching may have affected the student’s results, as well as what is emphasised during classes. In some villages, the emphasise laid on learning how to count, while the human rights were barely discussed. In other villages, reading, writing and counting etc. were all emphasised and the students learnt a little bit of every subject. The students own ambition and talent, as well as their health and former and actual nutritional status, also matter. The cognitive ability to learn is highly affected by decent dietary and enough sleep as well as physical and mental well-being.

Finally, some methodological considerations and comments regarding the relevance of the setting of the study in relation to Swedish immigrant population. The study population was a sample of people, living in small villages around Lake Victoria. The majority were adult women, between 17 and 56 years old, who had all of them dropped out early from primary school or not attended at all. They had in average three children and the typical home was a shed, made out of wood or mud, without electricity nor running water. Many earned a living by farming, selling vegetables and fish at the local market etc. It is hard to know if the population reflects the population of immigrants, coming to Sweden, but since there are many immigrants with unknown or few years of schooling(13), it is estimated that they have similar backgrounds, as the sampling of the study.

During the interviews, the study subjects and the controls could talk freely and tell as much as they wanted. When they did not know more what to say, some follow-up questions were put in order to make the interview continue and move forward. The follow- up questions consisted

for example of interrogatives, such as *Why? How?* to make the interviewed explicate their telling. When the interviewed was considered having talked enough, the interview would continue to the next outcome area.

The leaders of the villages or former teachers had been urged to ask students of the literacy and numeracy course and attendants, if they wanted to take part in the interviews. Clear instructions not to select distinguished people in any way, like very successful students or very poor attendants, had been given, but to ask people randomly. Nevertheless, there is always a risk that specific individuals were selected or avoided, with or without purpose. The study was made in a retrospective way and the study subjects and the control group, should hence be as similar as possible to make it possible to estimate the impact of the course. In order to have a group of study subjects and a control group, as similar to each other as possible, the control group consisted of people who wished to attend the course. Thus, they had the same level of ambition as the study subjects and they lived in the same villages, under the same life conditions.

The study was made as two theses, in both a qualitative and an additional quantitative way. In the other thesis, written by co-researcher Emelie Efraimsson, who made the quantitative study, the discussion of possible confounders can be read. To investigate possible confounders, factors like sex, age and economic situation were matched, which resulted in a good symmetry between the intervention group and the control group. The populations, on which the studies are based, were all from the same villages, but the interviewed people, subjected to the qualitative study, were fewer. It is therefore estimated that the symmetry between the intervention group and the control group in this qualitative study, is equally good and there are no major confounders, which could possibly explain the results of this study.

The translators were indispensable; otherwise the interviews would not be possible to conduct. A recorder of good quality was used. The transcribed material was hence interpreted based on translations from Luganda to English. There is a risk, that the translators did not fully understand what the interviewed meant to say and hereby translated it into English the best they could. Likewise, the interviewed might not have understood fully the question and could therefore not answer as they would have done, if both parts would have talked their mother tongue. There is also a risk that the translators, who usually worked for CACI, but had never met the students of the course, were biased in their translations and could modify the answers in either a positive or a negative way. They could also make noises, grimaces or give other signals to the person being interviewed, which could possibly manipulate her or him, in order to answer in a way, the translator preferred. The answers would then lose their real signification. Most probable is, though, that the medical student, conducting the interview, would have noticed if the translations did not match the non-verbal communication, like body language and different looks on faces. The answers were also filtered through the transcription from recorded to written English, where there is a risk insinuations or metaphors or linguistic details were lost.

The question whether the interviewed from the control group, would lie and say that they had a miserable life, in order to get some money donated, can be raised. Maybe they thought their chance to become a student of the course, would increase if they pretended they had an extremely hard life. Everybody was therefore obliged to sign a consent form, to make sure, they had all understood that nobody would be payed or receive any profit, by taking part in the interviews. Besides, the course had stopped taking place, due to lack of funding, which further strengthened the understanding, that nobody would have a better chance to become a student.

The study was based on semi-structured in depth- interviews. A qualitative method with inductive onset was used in order to make an unbiased and deep interpretation of the interviews. An alternative would be, instead of interviewing 22 individuals each from the control group and the intervention group, interviewing fewer during a longer time. Maybe the information would be deeper and more detailed from everyone interviewed. The analysing could have been done after every single interview, instead of doing it in the end. That could have given thoughts of new questions, which would have been interesting to put forward. For example, the question about boiling water or not, could have been put more straight forward, in order to assess whether the interviewed just knew that they should boil water but did not implement it in their daily life or if they actually did boil water every day.

In qualitative studies based on interviews, the researcher is deeply involved in collecting and analysing data. The method is hence more subjective, than for example a classic experiment. There is hereby a risk, that the researcher would only focus on the positive outcomes by taking a literacy and numeracy course. Despite the ambition of being objective and open-minded, the mere wish to find some positive findings in the intervention group, would therefore affect the whole result of the study. An accurate description of the method is therefore of utmost importance.

9. Conclusions

Learning basic reading, writing and arithmetic can change one's life considerably. For an individual, living in absolute poverty, some basic knowledge might be the key to a decent future. Most of all, the economy improves, which is crucial, to afford school fees, medications, food and clothes and essential items for one's home. With a higher income, the future generations will also have a chance of a better life. Children with a good nutritional status

will have the possibility to develop cognitively and with an uninterrupted school attendance, they will have future jobs. The days are gone, when people could be part of the local and international community, being illiterates. Even on a national level, raising people living in extreme poverty, to a slightly higher level, making sure they all know basic reading, writing and arithmetic, should be highly desirable. The developed countries all have in common a high literacy rate. An inclusive and equitable education for all, is therefore a Sustainable Development Goal (SDG4), with deadline 2030.(29) The school fees are for many families, living in extreme poverty, a very big problem, making school attendance impossible. In order to reach an inclusive and equitable education for all, school ought to be free. Further studies on this subject, should be made in other contexts as well. Relative poverty is a reality in countries like Sweden, and it is well known, due to extensive criminology research, that criminality is linked to poverty, social detachment, low socioeconomic status, hard childhood living conditions and other risk factors(36). In developed countries, like Sweden, the integration work would be promoted by assessing how adult literacy and numeracy training, among illiterate immigrants, affects their possibilities of being part of society and have a decent future.

10. Populärvetenskaplig sammanfattning

Examensarbete, Läkarpogrammet

Hur läs-, skriv- och räknekunskaper påverkar livet på landsbygden i Uganda, en kvalitativ studie

Bakgrund: Läskunnighet är en mycket viktig hälsfaktor och nödvändig i kampen mot fattigdom. Det uppskattas att 750 miljoner vuxna människor är icke-läskunniga och majoriteten finns i Sub-Sahararegionen. Det är ett av FN:s globala mål för hållbar utveckling att alla unga och de flesta vuxna ska uppnå läs- och räknekunskaper till 2030(1).

Målsättning: Att utvärdera effekten av basal utbildning inom läs- och räknekunskaper bland helt eller delvis illitterata vuxna, på landsbygden, i Uganda.

Metod: Retrospektiva djupintervjuer med 21 subjekt och 22 kontroller. Subjekten, som i stor majoritet var kvinnor med en medelålder på 33.5 år, hade alla gått minst två års vuxenutbildning och kontrollerna, som också i stor majoritet var kvinnor med en medelålder på 32.5 år, var alla sökande till kursen. De kom alla från samma byar, var i samma åldersspann och levde under samma levnadsvillkor. Medverkande vid intervjuerna var författaren till studien, en tolk som översatte från luganda till engelska och intervjuobjektet. Före intervjun skrevs ett kontrakt under, att medverkandet var frivilligt och inte innefattade någon ersättning. Intervjuerna spelades in och transkriberades till skriven engelska. En kvalitativ innehållsanalys användes vid bearbetning av data.

Resultat: De intervjuades största oro var att inte ha nog med pengar för det mest basala, såsom mat, kläder, mediciner och skolavgifter. Subjekten förbättrade i de flesta fall sin ekonomi avsevärt, efter att de hade lärt sig basal läsning och räkning. De var, i jämförelse med kontrollgruppen, betydligt mer optimistiska inför framtiden och deras barn kunde tillbringa mer obruten tid i skolan. Subjekten menade att de efter kursen kunde göra sin röst hörd och hade mer inflytande i hemmet och i samhället. Det sociala livet förbättrades positivt för majoriteten och de kände sig mindre diskriminerade, men en del blev mobbade av bybor som inte hade gått kursen. Subjekten uttryckte att de kunde ta hand om sin familj på ett bättre sätt och att kosten samt hygien hade förbättrats, men jämfört med kontrollgruppen var det inte uppenbart om familjemedlemmarna var friskare. Kunskaper om sjukdomar och prevention, hade inte heller uppenbart förbättrats efter kursen.

Slutsats: För människor i extrem fattigdom, kan basal läs- och räknekunskaper vara nyckeln till en dräglig framtid. Subjekten i studien uppgav förbättrad ekonomi och mer inflytande. Barnens skolgång ökade och härav får även kommande generationer en chans till ett bättre

liv. Ytterligare studier i andra kontexter bör göras för att öka kunskapen om värdet av vuxenutbildning.

11. Acknowledgement

The author of this thesis would like to express the greatest appreciation to Change African Child International, including among others Resty Kezabu Mutaawe and Irene Kinayenzire, for doing a wonderful job for the future of the youths of Uganda, as well as the enthusiasm, guidance and help with making it possible to accomplish this project. She would also like to thank her Swedish supervisor Henrik Sjövall, for the persistence and optimism as well as all support and advices. Additional thanks to co- supervisor Aloysius Mutebi at Makerere University and Hélène Boethius, ALEF, who helped us get in touch with CACI. A special thank you, to Emelie Efraimsson for an excellent teamwork and many happy memories.

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