

MANALIMU

Help learners end addiction to gadgets this holiday



A young man scrolling through his gadget. Addiction to digital gadgets by children interferes with their social development

Reduce their screen time

At the moment, learners are enjoying their first term holidays and in many homes, digital gadgets have become their source of comfort and relaxation to the point of being addicted. According to parenting experts, such a phenomenon impedes a child's natural development, writes **MAUREEN NAKATUDE**.

At the age of 10 in 2012, Davis Wasswa received a laptop from his father as a gift. He got excited, but did not know that the gift would later become a point of addiction and a danger to his health.

After receiving the gadget, Wasswa installed games, such as GTA, Mad Raid and Down the Hill, which played all day, sometimes forgetting to take meals. He

"I was blinded by ignorance and lack of guidance on how to use the gadget. I spent entire days playing, unaware of how deeply the habit was taking hold," Wasswa, who is now 24 years old, says.

One night stands out clearly in his memory. He played, until dawn, not because he was not tired, but because he had bought a discounted night

Internet bundle and did not want the data to go to waste.

"At this point, my father realised that I was addicted and tried to find ways of weaning me off the gadget," he says.

The war against Wasswa's addiction was not easy.

"My laptop broke down and my parents did not bother to repair it. At first, it was difficult for me to live without a laptop, but slowly I got used to the 'new normal.' I started focusing on other things. I don't play football, but I discovered board games like chess and scrabble, which I really enjoy. Those games kept me busy and helped me pass time," he says.

He says the days that followed saw him interact more with children in the neighbourhood, something he did not do when his laptop was up

and running. "I even began attending Sunday school, something I never did when the laptop was working. The truth is, when I had the laptop, I was not interested in people, but once it was gone, I found myself connecting with them," he says.

With the increasing digital penetration of the country and smart phones going for as low as sh150,000, a number of homes in Uganda are struggling to get children off gadgets.

Julianne Mweheire, the director of content development and industry affairs at the Uganda Communications Commission (UCC), advises parents to sometimes withdraw gadgets from children so that they understand not being preoccupied with anything is fine.

She says the boredom that comes with not being pre-occupied with anything teaches children how to handle frustration and also be in charge of their emotions.

"If young children are constantly being stimulated by screens, they forget how to rely on themselves or others for entertainment. This leads to frustration and hinders imagination and motivation," Mweheire says.

Mweheire says when children spend too much time on the screen unsupervised, they are at a greater risk of exposure to inappropriate content and they can fall prey to un-

solicited sexual innuendos like on-line pornography and indecent images. Instead of keeping that innocence, Mweheire notes that the children view nudity as normal. It is not surprising that some can copy the way others dress.

According to the 2019, UCC report, one in every five children see sexual images in Uganda. The report further indicates that 40% of children in urban areas have been exposed to sexual images and have also faced on-line sexual harassment

Owens Mwesigye, a digital marketing expert, says children of all ages easily get addicted to games, videos and betting, which impedes their social progression.

"Those gadgets can become addictive, just like the way an individual gets addicted to drugs," he says. He adds that unlike traditional media where the content is regulated and edited, the Internet is open and any one can post anything whether good or bad — indecent images, fake news, location tracking, cyber bullying, etc.

When not well-handled, Mwesigye says that too much exposure to screens can lead to children being impulsive. He says habits, such as shouting to other people can be as a result of playing violent video games.

"In real life, friends and the people

EDUCATION Zimbabweans impressed by Uganda

Page 25



PARENTING USE HOLIDAYS TO TEACH CHILDREN LIFE SKILLS

Page 26

we associate with become our teachers or role models. The same applies to screens," he says.

FOLLOWING WRONG INFLUENCERS

Instead of children being influenced by the right people, such as parents and teachers, social media personalities of questionable character end up becoming their role models.

"When children are on-line, they are unable to distinguish between what is right and wrong. There are many people with selfish agendas on the Internet. That is why the parents' guidance is crucial."

Moses Ssemakula, a clinical psychologist at the Integrative Centre for Mental Health Uganda, says, with increased access to digital media, children are being exposed to screens at much younger ages, increasing the risk of developing unhealthy and addictive patterns of use.

Screen addiction occurs when a child uses digital technology excessively to the point of

Continued on page 24

GOVT SPONSORSHIP FOR MEDICS BOOSTED

By Martin Kitubi

It has been over 30 years since the Government phased out the national sponsorship scheme for health specialists.

While the scheme immensely contributed to training several specialists for Uganda's healthcare, the Government found it unsustainable and it was stopped.

However, the growing demand for specialists in the health sector, especially in the new fields, has forced the Government to reconsider its earlier position by reintroducing the scheme.

Documents obtained by the *New Vision* from the education ministry show that the Government will introduce a "direct government sponsorship of specialised and super-specialised cadres" in health.

Under the plan, the Government will directly fund post-graduate training in priority disciplines such as cardiology, oncology, neurology, dermatology, gastroenterology and geriatrics, among others, which are in high demand in the country.

The move will see the Government address shortages in critical areas, as well as a shift from the largely self-funded postgraduate model that has dominated the health sector.

Sources familiar with the development told *New Vision* that the Government would introduce at least 500 slots for specialised and super-specialised cadres annually.

"It's true the Government sponsorship for the specialised cadres was phased out many years ago. However, because of the changes and demands, the Government has found it necessary to revive it. However, it is still under discussion," a source who spoke on grounds of anonymity told *New Vision*.

The revival of direct government sponsorship for specialists has also been captured in the recently launched National Education and Training for Health Policy.

The policy was launched by the ministries of education and health on April 29 at the Source of the Nile Hotel in Jinja during the fourth National Health Professionals' Education and Training for Health Care Conference.

HOW IT WILL BE DONE

Under the plan, the Government will announce



The Minister for Health, Dr Jane Ruth Aceng launching the National Education and Training for Health Policy in Jinja in April. Aceng was accompanied by minister Muyingo and Dr Charles Olaro, the Director General Health Services

annually available slots for critical specialised training at public universities and colleges.

Under the scheme, the Government will target health workers with bachelor's degrees as well as undergraduate diplomas.

The health workers with bachelor's degrees will enroll for master's programmes at the respective public universities where they are offered for specialists needed.

There will also be super-specialists who will enroll for PhDs in the fields that the Government will declare as digital.

For ordinary diploma holders, they will either enroll for a higher diploma, which is advanced, or a bachelor's degree or a master's degree.

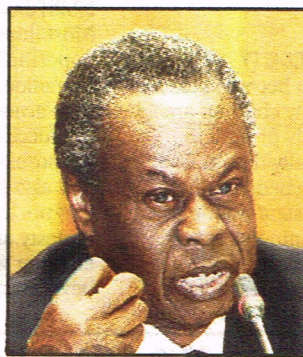
These will transition from technicians to technologists.

GOVT ON REFORMS

Speaking to the *New Vision*, Dr John Chrysestom Muyingo, the Minister of State for Higher Education, noted that the Government is undertaking several reforms to make education better.

While the country has been running a government sponsorship programme for undergraduate programmes, Muyingo noted that the launched National Education and Training for Health Policy recognises the demand for specialists and that they too will be considered in the future.

"The National Resistance Movement (NRM) government has, over the years, introduced schemes to address the skills



Prof. Omaswa

gaps. We have both the government sponsorship and the loan scheme. The ministry is determined to ensure that we also address the gaps at the specialist level," he said.

THE NEEDED SPECIALISTS

According to the Government human resource forecast, Uganda needs at least 74,844

health specialists and super-specialists in the next five years.

Of the total, 64,914 can be trained locally, but are in short supply, while training of the 9,930 is not available in Uganda and in the East African region.

Of the specialists whose training is not available locally and, in the region, include chiropractors, geriatric pharmacists, geriatric doctors, geriatric neurologists, geriatric psychiatrists, neurosurgeons, anesthesiologists and specialists in advanced endoscopy.

The list includes optometrists, physiotherapists, thoracic surgeons, interventional pulmonologists, pulmonologists, oncologists in thoracic and pulmonary, pulmonary rehabilitation specialists, allergists and

immunologists, critical care specialists, respiratory therapists, advanced paediatric care.

According to government data, Uganda needs infectious disease specialists, virologists, cardiologists, cardiothoracic Surgeons, cardiac electrophysiologists, paediatric cardiologists, cardiac anaesthesiologists, interventional cardiologists and cardiovascular imaging specialists.

In the next five years, the Government will also need clinical cardiology specialists, specialists in metabolic medicine, nephrologists, oncologists, radiation therapists, oncologist pathologists, paediatric oncologists, haematologists, and orthodontists.

The specialists whose training is offered in Uganda but in short supply include anesthesiologists, orthopaedic surgeons, general surgeons, emergency medicine specialists, paediatricians, physicians in internal medicine, ear, nose and throat surgeons, registered paediatric nurses, registered public health nurses and diploma Registered Nurses.

The human resource forecast is enshrined in the National Development Plan (NDP) IV, whose implementation started on July 1, 2025.

The NDPIV was based on the challenges highlighted in the NDPIII Mid-term review assessment, the Uganda Vision 2040 and the Government Strategy to grow the Economy 10-fold in the next 15 years.

There were also input by

experts, programme working groups, locally, regionally and globally.

WHY IS IMPORTANT

According to Prof. Francis Omaswa, a celebrated researcher, cardiovascular surgeon, and a retired public servant, the policy directive on sponsoring graduate health workers is timely.

Omaswa noted that reform will allow the government to bridge the gap on critical, specialised and super-specialised skills needed in Uganda.

According to Omaswa, the country, through its specialised institutions such as the Uganda Heart Institute and Uganda Cancer Institute, should be utilised to train specialists and award academic qualifications such as master's degrees.

By doing so, he said, we will not only be addressing the skills gaps but also improving service delivery at these institutions.

"We need to take advantage of the services we offer here in the country. The Uganda Heart Institute has developed the capacity to handle cases. They have some of the best personnel on the continent. They should develop master's programmes tailored for specialists and super-specialists," he said.

According to Omaswa, training specialists locally will be cost-effective, more efficient and reduce the burden on the government, than sending students abroad for training.

Prof. Celestino Obua, a Physician and professor of pharmacology, backed the move to introduce a government sponsorship programme for specialists.

During his time at university, Obua noted that the government had a sponsorship scheme for specialists and that many people benefited.

Along the way, especially after the introduction of private admission at Makerere University, he said, the Government scrapped the programme. "I think after the Government allowed private admission at Makerere University, the responsibility to upgrade and specialise was bestowed onto the medical officers themselves," he said.

According to Obua, training specialists and super-specialists is expensive and that many Ugandans cannot afford, adding: "This is why it is important that the Government comes on board and introduces a scheme for specialists."

MEDICAL COURSES EXPENSIVE

Specialised medical courses are some of the most expensive programmes at the university level and it has continued to eliminate many Ugandans from specialisation.

While most master's degree courses for health specialists at Makerere University cost about sh5m per semester, some require between sh7m and sh10m.

For instance, a Master's of Medicine in Ophthalmology, Paediatrics and Child Health, Radiology, one must pay sh5m per semester in tuition alone.

In addition, a person who wants to enrol for the Master of Medicine in Neurosurgery at Makerere must pay sh10m per semester, sh10m for a Master of Dentistry in Oral and Maxillofacial, sh7.1m for a Master of Public Health (Full Time), sh7.4m for a Master of Science in Palliative Care. However, Prof. Celestino Obua, a Physician and professor of pharmacology, is optimistic that once introduced, the Government scheme will also enable the country to increase the number of professionals who can teach and train specialists.