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Social Medicine 2010: Studying The Social Determinants Of Health

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on behalf of the entire Social Medicine 2010 class

Introduction and Course Description

Social Medicine is defined as exploring the social determinants of health that impact the health of individuals and the community. In our view, these determinants include poverty, political and historical factors (i.e. colonialism, globalization, and war), gender inequality, human rights violations, and psychological and cultural factors in a community. These factors, by influencing who has access to standard medical care and treatment, play a major role in determining who is healthy and who is ill both in the short and long-term.

Throughout the world, however, most medical school curricula leave little room for teaching social medicine, as conceptualized above. In Uganda, medical students typically have a course in sociology limited to patient-doctor relations, dealing with dying and death, cultures of different populations, and understanding stress in the lives of patients. In the United States, similar topics are often taught as the foundation of understanding the social aspects of disease. In both places, this teaching is often confined to the classroom and only pays cursory attention to the social determinants of health listed above. As a result, medical practitioners enter communities viewing patients as biological "halves", not biosocial "wholes".

In view of the above, a course, entitled *Beyond the Biologic Basis of Disease: The Social and Economic Causation of Illness* was offered from January 18 – February 12, 2010 at the Lacor Campus of Gulu University Faculty of Medicine. This course brought together nine students from abroad (eight from the U.S. and one from Holland) with twelve students from Gulu University for four weeks of intensive immersion in the study of social determinants of health, global health interventions, social justice and community-based healthcare, and health and human rights.

Course objectives

The objectives of the course were as follows:

- To have a real feel of how various social factors affect the health of individuals by visiting different communities.
- To create international social links which could help bridge the identified gaps in access to medical care.
- To come up with projects that aim to address the social problems of the people.
- To draw on the varied medical backgrounds/experiences

in order to generate creative solutions to the identified problems.

- To facilitate the development of a clinical approach to disease and illness using a biosocial model through structured supervision and teaching.
- To build an understanding and skill set associated with physician advocacy.
- To study issues related to global health in a resource-limited setting with an emphasis on local and global context.
- To build international solidarity.

Course content and Typical Day

The course curriculum incorporated both clinical tropical medicine and social medicine topics. These topics were taught through a combination of lectures, discussions, films, community field visits, ward rounds, and clinical case discussions. A typical day started with a case discussion emblematic of the disease topic for the day followed by bedside teaching with a pre-selected patient with the illness. Special emphasis was placed on gathering a social history from patients and performing careful physical exams. Clinical topics covered during the course included malaria, tuberculosis, tetanus, malnutrition, HIV/AIDS, mental health, schistosomiasis, acute respiratory infections, measles, and rheumatic heart disease.

In the afternoon, the students engaged in social medicine topics. These topics were covered through small and large group discussions, panels with invited guests, films, and lectures from individuals actively involved in work related to the day's topics. Efforts were continually made to link the clinical conditions discussed in the morning with the afternoon's social medicine topics to clearly delineate the ways in which social factors translate into biological disease. Social medicine topics covered included colonialism, the historical and political context of northern Uganda, globalization, international trade, structural violence, the impact of war on health, health and human rights, training physicians as advocates, narrative medicine, social justice, and models of community-based healthcare.

Classroom based teaching was supplemented with field visits to different types of health interventions. Field visits to The AIDS Service Organization (TASO) – Gulu, the Northern Uganda Malaria, AIDS, and TB Initiative (NUMAT), and Amuru Health Center III were included.

These visits allowed students to contrast and compare the philosophies, funding mechanisms, concrete activities, and impacts of different types of health interventions.

Evening film showings provided another venue for students to engage the course content. Some of the films shown in the course included *Uganda Rising*, *State of Denial*, *War Dance*, *A Closer Walk*, *Sudden Flowers Productions*, *Invisible Children*, *This Magnificent African Cake*, and some films put together about the work of *Partners in Health*.

Achievement/Results

This year's social medicine course made a number of significant achievements. First, students gained a broad knowledge of the social determinants of health through intensive, real-world interactions with patients and practitioners. Students developed the ability to not only identify these factors, but also to critically analyze the social, political, economic, historical, and cultural sources of illness and devise potential solutions that address both the social and biological causes of disease. For example, in relation to this volume's focus on children and mothers, social medicine students repeatedly witnessed and identified the ways in which poverty, inequality, illiteracy, and gender inequality heavily contribute to the mortality and morbidity of both infants and mothers by preventing them from accessing healthcare services.

Secondly, at a time when interest in the study and practice of global health has dramatically risen amongst medical students, the course provided a structured environment for students to critically engage with the different ways in which global health can be practiced. Careful attention was paid to distinguishing amongst the different types of global health interventions operating in northern Uganda. The logic, ethics, philosophies, practices, and tangible outcomes associated with different interventions were given careful study. Students gained the ability to assess various interventions and determine how they may one day participate in the practice of global health.

Thirdly, students developed skills to work as advocates for improved health in their communities. Student members of *Students for Equality in Healthcare (SEHC)* provided a half-day training on advocacy skills and representatives from various advocacy organizations exposed students to the different ways in which they can work as advocates. Thus, students emerged from the course with the ability to concretely act on the problems witnessed in local, national, and international contexts of patient's lives. By the end of the course, students had identified a number of issues, such as drug stockouts and malnutrition, which they then decided to design advocacy strategies to address.

Finally, and perhaps most importantly, international solidarity was built between Ugandan and international (U.S./Europe) medical students. The collaborative nature

of the course allowed for international students to learn from Ugandan students about the challenges of providing healthcare in Uganda and for Ugandan students to learn from international students about the challenges in their countries. Group discussions allowed for a mutual exchange of information and the co-creation of understandings of global health by all students. This aspect of the course allowed for the formation of deep trust, careful listening skills, and respect for varied perspectives, which are all key ingredients in building long-lasting partnerships.

Limitations/Challenges

The course faced a number of challenges, which offer the opportunity for improvement in the coming years. Scheduling conflicts existed for Ugandan students, whose semester started before the end of the course, and for international students, some of whom had difficulty completing internship interviews in the US before the course began. Students from Gulu University faced accommodation and transportation difficulties because of the course location at *Lacor Hospital*. The need for many Ugandan students to commute between *Lacor* and *Gulu* town made it difficult for Ugandan students to consistently arrive on time in the morning and prevented some of them from staying for evening film showings. Finally, significant challenges were faced in trying to raise enough funding to pay for the course. We met limited success in our efforts to secure funding from NGOs, foundations, and involved universities.

The Way Forward

Given the great success of this year's course, the social medicine course will again be offered from January 10 – February 4, 2011 and all Gulu University students will be welcome to apply. In July 2010, *SEHC* plans to do extensive publicity to encourage applications. This year's course participants also plan to share the lessons learnt from this course through film screenings and discussions open to all members of the *Gulu University Faculty of Medicine*. Furthermore, these students will continue to work on advocacy and research projects related to drug stockouts and malnutrition, which have begun as a result of the course.

In order to enhance next year's course, efforts will be made to find accommodation for Ugandan students near *Lacor Hospital* for the full duration of the course. Intensified efforts to find creative sources of funding for the course will be made. These efforts will include asking *Gulu University* to extend financial support for subsequent years given the great benefit of the course for its students and the surrounding community.

Conclusion

The social medicine course provided the opportunity for

an intensive study of the social determinants of health. Together, students from around the world, developed a map of these determinants of health in northern Uganda. Gender inequality, minimal educational opportunities, poverty, unemployment, food insecurity, political instability, racism, and unequal global trade and exploitation were factors identified as significant contributors to the epidemiology of disease.

These themes are intricately linked in both simple and complicated ways to this issue's theme of maternal and child morbidity and mortality. Tracing these linkages reveals that gender inequality often results in men accessing the best nutrition, opportunities for education, and opportunities to have their voices heard. Meanwhile, too often women and children are left with inadequate nutrition, poor educational opportunities, and a near silencing of their perspectives. Gender-based violence leads to physical abuse of women in an environment that dismisses their concerns. In settings of extreme poverty, women turn to transactional sex for survival, putting themselves at great risk of HIV/AIDS. Inadequate water and sanitation contributes to excess disease amongst children who play in contaminated areas and drink unpurified water. Such social factors clearly worsen the health of women and children.

Women and children are not only at greater risk of disease but have difficulty accessing adequate health services. Frail health systems are unable to provide proper prenatal and gynecological care. Mosquito nets, a central tool in malaria prevention, are often too expensive for families. Health centers in rural areas are often understaffed and lack the necessary medicines. Thereby, the common and treatable diseases of children and women, such as helminthiasis, uncomplicated malaria, mild malnutrition, respiratory tract infections, and complications associated with delivery, are not properly addressed in the community at early stages and become serious medical problems.

We can likely all agree that some of these social factors identified above have a negative impact upon the health of women and children. But, then, we might ask, why do these factors continue to preferentially contribute to a heavy burden of disease amongst women and children? Analysis through the lens of social medicine reveals that these circumstances are very often shaped by the distribution of money, power and resources at global, national and local levels in ways that disadvantage the health of women and children. Thus, we must remind ourselves to continually ask, "Why treat mothers and children without changing what makes them sick?"