

PREPARING MEDICAL STUDENTS THROUGH SERVICE LEARNING TO PROVIDE SOCIAL JUSTICE

DR. NOSHEEN ZAIDI, MBBS, MPH

Department of Community Medicine
Foundation University Hospital, Islamabad

DR. MAHMOOD AHMED

MBBS, MCPS, DPH& DIH, M.Sc Med Admin
Department of Community Medicine
Foundation University Hospital, Islamabad

DR. SAIF UD DIN SAIF, MBBS, MPH

Department of Community Medicine
Foundation University Hospital, Islamabad

Dr. Wasif Khan

MBBS, DPH, M.Sc Com. Med, M.Sc Med Admin
Department of Community Medicine
Foundation University Hospital, Islamabad

ABSTRACT: Background: In Pakistan there are 3.3 Million child laborers without healthcare services and educational opportunities, which affect our social fabric. We report how structured 'Service Experience' helped broaden medical students understanding of social justice. **Objective:** To produce health professionals who are ready to work for a cause without voracity. **Study design:** A Cross sectional survey through a focal group discussion. **Research question:** Do opportunities for structured Service Learning help modify student's perception of their role as doctors in society? **Place of Study:** Foundation University Medical College, Islamabad. **Study Period:** Fifteen months, from January 2008–April 2009. **Methods:** Fifteen students interviewed 700 child laborers using a piloted interview form during a fifteen months period. Focus group discussions were held with these students to discuss their experiences. Qualitative analysis of the discussion is reported. **Results:** Students empathized that children worked on a contractual basis averaging \$1 per 10 hours with no meals. Parents encouraged them to earn money and they felt more satisfied pleasing them. Children didn't attend school because of the school quality and fear of abuse. "Our exposure to child labor had been limited; this has taken us to the core of the issue. We now feel responsible as a physician and a leader to ensure 'security of children in every respect' as part of their health." "We will avoid employing children at our homes and will counsel parents, trying to be role models for others." "As future leaders we will propose measures including establishment of free quality educational systems with paid vocational tracks." **Conclusions:** Service learning will inculcate empathy for the oppressed groups of the community and also develop a social and civic responsibility in medical students.

Key words: Service Learning, Medical Students, Child Labor, Social Justice, Curriculum, Awareness, Professional Role.

INTRODUCTION

The Service Learning approach started in early 20th century. In it the students gain knowledge and apply it along with the skills. It is the most relevant way of teaching public health to undergraduate students and inculcating civic sense to improve the society by adopting health promoting measures to change the community in order to develop a culture of equity and justice. We all know that best way of learning is by doing, therefore it broadens the horizons of students to achieve the goals of nation and they understand their culture in a better way¹. The Service learning project was chosen by students and facilitated by faculty members to develop leadership skills and team work so that they could understand community needs and address them one by one². The team of students and teaching faculty is always a rich source of opportunities for students to learn in a better way by increasing their access to primary health care³. Through Service learning approach, public health problems can be addressed in a better way, a need now realized by the world as it is facing new challenges

depending on the understanding based on community needs⁴.

Health is an integral part of development involving individuals, state and international responsibility and its maintenance is a major social investment to achieve such standards. Health professionals should be trained in a way so that the desired goals could be achieved. Medical college education often does not aim at development of the students' attitude as a leader instead it is more like a technician⁵. Service-learning has become even more documented in the text as an essential component in higher education⁶⁻⁷. Service-learning literature encompasses twenty hours of community interactions requirement for students to fully come across community and widen civic responsibility⁸. Within the confines of this single course, students can not spend this amount of time on their community project⁹⁻¹⁰.

A concluding advantage of community service learning in medical education is that it nurtures vital civic

responsibilities. Although the observation is that medical doctors become apolitical during their professional careers, modern study strongly suggests that lots of physicians extremely rate the public role of a general practitioner¹¹.

The global number of child laborers remains 215 million, there are 115 million children in hazardous work¹². Children in artisan and mechanics shops work under poor sanitary conditions with almost without any occupational protective measures facing psychological and physical strain, with long operational hours, low remunerated and severe contact to noise and chemicals¹³. Comparison of child laborers exposed to solvents, with child laborers not exposed to organic solvents showed worse affects on most neurophysiological and neurobehavioural functions¹⁴⁻¹⁵.

In Pakistan there are 3.3 Million child laborers working in different capacities and the total number of children (age 5-14 years) is 40 million, they work as (CDL) child domestic labor ;in hazardous industries ; in export industries; child trafficking; in bond labor and in agriculture. About 264,000 children work in personal and social services where they face illness and injuries frequently. About 19,000 children were trafficked as camel jockeys to Middle East. 200,000 women and children were trafficked to Pakistan from Bangladesh¹⁶.

METHODS AND MATERIALS

Study design: A Cross sectional survey. **Place of Study:** Foundation University Medical College, Islamabad. **Study Period:** Fifteen months, from January 2008–April 2009. **Methods:** A focal group discussion was conducted with students of fourth year MBBS, one faculty member chalked down the notes and other conducted session with them. Variety of opinions and the large quantity of comprehensive information elicited by focus groups was coded and qualitative analysis was done. Students of fourth year MBBS were given a task by Community Medicine Department, Foundation University Medical College, to select a topic for service learning. Students selected to study Problems of Child Laborers in Rawalpindi, after knowing that they work without healthcare services and educational

opportunities that destroy social fabric of nation. 45 % of Pakistan population is under 15 years of age and if these large groups of people are trained and educated; multiple public health problems can be solved. They interviewed 700 child laborers using a piloted close ended questionnaire form visiting field for two hours a week for four months; in working hours, at fruit markets, streets, car workshops and home. Collecting and recording data from child laborers. They used SPSS version 10 software for qualitative data analysis and at the end they submitted a written report. The study was completed in duration of 15 months from January 2008 to April 2009.

We report how structured ‘Service Experience’ helped broaden medical students’ understanding of social justice.

RESEARCH QUESTION

Do opportunities for structured Service Learning help modify student’s perception of their role as doctors in the society?

Key themes of Focal group discussion were following:

Children in developing countries often do not want to go to school because of the quality of the schools. The schools often do not have basic amenities and sometimes the children are maltreated by the teachers.

Parents persuade child labor in the lower socioeconomic class as this helps them nosh their families. The children in turn experience more satisfied pleasing their parents by bringing in money.

In our role as Physicians in Society, we will avoid employing children at our homes and we will ensure ‘informal schooling’ of such children if due to some unavoidable circumstance such children are employed at our homes. We will council the parents of these children and try to become role models for others.

On a Government level, as future leaders we will propose workable measures to eliminate child

labor including establishment of free for all, quality educational systems, propose establishment of schools with vocational tracks and large percentage of taxes paid by society to be allocated to improve the education.

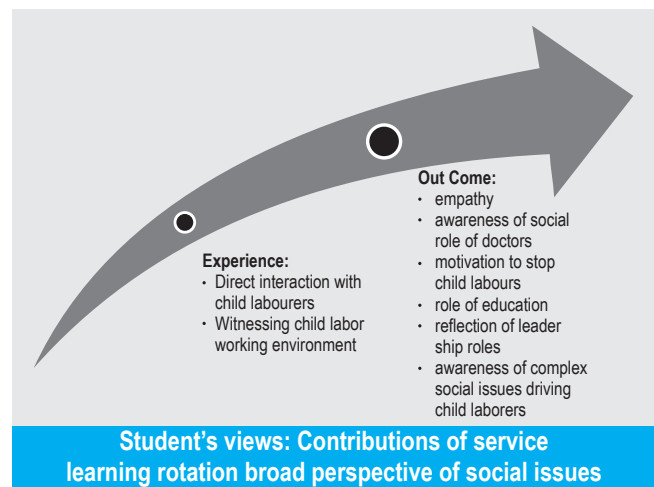
This exercise conducted by the Department of Community Medicine has made us aware of our role as a professional. So far our exposure to child labor had been limited to seeing children wrestle to clean car window screens for a few coins but this exercise has taken us to the core of the issue. We now feel that it is our responsibility as a physician and a leader to ensure 'security of children in every respect' as part of their health.

RESULTS

Ten themes of focal group discussion given by medical students about child laborers were following:

1. Students empathized that children worked on a contractual basis averaging \$1 per 10 hours with no meals. Parents encouraged them to earn money and they felt more satisfied pleasing them. Children didn't attend school because of the school quality and fear of abuse.
2. "Our exposure to child labor had been limited; this field work has taken us to the core of the issue. We now feel responsible as a physician and a leader to ensure 'security of children in every respect' as part of their health."
3. "We will avoid employing children at our homes and will council parents, trying to be role models for others."
4. "As future leaders we will propose measures including establishment of free quality educational systems with paid vocational tracks."
5. Children are our future as well as a national asset; therefore they should be nurtured and trained according to their aptitudes so that after few years we should have a large number of quality skilled people.
6. Health for all is the slogan of world and even in this century they are not provided with basic health care facilities.
7. These children should be screened and should

8. be given education according to their demand and need.
 9. Shelter should be provided to them so that criminals should not take advantage of such homeless people.
 10. Legislations should be implicated through effective force for their protection.
- This exercise conducted by the Department of Community Medicine has made us aware of our role as a professional. So far our exposure to child labor had been limited to seeing children wrestle to clean car window screens for a few coins; this exercise has taken us to the core of the issue. We know feel that it is our responsibility as a physician and a leader to ensure 'security of children in every respect' as part of their health.



RISK AND EFFECTS OF SERVICE LEARNING

Educators can empower medical students during their training in critical reflection and to motivate a movement for global health. There are many benefits of service learning opportunities for students occupied in international health. Students develop skills of communication and depend less on expensive technology and more on their psychomotor skills, improve their knowledge of health problems prevalent in the under develop world, and become sophisticated with community health issues in underprivileged settings. The medical students develop important clinical skills for themselves as physicians in training and play an important role in partnering with clinicians in this

Table-I. Striking facts by students on child laborers promoting reflection by them

Age of child laborers	5-15 years
Number of family members	Average 5-10 persons
Income	Average 1\$/day
Ever attended school	68% (100% drop out rate)
Reasons for working	27% poverty
Work hours	49% worked 84 hours per day
Remuneration	53% received food and cash
Abuse reported	30% verbal, 10% physical, 3% sexual, 2% stated all of stated 55% refused to comment
Access to medical treatment	47%
Injuries sustained in 12 months	40%

settings¹⁷.

Service learning in medical students inculcates fundamental citizenship skills. Although the perception is that physicians lack political interests during their dedicated lives (due to the burden of teaching and career)¹⁸. As Wynia and colleagues reasons community professionalism need a vital profession that is committed to certain ideals¹⁹. International health justice is positively ideal for many medical students who seriously embrace global health and incorporate it into their career. Comprehensive health service learning has unfathomable consequence on medical students. We hear frequently about the dramatic effect it has on our students. Challenges are to make such experiences more durable for medical students. Our target is to form better sustainability contributing to the professional maturity of scholars.

CONCLUSIONS

Service Learning inculcates awareness and empathy in students for the oppressed segments of the community. It also helps in developing a social and civic responsibility among health professionals. It shows them the bitter ground realities and tyranny of people which convinces

them to provide care to all those who are in need whether they can afford it or not. Long term impact of such exercises needs to be studied and followed up as these endeavors can have impact on some sensitive people but for how long the effect remains there is a big question mark. As we observe in our society that most of the health professionals are behaving more like business men than health professionals.

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Correspondence Address:

Dr. Nosheen Zaidi, Asst. Professor,
Community Medicine Department,
Foundation University Medical College,
The Mall, DHA Phase 1, Islamabad.
noshhaarif@yahoo.com

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**Never explain
your friends do not need it and
your enemies will not believe you anyway.**

(Elbert Hubbard)