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Experience

Learning with the Community: An Enriching Experience

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Introduction

Over the course of time, medicine has undergone great change, shifting its view from the community to the individual. In times when the trend to attain specialty and sub-specialty degrees is on the rise and the healthcare delivery system being converted to a service-provider and customer relationship, health needs of the society as a whole is being sidelined. This is where Community Based Medical Education (CBME) assumes significance. CBME refers to a form of learning wherein medical students understand the principles of basic medicine in a community setting. [1-3] With this perspective in mind, the concept of Village Adoption Scheme (VAS) has been developed in Mahatma Gandhi Institute of Medical Sciences, Sevagramwhich has evolved since its inception in 1969. [4]

First year students of the institute adopt a village where each student is allotted 4-5 families. I too attended the camp and it was my first exposure to community-based learning. We stayed in the village for 15 days in a camp setting and, thereafter, continued with monthly visits for follow-up for the next three years. Combined with better access to health care services for the duration of the camp for the villagers, VAS ensures strengthening of the healthcare delivery system. [5-6]

The fears of those of us, who were new to village life, were soon overcome when we were received with open arms in our families (***Figure 1***). Over the days, as our rapport with our families grew stronger, our focus widened to include certain essential but neglected contributors to health. We gradually started realizing the impact of socio-economic status, environmental and housing conditions, standard of living, on the long-term health of a person. Together with this came a sense of helplessness. Most of the households in rural areas fit a low socioeconomic status. This not only makes affordability and access to health services difficult for them but also affects the social determinants of health. [7] Health improvement in a community cannot be viewed as a task to be accomplished by the health sector alone. Public health demands a more holistic approach. [8-10] Achieving 'health for all' is not possible without engaging 'all for health'.

Certain simple actions like proper hand washing, filtering of drinking water, maintenance of menstrual hygiene, and proper breastfeeding still need attention in the rural areas (***Figure 2***). With a fair understanding of the constraints these families face, we decide objectives for behavior change for each family allotted to us and work towards achieving this over the next three years through various behavior change strategies.[11]

One of the families allotted to me had a well-maintained kitchen garden, which not only supplemented their dietary requirement but also eased their economic burden. I discussed this with my colleagues and they then encouraged their families to also develop kitchen gardens. Solutions to the problems of the community can be found within the community itself, which need to be identified and promoted.

The deeply entrenched ideas of the villagers, coupled with the fact that we were viewed as outsiders, made it difficult to bring about a change. With cooperation from the village school, we set up a meeting with all the village children. That evening, which began with rapport building, went on to become a strong bond of trust and friendship. The health messages that we intended to deliver in the village were first conveyed to these children, who now became our partners. In addition, we were assured, that even after our camp ends, these messages would reverberate within the village.

Apart from children, there are other platforms in form of community-based groups which have the potential to change social norms. These include several self-help groups of women (Mahila Alpa-bachat gath) and a group of adolescent girls (Kishori Panchayat). We interacted with these community-based groups, who hold monthly meetings to discuss numerous issues, including but not limited to health and hygiene. [12-13] These groups also came forward to extend their full support. In their words, they wanted their village to not only be self-sufficient but also empowered and strengthened.

Developing countries such as India still face the problem of inadequate outreach facilities to the peripheral areas for screening, diagnostic and therapeutic facilities. A team from the Department of Community Medicine takes care of the medical needs of the villagers. General and specialist outpatient services, along with medications are provided free of cost during the entire duration of the camp and for the next seven days. Screening facilities provided, include those for anemia, diabetes and hypertension.

This entire stay in our adopted village helped us understand in a small way, the complex web of factors determining health. The present vacuum in medicine demands not only individual skilled physicians, but also proficient doctors able to work in a team, function as effective team leaders and be able to communicate well with patients.

With the white coat comes immense responsibility. It is imperative that we transform our approach to look beyond the walls of the hospital and consider each patient to be a product

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of his lifestyle and living conditions, and not merely a manifestation of disease.

The Village Adoption Scheme, with numerous activities fostering the villager-student partnership coupled with first-hand clinical exposure for first year medical students plays a small but significant role towards the achievement of this goal.14It takes learning beyond the limits of our textbooks and the classroom into the field, where these theoretical principles are turned into hands-on practice. After all, the human body is not just a piece of machinery which can be made to work by fixing a few nuts and bolts. It has also taught me things beyond the medical world and given me precious memories – something that I will hold on to and cherish throughout my life.

Figure 1. A student interacting with family members of one of the families allotted to her. She will continue visiting the family members for the next three years once every month.

Figure 2. Sanitary inspector from Department of Community Medicine demonstrating to the students how to do Chlorination of Well Water.

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