

ELECTIVE (SSC5c) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

Objective 1: Describe the pattern of disease of interest in the population with which you will be working and discuss this in the context of global health: What are the prevalent obstetric conditions in Samoa? How does this differ from the UK?

Despite Samoa being a collection of small Islands in the Pacific, almost 10,000 miles away from the UK, England and Samoa actually have a similar pattern of disease amongst its population. Non-communicable diseases such as cardiovascular disease, diabetes mellitus and hypertension account for around 70% of all deaths (according to WHO 2010). This is due to multiple lifestyle factors which are almost unavoidable on the island including the abundance of unhealthy, processed food, lack of cheap fresh produce or sporting facilities, and limited public understanding of the obesity associated health risks. This has contributed to Samoa being one of the most obese countries in the world, with double the proportion of obese people compared to the UK, increasing the prevalence of obesity associated diseases and accompanying morbidity and mortality.

Inevitably this high BMI has also had an effect on maternal and child health. Although Samoa is on track to meet the Millenium Development Goals for decreasing the rate of infant and maternal mortality rates, the infant mortality rate is still 5 times higher in Samoa than the UK (according to the World Factbook). This figure may be due to multiple reasons. In rural areas, traditional birth attendants are used instead of midwives, they require no specific professional accreditation and so one cannot be certain they have sufficient training to single handedly manage uncomplicated births or when and where to refer complicated deliveries. In addition, this finding can in part be attributed to the higher rates of obesity associated complications such as miscarriage, gestational diabetes, pre-eclampsia, shoulder dystocia etc. resulting in both maternal and perinatal mortality.

Objective 2: Describe the pattern of health provision in relation to the country which you will be working and contrast this with the UK: How are women's health related services organised, delivered and accessed in Samoa? How does it differ from the UK?

Again Samoa's health provision is similar to that in the UK. It also provides free access to healthcare through the National Health Service, which is monitored and regulated by the Samoan Ministry of Health. The NHS provides government-funded primary, secondary and tertiary care; private health practitioners, non-governmental organisations, birth attendants and traditional healers are also available. Such healthcare is delivered via both hospitals in urban areas and healthcare centres in rural areas. The largest of all hospitals in the country is the Tupua Tamasese Meaole Hospital, where I undertook my elective. It is the primary teaching hospital for the University of Oceania Medicine and has the largest range of healthcare provisions. Similar to the UK, primary care is a gatekeeper system. This appears to be very economical, taking much of the workload of health related services, while only using 5% of the health budget. In contrast, tertiary care is very limited. As a result, specialist care is referred overseas, primarily to New Zealand or Australia, where it is subsidized. This appears to be a far less efficient method, carrying substantial cost associations, using up to 14% of the budget.

Despite attempts to cater to the rural population there is a clear urban-rural divide in terms of healthcare provision. The rural population are mainly catered for by a network of "women's

committees”, which establish community health centres in the more remote parts of the country. However, these community health centres are often understaffed and lacking essential resources. In addition, there is a lack of both roads and transport from some villages to health centres and hospitals, creating another obstacle to effective treatment.

Objective 3: Describe a health promotion to reduce the prevalence of STIs and teen pregnancy in Samoa and its effectiveness

in terms of women's health related services there is a non-governmental organisation called the Samoa Family Health Association (SFHA). SFHA provides family planning advice, sexually transmitted infection services, antenatal care, gynecological services and reproductive health counseling. Whilst providing primary care services, SFHA also reaches out to the more isolated villages in Samoa via a mobile clinic. In addition, it runs teen pregnancy awareness programs in multiple secondary schools throughout the country. In accordance with cultural and religious norms, they advocate “save sex and safe sex”, i.e. either abstain from sex or use protection.

However, despite the efforts of SFHA, family planning and access to contraception is a clear problem in Samoa. The latest estimate by the Government of Samoa in 2009 placed public access to contraceptives at only 17.8%, actually less than it was in 1991. Based on the low percentages, it is evident that there is a lack of knowledge regarding contraceptives and their use in family planning and preventing sexually transmitted infections. This finding is also due to the fact that pre-marital sex is not socially acceptable. This has resulted in both increasing STIs and adolescent birth rates, especially in rural areas. This was made evident during my time in the hospital, with there always being multiple teen mothers on the ward at any time, who were more often than not multiples. For Samoa to overcome this, a concerted effort will have to be made to increase access and knowledge of the contraceptives available. This must be addressed early through sexual education and by stripping sexuality of its taboo status so that it can be discussed openly and honestly.

Objective 4: To decide whether obstetrics and gynaecology is a specialty I seriously wish to pursue as a career

All in all, I am so grateful to have had the opportunity to spend time shadowing doctors in obstetrics and gynaecology at Tupua Tamasese Hospital. Previously, despite having a fantastic placement in it at medical school, I needed more than the designated 5 weeks to decide whether this career path was worth the numerous theoretical setbacks. These setbacks are namely the heavy surgical component of the job, high competition ratios and the demanding on-calls to cover gynaecological emergencies and the labour ward. However, spending time in Samoa observing experienced doctors make huge decisions about whether to sacrifice the life of one twin for another, assisting in complicated caesarean sections and informing patients they have suffered a miscarriage has highlighted to me the difficulties of a job in this specialty but also my certitude in pursuing this as a career.