A. PATHAN PAEDIATRICS

SSC 5c - Elective Report

Anisa Pathan

1. **Describe the pattern of disease prevalence in Tanzania and discuss this in the context of global health.**

   Tanzania has a very high prevalence of Malaria, pneumonia, tuberculosis, HIV/AIDS, hepatitis. These are diseases that have a very low prevalence in the UK. Total population in Tanzania is 43,739,000, of which life expectancy is 53 years for males and 58 years for females. There are approximately 108 deaths in the under-5 population, and 456 in the 16 – 60 year old population.
   Gross income per capita is 1260$, and from that total expenditure on health per capita is 68$. The statistics show that the amount of money spent of the health system in Tanzania is very low compared to the UK and this is reflected in the life expectancy and mortality rates mentioned above. (Statistics from WHO website)

2. **Compare the healthcare provided in Zanzibar and Dar-es-Salaam to the care provided in the UK (Paediatrics and Obstretics)**

   The healthcare provided in Zanzibar was significantly different to the care provided in Dar-es-salaam and in the UK. Having spent time on the pediatrics ward at Mnazi Mmoja Hospital in Zanzibar,I noticed that one of the main differences was the lack of communication between the patients and the healthcare staff. Children were usually take away from the mother and examined without consent being taken. Results and findings were discussed amongst the healthcare team but not passed onto the parents. However during my time at Muhimbili National hospital in the Dar-es-salaam, there was a lot more emphasis on including the family in the child's care, on counseling the family of the ill children, and giving them information of the child's illness and the treatment they will receive.

   Another major difference in Zanzibar was the affect of poverty on the treatment received. All investigations and treatment had to be paid for by the family, so this limited the number of investigations the patient could undergo, as the family did not always have enough money to pay for them. The lack of money also meant the even if a disease was diagnosed; the treatment could not be afforded. In the Dar-es-salaam, all children under five years of age were treated for free, so this was not an issue. The general lack of funds in the Zanzibar also meant the hygiene and sanitation was a problem. Muhimbili had a new pediatrics' ward, which was clean and well kept, and seemed very child friendly with paintings and open space.

   I also spent some time on the obstetrics ward in both Zanzibar and the Dar-es-salaam, where the care was also quite different. In Zanzibar, although antenatal care is provided to the pregnant women, many do not take it up, due to the lack of education. Most women turn up to admissions when they start feeling labor pains, where they are most usually examined by students and admitted to the ward. During busy times they are usually two women to a bed. Family members are not allowed in the ward, so the patient is usually

alone. Childbirth is less "medicilised", the patient is not usually given any pain relief such as nitrous oxide gas, pethidine, epidural etc to relieve the birth pain.
At Muhimibili National Hospital there was a lot more emphasis on antenatal care; there were a lot more women who attended the clinics and thorough investigations were done. Any patient who was found to need any treatment was treated promptly. A birthing plan is discussed so the patient knows what to expect and has an input in her care. The maternity wards were a lot bigger, with more bed space. However the situation regarding painkiller was the same, women were generally not given any type of painkiller during labour, like they are in the UK, and again the patient was not allowed family on the ward.

In both hospitals I noticed that there is also a huge lack of privacy, although the situation was not as bad in Muhimbili. There were not any curtains between the beds and the patient is usually completely uncovered most the time during labor and during examinations, whereas in the UK dignity and privacy is given a lot of importance. At Muhimbili respected the patients' privacy slightly more than Zanzibar, by partially covering the patient during examinations, and ensuring that the patient is recovered as soon as the examination is finished.

Another major difference I noticed that was different in Zanzibar from Dar-es-salaam and the UK, was that the medical students were given a much bigger role in the team. Most of them were third years that did jobs equivalent to foundation doctors or higher in the UK. This meant a lot of care was actually given by inexperienced healthcare members which could mean that the patients were not getting adequate care.

3. **Describe the most common illnesses affecting the childhood population of Zanzibar/Tanzania and how it differs from the UK**

During my time here in Tanzania I have seen certain patterns of diseases that are more common here than in the UK. One of these diseases is Measles, there is a whole ward dedicated to children with measles. I learnt about the special care that is needed for measles cases to prevent the complications such as blindness, dehydration, pneumonia etc, and this meant that there were hardly any deaths due to measles. Children are offered immunization for measles but this is often not taken up due to lack of education to the mothers, also sometime the immunization is not stored adequately (needs to be refrigerated) and so the vaccine given to the child is not active. Education to the family and to healthcare professional would be extremely useful to cut down the number of Measles cases.

Pneumonia is also a very common illness presenting in children, especially the younger children (age 0-3). This is again another fatal illness if not treated, it is usually diagnosed by chest x ray, which in Zanzibar has to be paid for and depending on the funds that the family have, this may not be done and the patient may not undergo treatment. Pneumonia is one of the highest causes of infant mortality in Tanzania, immediate care is needed to prevent death.

Malaria is also a very common disease prevalent in children. This usually present as diarrhea, so everyone presenting with that would be tested for malaria. And complications of malaria should be addressed quickly.

4. Experience and reflection on my elective

During my time at both hospitals, Mnazi Mmoja and Muhimbili, I learnt a lot about diseases which I was unfamiliar with, mainly Malaria and Measles. I had not seen cases of either disease prior to this placement. The teams I was attached to in both departments were extremely friendly and willing to explain and teach. I had the opportunity to see many unfamiliar cases, and do specific examinations. However language was a huge barrier, it meant that I could not communicate with the patients directly and only through a third person, which made it quite difficult. It was also quite difficult during meetings and ward rounds when the team occasionally spoke Swahili and I did not understand. However despite the language barrier I felt that I learnt a huge amount and thought this was a valuable experience.