Experiential learning and maximizing opportunities in conducting a summer research project in Kampala, Uganda

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Introduction

- Women are traditionally caregivers and their own wellbeing is often overlooked, especially in low to middle income countries (LMICs).
- In Uganda, there is no national insurance or welfare system, women may lack resources for optimal health care and/or a strong social support network which can lead to depression.
- Intimate partner violence can contribute to depression and possibly substance abuse.
- The study of resilience has focused attention on the human potential to overcome adversity and has provided insight into protective factors that promote healthy functioning following stressful and traumatic experiences.
  - It is important to identify the unique challenges and coping mechanisms for people to ensure better recovery and higher quality of life.
  - Understanding the association of depression, alcohol abuse, and intimate partner violence with a victim’s resiliency to cope is an essential first step to helping them heal.
- The results of this pilot study will describe the association between risk factors for depression and resiliency to cope for men and women in Kampala, Uganda.
  - These results will be used to inform future larger studies to implement targeted interventions to promote better quality of life for people victimized and living in LMICs.

Specific Aims

Specific Aim 1: To evaluate the association of risk factors including lack of employment, unstable housing, marital status intimate partner violence and substance abuse, and protective, resilient factors such as social support, spirituality and coping with the risk of depression in men and women in the urban setting of Kawempe Division, Kampala Uganda.

Specific Aim 2: To further explore, using qualitative methods, the unique strengths and resiliency factors among men and women in Kampala Uganda.

Methods

- A mixed methods study with a quantitative cross-sectional survey(s) women in Kampala Uganda receiving care at the Child and Family Foundation of Uganda Clinic was designed in partnership with faculty at Makerere University School of Public Health.
- Validated scales from the Life Paths Research Program Measurement Packet were included to conduct quantitative assessments of female patients to measure strengths, resilience and adversity.
  - These scales were adapted and shortened from existing scales to ease the burden on the participants.
- We plan to administer a depression scale and an intimate partner violence scale and partner alcohol abuse scale.

Results

- Study design in partnership with faculty and clinics in LMIC was a rich learning environment.
- The IRB review process required unexpected, multiple iterations.
  - The data collection instruments needed to be translated into a local language (Luganda).
  - The cultural perspectives of resilience were different in Uganda than in the United States which lead to ongoing modifications and discussions.
  - This study is still in Institutional Review Board (IRB) review at Makerere University.

Immunization Project

Entered vaccination reports from the child register in the Child and Family Foundation of Uganda Clinic electronic medical records database.

Wrote an additional study protocol to understand the socioeconomic factors influencing families’ decision to obtain immunizations for infants.

Community Tuberculous Project

Participated in Child and Family Foundation of Uganda Clinic home visits into communities for door to door questioning about symptoms experienced by patients.

Identified the primary tuberculous case and treatment intervention managed by the Child and Family Foundation of Uganda Clinic.

Resilience Africa Network

Gained knowledge of the United States funded (USAID) network that focuses on building resilient communities after disasters.

Participated in local initiatives as Pitch Tuesday and Garage Friday; which encourage Ugandan youth to identify innovative solutions to daily problems experienced by the local population.

Conclusion

- An important lesson is that flexibility and patience is crucial in global health research.
- It is important to appreciate the cultural cues when framing a project idea.
- Other enriching opportunities were experienced.
  - Assisting the Child and Family Foundation of Uganda Clinic on an internal quality improvement project on childhood immunizations.
  - Joining fellow researchers in community-based settings to administer quality of life surveys to tuberculous patients provided exposure to non-clinical research settings.

Next Steps

- The current study protocol has been modified and simplified by the request of the Makerere University IRB.
- An additional study protocol was also submitted to the Makerere University IRB to analyze the immunization data on Child and Family Foundation of Uganda Clinic parents’ perceived barriers to immunization.
- A brief commentary is in progress for submission to a peer-reviewed journal with lessons learned for medical students conducting research in LMIC’s.

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- Medical College of Wisconsin Office of Global Health

Image 1: Every Friday, the Vaccination Clinic provides affordable vaccinations for communities

Image 2: Community leader who reported the primary tuberculous case

Image 3: Network Logo

Image 4: Faculty and students at the Makerere University School of Public Health; primary location of collaboration