



THE STUDENT'S VOICE

## **An Interview of Ronak Iqbal**



Ronak Iqbal is a third-year student at Ziauddin Medical University (ZMU), an institution in Karachi, Pakistan that is community-oriented and has an integrated, problem-based curriculum. ZMU seeks to produce graduates who can respond effectively to the high-priority health needs of individuals, families, and communities.

Towards that end, third-year students are randomly assigned to selected families in a local community. During their visits to these families, the students' assignments include recording the health profile of assigned family members, delivering health education, screening individuals, applying preventive strategies, and managing common health problems under the supervision of their teachers. When appropriate, students refer family members for follow-up care,

usually at the local primary health care center that is managed by local health committees with technical support from ZMU.

This interview, which was conducted at the Network's annual meeting in Linköping, Sweden in October, 1999, is abridged and edited. It includes some refinements based on further communications via e-mail.

Jane Westberg, PhD  
Associate Editor, *Education for Health*

*Please tell me about your experiences in the community.*

It's a poor community. The first time I went there, I was very much disgusted by the poverty and the living conditions, by the dirt and the people. I never thought that such a place actually existed because I had been living on the greener side of the fence. When I came home after my first visit to the community, I actually kept the shoes that I had been wearing in the community separate from my other shoes, and I threw my clothes directly into the washing machine.

Our first visits were walking surveys of the whole community. Before our visits our teachers had talked about the community, but it took several walking surveys before I started getting accustomed to the surroundings and could accept, "Yes, such a place exists."

When we started interacting with the families, I didn't want to be there, and the families didn't want us to be there.

*What was the problem?*

I think the people were worried that our university needed more land. They thought that we would take their huts down because they have no leases. They thought we would take over the land. There was a lot of skepticism and cynicism. They wondered what we were getting out of this.

When we said, "We are trying to benefit you," they said, "Are we guinea pigs? Are you using us as experimental animals? You rich people think you can come here and do whatever you want to with us."

The Department of Community Health Science and Family Medicine had invested almost one year in mobilizing the community. But it took some time for the community people to understand the concept of a self-sustainable, community-managed health program for establishing a mutually beneficial relationship between the university and the community.

Initially when we went into the homes, it was difficult because the families, who are Pathan from Northwest Pakistan and Afghanistan, are very reserved. The women have restricted mobility and have little say in decision-making related to any aspect of their lives. When the women leave home, they go in groups and cover their bodies completely.

So the families were not very happy with the male students coming inside the homes. The male students had to stand at the end of the street.

I had to walk down the street and into homes by myself. Some times I did not feel very protected. Two or three times we had doors slammed in our faces. Once a male member of the household almost pushed us away because he was very angry with his wife and had a fight with her on some domestic issue. Fortunately, these were isolated examples. Now with increasing interaction with families and the intensive involvement of the community, the families are more responsive.

Volunteers from the community were trained to work with us. They were as young as 12 and as old as 35. When they went with us to the homes, it made our job much easier. The younger volunteers could go into any home, but if the male volunteers were over 15, the husbands were not so happy.

The volunteers knew the language of the families, but when we worked with young volunteers we weren't always sure that they understood what we said and conveyed our message to the families. And we weren't sure if the children always accurately conveyed what the families wanted to say back to us. Also, some of the boy volunteers didn't understand questions about some things, like the age of menarche.

Once the volunteers started working with us, the male students were invited into the houses. The male students weren't allowed to interact with young girls or with the wives, but they could talk with the older women, like the grandmothers. A few of them were even able to do some of the examinations that are part of our modules.

It was a slow process getting the families to be comfortable. But now they are very happy.

The community has a very high maternal mortality rate and a very high infant mortality rate. A lot of the children in the community don't reach their 5th birthday. That's why when we do family planning campaigns, they don't succeed. The mothers or husbands say, "We want a surviving child. We know that even though we have eight children, four or five of them are going to die." Also some of the children become disabled.

There were four cases of polio in a very short time. That's a pity because we thought we had almost eradicated polio. With the cooperation of the District Health Officer and the EPI (Expanded Program of Immunization), we had seven mobile polio campaigns. Together with the community volunteers, the ZMU students went from door to door, even if we had to jump over the stagnated water and risk being bitten by stray dogs. Altogether we gave over 34,000 oral polio vaccines.

Sometimes we found that the male children had been vaccinated but not the female children. So we had to make sure that the female children also got vaccinated. Our community wants male children. Maybe they think that a female child is a burden. But they don't educate the girls or let them go out of the house to work.

*You said that initially you didn't want to go into the community. How do you feel now?*

The community has changed me a lot. At first they called us “burgers.” That means you’re very rich and very snobbish. Yes, in the beginning I was a burger. I looked down on people who were not my equal—who were not wearing a better dress than me. I would go home, and if I didn’t like something that was put on the table, I would complain.

Now I’ve seen so many people die of hunger, I feel that I don’t have the right to complain. I am grateful for what my parents have done for me. I’m also more loving to my sisters. I don’t have to lose someone to learn that I have to love my parents and my sisters and the people around me.

It’s changed my thinking about the poor people. The first time I did a blood pressure on a member of my community family, I could not use the same instrument on my own father, because I thought it had been used on someone who is not very good. Now I have no objection whatsoever.

Now I’ll wear the same shoes in my own house that I wore in the community. I don’t think that I’m above the people. I see them as humans, not as things. I’ve changed my attitude toward the people, so they have changed their attitude towards me.

In the beginning, when the person sitting in front of me was dirty and stinky I would turn my face away as I talked with them. Now when they sit next to me, that’s okay. Now when they offer me tea, I drink it, even though I know this is not purified water. I see that they are giving me a cup of tea when their children are dying of hunger. I see this as a very big gesture, so when they give me something, I take it. I’m very respectful to them for that. I feel very happy with this gesture of hospitality.

I feel I’ve come a long way. I wish every student could have this experience.