

Medical Writing Teaching

Teaching manuscript writing in Africa

SECTION EDITOR



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I'm glad to have the opportunity to contribute to this new regular feature in MEW – 'Teaching medical writing'. Why write about teaching in Africa? Well, Claire Gudex – who will manage the section – thought my experience with teaching in Zimbabwe and Tanzania could be of interest to our readers, and I hope (think) she's right.

In 2006, Professor (now Emeritus) Babill Stray-Pedersen – expert on women's health – engaged me to help write applications for funding of the African research-and-capacity-building programme 'Better Health for the African Mother and Child' (BHAMC).¹ BHAMC was formed in 2000 as a collaboration between the University of Zimbabwe (UZ); Tumaini University and Kilimanjaro Christian Medical Centre (KCMC) in Tanzania; and the University of Oslo (UiO) in Norway.

Professor Stray-Pedersen and I kept in touch, and in 2013 she asked me to give a manuscript writing course at the Letten House Research Center (LHRC), established in Harare, Zimbabwe, in 2010 to cater for students engaged in the BHAMC programme. The scientific programmes running at LHRC are a collaboration between UZ and UiO. The sixth PhD candidate from UZ, supervised by Babill Stray-Pedersen, defended her thesis successfully at UiO on 18th December 2015, with the second opponent and the dean from the medical faculty of UZ present. Patience Kuono's dissertation was filmed and was followed real-time at LHRC by more people than were present in Oslo.

The manuscript writing course that I gave in Harare in October 2013² was the first 2-day course I gave on that topic – but I had given six 1-day courses to 6-700 PhD candidates at UiO the same year. To avoid carrying too much paper on that very long (8,769 km) journey from Oslo to Harare, we had planned to print the course material at the LHRC. However, the printer was incredibly slow and the printing quality was not great, so that was not such a good idea.



Otherwise, the technical equipment needed to give a course at LHRC was up to standard, and the course location was beautiful. During group work, people could sit in the garden around little tables under palm and avocado trees – looking at a purple jacaranda – in temperatures around 25°C. The unpredictable government-supplied electricity in Zimbabwe could have been a problem, but LHRC has a generator in the garden that we had to use on the second course day – when the other source of electricity failed.

Before the course, the participants sent me some material from articles they were working on, i.e. knowledge gaps, purpose statements and result presentations to be discussed during exercises. The plan was to start the course at 9 o'clock, but few people came before an hour

later. I soon realised that it would be difficult to follow the agenda and planned timelines, and that circumstances rather than plan would have to be decisive for what to do; as it always should be, but in this case I had to be more flexible than I was used to. About 12 people attended the course. Because HIV is such a huge problem in Zimbabwe, most of the manuscripts the participants were working on concerned different aspects of HIV. It was sad reading, and I would say that the main difference – that I experienced – between teaching manuscript writing to academic researchers in Africa and Europe, concerns the type of research questions that studies can be powered to answer, and the words used in the participant texts to be discussed.

The terms used to describe demographic

characteristics expressed the severe situation for the children of Zimbabwe; e.g. stunting (low height-for-age – a measure of chronic undernutrition), wasting (low weight-for-height – a measure of acute under-nutrition) and mid-upper-arm circumference which identifies undernourished children at high risk of dying. The Zimbabwe Demographic Health Survey 2010/2011³ showed that 32% of under-five children were stunted, 3% were wasted and 10% were underweight. When I read numbers like that I wondered if there might be some decimal mistakes – it was unfathomable. Follow-up of mother-child pairs in the BHAMC cohort was complicated by the large-scale Zimbabwean government campaign ‘Operation Murambatsvina’ (Operation drive out rubbish)⁴ that started in 2005 to forcibly clear slum areas across the country. Many participants in the BHAMC cohort were moved to places without addresses, thus hindering further follow-up. Also, many mothers and children died in the follow-up period, which reduced the sample size substantially.

One and a half years after my teaching experiences in Zimbabwe, I gave a manuscript writing course in Moshi, Kilimanjaro region, Tanzania, at the Lutheran Uhuru hotel. It was a nice location (apart from the wrinkled sheet [instead of a screen] and poor lighting) at the foot of the Kilimanjaro mountain – ‘a shy mountain that tends to hide in the clouds’ (I didn’t see it), according to Dr. Sia E. Msuya who was the local organiser of the course. Dr. Msuya got her PhD at UiO in 2014 and is currently the Director of Institute of Public Health, Kilimanjaro Christian Medical University College, Moshi. Participants at the writing course in Moshi were also involved in the BHAMC programme, so the studies they were doing were in some respects similar to those in Zimbabwe.

Forty-one publications have come out of BHAMC. They are published in a variety of African and international journals, PLoS One included, and address topics such as predictors of failure to return for HIV test results, female genital cutting, cognitive development of children born to HIV-positive mothers and multidrug-resistant tuberculosis. A study from 2010, published in the Journal of the International AIDS Society, explored why the prevalence

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of HIV among pregnant women is so much higher in Zimbabwe than in Tanzania (26% vs. 7%) despite that all risk factors tested for were more common in Tanzania than Zimbabwe.⁵ It is still not clear why there is such a difference. That strange discrepancy was what triggered Professor Stray-Pedersen to engage herself in these Africa studies in the first place. The BHAMC programme has influenced policies in Tanzania, especially in the fields of nutrition and prevention of mother-to-child transmission of HIV and nutrition, and networks of researchers have been created within different research topics and between several international universities.

It has been an interesting experience to teach medical writing in Tanzania and Zimbabwe. Teaching in Africa is not much different from teaching in Europe – planning and flexibility is as important there as here. But, be prepared to be laughed at if you go out to sit in the sun and drink your warm tea during breaks.

References

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