**MATUL 507 Primary Health Care (Elective)**

**(6credits)**

**Course purpose**

This one of two elective courses where students can focus on specific interventions in the areas of health or education which improve the lives of slum dwellers. The course involves an exploration of public health challenges facing the Church within slum communities, along with innovative, community-based responses. Topics include environmental health, maternal and child health, and chronic health conditions prevalent in slums. Students serve as mentored interns with a health organization in the community where they live or work.

**Expected Learning Outcomes:**

By the end of the course students will be able to:

***Cognitive***

1. Explain the global burden of disease and shifting disease patterns in urban contexts.
2. Articulate the impact of various factors (socio-cultural, economic, political, geographic, environmental, and moral/spiritual) on health problems and health care delivery in resource-poor countries and urban communities.
3. Analyze the causes and consequences of disease and infant mortality among slum-dwellers.
4. Explain the role of health promotion activities in the life of Christian faith communities
5. Understand the relationship between Christian faith and healing/health promotion.

***Affective***

1. Demonstrate a concern to learn about community health in both formal (classroom) and informal (community) contexts.
2. Demonstrate a commitment to ministries of health prevention and healing in a local community.

***Skills***

1. Investigate and “map” the health needs, and the health care resources available to meet those needs, within a slum community.
2. Explain approaches to maternal and child health, infectious diseases, and nutritional health in a slum community.
3. Apply theoretical knowledge of primary health problems to an assessment of intervention programs used by various governmental and nongovernmental agencies in a slum community.
4. Profile at least one culturally-appropriate, community-based health care initiative that is improving the food security, nutrition, and/or maternal and child health within a specific community.

**Course Outline**

Introduction and definition of key terms; Health and wholeness – a theological perspective; health and healing in an African perspective; stigma and disease in the context of HIV; health and environmental concerns in urban poor communities; Health and the urban household economy; Health, justice and advocacy; Mapping health needs and resources in slum communities; Developing appropriate and sustainable responses to health concerns in an urban environment; Prevention interventions; child and maternal health; Health interventions and the law in Kenya; benchmarking and evaluating good practice.

**Teaching methodology:**

This will include 14 weeks of classroom based learning and a further 40 hours of mentored community involvement in an health programme within a slum. Classroom based learning will include discussions, exercises, videos; case studies; media; role plays; lectures. Active participation of all students is encouraged.

**Instructional materials/equipment:**

White board markers, White board, LCD Projector, Lap top, Videos, Flip Charts, Posters, Newspaper cuttings

**Student Assessment:**

Through a written integrated project of 3,000 words, a critical learning journal, and a project design, based on local research, for developing a community based health programme. These projects will be part of the continuous assessment and will be marked out of 60 and the exam out of 40.

**Core Texts**

1. Campbell, A. (1995). *Health as liberation, medicine, theology, and the quest for justice*. Pilgrim Press.
2. Dhillon, H. S., & Philip, L. (1994). Health for all: global well-being. *Health promotion and community action for health in developing countries*, 1-8. Geneva: WHO.
3. Kim, J.Y., Millen, J.V., Irwin, A., & Gershman, J. (Eds.). (2000). *Dying for growth: global inequality and the health of the poor*. Common Courage Press.
4. Petersen, A. (1996). The “healthy” city, expertise, and the regulation of space. *Health &* *Place*, 2(3), 157-65.

***Further Reading***

Farmer, P. (2001). *Infections and inequalities: the modern plagues*. University of California Press.

Franceys R., Pickford J., & Reed R. (1992). *A guide to the development of on-site sanitation*. Geneva: WHO.

Hofrichter, Richard. Ed. (2003). *Health and social justice: Politics, ideology, and inequity in the distribution of disease.* John Wiley & Sons.

Sclar, E., Garau, P., & Carolini, G. The 21st century health challenge of slums and cities. *The Lancet*, 365(9462), 901-903.

Vlahov, D. Gibble, E., Freudenberg, N., & Galea, S. (2004). Cities and health: history, approaches, and key questions. *Acad Med*, 79, 1133-1138.

Wagstaff, A. (2000). Socioeconomic inequalities in child mortality: comparisons across nine developing countries. Bulletin of the World Health Organization, 78, 19-28.

Werner, D., & Sanders, D. (1996). *Questioning the solution: the politics of primary health care and child survival*. Health Wright, 206. (Available on-line at: [www.healthwrights.org/](http://www.healthwrights.org/)).

World Health Organization. (2006). *The world health report 2006: working together for health*. Geneva: WHO.