

Description

My Side of the Story

d @ABurnett_StMW on Twitter.



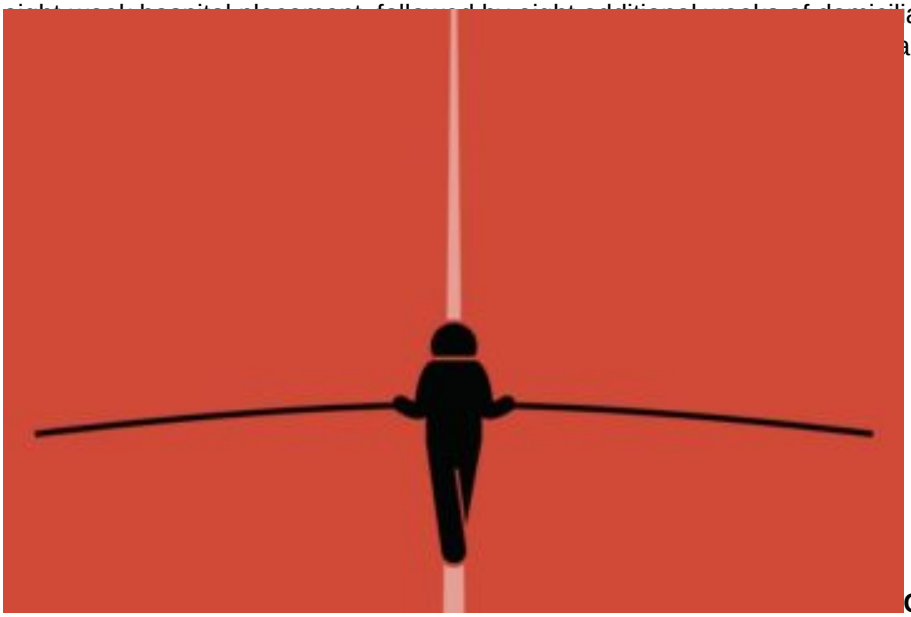
The World Health Organization (WHO)

declared COVID-19 a global pandemic on the 11th of March 2020. Since then, the novel coronavirus has wreaked havoc all over the world, many lives have been lost, economies have been damaged and our way of living has been drastically disrupted and Uganda has not been spared from the effects of this disease.

Fleeting joy



When neighbouring countries in the East African Region such as Kenya, Tanzania and Rwanda started reporting cases of COVID-19, our government formulated guidelines to halt the spread of the virus before anyone contracted the disease in Uganda. Among the directives that were announced by the president was the immediate closure of all universities, which was intended to dispatch all of us from the university premises until further notice. Some of my classmates and I were initially excited about having a longer holiday, because our midwifery program has always been very intense and we have had very few substantial breaks since enrolling on the program in 2017. We typically attend regular lectures or hands-on, practical sessions in the skills laboratory, and during the holidays, we attend hospital placements for clinical practice. This semester, following seven weeks of lectures in class, we were supposed to wind up the semester with an eight-week hospital placement, followed by eight additional weeks of domiciliary practice while attached to our [illegible] and our initial joviality has turned into

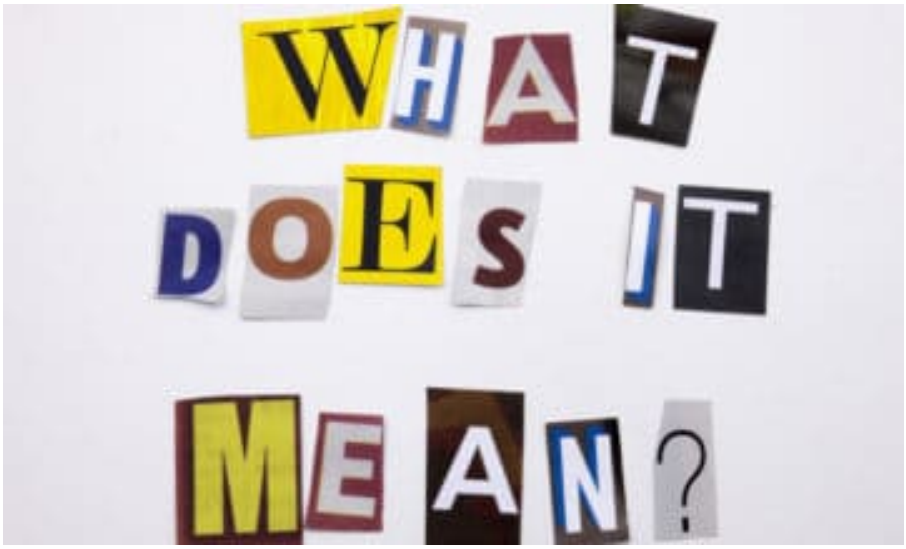


Going home or staying on the ward?

Only two weeks into my long-anticipated hospital placement, I received shocking news about the immediate closure of all university programs. The implication of this stipulation was that my clinical practice was indefinitely suspended and I was instructed to return home for a holiday of unknown duration. Furthermore, the government designated us (student

midwives and nurses) “non-essential staff” that should be laid off temporarily, and we were not given the option to continue helping mothers and babies. My clinical supervisor insisted that we, the midwifery students, should be an exception to this rule and that we should remain in hospitals to support the understaffed maternity units. The senior midwives in the hospitals did not want us to leave them on alone on the wards either, as we are extremely helpful. We were doing almost everything, from keeping the clinical area tidy, admitting women onto the wards, providing counselling services and giving clients antenatal, intrapartum and postpartum care. We were happy to help and our efforts were appreciated. Nonetheless, the Dean of the university provided clarity by releasing a memo which stated that we really had to go home!

Pressure



Withdrawing from clinical practice has caused me a lot of anxiety, as I am not certain that extended clinical placements will be arranged to replace the previously disrupted ones. Moreover, I anticipate that instead of focusing on clinical practice, our university will prioritise the completion of unfinished lectures and final examinations, so that final year students can graduate on time. Since the continuation of our hospital placements is not guaranteed, will I lose the valuable hands-on skills I worked so hard to earn, due to missing out on clinical practice? Only time will tell! The COVID-19 pandemic also found me in the middle of a heated contest for Premiership of the Midwifery Society of Lira University and I also participate in student leadership programs. I fear there will be insufficient time in the semester post-COVID19 the expenses I have incurred so far in these



A Strange Experience

Being at home for five weeks without active learning is a strange experience for me. Two weeks into the lockdown, the

government came up with strategies to promote the home-schooling of students in primary and secondary education. The Ministry of Education designed reading materials for these students, and they are keenly and generously distributing them to all students. However, there aren't any plans in place to recommence the education of university students. The general advice is to undertake remote learning, which is a privilege that not every student can afford. I tried watching videos of midwifery skills being performed, but without the ability to practise these skills for myself, I felt like I was flogging a dead horse. Nonetheless, such videos might be a useful way to kill time during the lockdown, in addition to personal revision. I surely miss the smiles of my good-humored classmates and the thankful pregnant mothers in the hospital; as an extroverted person, those smiles were my daily motivation.

Positivity



On the other hand, the lockdown has oddly made me appreciate life outside of academia, and has led me to reflect upon how productive I can be without books and midwifery. I have had time to engage in small-scale subsistence crop farming at home and I hope the yields will be encouraging. As a result, diversification through venturing into agriculture has made it onto my list of future ambitions. I have also had an opportunity to spend quality time with my parents, and we

have had family conversations about what the future may hold for us, such conversations would not have been possible before the lockdown. Despite all of the pressures I mentioned earlier, I am optimistic that at the end of the day, there is light at the end of the tunnel: we shall soon escape this global crisis and by the grace of God, we will be stronger, better people when it is over. I salute all the midwives and health personnel that continue to work as frontline heroes fighting against the virus.

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