

Her: "Well, we took him there, so at least it is better now."

Me: "You took him there in the van with you?"

Her: "Yes, he rode in the back with me."

Me: "Wow."

Then, I hung up and cried for a bit. He had been handed such an unfair deal really. I don't even want to get into it, because it will make me angry. But although he and I couldn't communicate a lot, I will always remember him and think of him and how I was almost there with him for his long van ride back to his rural home after he passed. Joseph, this is for you.



Tiffany Holder is a second degree accelerated BSN/MSN nursing student at the University of Pennsylvania

Nicaragua

Stephanie Kleven

As a Fulbright Scholar in Nicaragua, outstanding new experiences were a near daily occurrence. Some held more weight, left a deeper footprint in my memory; but they were all significant. The first time I witnessed a birth, however, takes the cake. It left me breathless, and raised important personal questions for me, as well as questions about health care delivery and ethics.

As part of my public health project in Nicaragua, I was visiting the birthing ward of the only public hospital in the entire region of Matagalpa. Its six pre-partum beds were full, as always, and more women waited in the halls, one laboring uncomfortably and exposed, on a gurney. The young male obstetrician seemed brute, insolent, jaded. *You're here to observe, not judge*, I reminded myself. Besides, the doctor's work conditions were far from ideal. Each woman lay alone, separated by precariously hung curtains, laboring on small plastic beds. A lone fetal heart monitor comprised the bulk of modern technology at work.

Like many hospitals in Nicaragua, extremely limited space and privacy prevents women from being accompanied by a family member or birth partner and scarce resources inhibit the hospital from employing sufficient staff to care for all their patients. The result? Exhausted, overworked doctors and nurses, and poor outcomes for the laboring women. It was early January when I visited and the doctor informed me that they had already lost 3 babies of the 70 or so that had been born – an abnormally high percentage, even for that hospital.

Soon after arriving, with little time to absorb my overwhelmingly foreign surroundings, one of the women began pushing. As though he'd done it a million times before, the doctor half-heartedly

sprung into action. He told the laboring mother to *walk* to the delivery room. She awkwardly, painfully, waddled the thirty feet and hoisted herself onto the bed. For two more eternal minutes, she pushed, alone. Her moans echoed in the eerie silence of the room; the doctor and nurse offered minimal encouragement. I wanted to hold her hand, to tell her that she was doing well, to offer some token of support, but knew instinctually that it simply was not my place. In my mind I was cheering, "You can do it! Be brave! Keep going!"—hoping that my thoughts would somehow show on my face, be transmitted to her through some unspoken feminine language. Maybe it was only my imagination; but for a long, suspended moment, our eyes met, and something told me that she heard me.

It was all happening so quickly, and seemed so brutal—a far cry from the handholding, Lamaze-breathing births on the Discovery Channel that make even the most unsentimental person feel warm and fuzzy. This felt like raw, unforgiving nature at work. I couldn't help but imagine the stark contrast of what her birthing experience might have been like had she decided to stay in her community and give birth at home with a community midwife, sister or friend. What if circumstances had been different and fate had offered *her* a North American life like mine? What if it were *me* laboring on that table? Injustice has a sneaky way of making me appreciate the role circumstance plays in our lives.

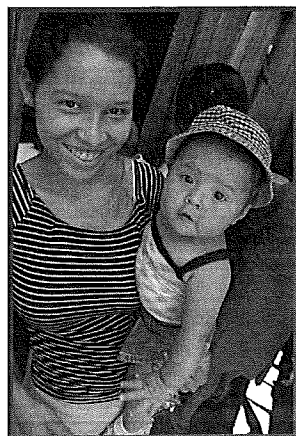
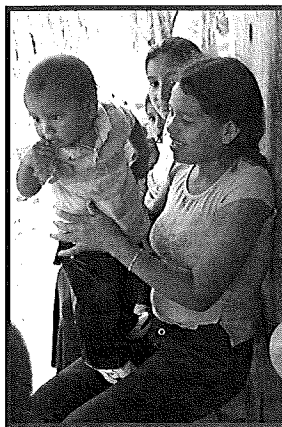
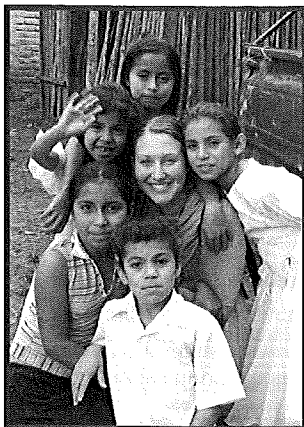
Moments later the doctor began preparing for an episiotomy, leaving no doubt that time was of the essence. Beds needed to be cleared! While injecting the local anesthetic, the doctor informed me that he breaks the bag of waters at five centimeters, no matter what and performs episiotomies on almost every single woman. I have seen many

faces in pain; but hers was different. It spoke of fear, loneliness and uncertainty. Moments later, following the doctor's rapid succession of measured, perfected motions, the baby was born.

I will *never* forget the way that the mother's face shifted from agony and exhaustion, to sheer joy the moment the nurse informed her, "It's a boy!" In that precise moment, to the mother, the hospital conditions were obsolete, the doctor, and his indifference, disappeared. Her pain seemed suddenly absent. The utter bliss on her face was undistinguishable from that of any new mother. It was an unforgettable moment that, in contrast to the vast differences in health care from North America to Nicaragua, spoke to the commonalities of powerful and awe-inspiring experiences, like birth, that we share cross-culturally.

When I left the hospital that night, my mind stirred with emotions: frustration, disbelief and awe. I considered the magnitude of health care disparities in Nicaragua, the role that health care professionals play in exacerbating or alleviating such inequalities and the delicate balance between efficiency and good ethical practice. I acknowledged my own inexperience, but couldn't help but think, *there has to be a better way.*

The implications of what I witnessed are complex; and each element of the story could be interpreted in many ways. It's not my goal to criticize or judge, only to consider how *I* can make a difference in patient care both at home and abroad. My experience as a Fulbrighter reaffirmed the value of health care practitioners who commit to advocating for *all* their patients; and ultimately gave impetus to my own ambitions as an aspiring nurse.



Stephanie Kleven, an accelerated BSN student, class of 2010, at the University of Pennsylvania School of Nursing, was a Fulbright Scholar in Nicaragua from 2007-2008.

Penn Nursing Faculty Focus: Marilyn Stringer, PhD, WNP-BC, RDMS

Julia Borghi

I recently sat down with Dr. Marilyn Stringer to gain her insights into the nursing and health care research for women in developing nations. Dr. Stringer is Penn Nursing's Women's Health Nurse Practitioner Program Director, and her current areas of global involvement are Egypt and Thailand. Dr. Stringer teaches a comparative health systems course which includes field work in Thailand, and she has played a vital role in consulting about the development of Advanced Practice Nursing programs in Thailand. Dr. Stringer currently serves as a mentor to Howieda Ahmen Abdel-Mohimen Fouly, MA, a visiting scholar from the Faculty of Nursing, Assiut University, Egypt. Mrs. Fouly's doctoral work is focused on investigating the efficacy of an alternative to the Pap smear, for cervical cancer screening in developing nations.

In our conversation, Dr. Stringer pointed out several challenges to women's health research globally. "The underlying problem in developing nations is women are not valued, so it's difficult to have women's issues as a national priority for governmental funding. That's a barrier," she explained. In areas where the government is unable to fund research, private business corporations may be the only ones who are conducting studies, related to their health care products. But as Dr. Stringer commented, if "women's health is not valued," and true "equality for women is not apparent," most of the research that does take place is not focused on women. Another presenting challenge to research is that many vital topics in women's health may be culturally taboo to discuss, including sex practices, STD's, HPV, cervical cancer, and domestic violence.

Despite these barriers, Dr. Stringer had a lot to say about positive areas of growth in global women's health research. She commended Sigma Theta Tau and well as the International Council on

Women's Health Issues (ICOWHI) for bringing together nurse leaders from around the world to network and share insights. Under the leadership of Dean Afaf Meleis and our Global Health Affairs office, Penn Nursing boasts many strong international partnerships. Such relationships are instrumental in supporting nurse leaders to pursue education and research, for themselves and for the women and men of their nations.

In the future, Dr. Stringer looks forward to increasing partnerships with Thailand and other countries, especially in her area of expertise with healthy pregnancies and the prevention of preterm birth. She sees valuable lessons that we can learn from the Thai health system, which has a deep cultural sense of community and an increasing emphasis on health promotion. Dr. Stringer anticipates a time when women worldwide receive equal education, health care, and the empowerment to lead a healthy life.



Julia will receive her BSN in May 2010. Her international nursing experiences include studying at Oxford Brookes University, England, and she spent a month providing women's health care in rural Honduras; she is interested in the nursing care of women and families at home and internationally. Julia is privileged to have Dr. Stringer as her undergraduate faculty advisor.