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# The Effects of Gender-Based Violence on Maternal and Neonatal Health Among Women of Reproductive Age Seeking Services at the Gender-Based Violence Recovery Center at Jaramogi Oginga Odinga Teaching and Referral Hospital

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**The Effects of Gender-Based Violence on Maternal and Neonatal Health  
Among Women of Reproductive Age Seeking Services at the Gender-Based  
Violence Recovery Center at Jaramogi Oginga Odinga Teaching and Referral  
Hospital**

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08 December 2022

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## **I. ABSTRACT**

The purpose of this study is to provide recent data analysis on the patients that come in to seek services at the Gender-Based Violence Recovery Center at Jaramogi Oginga Odinga Teaching and Referral Hospital. The demographic features that will be analyzed include age, gender, pregnancy status, and follow-up trends. There will be an in-depth case study that will look at the perspective of a patient that experienced forms of gender-based violence during and after her pregnancy and the perspective of the counsellor assigned to this patient's case. There will also be an analysis on an interview conducted with the nurse-in-charge at the center to understand the history of the center and what kind of improvements have been seen and what will hopefully be seen in the future. This study will highlight the weaknesses and strengths of the center.

## **II. INTRODUCTION**

As I sat through different introduction presentations of the organizations we would be able to intern at during our time here, I thought of what I would be interested in doing. This was my first time in my academic career where I was given so much freedom in deciding on what I would like to focus on whether it be in the form of an internship or an independent study project. I started brainstorming different topics I would like to focus on. I remember how much gender-based violence stuck out to me as this was my first time hearing that term. I learned more about what this form of violence is and started thinking about how this type of violence is also present in America but for some reason we had no healthcare specifically focused on treating patients that face this type of violence. This made me more curious as it made me want to learn more about how these healthcare institutions catered to the needs and care for patients that have experienced gender-based violence. It also stuck to me as women are predominantly affected by this form of violence and as a woman, I wanted to learn how adequate the care is that is given to these patients.

I also wanted to incorporate my personal interest in maternal and child healthcare into my focus area of gender-based violence care. I have a personal interest in maternal and child healthcare because of my future career goals of becoming a doctor possibly specializing in obstetrics and gynecology. I am interested in this specialty because I have always been fascinated by the amazing works of the female body. I also have been studying the health disparities faced by patients that are given care in this specialty throughout my undergraduate studies as a public health major. I have been educated on how there are racial and socioeconomic disparities present in this healthcare

field in America. Learning this has made me want to change this by becoming a physician that will strive to provide equitable care to all my patients. I understand that there are many systematic barriers towards achieving this goal but becoming a physician who strives towards this goal will help little progress which is better than no progress.

These two personal factors have helped me decide to focus on studying the correlation between pregnant women or mothers who experience gender-based violence and the health effects on the mother and child. This led me to intern at the Gender-Based Violence Recovery Center at Jaramogi Oginga Odinga Teaching and Referral Hospital as it is the most equipped recovery center out of the few recovery centers in Kisumu, Kenya.

### **III. RESEARCH QUESTION**

How does Gender-Based Violence affect maternal and neonatal health among women of reproductive age in Kisumu County, Kenya?

### **IV. OBJECTIVES**

1. Collect recent data and conduct a data analysis on patient volume coming into the Gender-Based Violence Recovery Center at Jaramogi Oginga Odinga Teaching and Referral Hospital that face sexual gender-based violence.
2. Evaluate the quality of care given to patients that come in.
3. Collect anecdotal data on what it is like to be a pregnant patient coming in the center and how it has affected their life.
4. Collect data that is based in Kisumu, Kenya.
5. Shadow the healthcare workers and the care they give to patients.

### **V. JUSTIFICATION**

1. This study will provide more anecdotal data on the negative effects of gender-based violence on a mother and her child.
2. This study will highlight the strengths and weaknesses of the gender-based violence recovery center at Jaramogi Oginga Odinga Teaching and Referral Hospital.
3. This study will analyze the correlation between maternal and neonatal health and gender-based violence.

## **VI. BACKGROUND AND LITERATURE REVIEW**

Gender-Based Violence are any harmful acts inflicted on an individual based on their gender. This includes physical, emotional, sexual, and economical violence. This includes intimate partner violence which is gender-based violence inflicted by an intimate partner. Maternal health is the health of the mother during pregnancy, childbirth, and postpartum period. Neonatal health is the health of the new-born baby.

A study found in the East African Medical Journal studies the prevalence of gender-based violence on pregnant women in Kisumu County, Kenya. A cross-sectional survey done between May and October 2016 found that 39.2% experienced physical violence during their pregnancy. This violence was mostly perpetrated by intimate partners which can be your husband, ex-husband, or boyfriend. 48.6% of these women reported experiencing some form of gender-based violence. 23.4% of these women reported experiencing sexual violence in the past year (Mutisya et al. 2017). These statistics from this study show the high prevalence of gender-based violence on pregnant women in Kisumu, Kenya. These rates are proportionally higher compared to worldwide rates of gender-based violence. According to The United Nations Children's Fund, approximately one in three women and girls worldwide will experience physical or sexual gender-based violence in her lifetime (UNICEF: Child Protection).

There are multiple studies that show there are direct health effects towards the mother and child when experiencing gender-based violence. A study done in Afghanistan through survey data analysis found that women that face sexual violence during their lifetime were 89% higher to have pregnancy complications Women that face physical violence during their lifetime were 21% higher to have pregnancy complications (Rahman et al. 2021). Another study looked at the prevalence of exposure to intimate partner violence and fear of a partner during pregnancy and how it correlates to adverse pregnancy outcomes in Vancouver, British Columbia. The result of this study found that physical violence was associated with an increased risk of antepartum hemorrhage which is defined as bleeding from the birth canal after the 24<sup>th</sup> week of pregnancy, intrauterine growth restriction which is defined as a fetus that does not grow as expected, and perinatal death which include stillbirths and early neonatal deaths (Janssen et al. 2003). According to the United Nations Women report on Links Between Violence Against Women and Maternal Health, women who experience a greater amount of violence in their lifetime are at a

higher risk for morbidity and maternal mortality (UN Women: Africa). The deprivation of financial resources led to women suffering from reproductive health related impairments. The deprivation of food increases the prevalence of anaemia which in turn increases the risk of giving birth to infants with low weight, and perinatal infections and excessive bleeding. Pregnant women who have faced physical violence are twice more likely to give birth to a stillborn than other women. These negative health effects were observed in seven countries in Sub-Saharan Africa and Haiti. These correlations were found through country case studies. These studies show the direct correlation of women experiencing gender-based violence and adverse health effects towards the mother and child.

There are also studies that connect maternal mental health to child development. Maternal mental health is greatly affected by gender-based violence based on data analysis on the correlation of women experiencing intimate partner violence and depression levels before and during pregnancy. Findings state that women who have experienced any physical violence or sexual coercion by their intimate partners before or during pregnancy had higher levels of depression (Martin et al. 2006). Depressive and anxious symptoms felt by the mother affect fetal brain development. Various research has connected these mental health symptoms to behavioral problems in children throughout their lives. Based on a longitudinal study done in Avon, anxiety experienced during and after pregnancy predicted behavioral problems in both boys and girls. These problems include hyperactivity and inattention, emotional problems and conduct problems which is a disregard for others (O'Connor et al. 2002).

#### **i. STATEMENT OF THE PROBLEM**

Any form of Gender-Based violence affects a high number of pregnant women in Kisumu County and causes negative health effects towards the mother and child. A study done in Kisumu found a high percentage of 48.6% of pregnant women experienced some form of gender-based violence (Mutsiya et al.). Some negative health effects include premature births to underweight children and higher risk of postpartum hemorrhage (UN Women: Africa). In Kisumu, there are only a few highly equipped gender-based violence recovery centers including the recovery center at Jaramogi Oginga Odinga Teaching and Referral Hospital. This study will conduct an analysis on the correlation between acts of gender-based violence and the health effects on the mother and child



## **VII. METHODOLOGY**

During my time in Jaramogi Oginga Odinga Teaching and Referral Hospital, I have come to understand the procedures placed when processing different forms of gender-based violence cases. I have studied the resources available for these women. I have sought approval of my independent study proposal from the School for International Training Institutional Review Board. The participants involved in the case study will be provided a participant informed consent form. It will inform the participant that all identifiable information will be made anonymous, and their personal data will be kept protected. There has already been authorization from the County Government of Kisumu to conduct fieldwork (Refer to Appendix A).

This study has been conducted using a case study format. An in-depth case study has been conducted on a woman that has experienced forms of gender-based violence during and after her pregnancy. This in-depth case study investigated the perspectives of the incident from the patient and from the counsellor. The patient has been selected by Rosaline, the nurse in charge at the Gender Based Violence Recovery Center at Jaramogi Oginga Odinga Teaching and Referral Hospital. The criteria that have been met with the chosen patient include a victim abused not more than three months ago to discourage recall bias, pregnant or have been pregnant this past year, and aged between twenty-five to thirty-five years. There has been a two hour-long interview conducted with the patient following an interview guide with 17 questions (Refer to Appendix B-1). These questions have investigated how she felt during these incidents of gender-based violence, after the incidents and what it was like for her when she was seeking services at the recovery center. It has investigated what kind of services were provided to her at the center and what it was like for her to recover from this incident. Questions have also investigated the possible health effects faced by her and her child.

The interview that I have conducted with the counsellor assigned to this patient included questions regarding the service provided to this patient. The interview has been followed by an interview guide with 8 questions (Refer to Appendix B-2). It was done in a 30-minute session with the counsellor. It has investigated how they supported the patient through this traumatic event. It sought specifics in the procedures and services provided to the patient. The questions will evaluate the counsellor's emotions towards the case and if they achieved the desired result.

There has also been data provided from data clerks in Jaramogi Oginga Odinga Teaching and Referral Hospital. The data that this project has analyzed will provide a general overview. It analyzes the patients that came in for the year 2021 and 2022 that faced sexual gender-based violence. Demographic features included in this data include age, gender, and if the patient is pregnant or not. It also analyzes the follow-up rates with patients and how it correlates to quality of care.

Another interview has also been conducted with the nurse-in-charge of the center. This interview helps with the understanding of the structure of the center and what possible improvements the center has experienced. It also looks at improvements she wishes to implement in the future. This interview followed an interview guide with 8 questions (Refer to Appendix B-3). This interview was conducted in a 30-minute session.

## **VIII. Ethics**

In the beginning of the semester, we were advised to complete two online certifications through the Global Health Network (Refer to Appendix C). These certifications gave me an introduction to clinical research and good clinical practice. Receiving these certificates has educated me about what it means to conduct an ethical independent study project.

An important ethics principle that I made sure I covered was getting informed consent from all participants involved in my case study. I acquired informed consent through a participant consent form (Refer to Appendix D). This informed consent form informs the participants about the purpose of the study, the study procedures, the potential benefits for participant and society, the methods I will use to make sure all information is confidential, and the right for the participant to withdraw the study at any time they want. They had full autonomy at any time in the study. It also informs the participant about the approval I have received from the School for International Training Institutional Review Board. It also provides my email and my advisor's email if the participants had any questions or concerns so they would be able to contact us. There was also a copy of the participant consent form given to all participants. I also reassured all participants for nonmaleficence and beneficence towards them to ensure no harm would be inflicted on any of them and maximized the benefits of participation.

All findings did not include any identifiable information regarding the patient and there were no direct quotations from the interview. For the data analysis, there were no personal patient identifications included that can expose the patients' identities.

## **IX. OBSERVATION AND ANALYSIS OF INTERNSHIP ORGANIZATION**

I have spent my internship in the Gender-Based Violence Recovery Center at Jaramogi Oginga Odinga Teaching and Referral Hospital. This recovery center opened in October 2013 with assistance from the Center for Disease Control and Prevention. The services provided by this recovery center includes trauma counselling for patients, legal assistance with reporting the case, risk reduction which includes testing for sexually transmitted diseases and pregnancy, providing post exposure prophylaxis for Human Immunodeficiency Virus and preventative emergency contraceptive pill, adherence counselling which includes informing patients about the importance of taking medication provided, possible side effects and instructions for taking the medication, and two safe rooms within the center for high safety risk patients. All services provided to patients are free. Referral to other facilities and registration are not included in services that are free. Employees at this center include a social worker, a nurse-in-charge, a lawyer, multiple counselors, a pharmacist, and data clerks. All work together to keep the center running.

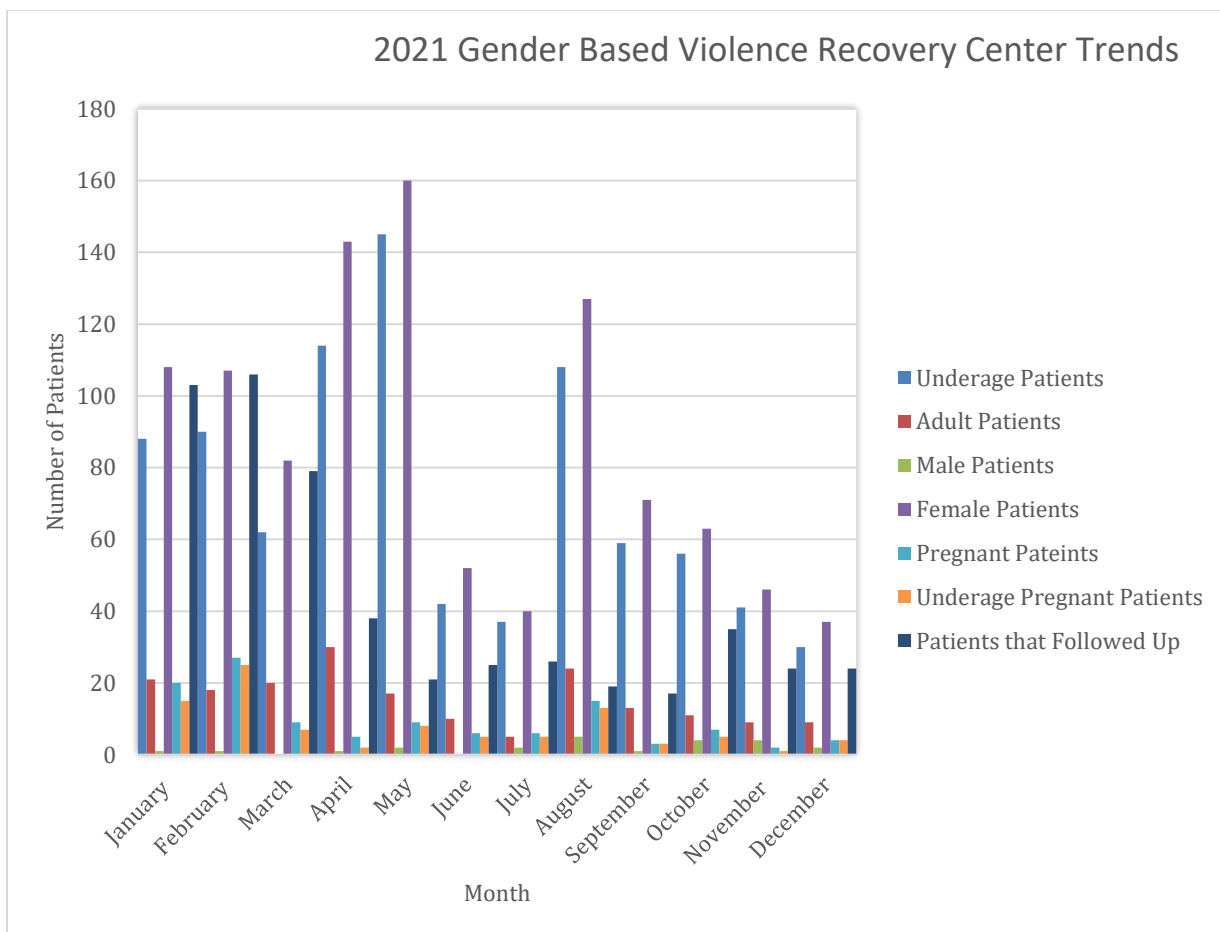
During my time here, I have been able to shadow counselling sessions given to patients and walk through the procedure of a new patient coming in seeking services at the center. I have also observed revisits and what procedures are covered in each revisit session. I have also been able to shadow outreach down in the labor and delivery ward within the hospital. Outreach includes going into the ward and asking the nurse-in-charge there about how many underage pregnant patients are present in the ward. These underage patients are then counselled by team of psychology students. They ask questions to understand why they are in this situation and what kind of circumstances they are in. The center considers anyone who is pregnant and underage a victim of gender-based violence. We collect their personal data, refer them to the center and hope they follow through.

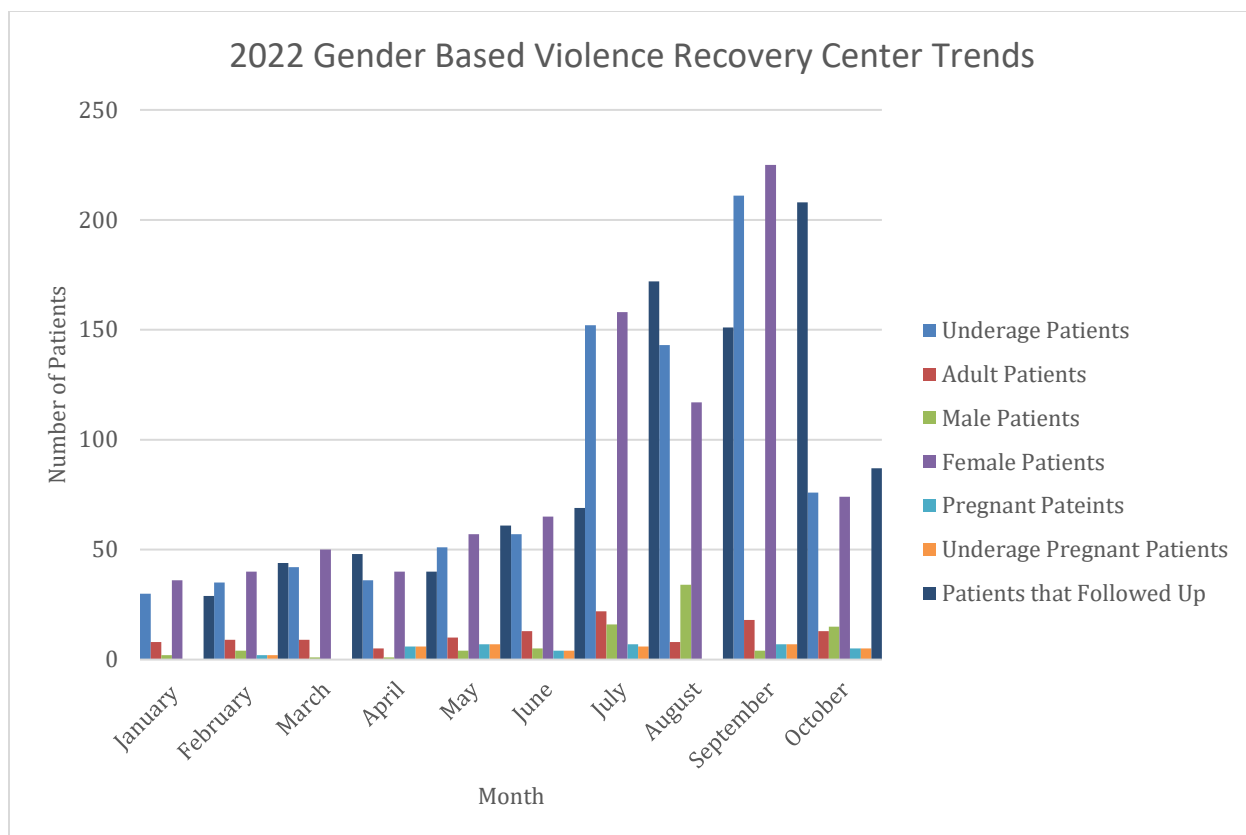
Some challenges faced by the center include the lack of funding for important supplies including medical tools like disposable speculums for medical examination and for specimen collection, and testing kits for Human Immunodeficiency Virus. Another challenge they face are

patients not feeling the need to go to follow-up appointments and in turn patients do not receive the medication and services they need. There also challenges with contacting patients that relate to patients wanting to not acknowledge what they have been through.

## X. FINDINGS

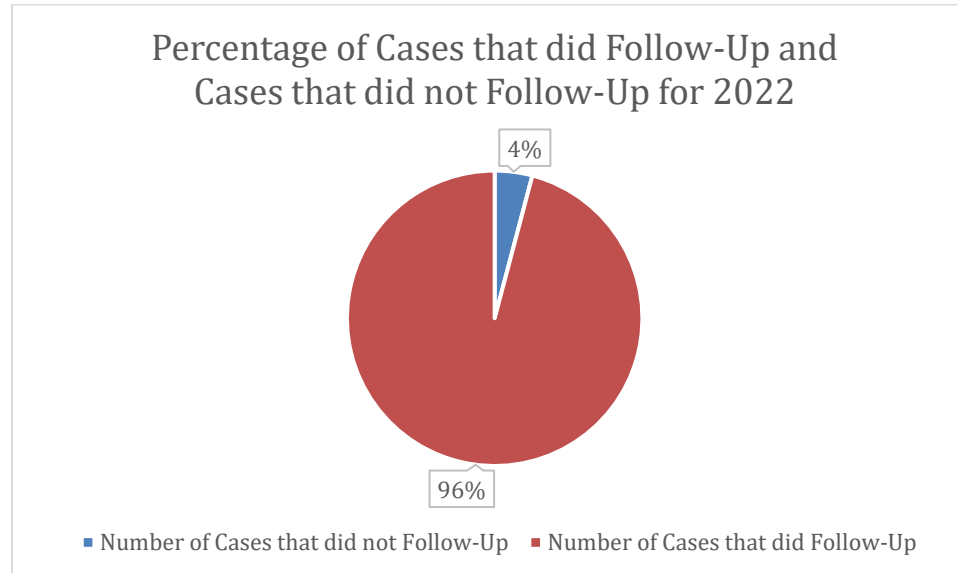
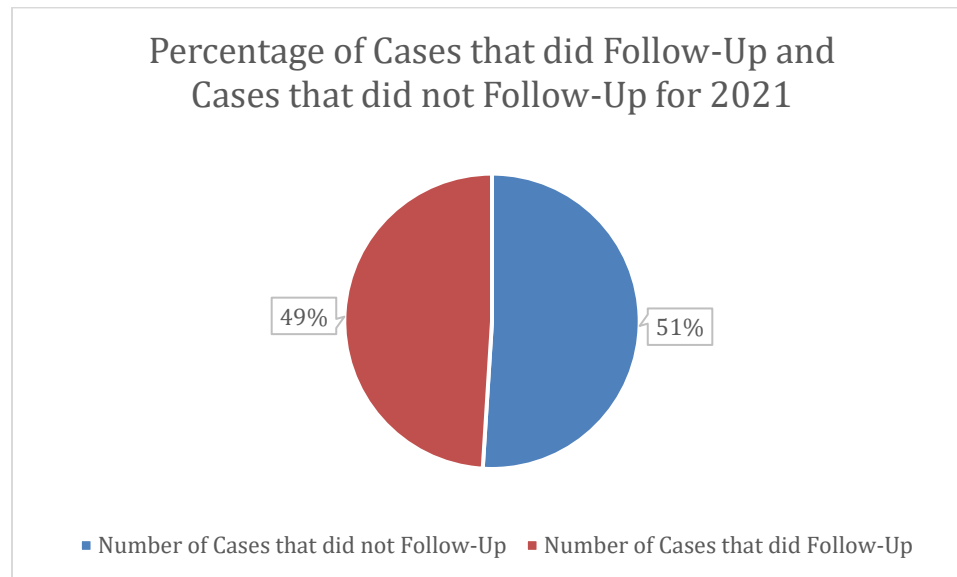
I have conducted data analysis on the patient volume for the full year of 2021 and the months of January to October for the year 2022. The patients analyzed specifically were patients that came in seeking services for sexual gender-based violence. The demographic factors I covered include the number of underage patients, adult patients, male patients, female patients, pregnant patients, underage pregnant patients, and patients that followed up. Below are these patient trends depicted as bar graphs for each month of both years.





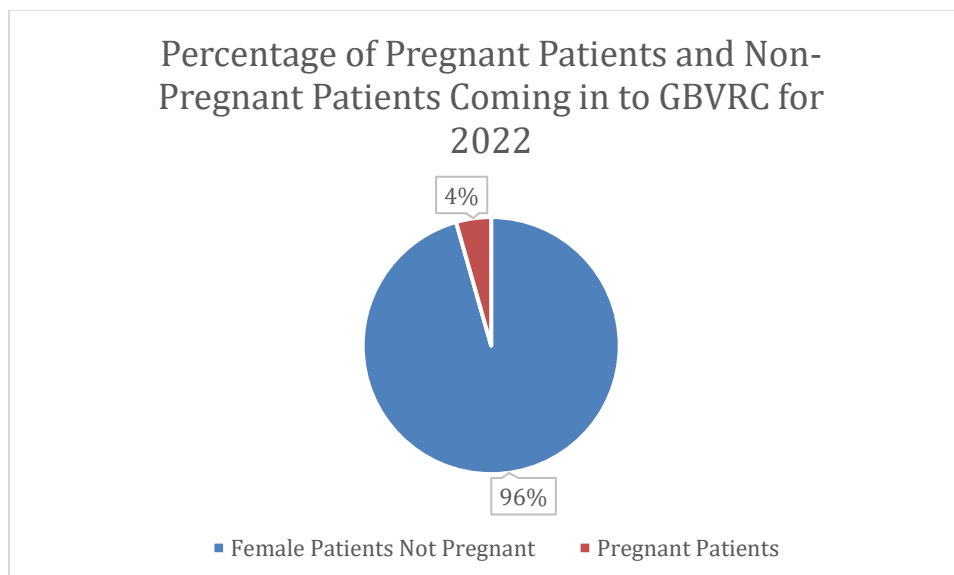
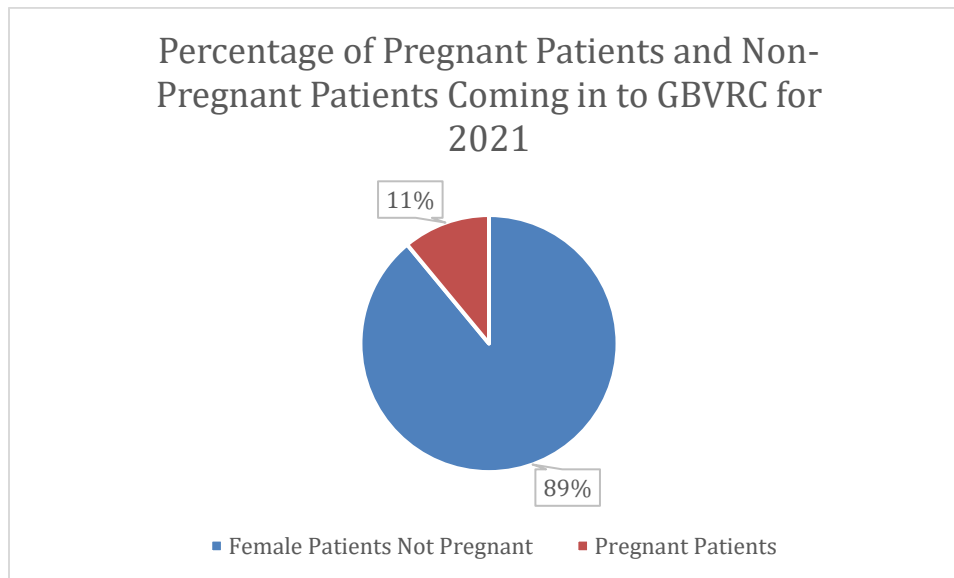
Female patients and underage patients are predominantly affected by sexual gender-based violence. Low rate of follow-up in the year 2021 are due to issues with contacting patients. These issues include patients lacking funds for airtime, patients giving the wrong phone numbers, migration to places too far from the center, and not feeling the need to come in due to the discontinuation of medication which includes post-exposure prophylaxis for Human Immunodeficiency Virus. These follow up rates increased in the following year due to a new funding partner which is The Center for International Health, Education, and Biosecurity in Kenya. This partner advocated for the completion of post-exposure prophylaxis for Human Immunodeficiency Virus. This partner provided funds for patients to purchase airtime to make sure they can be contacted and funding for patients to cover transportation fees to get to the facility. There is high patient volume for the months of April, May, and August for the year 2021 and the months of July, August, and September for the year 2022 due to different factors which include school holidays and outreach done by the center. School holidays cause students to have more free time to visit each others' homes including significant others and often disappear from home which causes parents of these students to report to the police. When students are found by

the police, they are brought to the center. Outreach has also been done during these months. Outreach is conducted by the social worker and nurses and is usually done in schools. Procedures include desensitizing students about sexual gender-based violence and the assistance from teachers to help the center identify survivors in the classrooms.



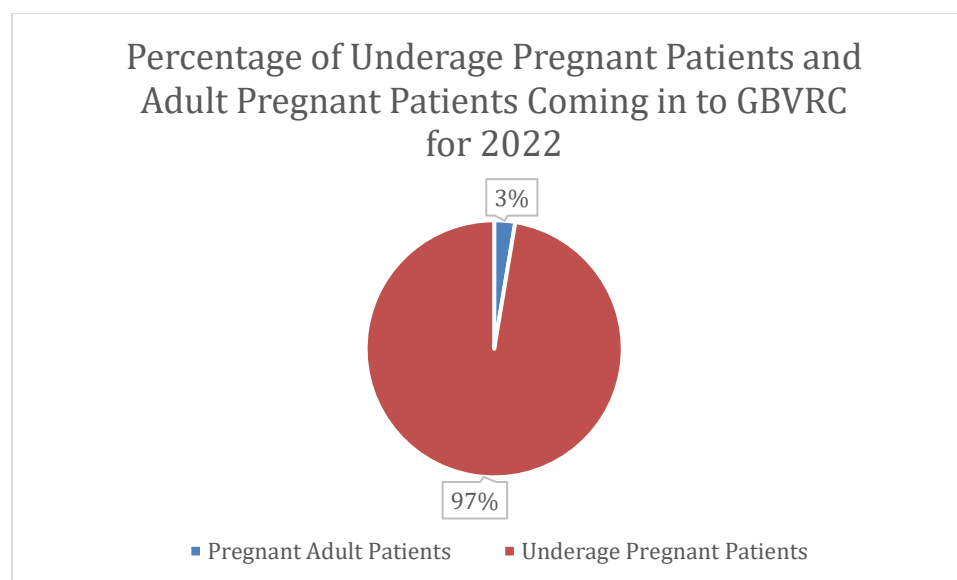
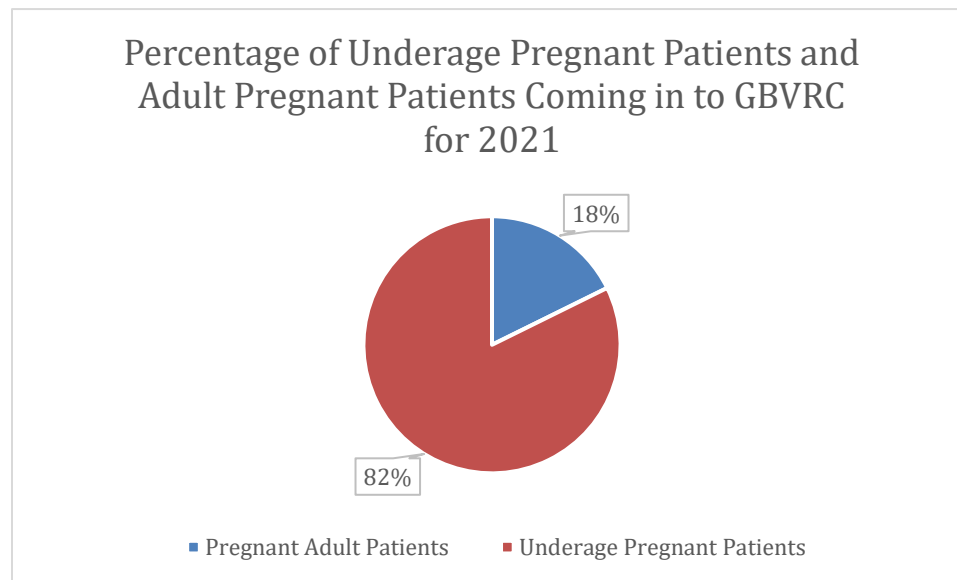
The pie charts above illustrate the percentages of patients that did follow-up and patients that did not for both years. It illustrates the large increase in patient follow-up trends in 2022 compared to 2021. For the year 2021, 51% of patients did not follow-up and 49% did follow-up. For the year 2022, 4% of patients did not follow-up and 96% did follow-up.

There was also specific patient data analysis on the pregnant patients that came in. The pie graphs below depict the percentages of pregnant patients and non-pregnant patients that came in to the center for the year 2021 and 2022. For both years, there is a low percentage of pregnant patients that come in. For the year 2021, 11% of patients were pregnant and 89% were not pregnant. For the year 2022, 4% of patients were pregnant and 96% were not pregnant. The year 2021 had a higher rate of pregnant patients coming in to the center than the year 2022.



Further analysis was done for the ages of the pregnant patients that came into the center for both years. Below are pie charts that depict the percentages of underage pregnant patients and adult

patients that came into the center for both years. For both years, there were higher rates of underage pregnant patients than adult pregnant patients.



For the year 2021, there were 82% of underage pregnant patients and 18% of adult patients. For the year 2022, there were 97% of underage pregnant patients and 3% of adult patients. The rate of underage pregnant patients was higher for the year 2022.

I have also analyzed my findings from the three interviews I have conducted for my in-depth case study. The patient that I interviewed was a woman that experienced intimate partner violence throughout her pregnancy and has also experienced sexual gender-based violence after



giving birth. The health effects she experienced include giving birth prematurely at six months and postpartum hemorrhage which is excessive bleeding after childbirth. She was physically assaulted and sexually coerced throughout her pregnancy. She was also only able to eat one meal per day during her pregnancy due to economical violence. This has led her to not be able to get all nutrients a woman needs during pregnancy. The sexual gender-based violence she experienced after her pregnancy. The sexual gender-based violence she experienced was being raped by two strangers while she was walking back home from work at night. The effects she faced after this incident include her not being able to breastfeed her six-month-old child due to her unknown Human Immunodeficiency Virus status. She has also been mentally affected. She does not feel like herself and often time disassociates. This leads her to feel disconnected from herself and her child. She also gets emotionally overwhelmed when taking care of her child. This leads her to get angry or sad easily. This has also affected her social life and people in her life misunderstand her for a bad person but does not understand that she is showing these emotions due to the incident she faced. She reported the incident to the police after it happened, but the police provided no support or safety reassurance. The police asked for money which she did not have to receive their help in finding the perpetrators and putting them in jail. This has made her lose hope in finding and jailing the perpetrators. She still feels unsafe walking back home from work at night. She also feels that the counselling sessions at the center did not help her mentally recover after the incident. She did feel like the medical services including administration of post exposure prophylaxis for Human Immunodeficiency Virus and the emergency contraceptive pill helped her.

The findings from the counsellor assigned to the case include the type of action plan she executed for the case and how she feels about the services she provided to the patient. The action plan included trauma counselling, risk reduction, legal support, and psychosocial support. Psychosocial support included telling the patient that she should not be labeling all men as beasts after this incident, and this should not stop her from finding a man and there are others that have gone through what she has gone through and how they have regained their self-esteem and went on to live their lives. The legal support was assisting her in reporting the case to the police. She feels like if she could do more as a counsellor, she wished she was able to do home visits to check up the patient's wellbeing and be able to provide the patient with a better source of income due to the dangers of the patient's work hours and environment. She chose to work at the center

to get more practice in child and family counseling. She also feels like her personality helps patients get their self-esteem back. She feels like this practice will help her in the future when she retires. She wants to use her counselling skills in her community to help the members in her community. She listens to gospel and laughs with her friends to relieve the stress of handling heavy cases at the center every day.

The findings from the nurse-in-charge at the center include what kind of improvements she has seen and what improvements she wishes to see in the future. She has been working at the center for seven years and was chosen to work at the center. She is grateful to have been chosen to work at the center. The improvements she has seen include an increase in filing police medical forms weekly and collections of forensic samples are being directly picked up by the police and taken to court now. Improvements that she wishes to see in the future include group therapy sessions to build a community within the patients so they do not feel lonely. It will provide lifelong support and help with recovery. Another improvement is safe spaces outside of the center to prevent not being able to provide a safe room after 6 pm which is when the center closes. Another improvement is implementing a paperless system so files do not take a lot of storage and files will be more secure in a computer. The lack of funding and policy makers are stopping these improvements from happening.

## **XI. CONCLUSION**

There is still a high prevalence of gender-based violence in Kisumu, Kenya. This study has provided recent data from one of the most well-equipped gender-based violence recovery Centers which is in Jaramogi Oginga Odinga Teaching and Referral Hospital. The populations predominantly affected by gender-based violence are underage children and women. While there is a low percentage of pregnant patients that come into the center, it is saddening to think that people would even inflict gender-based violence on pregnant women or on any person in Kisumu. There has been an increase in outreach done in communities and an increase in patient follow-up trends this previous year. This shows improvement in the center. The low percentage of pregnant patients that come in are mostly underage. There needs to be prevention on the constant high rates of patients that experience gender-based violence. The anecdotal data collected from the interview with the patient show how negative the health effects were for her and her child when experiencing different forms of gender-based violence during and after her

pregnancy. The health effects faced by both the child and mother are also supported by multiple studies provided in literature review. The impact of this incident on the mother's mental health and the literature findings suggests certain behavioral developments for the child right now and in the future. The center needs to improve the way counselling happens as it did not help the patient at all. She does not feel mentally recovered even after attending all follow-up appointments. The action plan the counsellor gave to the patient assisted in medically recovering from the incident but not emotionally recovering. The improvements that have been seen by the nurse-in-charge have been great but the improvements that she wants to see in the future are also great. I hope to see this center implement these improvements and overcome the challenges that are stopping these improvements from happening. This study has provided anecdotal data on what it is like to be a mother going to the center seeking services and going through gender-based violence.

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» *Facts about GBV - GVRC Kenya*. <https://gvrc.or.ke/facts-about-gbv/>.

### **XIII. APPENDIX**

#### **Appendix A: County Government Authorization**

**REPUBLIC OF KENYA**  
**COUNTY GOVERNMENT OF KISUMU**

Telegrams: "PKU (MED)"  
Tel: 254-057-2020105  
Fax: 254-057-2023176  
E-mail: kisumuedh@gmail.com



Director of Public Health, Preventive/  
Promotion and Environmental Health  
P.O. Box 721 – 40100,  
Kisumu.

**DEPARTMENT OF HEALTH & SANITATION**

**Our Ref:** GN 133 VOL. XI/(774)

**Date:** 2<sup>nd</sup> September, 2022

All SCMOHs

**RE: PERMISSION TO CONDUCT FIELD STUDY IN KISUMU COUNTY**

School for International Training (SIT) is a Semester Abroad Program based in Kisumu providing intercultural learning experiences to university students drawn from some State Universities in the USA. The school is affiliated to the World Learning Inc. (WL Inc.) and operates "Global Health and Human Rights" program in Kenya.

This program provides an opportunity to USA students to attend a semester abroad program in Kenya. For ninety years, SIT has provided, carefully designed, and thoughtfully facilitated programs rooted within the experiential education learning model. The "Global Health and Human Rights" is one of SIT programs emphasizing that education is a blend of structured and unstructured experiences where student learning happens through multiple lenses—lectures, field visits, language study, homestays, and day-to-day interactions with local communities—in classroom and field-based settings.

The purpose of this letter is therefore to inform you that the listed students have been granted permission to conduct their Field Study within Kisumu County.

**STUDENT NAMES**

1. Kalkidan Miller
2. Anja Dulin
3. Anna Miller
4. Anna Penticuff
5. Cal Dannenhirsch
6. Mana Tezuka
7. Nicole Gutierrez
8. Rachel Mason
9. Sydney Whishner

You are hereby requested to give them all the assistance they may require during the study.

Yours faithfully,

Fredrick O. Oluoch, HSC  
Director - Public Health, Preventive/Promotion and Environmental Health  
Kisumu County



*From the office of Director of Public Health, Preventive/Promotion and Environmental Health*

**Appendix B-1: Interview Guide for Patient**

**Questions for Patient**

- How has this incident affected the care for your child?

- Who inflicted this violence towards you? Did the perpetrator get legal consequences? Is he facing jail time and if not, how are you ensuring you are safely away from the perpetrator?
- How are you supporting yourself and your child? Do you feel supported by the people around you and if so, who is in your support system?
- What kind of violence did he inflict on you and how has this affected your health and your child's health?
- Did you come to the center during these incidents?
- What actions are you taking to recover from this incident? How has the Gender-based Violence Recovery Center helped you in your recovery?
- How do you think the center can improve?
- How has sexual gender based violence affect your emotional and physical health?
- How has this affected your relationships with the people in your social life?
- What are your goals in life? What are your goals for you and your child? How do you want to move forward from this incident?
- If you were to give advice to a woman that has experienced sexual gender-based violence, what would it be?

## **Appendix B-2: Interview Guide for Counsellor**

### Questions for Counsellor Assigned to Case

- When receiving this case, what was the action plan that was formulated?
- What were questions asked during the counselling sessions? How did you comfort her or assist in her wellbeing after the incident?
- Do you feel you have helped her, and do you feel like you could have done more for her?

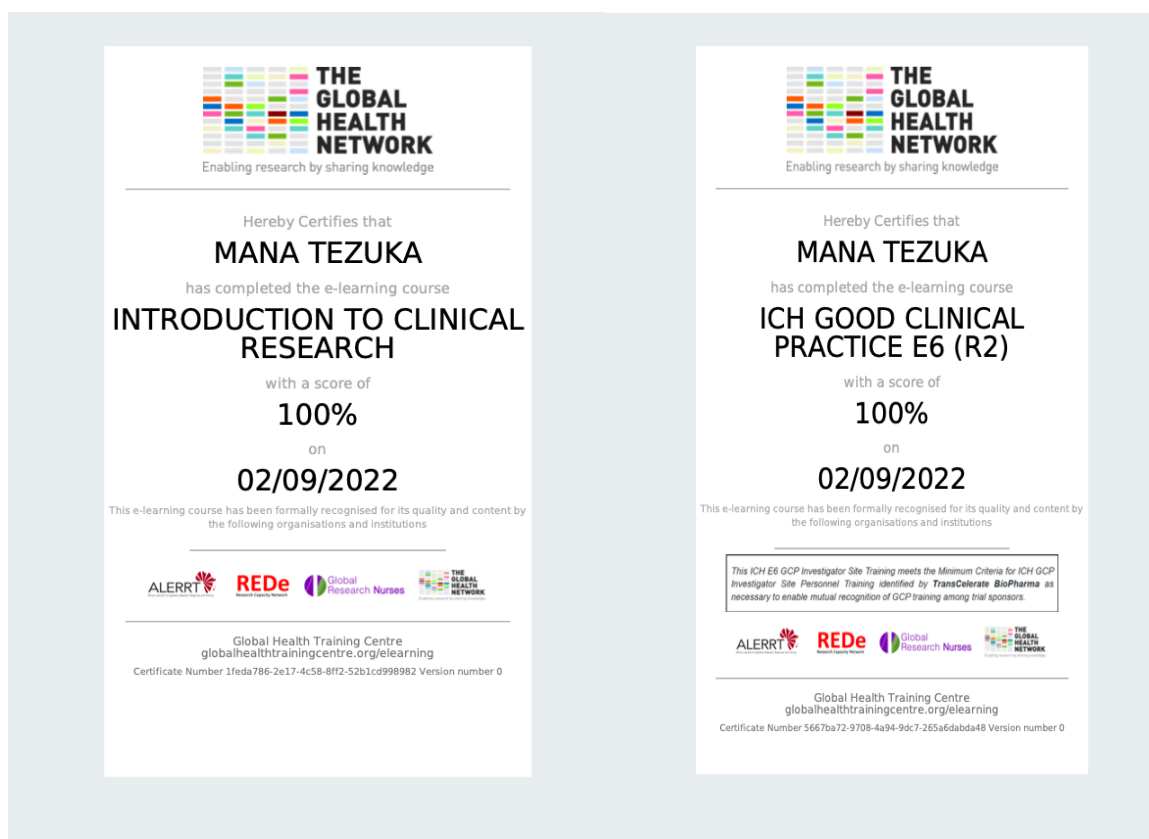
- How has this case affected you as a counsellor? Has it affected you mentally or emotionally?
- How do you take care of yourself after counselling heavy cases?
- What made you interested in working in this recovery center?

### **Appendix B-3: Interview Guide for Nurse-in-Charge**

#### Questions for Nurse-in-charge

- How long have you worked in the recovery center? And what made you decide to work here?
- Have you seen any improvements in service and patient care throughout your years of working here?
- What are some improvements you want for the recovery center? What services do you think can seek improvements?
- Do you think the counseling services address the high rates of anxiety, depression and post-traumatic stress disorder in patients that experience gender-based violence?
- How do you ensure a patient's mental wellbeing for the long term?

### **Appendix C: Certification of Completion for Introduction to Clinical Research and Good Clinical Practice**



## Appendix D: Participant Informed Consent Form



***PARTICIPANT INFORMED CONSENT FORM***

Title of the Study: The Effects of Gender Based Violence on Maternal and Neonatal Health  
Researcher Name: Mana Tezuka

My name is Mana Tezuka and I am a student with the SIT program.

I would like to invite you to participate in a case study I am conducting as part of the SIT Study Abroad program in Kenya studying Global Health and Human Rights. Your participation is voluntary. Please read the information below, and ask questions about anything you do not understand, before deciding whether to participate. If you decide to participate, you will be asked to sign this form and you will be given a copy of this form.

**PURPOSE OF THE STUDY**

The purpose of the study is to collect more anecdotal data on how gender-based violence affects pregnant women and who inflicts this violence on women. It is also to understand how the Gender Based Violence Recovery Center is improving your wellbeing as a victim.

**STUDY PROCEDURES**

Your participation will consist of answering questions given during our interview and will require approximately 2 hours of your time.

**POTENTIAL RISKS AND DISCOMFORTS**

There are no foreseeable risks to participating in this study and no penalties should you choose not to participate; participation is voluntary. During the interview you have the right not to answer any questions or to discontinue participation at any time.

**POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY**

Potential benefits to society include spreading awareness around the negative effects of gender-based violence on the health of a mother and child. It is also to seek potential improvements and benefits of the Gender Based Violence Recovery Center.

**CONFIDENTIALITY**

Any identifiable information obtained in connection with this study will remain confidential. Research and data records will be stored on a computer that is data password protected. Notes will be discarded after the study is finalized. When the results of the research are published or discussed in conferences, no identifiable information will be used. A fake name will be used to keep data anonymous.

**PARTICIPATION AND WITHDRAWAL**

Your participation is voluntary. Your refusal to participate will involve no penalty. You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study.

"I have read the above and I understand its contents and I agree to participate in the study. I acknowledge that I am 18 years of age or older."

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Researcher's signature \_\_\_\_\_ Date \_\_\_\_\_

**RESEARCHER'S CONTACT INFORMATION**

If you have any questions or want to get more information about this study, please contact me at [mana.tezuka@mail.sit.edu](mailto:mana.tezuka@mail.sit.edu) or my advisor at [lucykagecha@yahoo.com](mailto:lucykagecha@yahoo.com).

**RIGHTS OF RESEARCH PARTICIPANT – IRB CONTACT INFORMATION**

In an endeavor to uphold the ethical standards of all SIT proposals, this study has been reviewed and approved by an SIT Study Abroad Local Review Board or SIT Institutional Review Board. If you have questions, concerns, or complaints about your rights as a research participant or the research in general and are unable to contact the researcher please contact the Institutional Review Board at:

School for International Training  
Institutional Review Board  
1 Kipling Road, PO Box 676  
Brattleboro, VT 05302-0676 USA  
[irb@sit.edu](mailto:irb@sit.edu)  
802-258-3132

**Appendix E: Schedule**

Week 1:	Time	Monday	Tuesday	Wednesday	Thursday	Friday
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	9:00:00 AM	JOOTRH at the	JOOTRH at the	JOOTRH at the	JOOTRH at the	JOOTRH at the
	10:00:00 AM	GBV	GBV	GBV	GBV	GBV
	11:00:00 AM	Recovery	Recovery	Recovery	Recovery	Recovery
	12:00:00 PM	Center	Center	Center	Center	Center
	1:00:00 PM	Lunch	Lunch	Lunch	Lunch	Lunch
	2:00:00 PM	Check-In	Schedule time	Meet with	Keep in Contact	GBVRC
	3:00:00 PM	With	to meet with	patient and	with patient and	GBVRC
	4:00:00 PM	Rosaline	patient	review study	schedule interview	
	Time	Monday	Tuesday	Wednesday	Thursday	Friday
Week 2:	9:00:00 AM	JOOTRH at the	JOOTRH at the	JOOTRH at the	JOOTRH at the	
	10:00:00 AM	GBV	GBV	GBV	GBV	
	11:00:00 AM	Recovery	Recovery	Recovery	Recovery	
	12:00:00 PM	Center	Center	Center	Center	
	1:00:00 PM	Lunch	Lunch	Lunch	Lunch	Trip To Mombasa
	2:00:00 PM	Conduct	Collect Data	Collect Data	Collect Data	
	3:00:00 PM	Interview with	on GBV Rates	on GBV Rates	on GBV Rates	
	4:00:00 PM	Patient	in JOOTRH	in JOOTRH	in JOOTRH	

Week 3:	Time	Monday	Tuesday	Wednesday	Thursday	Friday
	9:00:00 AM		Intern at KCRH	Intern at KCRH	Intern at KCRH	Intern at KCRH
	10:00:00 AM		at Maternal and	at Maternal and	at Maternal and	at Maternal and
	11:00:00 AM		Neonatal	Neonatal	Neonatal	Neonatal
	12:00:00 PM		Ward	Ward	Ward	Ward
	1:00:00 PM	Trip to Mombasa	Lunch	Lunch	Lunch	Lunch
	2:00:00 PM		Intern at KCRH	Intern at KCRH	Intern at KCRH	Intern at KCRH
	3:00:00 PM		Data Analysis	Data Analysis	Data Analysis	Data Analysis
	4:00:00 PM					
Week 4:	Time	Monday	Tuesday	Wednesday	Thursday	Friday
	9:00:00 AM	Intern at KCRH	Intern at KCRH	Intern at KCRH	Intern at KCRH	Intern at KCRH
	10:00:00 AM	at Maternal and	at Maternal and	at Maternal and	at Maternal and	at Maternal and
	11:00:00 AM	Neonatal	Neonatal	Neonatal	Neonatal	Neonatal
	12:00:00 PM	Ward	Ward	Ward	Ward	Ward

	1:00:00 PM	Lunch	Lunch	Lunch	Lunch	Lunch
	2:00:00 PM	Intern at KCRH	Intern at KCRH	Intern at KCRH	Intern at KCRH	Intern at KCRH
	3:00:00 PM	Data Analysis	Data Analysis	Data Analysis	Data Analysis	Data Analysis
	4:00:00 PM					
Week 5:	Time	Monday	Tuesday	Wednesday	Thursday	Friday
	9:00:00 AM	Intern at KCRH	Intern at KCRH	Intern at KCRH	Intern at KCRH	Intern at KCRH
	10:00:00 AM	at Maternal and	at Maternal and	at Maternal and	at Maternal and	at Maternal and
	11:00:00 AM	Neonatal	Neonatal	Neonatal	Neonatal	Neonatal
	12:00:00 PM	Ward	Ward	Ward	Ward	Ward
	1:00:00 PM	Lunch	Lunch	Lunch	Lunch	Lunch
	2:00:00 PM	Work on	Work on	Work on	Work on	Work on
	3:00:00 PM	Independent	Independent	Independent	Independent	Independent
	4:00:00 PM	Study	Study	Study	Study	Study

## Appendix F: Weekly Reflective Journals

### Reflective Journal Week 1 (August 27,2022-September 3,2022)

This week has been filled with warm welcomes and great presentations. When me and Nicole got off the plane in Kisumu, we saw such a beautiful sunset and that is when I fell in love with the natural beauty of Kenya. Christine, Cecilia and Amos welcomed us so warmly and made my anxiety slowly go away. The day I landed was the first time I tried ugali and it

reminded me of a similar dish that my dad makes for me which are arepas. They both contain maize so it was great to taste something similar. We then did some food shopping and was dropped off at our apartments. The travel drained me only to find three flights of stairs I had to go up with my seventy pound suitcase. These stairs will definitely make sure I stay fit throughout this semester. I surprised myself when I managed to carry that suitcase all the way up all by myself. I walked into the apartment and honestly this apartment looks nicer than the apartment I live in New York City. The next day I got to meet everyone else in the program and they are all so nice. I feel like we all got close so fast and I love how comfortable I feel with all of them already. We went to the beautiful Kisumu Museum and learned more about the history and culture. I was not educated on many of the things I learned at the museum and was glad I got the opportunity to learn more. We then drove around and saw more of Kisumu. Amos took us to a restaurant that he recommended and the food was delicious. I tried brown ugali and komongo for the first time. My goal for this whole semester is to try as many traditional Kenyan dishes I can with my pescetarian diet. We then went to the supermarket and realized that omena is the same fish my mom and I snack on when we are drinking beer. I bought some and made Nicole try them and now that is all we snack on. I also have noticed that all the foods that I have been eating have been digesting fast and have not been making me feel bloated or lethargic. It is crazy how different the quality of food is here compared to in America. The ingredient lists for products here are much shorter than in America and it just shows how many unnecessary chemicals and preservatives that are put in our products.

The next day we had our first day of class and met Dr. Wandiga in person after meeting him at our pre-departure zoom meetings. I liked it when we all listed our expectations and fears for the semester. It was comforting to know everyone had their own fears. It was also interesting that they told the White people would be called mzungu and locals saying ching-chong to Asians like me and Anja. The ching-chong kind of shocked me but no one has told me that yet. I understand that they do not mean it maliciously but it did catch me off guard. We went on to see someone from the health department explaining the do's and don'ts of being a foreigner in Kenya. I enjoyed his lecture because he had a great sense of humor. When we got to the topic of HIV/AIDs, he said to be careful when you are trying to create your own Obama and that he will pray for you. It was very funny and he made us laugh. He made talking about health precautions funny and I really appreciated it for our first day. We then moved on to Jerry's presentation from

the Kisumu County Health Department. I learned a lot about the healthcare system here and how there are different forms of healthcare departments and different levels for different treatments needed. I also learned more about the social and health issues that affect the people in Kisumu the most. He provided us with useful data that can be used for further research. One condition that caught my attention was diseases of the skin which are caused by pulmonary tuberculosis. This led to my interest in possible dermatology care in Kisumu. We then had an interesting presentation about the Kisumu County Referral Hospital. One section of the hospital that sparked my interest was the maternity and neonatal section of the hospital. I am interested in how gender-based violence can possibly affect maternal and neonatal health. I also would like to see what kind of diseases affect mothers and babies and what causes these trends. The next presenter was a very interesting and welcoming person. Dr. George, the CEO of the Jaramogi Oginga Odinga Teaching & Referral Hospital, came in and spoke to us in a very personal manner. He connected all our majors into important aspects of the healthcare field. I enjoyed the detailed questions he asked me about my public health major. He also gave us a little history about Kisumu. Also, after the presentation he arranged for us to go on a cruise on Lake Victoria on Saturday. He also went on to list many other things we should do in Kisumu before the end of the semester. I can tell he really enjoyed talking to us and educating us about his hospital. He really wanted to get to know us and I appreciated that. The other presentation was about the Kenya Red Cross and it actually surprised me on how many things the Red Cross does for the community. Whenever I hear about the Red Cross in America, I always think about blood drives and food drives but they do so much more especially in Kenya. Something that was interesting is that the Red Cross will make sure you have your phone call in prison after you get arrested. They make sure you rightfully get into contact with your family members. Something that I might be interested in doing at the Red Cross is the youth program that they have. I enjoyed the different activities and events they host for the kids. The next presentation was given by Dr. Erick from the KEMRI Centre for Global Research. There are so many research projects being done at the center and I loved hearing about the impact this research had on the community. One research project that they are doing that caught my eye was the research that they are doing on natural medicines and extracting the healing agents of these herbs and using them for medicines and treatments. It interested me because I have always been curious about holistic care and how natural medicine can be a better

alternative than regular medicine. I was thinking about doing an independent study proposal on that but I have so many interests, I can't decide what to do yet as I am very indecisive.

Moving on from presentations, the Swahili class that we have been taking has been amazing. The teachers Anne and Watlter are so supportive and make learning a new language fun. They seem so happy to be teaching us and their smiles are contagious. They also have such great senses of humors. I have been trying to practice what I have learned on locals and they have also been so supportive and have been trying to teach me more. I love how they don't judge me when I say something wrong but instead try to teach me the right way to say things. Everyone here takes my anxiety away from learning a new language which I appreciate. Walking through the neighborhood, I love seeing the smiles on everyones' faces and how supportive they are of my efforts of learning Swahili.

What I have been enjoying the most has been the food that I have been eating all week. I especially enjoy tea time and trying different snacks everyday. My favorite is tea. I really need to learn how to make this tea before I go back to America because it is too good. My favorite dishes so far have been the fish pulao, the fish biryani and of course the ugali with local tilapia. It all tastes so fresh and healthy. I also enjoy the break that comes with tea time. It makes the long day more bearable and I always get hungry around that time too. We have also explored more of the neighborhood and have seen so many different salons and shops there and have also seen so many different street vendors. The corn was very tempting to eat. I will definitely try street corn one day. I can't wait to try so many other different dishes and explore more of Kisumu.

My first week has been amazing so far and I can't wait to spend more time here in Kisumu. I am still getting used to my schedule and building a routine. I have been trying to build a little calling schedule to make time to call my family, boyfriend and friends but it has been hard. I feel like my days have been so busy and when I do get home, I am so drained. My goal by the end of this week is to make a schedule and get into a routine so I don't get too homesick.

### Kisumu Museum

Our first adventure in Kisumu, Kenya was visiting the beautiful Kisumu Museum. Walking through the museum, the first thing that the tour guide describes is the map of Kenya. This map was divided into different sections based on the languages and dialects spoken. It was very interesting seeing how many different languages and dialects exist in this country. We also were educated on the different tribes that coexist with each other in Kenya. As we walked



through, there were various types of cooking tools displayed that each had a specific purpose. There were special pots for cooking fish and also pots for cooking meats. There were also jugs that carried types of liquids which included milk, water and beer. I found it amusing when I later found out that in the homesteads when they were all gathering, the straws to drink from the beer jugs were only given to men. The tour guide mentioned how a possible reason can be to make sure the women don't get too intoxicated. I pictured myself in their shoes and imagining how it feels to wait for the straw to be passed to me. It shows the gender roles that existed back then. Returning back to walking through the displays, there were also many hunting weapons and traps. They were very innovative with creating these tools with the natural resources they had. I also was amazed at the techniques they had to preserve meats, used red millet for nutrients, and grew potatoes. They sundried the meat and also used ash in pots for preservation as well. The women had the role of grinding the red millet using a flat stone surface with another stone. To imagine myself on the floor grinding the red millet made my back hurt already. The waterpipe that was also displayed and how Kenyans have been smoking marijuana. They found a healthy way to consume marijuana through the water pipe and now marijuana is so common in America now.

The gender roles mentioned before were present in many parts of the museum. These gender roles included women cooking the food and river fishing while men would hunt animals and go out to sea to fish there. It was also interesting how a man cannot move out of his fathers home unless he has a son to help him build and protect the house. The father leads the way into new land for them to build their new home. The young son would build the house since he is the strongest and the men would sit and watch for protection.

Going back to the many tribes acknowledged in Kenya goes back to its rich history. Colonization affected many different aspects of the country and the types of people that reside here. I found it interesting when the tour guide informed us about how the Asian community has recently been recognized by the government as a tribe. I was not expecting to hear about Asian communities here. It is interesting to learn about history from a different perspective. Being taught history in America and realizing how much they do not teach enough about the colonization of different countries in Africa including Kenya. To hear about how the British Empire were the ones who brought the Asian community here was new information to me. Taking this information and seeing various influences this history has had in the culture has been

intriguing. Some of these influences include different curries, french fries being called chips and having tea breaks during the day. The tour guide explained it as a part of their history with no resentment or negative take which I also found fascinating. Most countries hold grudges or negative feelings towards the country that has colonized them in the past. It shows the positive attitude that is very big in Kenyan culture.

The next part of the tour was going through the aquarium. We saw the variety of local fish. Seeing the tilapia here and how the tilapia looks in America was fascinating. The tilapia looks so unhealthy in America. There was an array of species and each ate different things and were local to different areas in Kenya.

We then moved on to the homestead section of the museum and to see the way they built these houses and lived was fascinating. To build multiple houses by hand for each family member can consume so much labor. We participated in an activity where we layered mud on top of the layers of the hut and saw how it would be if we were building these homesteads. It was very challenging for me as the mud kept falling off. It did not stick because of the strength of my throw. The dynamics of families in these homesteads and how it determined how big of a house they built was very intriguing. If I were a family in a homestead, I would enjoy being the first wife as she receives the best treatment. She has the biggest house and graineries compared to the other wives. It shows the respect others have for the first wife and how important she is. How big the section where cattle live and how big your granaries were determined how rich you were. The definition of riches has changed drastically over time. After touring each home in the homestead, we saw an amazing performance by AGES Kenya Dance Group. They showed us a glimpse of cultural dances and music all performed by them. We also joined in. The fast pace movements impressed me and I tried my best to keep up. The music and singing was rhythmic and to produce such beautiful sounds required talent which they had. I was appreciative of their positive and opening energy when inviting us to the dance floor. It was a warm welcome.

We then moved on to the live animal exhibits. The animals native to Kenya were so unique. The whole section dedicated to snakes had a variety of species that were all venomous. The family of tortoises were adorable to me as I have a tortoise back at home. I have never seen so many tortoises in one place like this. It was also interesting how a museum had an array of animal species. I have not visited a museum in America that has a section like this. I felt more educated about Kenya after seeing all these different topics in one museum.

Watching the live video of the museum and comparing it to my experience was interesting. The vlogger visited during the height of the pandemic and COVID practices can be seen throughout the video. Some examples include the mask mandate and the arrows that were spaced out by 1.5 kilometers. The interpretations made by him going through the museum were a bit off compared to the information the tour guide provided us with. One example of this was when he was pointing to the hairdresses and then proceeded to say women here wear fake hair all the time. He said Africans only wear wigs which I did not enjoy. He also kept overgeneralizing Kenyan culture to African culture. I just felt like the way he spoke about the displays in the museum caught me a little off guard. Everyone has different perspectives on things and different interpretations of things.

The visit to the museum was educational and has definitely helped me learn more about the country that I am in.

#### Reflective Journal Week 2 (September 3,2022-September 10,2022)

I started off my week with a boat ride around lake victoria with the whole group. It was great finally seeing the Lake after hearing so much about it. I learned more things about the lake during the boat ride. Some things I learned are the effects of land erosion on the breeding of tilapia and how that has affected the amount of tilapia being caught. They have come up with a clever solution that includes cages in the middle of the lake to manually breed and control the population of tilapia that will be able to get fished. Farm fishing has solved many problems regarding providing tilapia for the community. I also learned about an invasive species of plants that came from Argentina that was placed into the lake. It is interesting to learn how great of an impact it has caused on the environment of the water. After our boat ride filled with afrobeats and dancing, we sat down and I ate brown ugali, wet fry fish and local vegetables. The food was delicious. Eating ugali has made me love to eat with my hands. Now it feels like eating with your hands really makes the food taste better. We then were taken to the United mall. We all did a little shopping and got some mid-day snacks. We got back to our apartments by taking a tuk tuk home. That was my first time on a tuk tuk so it was very exciting. On Sunday, we spent the morning eating breakfast together and doing some grocery shopping. The next day we spent our day inside anticipating the results from the supreme court hearing. I still do not know much about the elections but I know the candidate that most of Kisumu prefers did not win. Online

classes were in place for safety precautions. I definitely did not enjoy online classes and did not miss it. I always feel so awkward whenever I am in online classes. We learned about ethics and how it applies to the internships we will be partaking in. I found the part about how gender roles affect health behaviors in households. This information is very useful especially when observing healthcare systems. It was also hard to keep up with the slides but I eventually did. We ended up ordering food for lunch and I had really good grilled fish with a side of my leftover noodles. For the rest of the day, we just relaxed and had some moments of boredom here and there. The next day we returned back to in person classes. It was nice seeing everyone in person. We went over the internship learning agreement. There was brainstorming of possible learning and skill objectives. That really clarified the expectations these internships and the program has for us. We then learned more about health and human rights. It is interesting to see how there are so many objective principles placed to protect every persons' right to adequate healthcare but it still feels so subjective in many areas of the world. You can even see subjective standards of who receives healthcare in America.

I then started my internship at Kisumu County Referral Hospital. I was nervous but it was nice being in scrubs for the first time. I feel closer to reaching my goal in pursuing a career in the healthcare field one day. We walked to Millicent's office and we then got walked to the departments we were interested in. Anna P. and I were both interested in the maternal and neonatal ward. Our first day was interesting. We got an in-depth tour of the different parts of the department. I learned a lot about the type of medication provided to pregnant women and to newborns. I learned what each medication is used for. I learned that some women stay up to ten days after they give birth so the hospital can monitor their health and their newborns' health. There are many women that do natural birth which can fill up the three beds in the delivery room quickly. There are also women that need cesarean sections and be taken to the theater. Some of the reasons women need to get cesarean sections include the baby being in the wrong position, previous health history and the pregnancy lasting too long. As I was observing the department, I realized that there were no family members with the mothers and there was no privacy given. I started comparing it to how labor and delivery rooms look in America. The labor room in the hospital was just one room with eight beds lined up. The delivery room was a room with three beds inside with curtains for privacy. Because of how open the space is in the labor room, family members are not allowed to visit for privacy reasons. I could not imagine giving birth by myself

with no family members with me so I wonder how the women feel when they are in labor and delivering their baby. I also found it interesting that all the healthcare workers here can be assigned to any department of the hospital. I learned that after their education and training, they can be placed in any part and can be rotated. I also found it interesting how many positions of healthcare workers there are and how they are all qualified to perform a delivery. Some of these positions include clinicians, nurses, medical officers and doctors. There were also a lot of medical students that I got to interact with and get to know more. I also got to watch a natural birth for the first time. It was an amazing experience. It has made me realize how passionate I am when it comes to maternal health. I also love how supportive and welcoming the doctors are. They really make sure you are getting the most out of your experience. They would ask me questions on what to expect and what to look for in patients and made sure I understood what they were teaching me. Overall, my internship has been going well and I am so appreciative of this opportunity. The next day we did presentations and hearing all of the different internships and research topics was inspiring. It was great knowing what everyone is interested in. We then celebrated Kalkidan's birthday until midnight which was nice. I love how close we have all gotten with each other and how we are always here for each other.

### **Gaps related to screening and diagnosis of tuberculosis in care cascade in selected health facilities in East Africa countries: A retrospective study D.I.E.**

This reading was intriguing as it showed how important funding is when it comes to screening and diagnosing tuberculosis. There is such a high prevalence of this disease and I would think that there would be more funding since it is so prevalent. The findings of this study included percentages of people with tuberculosis and how many were cured or completed treatment, how many died, how many lost in follow-up or undocumented, and how many had treatment failure. There were also statistics on how many were bacteriologically confirmed and how many were diagnosed with human immunodeficiency virus. It was also intriguing to see the high integration of tuberculosis screening in only outpatient departments and human immunodeficiency virus clinics when it should be integrated in all departments of health. The factors that affected the rate of diagnosis and screening included high patient load, shortage of trained staff, weak specimen collection system, and challenges for lab specimen delivery. It all comes down to limited resources of staff and supplies. These limited resources come from the amount of funding these clinics get. Funding will solve the issues of not having enough staff and

not having an adequate specimen collection and delivery system. There definitely should be more funding as human immunodeficiency virus is common and with this virus comes tuberculosis. The integration of screening for other health departments is important and also requires funding. It is crazy to think of how much money affects basic and adequate health care for all and for preventative measures like this.

I also found it useful to take a retrospective study approach as multiple years can provide more data and also can help notice more trends in the data as each year goes by. Also, collecting data from twenty one different health clinics from different east African countries was also a good approach. It really emphasizes how prevalent tuberculosis is in East Africa and how these rates are seen in all these health clinics. It shows the similarities that are shared in all these different health care systems. Structured interviews with this retrospective study also helps to see personal perspectives healthcare workers have when it comes down to screening and diagnosis of tuberculosis. It can show the emotions that are felt when they see lack of funding and when they see the amount of people come in with tuberculosis. This low rate of diagnosis and screening can make a healthcare worker think of many possible tuberculosis cases there are in their area that are left untreated and how there is nothing they can do about it as they cannot provide funding themselves. When I put myself in their shoes, I get a sense of hopelessness and defeat. I would like to feel like I can provide everything I can for my patient and to feel like you cannot can be very disheartening. I enjoyed the map graphic provided which really shows how far these clinics were from each other and shows what parts of these countries they were located in. There is also a table of characteristics of hospital settings. These characteristics include what kind of setting it was (urban or rural), the kind of supplies they had (geneXpert, X-ray), and what kind of clinics the facilities provided (diabetic clinic, tuberculosis clinic, human immunodeficiency virus). This study was successful in providing data to paint a bigger picture. It shows how much funding affects issues like this and how it affects many countries.

### Reflective Journal Week 3 (September 10,2022-September 17,2022)

The week started with a trip to see Usoma Village. A few days prior to this trip, we were given a brief background on the village and what kind of questions we should ask the fishermen, fishmongers, and community health volunteers. It was difficult to come up with questions regarding maternal child health to each of these different community members. We came up with

a lot and most of our important questions got answered in the focus group discussions. When we got there, we met some fishermen, fishmongers and women in the village. When the discussion started, it was interesting to see how many different perspectives and answers different community members had for a question. An example of this was when we asked about the human immunodeficiency virus and why it is so prevalent in the community. Everyone had different explanations. Another interesting immediate response was when I asked about when fishermen usually retire. It seems that retirement is not a thing and it is because their economy relies on how much fish they catch. We then moved on to the Usoma Health Center and had another focus group discussion with the nurse in charge and the community health volunteers. The health center relies a lot on these community health volunteers as the nurse in charge has seen a decrease in malaria cases in children as these volunteers are trained to treat malaria in children. They will soon be trained to treat malaria in adults and this will also decrease the cases of adult malaria cases that are treated in this. This in turn will help the health center focus on other health cases that are affecting the community. We then went into the health center to collect the data we needed for our group presentation. This was challenging as I have never looked at medical data and had trouble understanding some of the things that they were documenting. It was also challenging to actually collect data. There was also data missing for some months and years because of one nurse being in charge. She would tell us that she just did not want to document the births that happened in the health center because she just had too much to do. This made me realize how understaffed is an issue that the center faces. We collected and decided to focus on patient volume and immunization rates.

The next day was the holiday that is for the celebration of the inauguration of the new president. I spent that day with all the students and we ended up going to Mega City Mall to watch a movie at the theater. It was called “Where the Crawdads Sing” and it was actually really good. I would definitely recommend it. The movie theater was so big and we had a showing room all to ourselves. The next day I continued my internship at Kisumu County Referral Hospital. I have been getting closer to my colleagues and have gotten to know them more. It is so nice to see how enthusiastic they are for me to receive the most I can out of this experience. I have been learning about what to check for with women that are post-operative from a cesarean section. I have been learning many procedures like removing the dressing of a surgical site and removing a catheter. I have performed the removal of a catheter and that was my first medical

procedure I performed. They wanted me to stay longer which was nice. The next day I attended a maternal and neonatal ward meeting and learned the cases that led to a newborns' death. I learned the concerns that the healthcare workers had and what the responses were from management. The management's response was to not sit on these cases if they do not have the medical equipment and to refer these cases to a higher level of care. It is interesting to learn what issues this hospital faces and one of these issues is not having medical equipment needed in all cases and also not having enough medical supplies or staff to form a surgical team to perform a surgical procedure. I also observed a woman give birth to a fetus that died in the uterus at three months. It was sad to see but it was educational to see how small the fetus was at three months. After my shift, me and Nicole decided to donate blood. This was my first time donating blood and it did not go well. Nicole was completely fine but I felt a little faint in the middle of me donating. The doctor said it is because I am underweight but when I did my own research, it said that I meet the weight requirement for my height. I ate a big meal after which included fish pilau and chips which definitely helped me.

The next day we had our group presentations which I think went successfully. It was intriguing to listen to all of the other group presentations. The different topics and learning more about the health center and community was educational. The fact that women are the majority gender for human immunodeficiency virus was interesting too as I was expecting it to be men. After the presentations, we had Kiswahili class and Anne taught us how to bargain at the open market. We then tested out our Kiswahili skills and tried to bargain at the open market. I managed to buy a dress and three tank tops for only eight hundred shillings. I did not bargain anything as they already gave me a good price on the items. After the open market, we tried Garam Masala and it was delicious. It was overall a great week and had a lot of different experiences.

### Jaboya System by Lake Victoria

Both youtube videos provided to us for the week spoke about the high prevalence of human immunodeficiency virus and acquired immunodeficiency syndrome and why there is such a high prevalence. There were many reasons stated as to why the prevalence is so high near the lake and one of these reasons was the Jaboya system. The Jaboya system is a system of women that have sexual relations with fishermen to guarantee that they will receive fish, sexual relations



with drivers to guarantee their fish get transportation to the market to be sold. A lot of these women rely on this system to make money because of how little the women catch on their own. They need to sell fish to provide for their families and to get food to survive. This system has contributed to the high prevalence because of how many different men these women have sex with. There was a woman in the video that stated she uses a condom or not and it depends on what the customer wants. There are also misperceptions on what the disease is and the preventative measures that exist. Many women do not fear the illness as they feel that death is waiting for everyone so they see it as inevitable. There have been many deaths in the community because of the disease. Many people lose their loved ones, like the six siblings that lost both their parents and now the oldest daughter has to provide and cook for her siblings. It is sad to think that she cannot focus on her education and her childhood. There is also fear about her falling into the system. There are also many women that are widowed and left with the burden of providing for their children. There is also a system that when a husband dies, the wives get passed down to the brother. Some wives choose not to be inherited and some do. There is also the problem of not communicating with their sexual partners about being positive because they are scared of them being left. This nondisclosure of status causes the constant spread from one sexual partner to the next.

There have been people coming into the community that try to educate about how to use different types of condoms and why it is so important. There needs to be more use of condoms and more screening and communication between partners. There should also be a better system instead of the Jaboya system. There needs to be a better way for these women to get a source of income instead of turning to sexual relationships. It is sad to see how every part of the community is affected by this system and how human immunodeficiency virus is impacting them negatively. It is also nice to see how at the end of the video, there is a group of women that are coming together to get their own boat and fish their own fish and make their own money so they do not rely on this system. There are small movements striding towards change and I hope there is more change documented now as the video was documented in Lake Victoria in 2005.

#### Reflective Journal Week 4 (September 17,2022-September 24,2022)

At the start of the week, we all went back to the Usoma Village and did some shadowing with the community health volunteers. I went with Nicole, and Anne with a community health

volunteer. The first house we visited had a mother with two kids with her. She was telling us how her husband is out doing work as a fishmonger. She has other kids in Nairobi in university and others struggling to look for jobs. Her youngest child has problems with her stomach and has not gone to the referral hospital because of the lack of money for transport. The other child with her had skin issues on her scalp and was given pills that are not as effective as an ointment. She was given the pills due to the local health center not having the ointment. Money is a big barrier for this family and stops the family from getting the health care the children actually need and from having meals some nights. Towards the end of asking questions, the mother asked us for possible support and it was hard to deny this support due to us just being students. This was a common theme when visiting these homes. They consistently asked for possible support from us and I just wish there was more we can do for them. The next home that we visited was the home of a first wife and natural healer. Her home was very spacious compared to the home we first visited. She spoke about how her husband has suffered from a stroke and has since been paralyzed. She also educated us about what it is like to be a natural healer and have that as your source of income. She uses natural herbs she finds in the bushes and forests to treat an array of illnesses including measles, stomachaches, headaches and swollen legs. There are customers that come from many parts of Kenya and after they get treated, they recommend her to their friends and family. It is a system of referencing and networking and in turn she makes money to support her whole family. Since she is the first wife, she is in charge of taking care of the husband and all his needs. She also takes in children that are abandoned by their mothers and her grandchildren. She spoke about the struggles of supporting this many people with an unstable source of income. We then visited the second wife's house and saw the difference in houses. It reminded me of what we learned about homesteads in the museum and to see that the first wives' house is always the biggest and then the house size decreases as the title decreases. She also used natural herbs and treated her own arthritis. She also spoke about the struggles of not having a stable source of income. We then regrouped with the others. We went back to the village the next day to present our findings from the health center. My group did maternal and child health and looked at the patient volume and vaccine rates for children. We also presented findings on the family planning clinic. After our presentations, we did a little field trip with our Swahili teachers to the market and practiced our language skills in real life. I bought many fruits and vegetables for such good

prices. Some things I bought included plantains, bananas, red onions and tomatoes. It was so rewarding to see how proud our teachers were of us.

The next day, I started my first day at Jaramogi Oginga Odinga Teaching and Referral Hospital working as an attachment at the Gender-Based Violence Recovery Center. My first day consisted mostly of a monthly data meeting. They reviewed the challenges that they faced which included not having testing kits for Human Immunodeficiency Virus and not having toner and paper to print and access patient files. It was interesting to see the percentage of cases that came in for sexual gender-based violence and for physical and emotional abuse. There were also a large number of patients that fell into the ten to fourteen year olds age range which was disturbing. These patients are so young and have already faced such traumatic events. After the meeting, I then got to understand the layout of the center and what kind of services they provide. Some services that they provide that surprised me was for condom bursts or having perpetrators come in for sample collection and support. I do not understand how these counselors can provide services to both victims and perpetrators. I am not strong enough to look at a perpetrator in the face and provide support to someone I think who does not deserve it. I was looking at the check-in book and noticed how many young children checked in for services. It was disheartening. The center also does a lot more than provide support in the center. They also do outreach work where they go to primary schools and do desensitization exercises so the children understand and realize what gender-based violence is. After this exercise, the children start to open up about incidents they have faced and get them to come into the recovery center to get the support they need. The next day was my second day at this center and learned more about what they do. We were sent to the maternal ward and looked into the check-in book to find under-age girls that have given birth. We counseled two young mothers and found out more as to why they were pregnant at such a young age. The first young mother was seventeen years old and had lost her baby. She was frustrated with her family life and decided to drop out, got a boyfriend and got pregnant. The next patient we talked to was sixteen years old and got pregnant by a thirty-seven year old. Her mother is in the psychiatric unit and her daughter was forced to support her family on her own. This man took advantage of the fact that she needed support, got her pregnant and has not been answering her calls or actually supporting her. It is nice to see how the center reaches out to the maternity ward and makes sure that these young mothers are getting the support and counseling they need after what they have been through. The center does a lot and I

am excited to see how effective these resources are and how they are changing the lives of these victims.

The last day of the week consisted of student presentations and it was intriguing to see the updated research methods from everyone. After classes, Nicole, Kalkidan and I decided to go to a beauty salon and got overcharged which personally ruined my day. She also took off most of my eyebrows which also made me sad. It is sad to see how much they took advantage of me and there was nothing I could do about it since the services were already done. It was a rough end of the week but I am looking forward to going to Mfangano Island for the weekend.

#### Causes of death in HIV-infected and HIV-uninfected children in the Child Health and Mortality Prevention Surveillance study—Kenya

This study looks into the death of infants and children over five years of age. It speaks about children who passed away with some that were positive and some that were negative of the Human Immunodeficiency Virus. There was a cross-sectional analysis of the causes of deaths for these cases and were organized by Human Immunodeficiency Virus status. The introduction speaks about the high prevalence of child mortality in Sub-Saharan Africa and the leading causes of deaths. These included an array of diseases. It has also mentioned how most kids living with this virus also are affected by tuberculosis. Specifically in Kenya, the child mortality rate has decreased but still has not met the target goal which is alarming. They go into specifics of different regions in Kenya and how some are more disproportionately affected than others. One region is here in Kisumu. Kisumu and Siaya both make up 5% of the child population but make up 20% of children that live with this virus. There has been an increase in programs that strive to decrease the rate of mother to child transmission but there has still been persistent mother to child transmission. This study is used to analyze the mortality causes related to the virus and provide a descriptive analysis of these mortality causes.

Some of these findings include the percent of positive cases of this virus and how many children died due to the virus. This virus was responsible for 96% of the deaths of children who had a positive status. For the children who had a negative status, the leading causes of death was malnutrition which accounted for 23%, malaria which was 23% as well, pneumonia which was 10%, and gastroenteritis which was 7%. All of these underlying causes accounted for 60% of

deaths for negative status children. There was also data on immediate, morbid causes of deaths and infectious pathogens.

It was intriguing to see how the rate of Human Immunodeficiency Virus in children is still high even with the rise of preventative programs. This virus is the main cause of deaths in children with it. The prevention of mother to child transmission can decrease the child mortality rate in Kenya drastically. It would be interesting to see what are the causes of such high transmission still and if there is a way to make these preventative measures more effective. The other underlying causes of deaths can also be prevented with better programs and health education. What can the health department do to make these programs more effective in decreasing the high rate of child mortality? There also needs to be more testing in children in order to diagnose this virus early on. This early diagnosis will help treat and manage the virus more effectively which in turn decreases the severity of the symptoms. This decrease will lead to a decrease in these rates.

#### Reflective Journal Week 5 (September 24,2022-October 1,2022)

I started off the week by coming home from a beautiful weekend trip from Mfangano Island. I enjoyed building a stronger bond with all the students through doing activities like going on walks and hikes or cooking all together. It has been a long time since the last time I camped so it was refreshing to me. It was also a much nicer type of camping experience than my previous camping experiences. We visited the radio station on the island and learned about the type of health issues they talk about in radio sessions. If I remember correctly, the main health issues they have talked about include malaria, Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome, and CoronaVirus Disease 2019. At the radio station, we met a little girl named Jane that ended up walking with us to different parts of the island and even to the camping site. She taught us a lot about the island and taught us some Luo words including erokamano. It was funny how she was surprised that we like eating ugali, omena and tilapia. She was so sweet and even helped with some prepping for dinner but sadly she was not able to stay for dinner. The whole trip was amazing but the trip back to Kisumu was so draining. The speed bumps on our two hour car ride really prevented me from sleeping peacefully. I hope the speed bumps are not too much of a problem when we go on our road trips to these different countries. The weekend was over and then it was time for classes. Swahili classes on Monday and Tuesday

at eight a.m. was a little tiring but it felt rewarding to finish the day so early. After class on Monday, I accompanied Kalkidan and Nicole to the hair salon to get their hair done. I was a little tired of waiting so I decided to go on a little adventure around the salon and see what kind of shops were around. I was a little nervous since I have never done anything alone before but I managed to buy some clothes and even bargained a bit. I have realized that people are more tempted to call me slurs regarding my Asian identity when I am by myself. The slurs got to me in the beginning but I have gotten used to them. It is just frustrating that the majority of people that do say things to me just assume I am from China or I am Chinese when I am actually half Japanese. Some people will literally tell me no when I tell them I am half Japanese and proceed to tell me I am Chinese. I just do not understand how they feel the need to correct me on my own ethnic identity. It is also very annoying how they laugh after saying these slurs. It is not just an observation they make about me, it seems like my racial identity is a running joke to them. It is very annoying but what can I really do?

The next day after Swahili class, me and some students played a little badminton with Milton and Christine which was fun. I have not played badminton in a while so I definitely was not good. I also realized I do not exercise enough because the next day, I was sore on my hips just from a little game of badminton. After the game, we went to Jaramogi Oginga Odinga Teaching and Referral Hospital to have an advisor meeting with Lucy. It was reassuring as she said my independent study project is very doable in the gender-based violence recovery center. We then went home and had a relaxing night. I stayed up with Nicole until it hit midnight to stay up until it was her birthday. I had to do some pre-planning for Nicole's birthday which was the next day. I blew up balloons and the next morning me and Kalkidan put up little gold star curtains over her door. When she got out of her room, we threw the balloons at her and wished her a happy birthday again. I then went to the gender-based violence recovery center. It was a slow day but still productive. I took vitals for some patients when they were checking in and also even got to hold a baby while the mother was getting checked in. After, we continued with the birthday festivities and we cut a cake and followed Kenyan traditions at the office. I told her to bring a change of clothes so she was prepared to get cleansed for her birthday. We did it with the hose which was so fun. We then went to the Acacia Premier Hotel for her birthday dinner and overall, it was a successful birthday celebration. The next day, I had a busier day at the recovery center. We went to the maternal ward to see if there were any patients that needed counseling or

services from the center. There were two underage mothers and many mothers we had to counsel regarding their loss or sickness of an infant. The two underage mothers had strong support systems which was comforting to know they are not in non-ideal environments as young mothers. The mothers that lost their babies were hard to counsel as you can see the grief in their faces. Many had a positive perspective and understood they needed to grieve and process the death before moving on to having another child. The mother that really affected me emotionally was the one who gave birth to a very sickly child. She was in tears the whole counseling session and spoke about how she is giving hope and she just does not understand why this is happening to her and her family. She also felt ostracized from the healthcare workers as she could see them looking at her and talking about her and her baby. There has also been no communication with the mother on why this is happening to her baby and how her baby will get better. It was sad to think that healthcare workers cannot even provide support or reassurance to this mother who is clearly going through a lot. I loved how one of the social work students was counseling her. She made sure the mother knew not to give up and to not lose hope. I think the session really helped her and I hope I can check on her next week to get updates on how she and her baby are doing. It was a lot on my heart and I was trying really hard not to cry in front of her. Friday came and it was pretty calm. We had our group presentations which was interesting to hear about all the different article topics all the groups had. They were all informative. Swahili class has also been good this week as we have been reviewing for our oral exam and have just been refreshing old information and practicing with the teachers and each other.

#### Why Did Mrs. X Die?- How to Decrease Mother and Child Mortality

This video speaks about Mrs. X which can be a woman from anywhere but more likely from a low income family. The video starts with a woman who lives in poverty and a remote village. She is burdened with providing for her family and putting herself last. It speaks about how gender roles and cultural values led for Mrs. X to not having the same education or prioritization for healthcare services. They speak about how family planning can prevent many maternal deaths as it can control when she gets pregnant. But on the other hand, a woman feels like their only value to their community is the ability to reproduce. If her education was as prioritized as it was for her brothers, she could have had more control over her adult life which leads to making decisions on when she gets pregnant and could have been more educated and

healthier. Her being educated about how important antenatal care is and how it is provided by midwives or skilled professionals is not enough for her to seek these services due to barriers including distance being too far. If she would have sought this antenatal care, she could have had her anemia treated and in turn have better health for her baby. It speaks about poverty, culture and lack of knowledge, many mothers give birth at home. There is also fear of being mistreated by healthcare providers or possibly paying a bribe. It is sad to think women fear healthcare workers when these workers should be a part of their support system. It is also sad to experience the harshness in treatment when I do my attachment in the maternal ward. There is constant back and forth with patients and healthcare workers. There are rolled eyes and attitudes when women are in labor and cannot control their screams of pain. Giving birth at home opens up many possibilities for health complications with the mother or child. The resources and skilled professionals are not there to treat these medical emergencies and in turn lead to death. This happened to Mrs. X. She had a medical emergency and the search for transport took too long leading to her condition getting worse. When she made it to the hospital, there was a lack of resources which led to the death of her and her baby. There were many avoidable barriers in her pregnancy that led to this unwanted outcome. These barriers still exist in different parts of the world and still negatively affect the lives of pregnant women. This is an act of injustice and there needs to be something done about this. There needs to be more equality between girls and boys. Education should be just as important for girls as for boys and the care provided to girls should be just as prioritized as for boys. There needs to be more education surrounding healthcare and what kind of services these women need to seek out. The building of local transportation, education and healthcare facilities will be very effective in breaking down these barriers. Distance will not be a barrier these women face anymore. Healthcare workers need to be taught better bedside manners and learn how a change in attitude towards patients can cause such a great difference. Health care workers need to be seen as part of their support system and someone they can rely on and be comfortable with. Breaking down these barriers will cause many positive changes and will be seen in data as a decrease in maternal and child mortality. Community members, government officials, and healthcare workers need to work together to face these barriers and break them down. This video is a first step in this process. Just educating others on these issues will impact this issue. There needs to be more awareness about this issue.



## Reflective Journal Week 6 (October 1,2022-October 8,2022)

This week had a stressful start because of the multiple attempts to get the yellow fever vaccine in one day. It started off well with learning more about health and human rights and comparing healthcare systems from a variety of countries. Comparing these countries made me realize how bad America's healthcare system is. It is frustrating to see that multiple countries are able to provide great healthcare and health insurance systems but we are unable to accomplish that. Also the fact that America spends a higher percentage of their gross domestic product than all the other countries we looked at and our healthcare system looks like this is unexplainable. After our classes, me and Nicole set off to acquire our yellow fever vaccine for our upcoming travels to Uganda. We went to our first location to find out that they went on lunch break and they were also out of stock for the vaccine. They informed us that the airport has the yellow fever vaccine available and so we traveled all the way to the airport just to find out that they only had one vaccine available. The worker for the county health department also made facial expressions that were hard to read. I could not tell if he was joking or not when he told us that there was only one and that one of us will be the lucky one. He went to check and came back with only one vaccine. Cecilia called Miltone and he told us how there is a health center in town that has the vaccine available but did not have the certificates. We then asked the worker at the airport if we can get the certificate if we get the vaccine in a different location. He said we would have to come back with all the information regarding the vaccine we got and then he will fill out the certificate for us. We agreed on that because one of us was not going to get the vaccine. We went all the way back into town to the health center. The bolt driver that drove us there had so much attitude with me because I chose a card as my payment method. I do not understand why they always feel some type of way with card payments. If they were to tell me to use cash instead and cancel my card payment, that would be different. Half the time when I do pay with cash, they do not cancel my card payment so I basically paid twice for the ride. And then I have to go through customer service which is very tedious. I moved on from that and then we were on our way to get our vaccines. We waited a while and finally received our vaccines. The thing that irritated me about the nurse was that he did not wash or put on gloves when administering the vaccine and on top of that, he used a dry cotton ball to wipe my arm before and after the vaccine. I have never experienced this and was surprised that a trained healthcare professional would not follow basic protocols when it comes to administering vaccines. Our plan was to go to the airport

right after but the nurse took so long that the worker already left. The next day I had to miss some class time because we had to go back to the airport in the morning to finally get our certificates. We go and he charges one thousand shillings each just for a certificate. And the best part of it all is that me and Nicole went through all that trouble because we needed it for our Uganda visa to just find out we are unable to travel to Uganda. I was personally saddened by this news as I was very excited about having the opportunity to travel to a different country during this program. I completely understand the reasoning behind this decision but it still saddens me. I am grateful we still get to travel to Rwanda and spend more time in Nairobi. I am excited to travel with everyone and experience other parts of Kenya and to experience another country.

The two days I went to Jaramogi Oginga Odinga Teaching & Referral Hospital were very helpful towards my independent study project and my presentation on Friday. I spoke with the nurse in charge at the Gender Based Violence Recovery Center, Rosaline, about finding a patient for a case study and she told me it is very possible. This made me more confident in my case study proposal as that was my biggest concern. I was having trouble with trying to find a way to get a patient on board with my case study. Gender based violence is such a sensitive topic and I did not think a patient would be comfortable enough to open up about it if it was just me who asked. I also made my case study questions during my time at the center. I started exploring more specifics with what I want to find in my case study. This helped me with my improvements of my presentation and I hope it showed. The next day, we all had a meeting with Lucy and went over each of our objectives and what our study topic will be about. This was the first time I went into specifics with Lucy and she brought up a lot of different questions. These questions were answered after I sent her my case study questions. I also would like to have the opportunity to interact with the police and perpetrator for my study but completely understand if I am not able to. Getting the perspective of the patient and counselor is enough to provide me with anecdotal data and identifying possible strengths and weaknesses of the recovery center which is important. These were the two highlights of the two days but other than that, the days went slow as there were less patients coming in. I did some clerical work with updating data books with new patient information.

The end of the week came and I was very nervous about the Swahili oral exam. I was also sad about the fact that these were our goodbyes to our teachers. I was nervous for no reason as Walter made me feel comfortable and confident with my responses and laughed with me most

of the time. I am really going to miss their positive energy and how they would always make me smile no matter what kind of day I was having or how tired I was. I will miss them and hopefully get to see them again before the program ends.

A new universalism? Universal health coverage and debates about rights, inclusion, solidarity, inequality and “the poor” in Kenya by Jacinta Victoria S. Muinde, Ruth Jane Prince

This article speaks about the rise in Universal Health Coverage as a global policy towards global health. Universal Health Coverage will provide healthcare to all no matter their socioeconomic status. The Kenyan Government has had many debates on how they can provide this and in what ways. They have been implementing expanded health insurance coverage and free healthcare services. They are moving towards this goal but there are still challenges faced as there is a lot of history that comes with this coverage. This history includes class inequality, forms of exclusion and even politics. This article follows these recent attempts and observes how these forms of inclusion and rights were perceived with the citizens and healthcare workers. Although Universal Health Coverage speaks on universalism and inclusion, implementing these reforms on an already flawed healthcare system produces a lot of challenges. This flawed healthcare system reinforces limited and uneven distribution of healthcare. The reforms for this policy and the conversations that it sparked caused more attention to be drawn towards the inequalities faced in the system and the large gap between the promises made and the reality. With all these flaws, citizens still felt hopeful about these promises made. It made more expectations and possibilities for this system.

The introduction starts off with an anecdote from a patient and their family that struggled with medical costs of treatments that were needed for survival. A patient comes in for dialysis that he has been waiting on and needs but the wife and son are worried about being able to cover these medical costs as his National Health Insurance will not cover further dialysis. This issue is taken to hospital administration and the nurse in charge expresses his annoyance with the government not following through with their promises. If it truly provided free healthcare for the rich and poor, there would not be so many problems surrounding the medical costs for the poorer population. This anecdote is a good opening because it shows how this personally impacts so many people and their families. It burdens their emotional and economical wellbeing. It dives

deeper into different socioeconomic populations and conducts interviews to acquire anecdotal data on their understanding of the universalism of healthcare coverage.

Having these conversations around reforms produces a sense of togetherness and solidarity amongst the community to actually make these promises into realities. It provided a sense of responsibility from the citizens in making this a reality. The findings from these interviews and anecdotes about these reforms showed that they did not help with the flawed healthcare system. The government needs to acknowledge the social challenges the system faces when it comes to providing care to everyone and acknowledge the inequalities embedded in this system. There needs to be a lot of change regarding the healthcare system before they try to implement reforms regarding universal health coverage.

#### Reflective Journal Week 7 (October 8,2022-October 15,2022)

We started off the week on the road to Nairobi. It was a bright and early start to our day. The roadtrip to Nairobi was probably the longest road trip I have taken in a while. I made sure I was prepared with my bag of snacks and my downloaded movies. I was able to sleep for the beginning of the ride but I could not stay asleep with all the speed bumps on the road. I also applaud Amos for driving us for that long. We finally got to Nairobi and were welcomed with busy roads and a lot of buses that had fun art on them. I was glad we were finally able to explore Niarobi since we did not get to when we first landed. It was definitely a lot warmer this time than when we first landed. We decided to get sushi for dinner which satisfied my craving. I felt like I have not had sushi in so long and it is one of my favorite foods. It was so good and we got a whole sushi boat which was nice. The next day we were back on the road again. The trip felt long but the views along the way made up for it. It was such a different geographic background than what I have seen in Kenya. The dirt was so red and it was just hills on top of hills. I also was able to see some gazelles on our way. Seeing them made me even more excited for our last trip together to Masai Mara. After hours of great views of nature we finally arrived at the hotel. It was a beautiful hotel with such nice rooms. I was so pleased to find out we each get our own rooms. It was also very satisfying because as soon as we finished getting settled in, our food was ready. I had fried fish with mashed potatoes and eating mashed potatoes was very satisfying as I had not had it in a long time. We then explored the hotel and found out there was a pool, sauna and steam room. We did not waste any time making our way to the pool. I never knew how

much I enjoyed swimming in a pool until this hotel. I finally learned how to swim other than doggy paddling which was nice. I also learned many pool games that I never played before. The pool and our first day at that hotel was very nice and relaxing after all the travel we have been through.

The next day we visited the Makueni County Referral Hospital. I loved how professional we all looked walking into the hospital with our lab coats and our business clothes on. I was so excited to see a hospital in another county and see how different or similar it was to Kisumu County Referral Hospital. The first day we were introduced to different staff and then all went our separate ways into the areas of the hospital we were interested in. I decided to go to the Gender-Based Violence Recovery Center with the clinical psychologist that was introduced to us. It was pretty similar to the one in Jaramogi Oginga Odinga teaching and Referral Hospital. Both had a check-in desk, a counseling room and a kids' room. They both had safe rooms but the safe room facility in Makueni was separated from the recovery center. I also found it interesting that they decided to establish this recovery room near the pediatric ward due to the high volume of cases of gender-based violence coming from this ward. It is hard to comprehend this fact and to think of how many cases are made up of children. The psychologist was telling me how young girls are greatly exposed to sexual behaviors and abuse compared to young boys who are greatly exposed to drugs and violence. What I also found interesting was that social media and how common technology is are things that are affecting the frequency of gender-based violence cases in children. She spoke about how phones and media expose children to too much at such a young age and make them more vulnerable to meeting strange people online. The possibilities of meeting strange people and getting too close to the wrong people cause many children to experience this form of violence. There are cases of sex-trafficking and defilement that are tied to technology. I also was able to see the type of forms that are filled out when a patient comes in. There are three different copies of that form and the original copy goes to the police department or court, the second copy goes to the patient and the last copy is kept for hospital data. Comparing the two recovery centers in these two different counties was very interesting as there were a lot of similarities. Also, the referral hospital in Makueni was very big compared to Kisumu and was more structured together.

On Wednesday, I decided to see the maternal and child health clinic as I am also interested in that area. It is very interesting to think about how I have not yet seen the maternal

and child health clinic in Kisumu County Referral Hospital as I only stayed in the labor and delivery ward. I enjoyed seeing the clinic in Makueni and how detailed the nurse was when she was showing me each section of the clinic. There were many specific sections. There were also a lot of mothers and babies in the waiting room. The babies were so cute. These different sections included the weight and growth check up room, the check up room for the sick babies, the check up room for mothers with Human Immunodeficiency Virus, the check up room for antenatal care and the check up room for vaccinations for mothers and children. I spoke to the physician that treats the sick babies that come in. She spoke about how these cases usually include a baby with a fever that needs to be brought down or a baby that is malnourished. She spoke about how the drought is impacting the health of the mothers and children as there is very little food source due to the drought and how many children come in with dry coughs due to the climate. I also asked questions about gender-based violence and if they have seen any cases and if they have, how has it affected the health of the mother and child. The nurse and physician both spoke about how these cases are common with teen pregnancies. There are a lot of girls that come in that get taken advantage of by older men that promise to take care of them and their families through financial hardship and then leave. There are also many cases of women being silenced through false promises and using hush money as families of perpetrators try to cover up the incident. We then ended our day at the hospital with a presentation about health indicators in this county. It was interesting to learn about the top causes of death here compared to Kisumu. Their number one was Pneumonia and it was also interesting how this county was not a malaria hotspot compared to Kisumu. We then were on our way to the fruit processing factory. It was a longer drive than expected but again the views were very nice. We got there after a very bumpy ride and the view from the factory was just hills and mountains. We got there and learned more about how this factory came about. There was a high production of mangoes from the farmers in this county so the government decided to make a factory that processes these mangoes and turns them into juice or syrups. It was such a big factory with such intricate machines. This factory provides the county with fresh mango juice and in turn the farmers make a stable income.

On Thursday, we went back to the hospital to meet with the community health volunteers that we were going to shadow. I paired up with a community health volunteer that worked in the Bosnia area so we were on our way there. Our first home was a woman that was suffering from diabetes, arthritis and high blood pressure. The volunteer was checking in with her to see how

her medication is going and if her conditions are stable. She was so welcoming as she gave me a bunch of bananas to take home with me. The volunteer also bought a coconut for me as she told me how blessed the woman's farm was to even be able to grow coconuts. We also visited another woman that lived with the same three conditions and she was in stable condition due to her medication. The volunteer was telling me how diabetes is very common in this area. We also visited a child that had a fever and cough due to the dryness of the climate and how he is doing well now. There was also a baby that we visited that was suffering from a urinary tract infection but he was admitted to the referral hospital and is now doing a lot better. He seemed so happy. It was comforting how welcoming all these families were to me and how they made sure I got all the information I needed. They were all so kind and walking around Bosnia was so peaceful as there was no sound but the wind breezing through the area. I was very grateful for this experience and grateful to have had the opportunity to speak with all these families and get to know them.

It was our last full day at the hotel and we spent it well. We spent hours in the pool playing all sorts of games and took advantage of the sauna and steam room. It was a relaxing end to our week. I feel like this week has brought me closer to everyone which I am very grateful for. I had such a great week in Makueni and wish our stay was longer but I am excited to see how Rwanda goes and what new experiences I will encounter.

#### Reflective Journal Week 8 (October 15,2022-October 22,2022)

We woke up bright and early for our departing flight to Kigali, Rwanda. It was so exciting but also tiresome. I have not done much research on Rwanda so I did not know what to expect. The first thing I saw when we were driving out the airport was the beautiful views of hills on top of hills. We also saw an amazing view of all motorbike passengers wearing helmets. Steve told us how they have a lot of strict laws surrounding motorbikes due to the high incident rates of traffic accidents. Later on the week, we learned more about the many things Rwanda does to keep their people safe. I was so overwhelmed with how beautiful the views were and how we were lucky enough to stay here for a whole week. Writing about our trip there is making me miss it already. We all settled into our bedrooms and were admiring the views we had from our balcony. Afterwards, we had to do some shopping for essentials like wall plug adapters and food. We were taken to a mall and got to exchange our Kenyan Shillings for Rwandan Francs.

The exchange rate was pretty bad but seeing the designs and pictures on the different bills was so nice. I really enjoyed the little gorilla stamps on the five thousand Rwandan Franc bill. I even saved some bills to keep as a little souvenir. We then went to the simba supermarket to get some snacks and try our best to find adapters but thankfully Steve and Miltone were able to find and buy them for us. I was very appreciative of that. We then got some pizza from a restaurant in the mall which was pretty interesting. It was good but I just cannot wait to get a good slice of pizza when I am back home in New York City. It was a good first day of settling in. The next day we were taken to the Genocide Museum which was my first time learning about the genocide that occurred in Rwanda. It was very unsettling to learn that it happened less than thirty years ago and almost one million people died. It was nice to learn that most bodies were recovered and was given a proper burial ground in the Genocide memorial. It was a very informative museum and I am glad we were taken there to educate ourselves on this history. It was a lot of information and it was hard to process which was why it was nice when the historian came in later. The historian reiterated some information I learned at the museum but also clarified some confusions I had with the different groups of people and the timeline of these events. He was very informative but I have not sat in a lecture for almost three hours in a while so my mind did not have the attention span to keep listening towards the end. He was a very good professor but I could not keep focus and some of us were even dozing off into sleep. He was done with his lesson and then we got to meet Dr. Brenda. She was so sweet and welcoming. We learned more about what she does and what we will be doing in the upcoming week. After all these discussions, we were able to have some alone time and reconvene for dinner which was really good. We went to this Asian fusion restaurant and I had the best coconut shrimp soup which helped with my sore throat.

The next day, we met with the director of Kyiaciru Mother and Child Hospital. He gave us a rundown on who he is and what kind of departments and services the hospital had. Then we got a tour which was nice. It was interesting to see how centered this hospital is on women, specifically giving birth to babies and taking care of mothers. We then met with a doctor at the Ministry of Health who gave us a presentation on the health and healthcare system of Rwanda. It was interesting to see how their community-based health insurance works and how successful it has been with providing equitable and affordable care for all. You can definitely see the health impacts of this system with their life expectancy increasing over the years and also it being high. It was interesting to compare the different levels of care and comparing it to how the levels of



care are set up in Kenya. They both shared similarities and differences. After that, we were told we were able to meet the students that are also studying abroad with the School for International Training but based in Rwanda. We met at Mamba and bowled with them and just got to know them. Hearing about their experience and comparing it to ours so far has been so fascinating. One big difference between the programs is their ability to do homestays for the first four weeks of the program. We were told the program only does the first four weeks for homestays because it is so hard for the program to find a family willing to house strangers for the whole duration of the program due to families here being more private and reserved. Their program was also revolved around the rebuilding of Rwanda after the genocide which is very different to our program where we learn global health and human rights. We also learned that both of our Uganda trips got canceled but luckily they were able to plan their own trip to Tanzania. I was very excited for them as I would like to go to Tanzania one day and we were able to both share our sadness about not being able to go to Uganda. It was nice to see new faces and get to learn more about how it is like to learn and be a student in Rwanda. The next day we went back to the hospital and all were divided into our areas of interest. Anna P. and I went to the labor and delivery ward and had a pretty eventful day. We followed a woman through labor up until she delivered her beautiful baby boy. We also met a midwife from the United Kingdom that works in a program with the United Nations Children's Fund (UNICEF) with the hospital. She advocated for the mother to be seen and to have a vaginal exam due to how much pain she was in. The doctor refused at first due to the last vaginal exam she had and said these exams need to be done every four hours. She did not believe the woman would be dilated more since the last time she checked. Finally, the midwife agreed to do a vaginal exam and saw how far she was dilated. Soon after, she was moved to the delivery room and an hour later we got to see the birth of her baby boy and got to support her in any way we could. We then walked her to the post-birth ward. She was very appreciative of us which made me so happy. The next day I was able to see her and her son and found out she was getting discharged soon. They were both soon to be reunited with the rest of their family. That experience made me so happy and made my interest in working in the maternity field grow. That day we got to observe the neonatal intensive care unit which was my first time. It was saddening to see how underweight these babies were and also how long they have been in the unit. After the hospital, we decided to get Ethiopian food which has become my favorite and then learned about infectious diseases that are prevalent. The infectious diseases that

affect Rwanda were pretty similar to the diseases that affect Kenya which was interesting. We then tried rolexs for dinner which is a Ugandan street food. On my final day at the hospital, I decided to observe the Gender-based Violence recovery center. The center was well equipped with services. The police are integrated with the hospital which helps the investigation process of gender-based violence cases. It ensures that all suspects get caught and criminally charged for the harmful acts they have inflicted on women. After the hospital, we were able to try this really cute cafe located on top of the library and then after we went to a crafts market where I got a lot of fun little souvenirs for my family and friends. I also got some pants custom made for me which was nice. We ended the night going to an art exhibit that had a live DJ and amazing art. We got to meet some of the artists of the artwork and just vibe. The next day, we had an eventful day of outdoor activities planned. We got to do horseback riding on a trail and got to zipline so many times. The rain caused a slight delay but we were still able to do all the things we planned on doing. We then went back to the crafts market to get more things because it was such a big market with so many options and vendors. I got a custom shirt made for me this time. We ended our trip with an eventful night at Shooters and got home right in time to pack and get ready for our departure the next day.

It was our last day and I was so sad to be leaving Kigali but at the same time happy to be returning to Kenya. The traveling was a little rough on my body and the flight was so hot. That affected my headache and my stomach was doing a lot of twists and turns. It was so nice to finally lay down in bed and rest throughout the night. I am glad I feel better now. This was such an eventful week and am so grateful for all the experiences I had in Rwanda.

#### Reflective Journal Week 9 (October 22,2022-October 29,2022)

Sunday was our first day in Nairobi and it started off with a great brunch with all the students at a really nice cafe. We then were on our way to a piercing and tattoo shop from Cal's tattoo. Other students also joined him in getting tattooed and some got new piercings. I came but only changed out the jewelry of a piercing I already had. Walking around and trying to find the shop was very overwhelming. The streets were busy with animated buses and people on their way to their destinations. The business reminded me of New York City in a way. We ended our day with getting West African food which was a first for me. I tried fufu with egusi soup which I really enjoyed. I wish I was able to get it one more time before leaving.

The next day, we met with people who worked with Women Fighting Acquired Immunodeficiency Syndrome in Kenya. We learned more about what the program did for women with positive statuses in Kibera. We then met with Community Health Volunteers that worked with the program and one of them is a woman part of the program living positively. Me and Nicole had the opportunity to shadow her and observe what it is like to be a part of the program and be a community health volunteer. We got to visit where she stays and she spoke about her life story. She spoke to us about how being Muslim and being positive has been hard for her but she has pushed through and is not ashamed of her status. I learned more about the stigma around Human Immunodeficiency Virus. Her neighbors and community members would speak negatively about her because of her status but she said it is important to not care about what others say and live life positively. We also visited the home of another woman part of the program that is struggling with heart disease. Medical costs pile up so rapidly when it comes to screening and consultations and it is hard to hear that she is struggling with covering all these costs and keeping up with her health. We ended the day with a debrief session over tea and shared what we all learned and observed during our shadowing. After that, we shopped a bit and went home.

The next day, we were back in Kibera and visited the Kenya Medical Research Institute headquarters. We learned about the projects they are working on specifically with the community. It included surveillance of infectious diseases. They are mainly looking at respiratory infections and how different factors affect the prevalence of these diseases. Some factors include the infrastructure of the house, how many people live in the house, and what kind of fuel source is being used to cook. Health seeking behaviors in the community are low so people usually wait too long to seek help with the medical conditions they are experiencing. A reason for that is because people are too busy working to even visit the clinic. They use community health interviewers to collect surveillance data for the project. After asking our questions and hearing more about what they do at the headquarters, we then shadowed the interviewers to see what their job looks like. The interviewer I paired up with had a difficult time finding houses he has not visited since he is very hard-working. He managed to cover most of the houses in his assigned area in the past weeks. We managed to find a household he has not interviewed yet and I got to hear all the surveillance questions that are asked. These interviews are lengthy as every family member living in the household needs to answer these set of

questions. Some things these questions included were if they have experienced any health symptoms in the past two weeks and if they have sought care. The symptoms that the mother was stating were pretty alarming and it was more alarming to learn she has not sought medical care from the clinic. We shadowed these interviewers again the next day and also got to visit the Tabitha clinic and see what kind of services it provides for the community. The testing and lab seemed very efficient in providing test results fast and providing surveillance data for research. I got to see what the re-enrollment process looked like for someone that moved to a different house and was in the old system. It took a while and we ended up being really late to regroup with everyone else. I felt bad because the head of the office kept calling him to bring me back. I kept emphasizing to him that his work was more important than bringing me back in time. He was very appreciative of my patience and we laughed together about how late we were and how many times they were calling him. I was very appreciative of him and how much he wanted me to learn about his job and he even let me input data and interview the people myself.

During the afternoon, we explored Westgate mall and the market near where we were staying. I found a lot more cute clothes in this market than the markets I have visited in Kisumu and Kigali. I have also gotten a lot better at bargaining which I am very proud of. Saying “Sina pesa” and “Mimi mwanafunzi” can really take you far when you are trying to lower the prices. After our Wednesday morning, we ate some really good pasta and wine which I have not eaten in a while and got to visit the National Museum of Kenya in Nairobi. It was interesting to compare the museum in Nairobi versus in Kisumu. It definitely had more information and more exhibits than the museum in Kisumu. I learned more about the banking system and currency history. The evolution of the Kenyan Shilling was very interesting to see. The next day, we got to visit the United Nations Headquarters. We were all dressed up and ready for our tour. The tour guide was captivating and the questions he asked us to get to know us were intense and the debates we had were also intense. We did the tour with another group and some of those other group members had conflicting thoughts. There was one guy in particular that had conflicting views on gender equality. He believed what a man can do, a woman cannot do better. This got me really aggravated and made me realize there really are people in the world that think gender equality is not something we should strive for. The tour ended with a debrief session in a meeting room. We all answered deep questions asked by Christine. Afterwards, we finally got to try the vegan place Anna has been talking about for a few days now. I have always had bad experiences with

vegan food but this restaurant was pretty good. I would get it again. Our day ended in eating a lot of sushi and getting drinks. Our next day was so fun because we visited the giraffe center and we all got to feed giraffes. I have never been so close to a giraffe before and they looked so cute and awkward. After that, Christine took us to a very nice rooftop restaurant and we had amazing Mediterranean food. We then did some last minute shopping at the market and I found some great souvenirs for family and friends back home. That night, we ended up ordering in and spending our last night together.

The next day, we were set to depart back to Kisumu. It is always hard for me to pack everything up again after every week. I have bought so many things so my packing skills were tested but I managed to fit everything into my duffle bag. I was tired from packing, so I ended up sleeping most of the road trip. It definitely felt shorter than when we drove to Nairobi the first time. One thing about Nairobi is its crazy traffic. I loved Nairobi and all the things I got to experience but I am glad to be based in Kisumu. I felt like half of the time we were in Nairobi, we were stuck in traffic. It took so long to get to different places just because of traffic. I got to satisfy some of my cravings which included sushi and pasta. I am glad to be back in Kisumu and cannot wait to have great semake and ugali. I am also very excited to see Cecilia as I missed her so much during these three weeks of excursions. I am looking forward to what this next month holds for me and for the development of my independent study project and my internship experience.

#### Reflective Journal Week 10 (October 29,2022-November 5,2022)

I started off the week bright and early at the Gender-based Violence Recovery Center at Jaramogi Oginga Odinga Teaching and Referral Hospital. Before leaving for our excursions, I spoke to Rosaline and Mark. Rosaline is the nurse in charge at the center and Mark is a psychologist that does outreach. I spoke to them about finding a patient for my case study. Mark said he found a patient for me when I got there but I needed to run it by Rosaline. The patient is a woman that is currently pregnant that faced sexual gender-based violence. I felt satisfied about the progress I was making towards my project but finding the time to meet both with their busy schedules has been difficult. I can never find them both at the same time as either one of them is always in a meeting or doing a training activity. Rosaline has especially been busy with meetings due to American visitors coming this following Monday. All the head nurses and doctors have

been meeting to prepare for this visit. I have been trying to help with their busy schedules by organizing some files in chronological order and putting in data into record books. I was able to read into patient files and learn about what the usual action plans are for sexual gender-based violence cases. It was intriguing to learn about where these cases usually are referred from and how infrequent it is for cases to go through with legal action. I feel as though making sure these perpetrators get the legal consequences they deserve is important and I want to know why there are so many cases that do not go all the way through. Other than that, I enjoyed doing clerical work for the center and enjoyed feeling like I was actually helping. I also personally enjoy organizing so it makes time go by quickly.

I also found myself helping the pharmacy within the center organizing their new supply of medications. I was also learning more about the types of medications that are stocked and what these medications are used for. They have multiple types of antibiotics and painkillers. There is also the emergency contraceptive pills that are given to patients that come within seventy-two hours after they have experienced sexual gender-based violence to prevent an unwanted pregnancy. There are also various injectable medication and regular medication that are used to treat different types of sexually transmitted diseases and infections. The pharmacist was very informative about the types of medications he prescribes and also how he usually consults patients. It made me happy how the pharmacist really wanted me to learn and also how appreciative he was of my organization skills.

Later on in the week, I was able to catch Rosaline and was able to inform her about the kind of data I would like to access from the center's database and was able to seek approval from her. I told her how I would like to look at the data from the year 2021 to 2022 to get recent data for my paper. I initially wanted to look at the number of patients that came in that are pregnant or mothers with children that report facing sexual gender-based violence. When receiving the data, I observed that the books do not record such specific demographic factors. I was able to collect data on how many of the sexual gender-based violence patients were pregnant but not on how many patients are mothers with children. I decided to collect data for each month of the year and how many patients were female, male, underage, adult, pregnant, both pregnant and underage, and how many patients followed up. I did this for all the months of the year 2021 and the months that have passed for the year that we are in now. This was a lot of data to sort through but I managed to organize it in my notebook so it was not a bunch of numbers sorted randomly on a

piece of paper. I was able to count all patients for each category I am looking into. This data will provide general background information on the gender-based violence recovery center for my paper and will also provide specific data that directly correlates to my study area which are the number of patients that come in that are pregnant that has faced sexual gender-based violence. The number of patients that have completed a follow-up visit can also speak on how successful the center is with seeking out their patients and making sure they get the services they need. I took all the data that I have collected and put it all together on an excel sheet and made beautiful graphs. It took me a while to figure out how to do it but I finally figured it out after clicking and unclicking multiple options. The graphs have also helped me physically see the patient trends in each category. It will also help my readers see the trends physically and not just reading them which will help with data interpretation.

Other than internship and study work, my week has also been filled with cooking meals and spending time with friends. At the end of the week, we all went to Dunga Hill Camp and indulged in some wet fry tilapia and ugali with the amazing view of Lake Victoria. I have missed eating good tilapia and seeing the lake during our excursions. It is comforting to get back to the norms and doing things I am used to. It was interesting to adjust to life in Kisumu after traveling to different places these past few weeks. It was hard at first but now I am adjusted and loving my day to day life in Kisumu.

### COVID-19 and Mental Health

There has been an increase in mental health disorders like anxiety, depression and substance abuse in Kenya after the coronavirus 2019 pandemic. This increase has also been seen around the world. This increase in substance abuse can be rooted to the amount of free time people suddenly had. In Kenya, there has also been an increase in gender-based violence cases. The pandemic has placed many different stressors on peoples' lives which are directly linked to mental illnesses. These stressors include people losing their jobs and not having a source of income to support themselves and their families. The losses of family members and loved ones due to the disease also contributed to the increase in mental illness.

The pandemic has affected children differently as their education has been impacted. Their academic performance has decreased and the rates of anxiety, depression and post traumatic stress disorder are high in children. The decrease of physical activity has also been correlated to the mental illness increase in children. The four domains that parents should focus

on when they are caring for their children include social, emotional, physical and cognitive. All these domains have been affected during the pandemic which in turn affects them negatively. I can relate to these feelings of stress and anxiety due to changes in my education and my environment. It was probably very hard for children to have such drastic changes to their learning environment at such a young age. Being isolated from your friends and classmates and not participating in social interactions that are important for childhood development has caused and will continue to cause negative impacts to this growing generation. Also seeing family members struggle financially is not well for children to be witnessing.

The stigma around mental health has impacted adults that seek help regarding their mental health during the pandemic. They do not want to accept the fact that they are having trouble with their mental health because it is looked down upon and people do not believe in mental illness. This leads to mental illnesses worsening over time. It is interesting to see how deep the stigma is in Kenya as it is frequently mentioned when speaking about mental health care here. It is also interesting to see how little mental health is focused on in the healthcare systems in Kisumu. I have even encountered health care workers that look down upon mentally ill patients and refuse to acknowledge the need for mental health services. The rates increasing after the pandemic will hopefully alarm the health departments in Kenya to realize the importance of mental health services. Mental health needs to be just as important as physical health.

#### Reflective Journal Week 11 (November 5,2022-November 12,2022)

I started off my week bright and early back at the gender-based violence recovery center. Monday was a hectic day as it was the day of the American visitors. I learned that these visitors are from the United States congressional, Department of Health and Human Services and Centers for Disease Control and Prevention. They all visited because of the work Center for International Health, Education, and Biosecurity (CIHEB) was doing for the gender-based violence recovery center. I learned that they provide funding and support for the human immunodeficiency virus services they offer to patients. They are aiming to reach full completion of the post-prophylaxis treatment for all patients that come in that require it. They do this by providing funding for airtime and transportation to ensure patients are not facing any financial blockage for attending follow-up appointments. They toured the center and the nurse-in-charge even spoke about me and Kalkidan being international students from the School for International Training. After the



tour, I found time to speak to Mark and Rosaline about the case they identified for me but when they tried contacting her, she was not picking up the phone and did not call back. I started losing hope of finding a case for my case study but I kept checking in with them. When I came home, I started to analyze my data that I collected last week and I started to make pie graphs that were specific to the data I found. I made pie graphs for the data I collected from 2021 and 2022. I made one for patient follow-up trends, pregnancy trends and within the pregnancy trends, how many were underage for both years.

The next day, I went into the center and formulated questions I had about the data trends I noticed that I could not explain. I met with the data clerk and she answered my questions. My questions included why there are high patient numbers in certain months of the year. The answer for both these years were because of outreach done by the center and also the school holidays that correlated with these months. She spoke about how when there are school holidays, the students have a lot of free time which leads them to visit each others' houses, specifically their significant other's houses. A lot of parents report their children's disappearances from their homes to the police. The police usually find these children with their older significant others and that leads them to report these cases to the center. The outreach programs involve the social worker and nurses going to schools and desensitizing the students about what gender-based violence is. This leads students to realize what they have gone through and report to the center. The teachers also help identify the victims within their classroom. I also had questions about why the follow-up rates have been higher this year than last year. She first explained to me how it was low last year due to patients not picking up their phones, giving the wrong phone numbers or not having funds for airtime to get phone calls. Then she spoke about how the new funding partner has provided financial support for the patients that come in this year to make sure they are able to follow-up and get the support and medication they need from the center. This has helped me a lot with understanding these trends. I went home and proceeded to start my presentation on my update on my independent study project. I had a hard time trying to figure out how to transfer all the graphs I made on the excel sheet to the powerpoint but I figured it out. The data and the questions that were answered today has helped me format my presentation. It has ensured that I will be able to confidently present the information that I have collected.

The next day, I kept communicating to Rosaline and Mark about identifying a patient for me. Mark assured me that I will be able to find a patient for me. We both sat down in a room and

went through stacks of patient files to identify which patient fits the criteria for my case study. He called and patients would not pick up or the call did not go through. There was a patient that picked up but once she realized where the call was coming from, she hung up. Rispa, one of the nurses, told me that most adult patients do not want to speak about what they went through because they would rather repress it and move on with their lives. The failed phone calls made my hope go down but there was finally a patient that picked up the phone and agreed to come in for the interview I need to conduct for my case study. Mark informed her about what my study is about and how she will be interviewed tomorrow. This was exciting as I felt like I was finally making progress on my case study. After the phone call and confirmation of her coming tomorrow morning, I started to study her file. I took notes on the incident and edited my questions to better fit the incident that she faced. I also took note of how many children she has, how old she is, the action plan that the counsellor gave her in the file and also who is the counsellor that was assigned to this case. I prepared myself by reciting how I would introduce myself, how I would reassure her about patient confidentiality and how I will be gaining her consent. I made sure my patient consent form was finalized and made sure I went through all my questions. I was nervous for tomorrow and was hoping the patient would feel comfortable with me and would be able to open up to me.

The next morning came which meant it was time to interview the patient. I was nervously waiting for her to come into the center. Mark called her and confirmed that she was coming in. When she came in, Mark introduced us and informed her about how I have been working with them. When he left me with her, I started it off with the introduction of my independent study project and how this interview will provide more anecdotal information on how sexual gender-based violence affects the mother's health and the child's health. I presented the patient consent form and gave her some time to read through it and sign it. I was worried that the case would not directly correlate with my study because the incident happened after pregnancy but she opened up more about her history with gender-based violence. I later learned that she actually did experience sexual, physical and emotional gender-based violence during her pregnancy up until she gave birth. She also experienced very negative health effects while giving birth. These health effects include giving birth prematurely and also bleeding a lot during giving birth. This correlates with the literature review I have been doing about what these health consequences are when facing gender-based violence during pregnancy. I am planning on doing more of an in-

depth literature review this upcoming week and hope to find more research on these health effects. She was able to answer all the questions I had and opened up to me. I thanked her for taking the time out of her day to come into the center to participate in this interview. I then interviewed the counsellor that was assigned to the case. She answered all my questions in detail. When I got home, I was preparing myself for the presentations. When presentations came, I was excited to hear about the progress of everyone's studies and they did not disappoint. After presentations, I met with Lucy with the rest of the group and we all went over what we were able to accomplish this week. After our meeting, I went home and was able to log all the information I gathered from both interviews and organised it into a document. After that, I had a group interview with a hospital in New York for a volunteering position for the upcoming semester. I was so nervous but I hope I get in.

After all the work I have done for my study this week, I was finally able to shift gears and start thinking about what to pack for our exciting trip to Mombasa. I spent the rest of the night packing and anticipating our trip. I am excited to leave on Friday and finally be on a beach and be able to swim in a body of water. I am also very excited to spend the whole weekend celebrating Rachel's birthday and making sure she enjoys her time there.

#### Reflective Journal Week 12 (November 12,2022-November 19,2022)

The start of my week was luckily in Mombasa. I am so grateful I got to experience Mombasa before I left Kenya. Everything we did was so fun and it was such a fulfilling experience. We got to the apartment we booked and it was so stunning and we had the most beautiful view of the Indian Ocean. After we got settled in, our next agenda was getting something to eat because we were all starving from all the traveling. I found this cute restaurant that was near us and I am glad I found it. Nicole and I shared a seafood platter and it was so delicious. I have not had seafood in so long and I love seafood so that platter definitely fulfilled my craving. I made it my goal to have seafood every single day I was in Mombasa and I definitely achieved that goal. I think the seafood was my favorite part. The next day we all went snorkeling. I was so nervous as my swimming skills are not that great and this was my first time. Once I jumped into the water, all my fears disappeared. I had a life jacket that helped my swimming skills. It was amazing to experience the coral reef and all the fish that live in it. I have always seen these beautiful corals and fish in movies or pictures and to see them in person was

so surreal. I was able to appreciate the beauty of nature through the complicated patterns on different coral and the bright, vibrant colors on the fishes. The ocean water was also so refreshing and warm. I was so happy to be in a natural body of water and especially the ocean. We got to explore the different parts of the coral reef and even experienced the tide rising. I watched the ocean floor where we were once standing on submerged in water. I also was able to see so many sea urchins and sea cucumbers hiding in the ground. After that we ate lunch and that was my first time trying seafood pizza. We also all got the opportunity to celebrate Rachel's birthday. I thrive to make my friends' birthday celebrations special as I always hate not feeling special on my birthday. I got her a cake beforehand and remembered what kind of cake is her favorite and she seemed to appreciate it a lot. Her birthday weekend was so special and I am glad we all got to experience Mombasa together. One thing I will not miss about Mombasa is how hot it is. I thought Kisumu was hot but I was mistaken. I have never sweated so much in one weekend. I was so glad to land in Kisumu where I can feel the breeze from the lake.

The next day was the start of getting back to work. I woke up bright and early to get to the Gender-Based Violence Recovery Center. I was unsure what I would be able to do as I already collected my data and conducted my case study interviews. I told the nurse-in-charge to give me any work I can do to assist the center and asked if I can sit in counseling sessions with patients. I am willing to learn skills regarding counseling patients and how to comfort and be there for the patient. As I was waiting for work I got a nerve-wrecking text from one of my colleagues saying they have tested positive for CoronaVirus Disease of 2019. The guilt of me being in the recovery center and possibly exposing patients and workers sunk in my stomach. So many thoughts were running through my head and I was trying to see what I should do next. I told the nurse-in-charge about the situation I was in and she understood and I told her I will keep her updated. I found a way to get tested within the hospital and I was waiting anxiously for my test results. I was luckily negative but was told to isolate myself until Monday to get tested again. I have never had it so all I had was hope that this scare would not lead me to having it. I am lucky enough to have never contracted it but I hope my luck stretches. I did some grocery shopping double-masked to stock up for my isolation period. I found myself purchasing two liters of ice cream to cope with the stress.

The next day, I did not let this situation deter me away from my work and started doing an in-depth literature review of different topics I want to cover in my final paper. I first started

off with research on how gender-based violence not only affects the physical state of a woman but the mental state. I understand mental health services are not readily available in Kisumu so I wanted to see how this affects the mental health of victims. I learned that women who experience these violent acts face depressive symptoms and also experience severe anxiety. There are also reports of post traumatic stress disorders after these incidents. Psychological aggression during pregnancy are also closely tied to depressive symptoms in mothers. I connected this with the patients that come into the recovery center and how the mental health services they have is trauma counseling. From the interviews I have conducted, the patient I interacted with said the counseling sessions have not helped her and she still feels mentally unwell. I also thought about how one of the pieces of advice that the counselor gave to her was that she should not label all men as monsters and how this incident should not stop her from finding a husband one day. I found this insensitive and unnecessary. I put myself in the patient's shoes and thought about how I would feel receiving this advice. I would be so angry at the fact that the counselor thought talking about men would comfort me right after what I have experienced. I started thinking about ways we can better mental health services to patients or were there too many barriers including culturally. The counselor still had this old-fashioned way of viewing the importance for a woman to find a husband and instilling these gender roles that directly correlated to gender-based violence.

I continued on with my literature review and dove into how a mother feeling anxious and depressed affects the child and their mental health. A mother feeling these mental health symptoms during or after pregnancy both negatively affect the mental development of the child. Studies found that prenatal stress is linked to increased levels of fearfulness and anxiety. Prenatal stress has mostly been caused by partner relationship strains. Also, most of the gender-based violence inflicted on pregnant women are their intimate partners. The mood of the mother around the child also affects the fetal brain development. There was a study that correlated maternal anxiety leading to behavioral problems in children in the future. It not only causes behavioral problems but also affects how the child interacts with others and how they handle different life situations. Some of these behavioral problems include inattention and hyperactivity, emotional problems and conduct problems which is the disregard for others. The study specifically studied this correlation during pregnancy and after pregnancy and found these results in both. There was a strong connection between boys aged from zero to four years experiencing inattention and

hyperactivity when their mothers experienced anxiety late during their pregnancy. This provided substantial evidence towards the possible fact that gender-based violence directly affects the health of the mother and child. This research surprised me as I did not know how important a woman's mental state is during her pregnancy. I was not aware that a poor mental state during pregnancy can affect the child's development this much. It makes you think how negatively physical and mental abuse towards a pregnant mother can affect the fetal development.

I am glad I got to finally have time to really do research on the different topics I will be addressing in my final paper. I also am glad I found research for all my specific topics. I have struggled with finding research in the past when it comes to specific research topics. I am also glad I am able to use these sources to support my hypothesis on gender-based violence negatively affecting the health of the mother and child. I am also looking forward to see how this research and my findings will help me improve the mental health services offered at the recovery center for all patients that come in. These patients need special attention to better their mental health and help them recover from what they have went through.

#### Reflective Journal Week 13 (November 19,2022-November 26,2022)

I spent my last day of isolation binge watching my favorite show "Cable Girls" and stress eating snacks. I was very anxious for the next day when we finally got tested again. I have never gotten CoronaVirus of 2019 and did not want to get it during my last few weeks in Kenya. The next day, we all were on our way to the hospital to get tested and those were the longest fifteen minutes of my life. We all luckily tested negative. I then got back to work at Jaramogi Oginga Odinga Teaching and Referral Hospital. It was nice being back and to reassure the workers at the center that I was okay and did not possibly expose them. They were happy for me to be back. I decided at the beginning of the week to plan an interview with Rosaline, the nurse-in-charge, to learn more about her perspective on the services they provide and how the center is doing. I have noticed during my past interviews and me sitting in counseling sessions that there is a cultural influence on the way they comfort and perceive these situations and wanted to see if this affected the quality of the counseling. I tried interviewing her on Monday but she seemed busy catering to visitors that were coming to the hospital. After finding that out, I just kept on prepping for the interview and made sure I was addressing everything I wanted to learn from her. After work, I had to step by good life to pick up more malaria prophylaxis just to find out they are completely

out of stock of the weekly ones that I switched to. So to prevent me missing more than one day of taking it, I switched back to the daily ones. I switched back and forth between the two and just found it frustrating that it is always complicated and expensive when it comes to getting this medication.

The next day, I resumed my preparation for the interview and could not get Rosaline in her free time as she was still busy because of the visitors. This was affecting me possibly shadowing at Kisumu County Referral Hospital as I was planning on doing the rest of my time there after finishing this last interview at the center. After finding out she was still busy, I spoke to Lucy about doing the rest of my day at the other hospital and she approved and met me there. There I met with Millicent and Lucy and spoke about why I wanted to spend some time there and how it would relate to my project. Millicent was telling me how there are a lot of underage girls that come in pregnant or pregnant women that experience intimate partner violence. She was speaking about how not all marriages are happy and that most of the time it is the one you love that inflicts violence on you. I agreed as I have been seeing these trends at the center. Millicent insisted that I tried speaking with these patients and learning their stories. I went on to the labor and delivery ward and walked into them doing rounds. The ward was not as busy as I remembered it. I observed rounds and how many patients were in each section of the ward. I noticed this one woman experiencing false labor and she seemed like she was in a lot of pain. I also found it challenging to speak to these women about if they have gone through gender-based violence as they were in labor or just gave birth. Speaking about gender-based violence in these times just did not feel right and felt invasive. I continued shadowing and observing the work dynamics. There was a lady that came in from antenatal care and was distributing medicine. She introduced herself to me and saw I was with Anna and told me Anna wanted to take all her knowledge but not pay her money. I felt very awkward and as we were leaving she assumed we were going to Kentucky Fried Chicken and said we had a lot of money and to bring her back food. I remember Anna telling me how some workers wanted money for the interviews but it was another thing to experience her saying that and confronting Anna in real time. That was probably the most awkward I felt in a hospital setting.

The next day, I went back to Jaramogi in hopes of finding time for the interview but she was still busy. I decided to just spend my time helping them with clerical work. I helped them organize and log in the cases that came in the past few months. I was able to read the patient files

and learn more about the incidents that come in. I spent the rest of my time there doing that and realized it would not be realistic for me to go back and forth in between hospitals everyday as I did not get my last interview yet. I went home and spent my time preparing for my comparative health systems presentation. I was lucky enough to have been able to collect data for the center in Jaramogi and also for the Isange One Stop Center at Kigali. This made the comparison of the patient statistics easier. I made sure I wrote down and observed what kind of services and how these centers worked which was also helpful in making these presentations. It was interesting to put it all together and actually compare these centers and how they are all similar in the types of services they provided. It was also interesting to see how effective Isange Center was in making sure the perpetrators were facing legal consequences. I hope centers in Kenya can soon incorporate this model into their gender-based violence recovery centers.

It was Thanksgiving day and it did not really feel like Thanksgiving. I tried not to think about it too much because I would get homesick. My dad would always spend the whole day cooking our Thanksgiving dinner while he sent me and my siblings to the store at least five times because he would always forget one more thing he needed. I missed it but I got to call them and felt like I was a part of it. My dad told me he felt like there was no point in cooking since I was not there to enjoy his food. He always makes me so much seafood as I do not eat meat but this year he decided to make a turkey. I am excited to eat his food again and eat all the seafood he will cook for me. We decided to have a potluck style dinner and it was pretty good. We had our own version of Thanksgiving and it felt homey as we all gathered together and told each other what we were grateful and thankful for. I am truly thankful for experiencing Kenya with this group of students and I am thankful that I was able to get to know each of them. I hope to still stay in contact when this semester is over. The power coming in and out also was pretty stressful throughout the day but we still made it work.

Friday was my last day of interning and I was really hoping I would get the chance to interview Rosaline. I interviewed her and she told me about all the improvements she wanted for the center and also what improvements she has seen throughout the years she has worked there. She has been working there for seven years and is glad that she got assigned to this job. An improvement that was interesting was that she wanted to make group counseling sessions to make the patients feel like they are not alone and that there are others that have gone through the same things as they did. She wants to ensure that these patients will be mentally well in the long



run and for them to feel like a community. I feel like this improvement would help the patients and help them recover for the rest of their lives. I asked about what kind of challenges they are facing to make these improvements. The main challenges are not having enough funding and going through policy makers. If the policy makers do not approve of these ideas, it will not go through. I learned more about medical improvements that I did not know before. I learned a lot from this interview and also told her this was my last day. It was sad to say my goodbyes. She said she loved having me there and how she loved my personality. She told me to come back and that I will always be welcomed there. I hope to come back to Kenya one day and hopefully see her again one day in the future. I hope my independent study project helps their perspective on sexual gender-based violence on pregnant women and children. Having the opportunity to intern at this hospital and being able to observe what happens at a gender-based violence recovery center is an opportunity I will always be grateful for.

#### Reflective Journal Week 14 (November 26,2022-December 3,2022)

I started off the week with a trip to Kakamega Forest with the rest of the students. It was interesting to learn about the only rainforest in Kenya. I learn everyday how geographically diverse Kenya is. I have seen some dry, red sand covering lands of see through trees to seeing white sand beaches with palm trees to moist, moss covered trees with rain every other day. We were lucky enough to not get rained on during our tour. Our tour guide said it was a beautiful day to get a tour of the rainforest. I did not know how much walking was part of the tour of the forest. We ended up walking almost 30,000 steps. I was able to see the rainforest from an elevated perspective after we hiked up some hills, the river that goes through it, and even the bat cave that we got to go through. That was my first time going into a bat cave and I was very scared. I always imagined bat caves to be filled with a group of bats hanging upside down but we did not even see that many bats. We saw a few fly in and out the cave and one that was sleeping on the ceiling of the cave. They were so small and furry looking. I expected them to look scarier but they were kind of cute. The inside was very muddy though so my hiking boots were ruined after that cave. We were also able to see so many different animals including hornbills, different species of monkeys and bright colored lizards. We also saw a variety of plant life from wild coffee, bananas, and plants that squirt out water and seeds when plucked. I got to try an herb that tasted like a breath mint but left a bitter taste in my mouth for a while. The hike was beautiful

and I am glad I got the opportunity to see it before leaving. By the end of the trip, I was so drained from how much walking we did and was starving. I was falling in and out of sleep and the speed bumps always kill me everytime.

I woke up the next day sore and tired. I have not been this sore for a while and regretted not stretching before and after the hike. I started off the day slow paced and decided to take it as a self care day. After taking the day slow, I ended up watching the new Black Panther movie. It was a tear-jerking movie and was so worth the wait. They did a great job in making a movie honoring Chadwick Boseman. That was a good way to end a calm Sunday.

On Monday, I was in charge of planning all the students to meet at the office for Rachel and Sydney's birthday cake surprise. I told them about Milton wanting to do a check-in and everyone fell for it. Rachel and Sydney did not expect the surprise at all. I love celebrating other peoples' birthdays and making sure they are special. Before the cake cutting and celebration, I was home organizing my presentation and made sure I included everything in the rubric. I was very stressed as I always get when it comes to finals. To compile all of the things I did for my independent study project this whole semester into a 15-minute presentation was causing me so much stress. After making a template for my project, my stress went down as I felt like I had a plan. I also started compiling all my data into one document to make it easier for me to fill out the presentation slides. The past presentations also helped with making the presentation. I also took a while in choosing my presentation theme. I enjoy making my presentations aesthetically pleasing and visually organized. After the presentation organizing and cake eating, me and other students decided to treat ourselves to dinner at Acacia Premier. This was my second time eating there and the food was so good. The wait was long and I was very hungry so the food tasted amazing when it finally came. I am going to miss getting ugali and wet fry fish at restaurants when I get home. One thing I will not miss is how long food takes to get to the table after ordering.

The next day, I started adding my literature review on to my slides and organized it in a way to explain the cause and effect of gender-based violence on women. I tried to cover all aspects of the effects of violence including emotionally and reproductively. It also served as background context to my project and my focus question. After working on my presentation for a while, I decided to go to Java House for lunch and the fruit market to get some vegetables and fruits for taco Tuesday. I got some big, ripened avocados and cilantro. I will always love taco

Tuesdays and am going to miss having it with all the students. I am just going to miss spending quality time with everyone as we have all gotten so close to each other.

I continued my presentation and on Wednesday, I focused on my case study findings which include all three interviews I conducted with the patient, counselor and nurse-in-charge. I am glad I got to transcribe these interviews already. It reminded me of how hard it was for me to keep track of the participants' answers to my questions as they were talking a bit fast and I am not that fast of a writer. I highlighted all the key findings in each of these three interviews and which information was relevant to my focus question. After compiling all the key points, I felt like my project was coming all together which was a satisfying feeling. After working on the presentation, we got to go see the equator. We have all been trying to fit in things we were planning on doing in Kenya. This was my first time being by the equator and we felt it was right to see the actual equator after feeling the climate effects of it. The constant hot weather and the sun setting and rising at the same time everyday made me feel like driving almost an hour to see the equator marker worth it.

The next day, I accompanied Rachel with other students to the World Acquired Immunodeficiency Syndrome Day event that the County Health Department had been planning. It was great to see the event come together after hearing Rachel talk about how she has been going to these meetings and what they have been discussing about in these meetings. There was music and a sense of community as we all danced together. There were so many people that showed up and different organizations with different presentations. It was great to see how many people and organizations care about the disease and spreading awareness about it. After the event, we went to United mall and spent lunch together at Kentucky Fried Chicken. After that, we went grocery shopping and got some snacks for our trip to Massai Mara which I am very excited about. After all this, I decided to work on my presentation and ended the day off with finishing my presentation.

On Friday, I woke up a bit early to go to the office and learn how to make mandazi from Cecilia. She taught us how to make mandazi and chai. This made me think of our tea breaks and how much I miss it. I am going to try to incorporate tea time when I get back to America and make this for my family and friends. I also sent my presentation to my advisor Lucy to look it over and make sure there are not things I am missing and what she thought of it. She was also very busy with meetings at the hospital that day so I was very grateful for her to look at my

presentation and call me for some last minute feedback. After enjoying our tea break and adding final revisions to my presentation, we were on our way back to the apartments to actually present. I was so nervous as I do not like presenting and the fact that it was our final presentation made me even more nervous. I was also very excited to hear about how everyone else's projects have been going. After we all presented, I felt so proud of all of us for all the work we have all been putting into these projects and how put together all of our presentations were. It made me think of our first presentations and made me realize how far we have come. It was kind of emotional to get through our last presentation for the semester and to hear Steve and Miltone say their final thoughts. I cannot believe this semester is coming to an end. I will always be grateful for this learning experience and thankful for everyone that has made this experience so great.

## **Appendix G: Learning Agreement**

### **SIT STUDY ABROAD INTERNSHIP/ISP LEARNING AGREEMENT**

An internship or ISP is a unique learning experience that integrates studies with practical work. This agreement outlines the educational purpose of the internship or ISP and serves to ensure a clear understanding of the objectives and activities of the internship or ISP between the student, academic director and internship/ISP supervisor. The student prepares the initial draft of this agreement after discussing possible work areas and projects with the on-site internship or ISP supervisor and Academic Director. This agreement is then reviewed and approved by the on-site internship/ISP supervisor and the academic director.

Name of Intern: Mana Tezuka

Host Institution: SIT Kenya/JOOTRH (maternal and neonatal health/gender based violence)

Start Date: 11/1/2022

End

Date: 12/2/2022

Minimum Number of Internship/ISP Hours/Week: 30 hours

Internship/ISP Supervisor: \_\_\_\_\_

### **Learning Objectives/Learning Activities**

#### **Learning Objectives**

What learning will the student acquire through this internship or ISP? List measurable learning objectives separately for knowledge/understanding and skills expected to be acquired by the student:

**Knowledge and Understanding Objectives:** (understanding of work culture in country; work-based norms and practices related to internships in country; knowledge of main issues related to program theme; knowledge of relevant critical global issue)

- Indicators of progress or measurement
- Restrictions faced culturally or politically while working in these settings
- How to get things done (division of labor or tasks)
- Understanding systems put in place
- Highlighting strengths and weaknesses/challenges
- Reporting tools (registers, case notes, documents that are filled and who fills?)
- Funding and collaborations or partnerships the institution
- Connect with host organization staff to get their experiences
- Comparing different levels of healthcare

**Skills' Acquisition Objectives:** (communication in a cross-cultural setting; work ethics in host country; adaptability to changes in organizational setting; work under pressure; problem-solving)

- Shadowing and observing
- Questioning
- Abstraction of data
- Assigned tasks

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## Learning Activities

List and describe the activities which the student will perform or observe or in which they will participate to enable them to acquire the knowledge/understanding and skills listed above?

**On The Job:** Examples include projects, research, report writing, conversations, field trips, observations, etc.

- Converse and learn about people and their different skills and experiences
- To understand the system in place
- Highlight strengths and challenges

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**Off The Job:** Examples include reading and writing assignments, meetings with academic director or internship coordinator, peer group discussions.

- Complete reading and video assignments with reflective journals
- Participate in group discussions
- Build a relationship with academic coordinator

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**Deliverables**

List deliverables and due dates, (e.g. journal, analytic paper, project, descriptive paper, oral presentation, etc.)

- Weekly reflective journals due every Friday
- Weekly group or individual presentations every Friday

Student Mana Tezuka Date 11/01/2022

Internship/ISP Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Academic Director \_\_\_\_\_