Part II: Background Statement

As psychologist, Dr. Mary Pipher once noted, adversity can either make or break a person. Although there have been times in my life when I have struggled in the face of difficulty, my greatest obstacles have ultimately strengthened my character and motivation. The most difficult experience I have encountered was being diagnosed with a life threatening chronic illness at the age of 13. I introduce this event because it serves as the inspiration for my current pursuits. At times I resented my doctors for the endless pain they often inflicted. However, a greater part of me was mesmerized by their skill and healing that finally took place. Instead of renouncing the medical field forever, I used my personal experiences to awaken a passion that flows through my veins to this day.

Using this passion and experience I gained the necessary drive to pursue my interest in medicine. I participated in pre-med summer experiences, researched different illnesses, and listened carefully to my physicians. My goal, however, did not become clear until my senior year of high school. I opted to take college level medical classes and do four 10-week rotations in Rochester General Hospital in addition to my regular courses. I worked three hour shifts in labor and delivery and the neonatal intensive care unit. Treating and caring for women fascinated me. On some days I was even able to be a translator for Spanish speaking patients which has encouraged me to continue studying Spanish. These experiences were fascinating. However, nothing gave me more fulfillment than simply talking to a woman about her life, her fears, and her joys. It was through these conversations that I started forming my dream of becoming an OBGYN who not only treated the underlying physical issues, but was attentive to the emotional and psychological needs of a patient, as well.
While I was still interning I started wondering what health care was like for women in other countries. Did they have private birthing rooms, individual attention, and special nurseries for sick newborns? When I came to Elon as a College Fellow, I started learning about female genital mutilation in Africa, forced veiling in the Middle East, and deadly abortions in Latin America. I both widened and deepened my knowledge of women’s health and in order to further increase my understanding and commitment to international women’s health I created my own major. Women’s International Health Services is an interdisciplinary major that incorporates three main areas of study: sociology/anthropology, human services, and biology. I plan to examine the cultural context in which women live and how that affects them as well as the kinds of assistance these women receive or need. Finally, I plan to take the necessary pre-requisites for medical school.

At Elon I became involved in many on-campus experiences related to international women’s health. I was accepted in the 2010 Class of Periclean Scholars and worked with Dr. Heidi Frontani (Class of 2010 Periclean Scholars Mentor) on an article that has been submitted for publication on developmental work in the Peace Corps. Furthermore, I was the lead author of a group that was awarded a $5,200 from the Fund For Excellence. These funds were used to host an academically engaging African Festival for Elon’s campus and surrounding community. I also played a leading role in facilitating the visit of Namibian AIDS Activist Anita Isaacs and Dr. Jane Stephens who founded her own HIV NGO in Kenya. Both of these events were supported by the organization that I coordinate, Elon’s Student Global AIDS Campaign. I have also had the opportunity to participate in the development EFFECT (Elon Feminists for Equality, Change, and Transformation). Additionally, I am assisting Dr. Prudence Layne (Director of
African/African American Studies) launch the first Black Studies undergraduate electronic journal.

Currently, I am working with Dr. Cindy Fair (my Elon College Fellows Mentor and Independent Major Advisor) to expand a class research project to include a comparison group from Costa Rica. Last spring I studied Elon students’ knowledge of HIV and their perceptions of HIV-related stigma. I will collect the same data from college students in Costa Rica while I study abroad this semester. Although this is not my Fellow’s research, it will be a wonderful way to prepare myself for more intense study. While in Costa Rica this semester, I will also have the chance to organize and teach workshops for women on healthcare as well as intern at the city’s public clinic.

All of these leadership roles and academic pursuits mean a lot to me because my passion for women’s health means nothings if it is not conveyed to others. I firmly believe that it is through leadership, understanding, and exploration that I will be able to develop a project that focuses on women’s health. My proposed project will help launch my postgraduate plans. After Elon I plan on getting a masters degree in Public Health through the Master’s International program while working in the Peace Corps. After I finish this I will go on to medical school where I will complete my residency in obstetrics and gynecology. Finally, I hope to practice in developing areas where women do not have adequate access to healthcare. I plan use both my past difficulties and important experiences in order to make a meaningful difference in the lives of women.
III: Proposal Narrative

Focus. The primary problem motivating this proposal is the poor health status of women in developing countries. I plan to expand my understanding of women in developing countries by direct observation and practice as well as, study and research. I also propose to attend international and national conferences relevant to women’s health. I am currently studying in Costa Rica and plan to study in South Africa. I also plan to complete a summer internship in a reproductive health clinic in Guatemala, and volunteer at a camp for children with HIV/AIDS. Finally, I plan to attend the International AIDS Conference, the African Studies Association conference, and the annual meeting of the American Public Health Association.

These experiences will allow me to deepen my knowledge by experiencing women’s health in developing countries and learn how current experts are addressing the issue of inadequate healthcare for women. The remainder of my proposal narrative will focus on one of the biggest health problems confronting women in developing countries; HIV/AIDS. I plan to conduct independent research in South Africa as part of the requirements for the Elon College Fellows program. I hope to examine the role traditional birth attendants play in the provision of prenatal care for HIV-infected women.

The pandemic of HIV/AIDS is felt across the world, with over 45 million people infected. Fifty-eight percent of those infected with HIV are women (Dunkle, et. al, 2004). Not only are women the majority of those infected, they are the fastest growing population for new infections each year. Although the problems affecting HIV-infected women are of concern in every country, the situation is quite grave in the region of Sub-Saharan Africa. Women make up more than half of those infected in this region (Avert, 2008). In South Africa, HIV is responsible for 17% of maternal morbidities and 65% of maternal mortalities (Bodkin, 2006).
There are several cultural aspects that make women in this region especially vulnerable to HIV infection. First, women in this region are typically disempowered. They have little access to health care and education, and are often subject to inequalities such as not being able to control sexual encounters (Global Disparity, 2007). Second, HIV-related stigma in the sub-Saharan is deeply rooted and far reaching. In a recent study done in South Africa, more than half of the community expressed the belief that it is unacceptable for an HIV-positive individual to engage in sex, which, according to the authors, is a human right (Myer L., et. al., 2006).

Campbell, Foulis, Maimane, and Sibiya (2005) found that communities in South Africa use HIV-related stigma as a means of social policing. Those who violate social norms for appropriate gender and sexual behavior are punished and shunned. Parents of HIV-infected teens and young adults often ban their offspring from the home. Specifically related to infected women in South Africa, Leclerc-Madlala (2002) suggests the HIV epidemic has resulted in the demonization of women.

Although the number of women HIV-infected living in sub-Saharan Africa is startling, the treatment and care available for these women is minimal. Antiretroviral treatment (ART) are drugs that help slow the progression of the virus, allowing patients to live longer and healthier lives. However, ART is only available to 1% of the women who need it. Not only is treatment often inaccessible, but the fear of violence, stigma, and abandonment keeps many women from being tested or from revealing their HIV status (Global Disparity, 2007). Thus many women have to face the “double burden” of being female and HIV-positive (Center For Reproductive Rights, 2005).

Most of the research concerning HIV-infected women in sub-Saharan Africa focuses exclusively on preventing the transmission of HIV infection from mother to child during
pregnancy (mother to child transmission: MTCT) and not on the health of the mother (Global Disparity, 2007). There are many increased risks associated with pregnancy and HIV infection including a greater likelihood of having pre-term deliveries, pregnancy-induced hypertension, infections such as syphilis and urinary tract infections, and being denied pre/post-natal services (Center For Reproductive Rights, 2005 & Bodkin, 2006). Additionally, many women who have access to ART have to face tough decisions because of the potential side effects of the medication. If women chose to take the medications that significantly reduce MTCT, they are far more likely to develop resistance to ART, thus compromising their own health. In one study, 19% of women had developed resistance to ART only 6 weeks after giving birth, (Loutfly, & Walmsley, 2004). Reducing the chance of MTCT is very important, however, the care of women cannot be forgotten (Center for Reproductive Rights, 2005).

An area of research that focuses on maternal well being in addition to child outcomes is that of satisfaction with prenatal care (PNC). Research suggests that satisfaction with prenatal care is associated with lower stress levels, a decreased risk of depression, increased birth weight in neonates, and a decreased likelihood of maternal and child mortalities (Kajuri, et al., 2005). Increased satisfaction with PNC is also associated with increased knowledge of risk conditions, and increased protection of cultural sensitivities and privacy (Klerman, et. al., 2001; Roost, et. al., 2004 & Camey, et. al., 1999).

A key component of PNC, especially in developing regions like South Africa, are traditional birth attendants (TBA) (Raisler & Cohn, 2005). According to De Brouwere, Tonglet, and Van Lerberghe (1998) over 60% of all births in rural Sub-Saharan Africa are attended at home by a TBA. TBAs are not degreed health professionals. However, they typically have some medical training but practice without the backing of a physician should complications
arises. They tend to deliver culturally appropriate psychological support because they are from the same culture as the mother and her family (Piper, 1997).

Research has focused on the role that TBAs can play in the reduction of MTCT (Bulterys, Shaffer, Tih, Greenberg, Karita, Coovadia, & DeCock, 2002). However, little research has explored the effect that TBAs have on satisfaction with prenatal care. I anticipate that among HIV-infected women in South Africa, those who have PNC provided by a TBA will have better birth outcomes (e.g., higher birth weight), increased adherence to ART, and decreased maternal depression than those women who do not receive care from a TBA. I have already made contact with a scholar in South Africa about my research. Dr. Nomafrench Mbombo is an Associate Professor in the School of Nursing at University of the Western Cape, Cape Town. She has expressed interest in my research and indicated she would be able to connect me with local TBAs as well as certified nurse midwives many of whom provide PNC to HIV-positive women.

Proposed experiences.

My proposed experiences fall into three main categories: study and work in developing countries, work with non-profit organizations, and international and national conferences.

Summer Sophomore Year:

Intern abroad. I plan to travel to Antigua, Guatemala to do a one month internship in a rural women’s reproductive clinic with Amerispan where I will be able to learn skills and assist with patient care. Here I plan on further developing my Spanish and understanding of the healthcare system in developing countries in relation to women’s health.

Work with non-profits. I plan to work with the Oxfam CHANGE Initiative. This is an intensive week of training in Boston where students interested in international development can
not only learn the skills needed to create change, but create projects to take back and carry out at their home institutions. I plan on using these skills to develop my project and its’ products.

I also plan to volunteer with Camp AmeriKids in order to learn about HIV/AIDS. I will spend two and a half weeks at this camp for children with HIV where I will work as a counselor and medical technician.

International conference. The XVII International AIDS Conference will be held in Mexico City August 3-8, 2008. This will be a wonderful opportunity to learn and reflect upon what the global community is doing to fight HIV/AIDS. It will also give me ideas on how to further improve my project and achieve my goals.

Fall Junior Year:

National conference. I would like to attend the African Studies Association Conference held in Chicago, Illinois November 13-16, 2008. Dr. Frontani and I will present our research on developmental projects in Ghana. This will be an opportunity to learn more about the developmental issues currently facing Africa.

During this semester I will also write the formal proposal for my Fellows research project focused on the role of TBA’s on the perception of prenatal care among HIV-infected women in South Africa.

Spring Junior Year:

Study abroad. I plan to study abroad in Cape Town South Africa where I will be taking classes on international service learning while conducting research for my Fellows project. This will include traveling to various hospitals and rural areas to interview and survey TBAs and HIV-infected mothers.

Summer Junior Year:
In order to have time to analyze and format my data I will apply to Elon’s Summer Undergraduate Research Experience (SURE). This will allow me time to analyze my data and prepare a final paper for publication. This will be followed up by working again with Camp AmeriKids.

**Fall of Senior Year:**

- **National conference.** I propose to attend the 137th meeting of American Public Health Association in Philadelphia on November, 7-11, 2009. This will give me the opportunity to learn about issues relevant to the prevention of mother-to-child-transmission of HIV and gain an understanding of broader public health issues.

**Spring Senior Year:**

- **National conference.** I plan to present my findings at the National Conference on Undergraduate Research and Elon’s Student Undergraduate Research Forum (SURF).

**Proposed products:** I plan on having a variety of products including two papers of publishable quality, several presentations, and a Winter Term Elon class. First, I will write an article along with my mentor which we will submit for peer-review during my senior year. I also plan to submit an article on my experiences in South Africa to Elon’s new online Black Studies undergraduate journal. Second, I will also present my research at both SURF and NCUR. I would also like to give a presentation in Spanish at Elon’s El Centro de Español in order to incorporate international students and use my Spanish knowledge. Finally, I will bring my experiences back to the Elon Community by teaching a 2010 Winter Term “Burst the Bubble” course on Women’s International Health. This class will be a wonderful way of informing other students and sharing my experiences with others. The course itself will be a participatory
program designed to get students (and maybe even some staff/faculty) interested in and knowledgeable about the issues surrounding women’s health in developing countries.

**Feasibility statement:** Although these proposed products and experiences seem very ambitious, I am very confident that I can and will be able to accomplish them because I have planned out the process over a long period of time. The process of gaining approval for my independent major forced me to be very intentional and thoughtful regarding the structure of my academic experiences.

I project that I will need the following resources for the proposed project:

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<tr>
<th>Semester</th>
<th>Experience</th>
<th>Cost</th>
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<tbody>
<tr>
<td>Spring 2008</td>
<td>Study Abroad in Costa Rica</td>
<td>Materials: $50</td>
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<tr>
<td>Summer 2008</td>
<td>Travel to Antigua, Guatemala</td>
<td>Flight: $700 Program: $945</td>
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<td>The Oxfam CHANGE Initiative</td>
<td>Gas: $50</td>
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<tr>
<td></td>
<td>Camp AmeriKids</td>
<td>Gas: $50</td>
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<td></td>
<td>The International AIDS 2008 Conference in Mexico City</td>
<td>Registration: $350 Flight: $530 lodging/ meals: $300</td>
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<tr>
<td>Fall 2008</td>
<td>African Studies Association Conference</td>
<td>Registration: $119 Flight: $500 lodging/ meals: $300</td>
</tr>
<tr>
<td>Spring 2009</td>
<td>Study abroad in Cape Town South Africa</td>
<td>Flight: $1500 Research/materials: $2000</td>
</tr>
<tr>
<td>Summer 2009</td>
<td>Camp AmeriKids</td>
<td>Gas: $50</td>
</tr>
<tr>
<td>Fall 2009</td>
<td>American Public Health Association: Philadelphia</td>
<td>Registration: $200 gas: $50 lodging/ meals: $300</td>
</tr>
<tr>
<td>Spring 2010</td>
<td>Teach the “Burst the Bubble” course in Winter Term</td>
<td>Materials: $100</td>
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<tr>
<td></td>
<td>Attend and present at NCUR and SURF</td>
<td>Registration: $145 Flight: $500 lodging/ meals: $300</td>
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Total cost for experiences: $8989  Tuition: $6011  Final total: $15,000

The following are available upon request:
- Resume
- References/works cited
- Approved Independent Major Proposal