



The Complexity of the Social Work Role- Pediatric Oncology in Guatemala & Nicaragua

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Guatemala & Nicaragua

Guatemala is a Central American country with a population size of 15,189,958. Spanish is the official language; however, there are 23 indigenous languages that are still used throughout the country. Approximately 60% of the population speaks Spanish while 40% speak indigenous languages. Racial make up of the country includes: 59.4% Mestizo (mixed indigenous and Spanish) and European, 40.5% indigenous (Mayan and non-Mayan), and 0.1% other. (cia.gov, World Fact Book, 2016) World Bank categorizes Guatemala as a lower middle income country. (worldbank.org, 2016).

Nicaragua is also a Central American country. It has a population size of 5,966,798. Spanish is also the official language. Approximately 95.3% of people speak Spanish, 4.2% speak indigenous languages (Miskito & Mestizo of the Caribbean), and 0.5% other. Racial make up of the country includes: 69% Mestizo (mixed indigenous and White), 17% white, 9% black, and 5% indigenous (cia.gov, World Fact Book, 2016). World Bank also categorizes Nicaragua as a lower middle income country (worldbank.org, 2016).

Barr et al. (2014) discuss different barriers that lower and middle income countries face regarding pediatric oncology healthcare. Approximately 80% of children with cancer reside in lower and middle income countries where they face lower survival rates when compared to their high income country counterparts (2014).

Barr, R. D., Klussmann, F. A., Baez, F., Bonilla, M., Moreno, B., Navarrete, M., & Howard, S. C. (2014). Asociación de Hemato-Oncología Pediátrica de Centro América (AHOPCA): A model for sustainable development in pediatric oncology. *Pediatric blood & cancer*, 61(2), 345-354.

UNOP & La Mascota

UNOP (Unidad Nacional de Oncología Pedriatrica) is located in Guatemala City, Guatemala. UNOP serves as the only pediatric oncology hospital in the country. (ayuvi.org.gt, 2016)

Hospital Infantil Manuel De Jesus Rivera- La Mascota is located in Managua, Nicaragua. La Mascota serves as the only pediatric hospital in the country. The hospital includes different specialty services including oncology and nephrology. (lamascota.altervista.org, 2016)



Image 1. Inner courtyard inside of Hospital Infantil Manuel De Jesus Rivera- La Mascota. This area also includes a playground where patients and their siblings can play in between appointments.

Deliverable

• In the course of 3 weeks, I was able to participate in preceptorships with pediatric oncology social workers and other healthcare professionals in Guatemala and Nicaragua. My academic deliverable was a paper that includes an analysis and discussion about the role of medical social workers in both agencies; role of integrated health approach; social justice in medicine; access and barriers to health in their respective country; and the role of international cooperation in health outcomes.



Image 2. Prayer room located in UNOP (Unidad Nacional de Oncología Pedriatrica).

Skills Used/Developed

From this global experience, I increased my ability to:

- Engage people within multi-lingual/multi-cultural setting
- Conduct tailored and culturally appropriate interviews
- Critically analyze different systems impacting level of care for pediatric patients
- Appreciate different roles/needs of international disciplines

Connections

Classroom:

- SW504-Diversity and Social Justice in Social Work
 - This course prepared me to better understand historical contexts of Privilege, Oppression, Diversity, and Social Justice.
- SW617-Death Loss and Grief
 - This course prepared me to critically analyze the context of grief especially in regards to the respective cultural.
- SW637-Integrated Health Care Policy and Services
 - The course prepared me to better understand how policies impact level of care and to what degree interprofessional collaboration among professionals is executed.

Clinical/Professional:

- As a medical social worker, I am a firm believer in integrated healthcare. It was an enriching experience to learn about two very different healthcare systems and observe first hand how healthcare was executed.

Lessons Learned

- I learned to reframe how I conceptualized the Social Work discipline. In Guatemala and Nicaragua, Social Work as a profession does not heavily focus on mental health. Instead, the role of Social Work heavily focuses on socio economic barriers that patients and family members encounter when accessing care.
- It was important to remember that my understanding of Privilege, Oppression, Diversity, and Social Justice is something that has to be carefully and critically integrated through the rich lens of the historical context for either country.

Advice

- Reach out to native colleagues and try to schedule out lunch or dinner with them. You will be able to better understand systems and gain insight that is not available in academic journals.
- Patience is crucial- expect for your plans to change. There will be traffic, flat tires, heavy rain, closed roads, and meetings will get pushed back. Try not to stress. It is all a part of the experience.
- Express gratitude often. People are welcoming you into their lives. Often times locals will go out of their way to connect you to other resources and ensure your trip is a memorable one.
- Use humility and also use a critical lens to better understand how social justice issues are impacting other countries.



Image 3. This was a pharmacy located in Managua, Nicaragua. A large number of medications can be purchased over the counter without a prescription.

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